Australian
College of
Nursing

Australian College of Nursing (ACN) submission to the Pharmaceutical Society of Australia (PSA) on the consultation for *My Health Record – Guidelines for pharmacists*
(February 2018)

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General comments

The Australian College of Nursing (ACN) believes that 'My Health Record' has the potential to improve the health outcomes of all Australians by encouraging collaborative communication between health care professionals (HCPs) within the primary (community) and tertiary care (hospital) settings. Inter-professional collaboration is increasingly being seen as important in addressing the challenges faced in the current healthcare system around fragmented care[1]. A national shared electronic health record could provide HCPs with a single trusted source of health information around an individual's care. Specifically, timely access to medical history, medications used and allergies would prove to be invaluable and vital in urgent/critical situations.

ACN however acknowledges that consumer confidentiality is paramount and emphasises the need for maintaining high standards of security and privacy provisions. Whilst ACN supports an individual's choice to opt –out of registering for a 'My Health Record', it strongly encourages all Australians to take up the opportunity to improve their health care. In addition, ACN encourages the Australian Government to provide greater awareness about the benefits of 'My Health Record' and reassure the public about the established security measures aimed at protecting an individual's privacy and health information.

ACN approves/supports the PSA's 'My Heath Record – Guidelines for pharmacists', however believes nurses should be strongly engaged in matters relating to design, ongoing maintenance, training and professional use of the 'My Health Record'. Nurses are increasingly being integrated in pharmacy settings and as HCPs who deliver the majority of front line services in Australia across a variety of settings, it is important that the involvement of nurses in uploading and viewing information within 'My Health Record' is highlighted.

Responses to survey questions:

1. **Are there any other terms used in the Guidelines that require defining in the terminology table?**
   No, the terms listed and defined appear appropriate.

2. **Do you have any comments about any of the definitions provided in the terminology table?**
   On page 8, consider including a nurse as an example of a healthcare provider. Also, consider the need to define a pharmacy organisation (page 10) as this is an example of a healthcare provider organisation (page 8).

3. **Is the guidance around consent and uploading sensitive information (page 15) clear and comprehensive?**
   There are specific state and territory requirements for obtaining 'valid' consent. The consumer should be provided with these requirements to read and acknowledge prior to submitting their registration.

[1] Mavritsakis S, 'Exploring the effect of an educational intervention on the attitudes of health care professionals towards working in teams' (2014). University of Sydney, Faculty of Medicine.

Consider including guidance on how alternative consent will be obtained/given by consumers lacking capacity or adequate understanding to give consent either temporarily or permanently. For example consumers with mental illness, dementia and intellectual disability or who are unconscious. In addition, guidance needs to be clear for those from vulnerable or disadvantaged groups. For example, consumers from non-English speaking backgrounds/Culturally and linguistically diverse (CALD) groups, people from Aboriginal and Torres Strait Islander (ATSI) communities, elderly non-tech aware consumers, homeless persons or those without an address.

4. **Children and minors" (page 16) details information about the management of a child's My Health Record. Is it reasonable and practical for a pharmacist to check who is managing the My Health Record of a minor (i.e. the parent or the minor) before disclosing information about a minor to their parent?**
   Page 16 notes that a child age 14 and over can manage their own record confidentially from a parent/guardian if they can provide 'evidence' of valid capacity to make healthcare decision and provide consent. Consider including specific examples of evidence to provide healthcare providers with clear guidelines and ensure they are protected from using the record outside the provisions of the law.

   Australian common law states that a child under the age of 14 lacks the capacity to make decisions regarding medical treatment. However a consumer must also be able to understand what they are consenting to and in such cases where this cannot be confirmed for a child over the age of 14 years, the Guardianship Act 1987 should apply[2]. Guidance on how a healthcare provider will be able to determine capacity and understanding is required.

   Referral pathways to other resources, healthcare providers or organisations would also be necessary (e.g. similar framework to supply of morning after pill to minors). Consider including the use of a consultation area in the guidelines for privacy around discussions specific to this question.

5. **Overall, is the information in the "About the My Health Record" section clear and appropriate?**
   Yes, this section is clear and appropriate.

6. **Overall, what gaps, if any, have you identified in the information in the "About the My Health Record" section?**
   In the section on 'Security and Access' consider providing clear examples of who qualifies for an individual healthcare provider identifier (HPI-I) (e.g. pharmacist, intern pharmacist, nurse working within the pharmacy, and other staff who do not qualify for an HPI-I (e.g. pharmacy assistants, assistants in nursing). Measures need to be in place to avoid a record being left open and viewed by non-qualifying HPI-I staff (e.g. screen saver mode when page is not used for more than 1 minute, accessing the record in a private consultation area/room).

   Note: The HI Service allocates three types of healthcare identifiers:

[2] NSW Health, 'Consent to Medical Treatment' (2017). Accessed from: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_406.pdf

-Individual Healthcare Identifier (IHI) – for individuals receiving healthcare services;

-Healthcare Provider Identifier – Individual (HPI-I) – for healthcare professionals involved in providing consumer care; and

-Healthcare Provider Identifier – Organisation (HPI-O) – for organisations that deliver healthcare (such as hospitals or general practices).

7. **The list in *Box 1: Reasons for pharmacists to access a consumer's My Health Record* is intended to provide examples of when it may be useful to view a My Health Record. Does this provide enough guidance or should the examples be more detailed?**
   Yes, the examples are simple and clear to follow.

8. **What other example reasons, if any, should be listed in Box 1?**
   Consider providing a similar box with specific examples on when to contribute clinical information (page 20). For e.g. reporting potential drug interactions and contraindications.

9. **Does the information in "Standards of documentation" (page 23), and that in Appendix 4, provide enough guidance about how to document clinical events (i.e. a professional service provided in the pharmacy)?**
   The information provides guidance on how to document clinical events, however with no specific training or assessment of healthcare providers (e.g. pharmacists, dentists, nurses etc.) on their writing/reporting style there is risk that notes may not be easily interpreted. The PSA does currently provide workshops on exploring the features and functionalities of the record[3]. However, clinical events need to be recorded clearly and concisely and with accepted acronyms to ensure other healthcare providers accessing the record are able to use the information in a timely fashion. It may be appropriate to consider providing continuing professional education with accreditation for all HPI-I and HPI-O (e.g. case study based education with appropriate assessment of documentation).

10. **Overall, is the information in the "My Health Record and the pharmacist" section clear and appropriate?**
    Yes, this section is clear and appropriate.

11. **Overall, what gaps, if any, have you identified in the information in the "My Health Record and the pharmacist" section?**
    The section on 'Editing or deleting clinical documents', states that the edited version supersedes the original. Consider the inclusion of a repository for edited versions within the record to restore previous information that may have been edited or updated in error.

12. **Overall, is the information in the "My Health Record and the consumer" section clear and appropriate?**
    Yes, this section is clear and appropriate.

[3] Pharmaceutical Society of Australia, 'My Health Record in Pharmacy Workshop' (2018). Accessed from: http://www.psa.org.au/wp-content/uploads/Flyer-My-Health-Record-in-Pharmacy-6-Feb-2018.pdf

13. **Overall, what gaps, if any, have you identified in the information in the "My Health Record and the consumer" section?**
    It is important that the individual have the right to choose who can access their record and what information can be shared. While the record should not be used as a single source of information, there may be implications for these consumers if healthcare providers do not have a clear concise medical history.

    Guidance is necessary for healthcare providers on how to approach/consult a consumer when a record access code or limited document access code appears. Consumers may feel they are being pressured/coerced to provide access codes for information they have chosen not to share if they are put on the spot by a healthcare provider. Clear guidelines on language to use with the consumer is necessary if a healthcare provider would like to ask permission for an access code, in a manner that enables the consumer to refuse without feeling poorly for that decision. The guidelines need to be clear on whether healthcare providers are permitted to ask for these access codes at all if these privacy measures have been taken by the consumer.

14. **Overall, is the information in the Guidelines clear and appropriate?**
    Yes, overall the guidelines are appropriate and clear.

15. **Overall, what gaps, if any, have you identified in the Guidelines?**
    The guidelines do not address all health professional working in pharmacy. For example, nurses, who are increasingly being integrated within the pharmacy setting. Suggest implement a pilot study within pharmacies to assess the impact on a pharmacist's workload (i.e. is the record time effective to use).

16. **Do you have any comments about any of the appendices?**
    No further comments.

17. **What other tools, if any, should be included to support implementation of these Guidelines?**
    Consider including a tool on how to approach a consumer and specific language to use (and not to use) when healthcare providers would like to request access codes for specific information not shared by the consumer. Also, a guidance tool on consent with specific emphasis on age (e.g. 14 years, 16 years) and referral pathways for children and minors.