



National Shared Care Record

Enabling Data, Enhancing Care

Better Together

Nov 2023

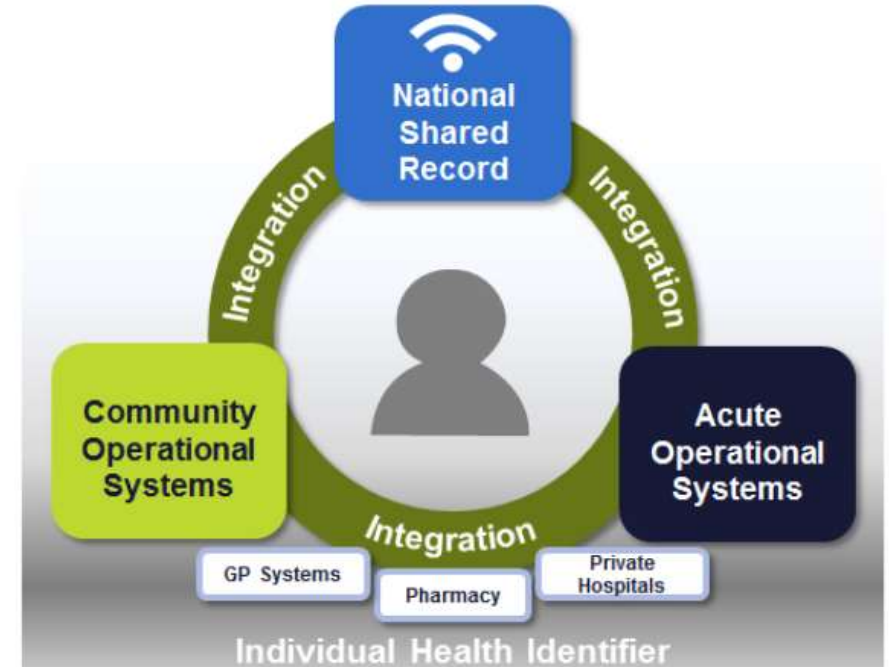
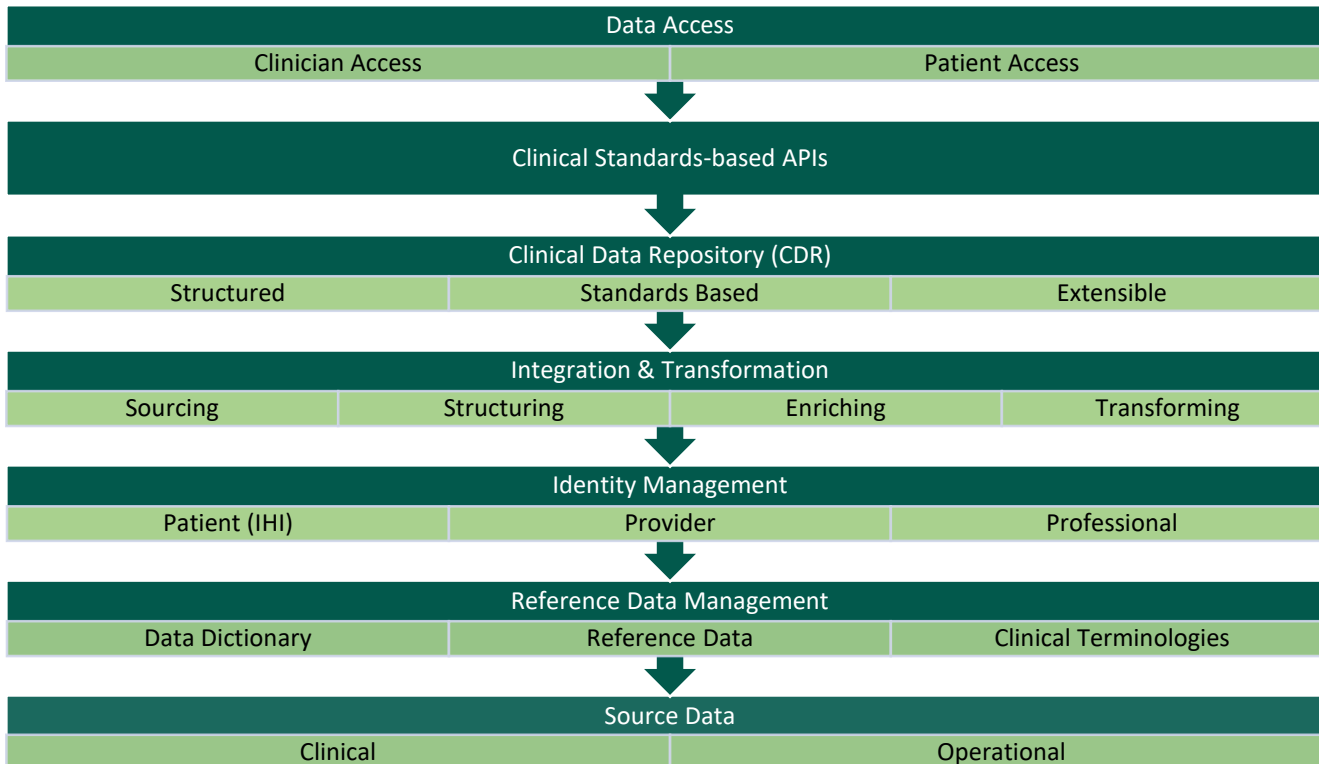
Richard Greene & Gar Mac Críosta





National Shared Care Record

The National Shared Care Record will aggregate existing digital health information from a variety of sources and present it in a secure and structured way to clinicians, patients and carers.

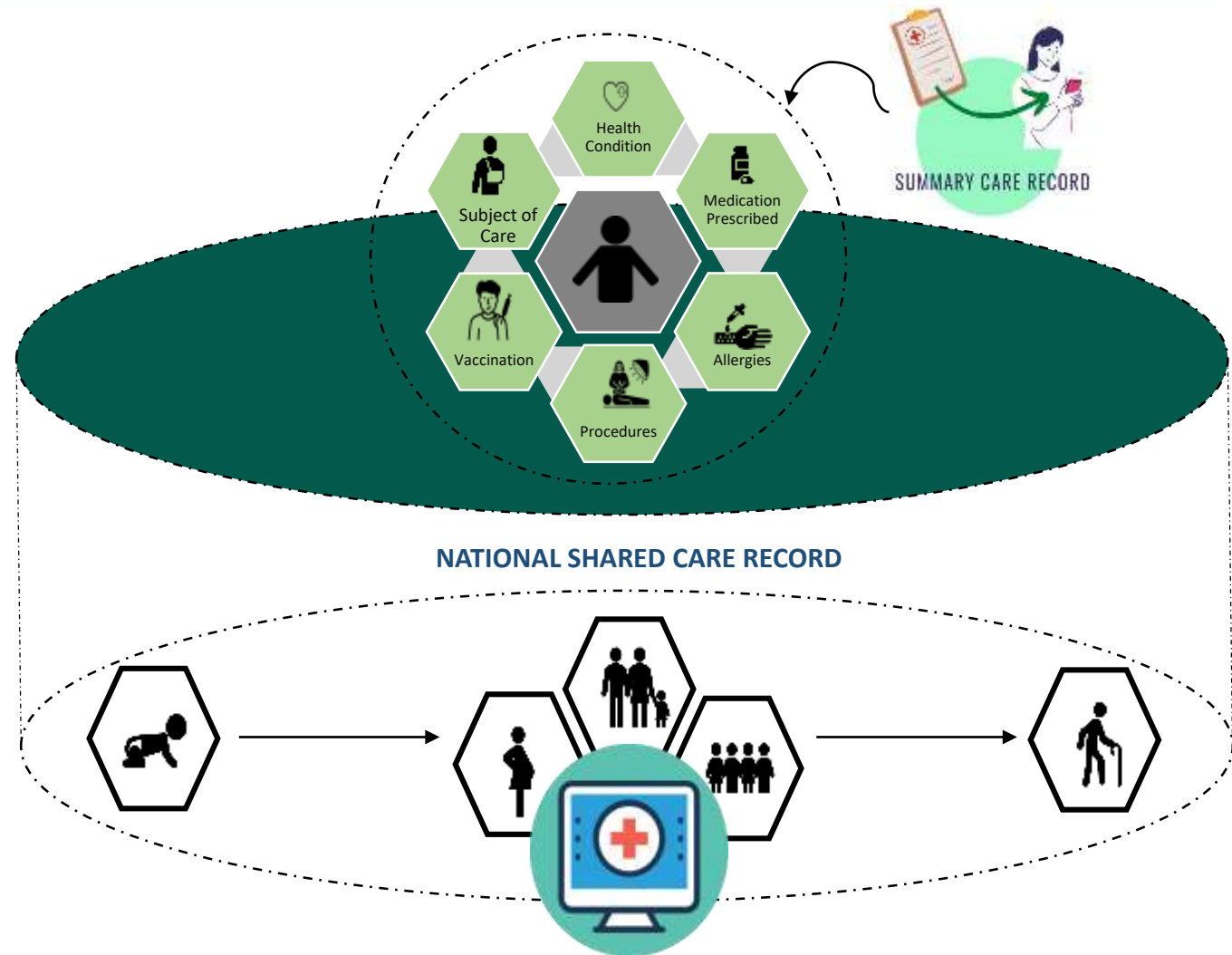


The National Shared Care Record will play a key role in achieving the Sláintecare vision of patient-centred integrated care by joining up fragmented and siloed patient digital records.



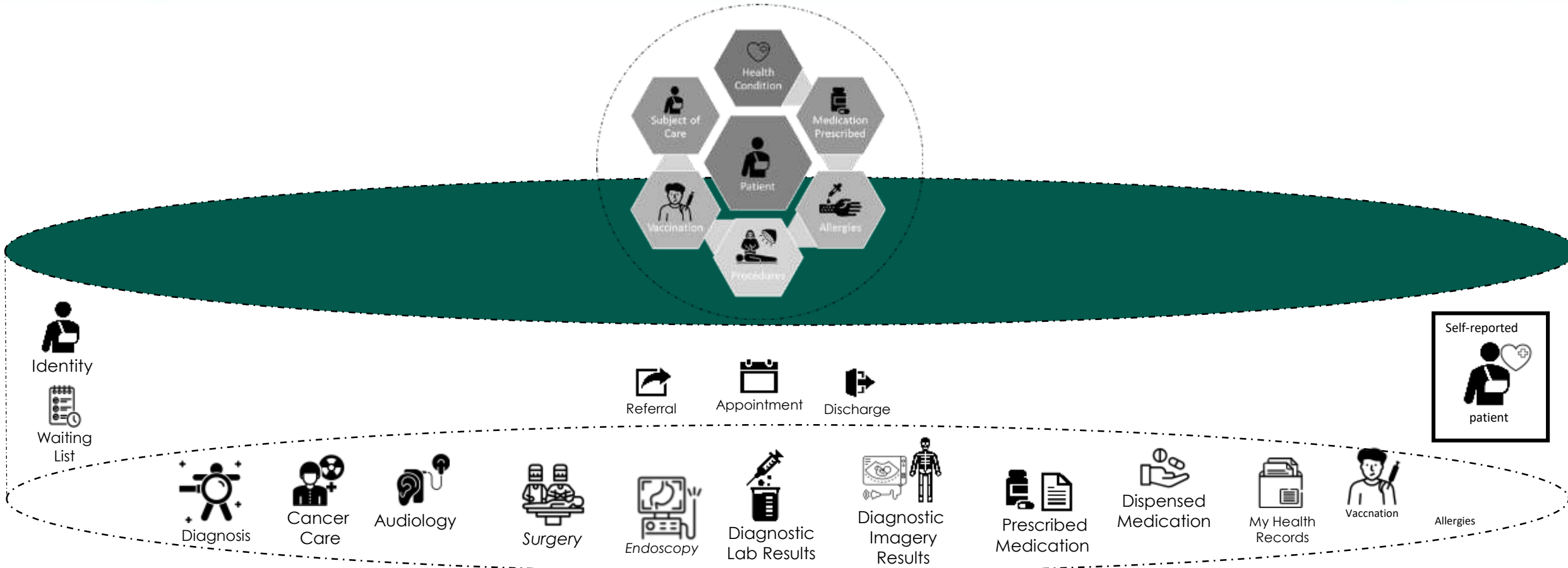
HSE Digital Health Record

- Phase 1 of the **National Shared Care Record** will begin building patients' **Summary Care Records** from GP data, aligned to HIQA, EU, and International Patient Summary models, and enrich it with existing digital data available in HSE National Systems.
- Over time the **National Shared Care Record** will be expanded with additional categories and details of data beyond the **Summary Care Record** and with data from other non-HSE healthcare providers.





Building Digital Health Records – Ground up



Source Systems

Patient Admin & Cared Coordination Systems

- IHI Index
- iPMS
- Swift Queue

Operational & Reporting

- PCRS
- NTPF
- HIPE

*Clinical Systems

- COVAX
- MN-CMS
- NCIS
- Audiology

Integration

- HealthLink

Primary Care

- GP
- Pharmacist



What the NSCR might look like

← → <https://hse.sharedcare.ie>

Patient summary



Mary Draft: Patient dashboard

Personal information

Name: Hart, John (Mr)
Phone: 087 356 1258
Address: 10-11 Commarket,
 Usher's Quay, Dublin 8,
 D08 X8C6
Gender: Male
Born: 04 - Jan - 1949
IHI: 123456789548
MRN: 123456789548
Allergies: Peanuts
 Penicillin

Attendances and appointments

Show 10 Search suggested text Date 00/00/0000

Department	Location	Date	View
ED	Forest Hospital	10/08/2022	👁
GP Out of hours	River Clinic	21/02/2019	👁
IP, Urology	Forest Hospital	31/07/2018	👁
OPD, Rapid Access Prostate Clinic	Forest Hospital	05/04/2018	👁
ED	Forest Hospital	10/08/2022	👁
GP Out of hours	River Clinic	21/02/2019	👁
IP, Urology	Forest Hospital	31/07/2018	👁

7 out of 7 results

Circle of care

Name	Role
Dr Conor O'Shea	General Practitioner
Dr Conor O'Shea	General Practitioner
Dr Conor O'Shea	General Practitioner

3 out of 3 results

Clinical documents

Show 10 Search suggested text Date 00/00/0000

Type	Organisation	Date	View
GP out of hours report	Forest Hospital	10/08/2022	👁
Discharge summary - Urology	River Clinic	21/02/2019	👁
Outpatient clinic letter - Urology	Forest Hospital	31/07/2018	👁
GP eReferral - Urology	Forest Hospital	05/04/2018	👁

4 out of 4 results

Medicines

Last updated 08/07/2023

Show 10 Search suggested text Date 00/00/0000

Product	Dose strength	Dose type	No. doses	Instructions	Date dispensed	View
FML LIQUIFILM	-	Eye drops	1 OP	As directed tds eye	10/08/2022	👁
WARFANT WARFARIN	3MG	Tablets	28	Daily	21/02/2019	👁
AZILECT RASAGILINE	1MG	Tablets	28	Daily	31/07/2018	👁
LIPOSTAT	20MG	Tablets	28	Daily at night	05/04/2018	👁
STALEVO B&S	100/25/200MG	Tablets	84	One three times a day	10/08/2022	👁
CARDICOR	2.5MG	Tablets	28	Daily	21/02/2019	👁
FUROSEMIDE	40MG	Tablets	28	Daily in the morning	31/07/2018	👁
DESUNIN COLECALCIFEROL	800IU	Tablets	28	Daily	05/04/2018	👁
MACUSHIELD EYE SUPPLEMENT	-	Capsules	28	Daily	10/08/2022	👁
FML LIQUIFILM	-	Eye drops	1 OP	As directed tds eye	21/02/2019	👁

10 out of 14 results

Laboratory investigations

Show 10 Search suggested text Date 00/00/0000

Investigation name	Department	Date	View
Sputum culture	Microbiology	10/08/2022	👁
Prostate biopsy	Histopathology	21/02/2019	👁
Urea and electrolytes	Biochemistry	31/07/2018	👁
Full blood count	Haematology	05/04/2018	👁
Prostate specific antigen	Biochemistry	31/07/2018	👁
MRSA culture	Microbiology	05/04/2018	👁

6 out of 6 results

Radiology investigations

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Study name	Modality	Date	View
Transrectal ultrasound	Ultrasound	10/08/2022	👁
Chest X-Ray	X-Ray	21/02/2019	👁
Hip MRI with contrast	MRI	31/07/2018	👁

3 out of 3 results

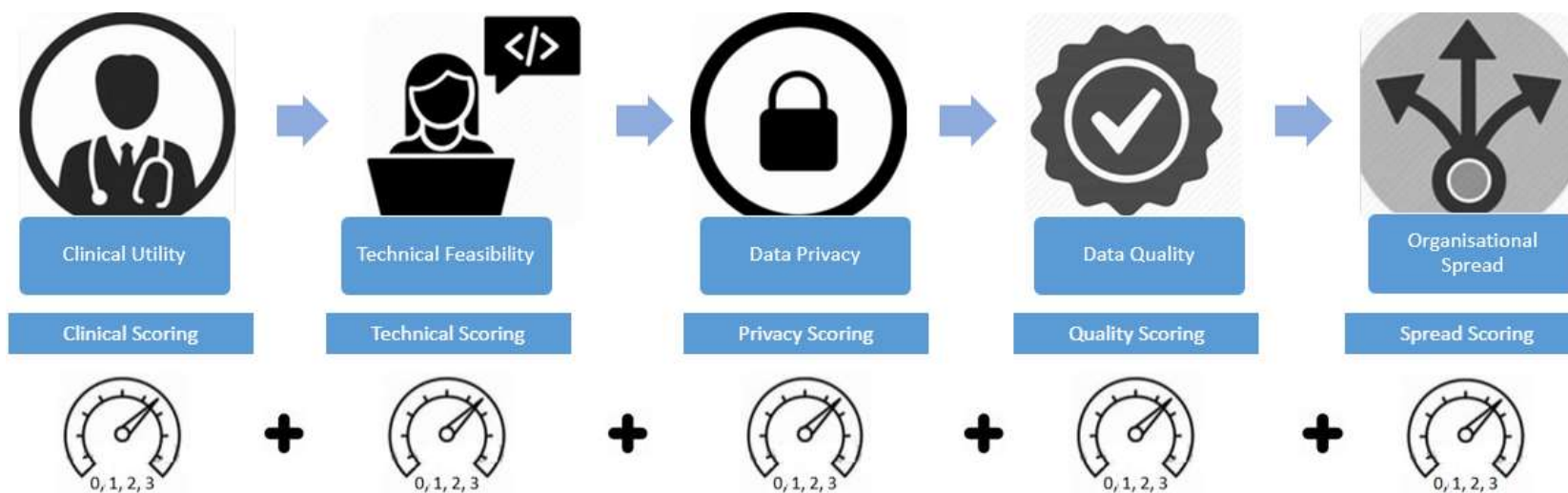


Data Pipeline

- Identify SCR source data
- Clinical, Technical, Data Privacy scoring to build pipeline
- Data Quality reviews
- Data scored in categories below to build pipeline
- Clinical Utility & Data Quality reviewed using anonymised data samples from source systems

Clinical Scoring


Score	Description
3	High value clinical data
2	Useful clinical data
1	Clinical data of some value
0	Limited or no clinical value






Data Pipeline

Clinical Advisory




Clinical Advisory Group
[Selection Criteria]
what's important and why?


Shared Care Record Team



Discovery Report
[utility, feasibility, quality...]




Scoring & Prioritisation




Backlog


Data Engineering & Integration Teams




Extract




Transform




map & code



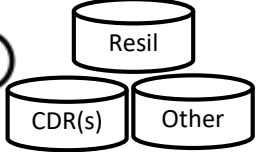
transform



enrich



Load



Resil
CDR(s)
Other

Present & Engage



Clinical Portal

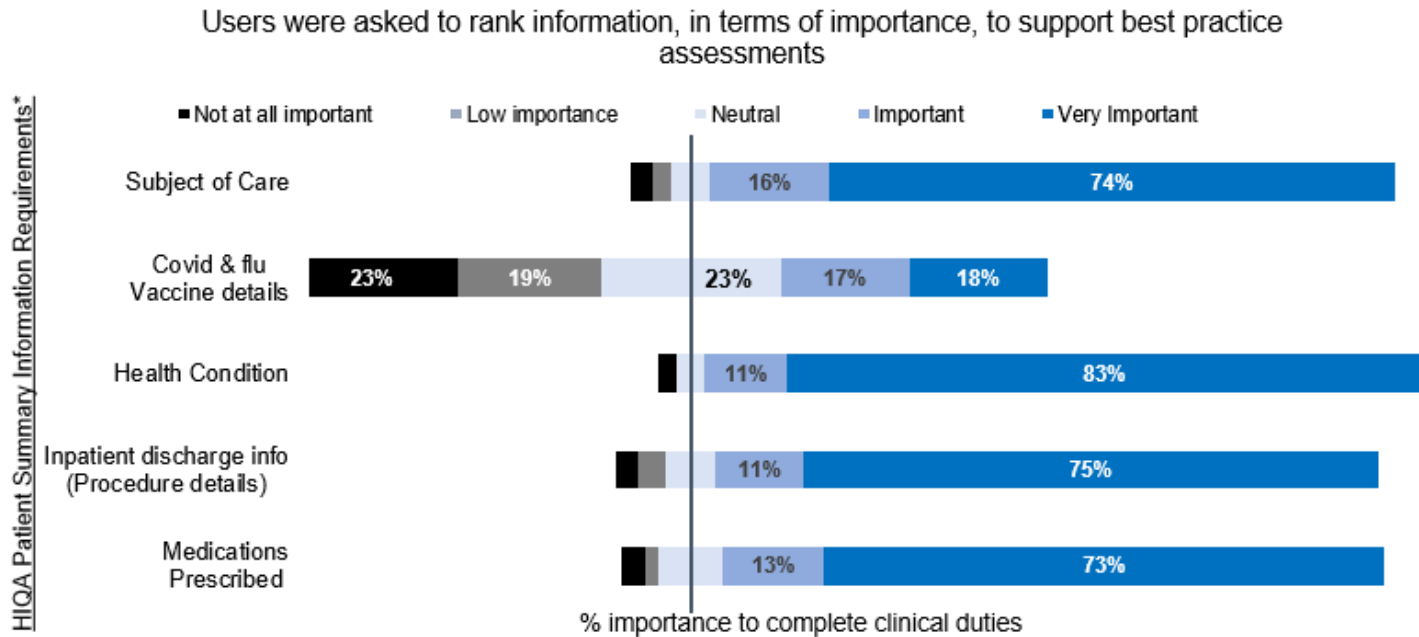


Health App



Benefits & Value

- Potential NSCR user attitudes align with HIQA patient summary information importance
- 93% of respondents saw time-saving as a benefit of the Shared Care Record, and estimated that on average 15 minutes would be saved per patient when utilising the NSCR



*Opinion on allergies not assessed

"It would save me so much time. I currently would have to ring a GP/access about 4/5 different systems to get this information. Also to find clinic letters is a different system, in my hospital there is a backlog of typing so in the past I have had to listen to dictations in get information!"
NCHD, Acute Services

"more stream lined care, currently it can be very disjointed with each area not knowing what other areas are doing"
Nurse, Acute Services



"As a nurse I will no longer have to spend time looking for info and re-referring clients. It will support my clinical decision making in line with best practice increasing quality and reducing risk of harm to my patients"
Nurse, Community Services

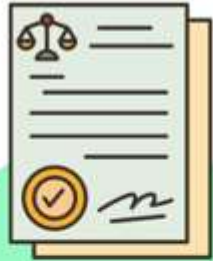
"Increase confidence that I have all the information I need to make an informed decision about treatment approach. Less time wasting searching for results etc."
Dietitian, Mental Health Services



"Increased patient safety, time saving, less miscommunication, less duplication of work, less phone calls to GP and pharmacy, less medication errors, less unsafe prescribing"
Emergency Medicine Doctor



Major initiatives impacting the NSCR



HEALTH INFORMATION BILL

- The purpose of the **Health Information Bill** is to support integrated care and treatment and continuity of patient care.
- It will require health information to be shared by those who hold it for better care and treatment.
- It will provide a legislative basis for a **Summary Care Record** for everyone resident in the State.



SUMMARY CARE RECORD

- The **HSE App** is being developed in collaboration with the DEASP and OGCIO.
- It will provide a trust layer for healthcare.
- It is being co-designed with patients.
- It will enable the whole population to access information, advice and support, and healthcare in the way they want.



Features of the **HSE App**:

- Health Identity credentials
- Digital Wallet
- Signposting & Discovery
- Life Events
- Prescriptions
- Care coordination – appointments, reminders
- Mobile patient access to **Summary Care Record**



We have some
challenges!



This is NOT and EHR!!!



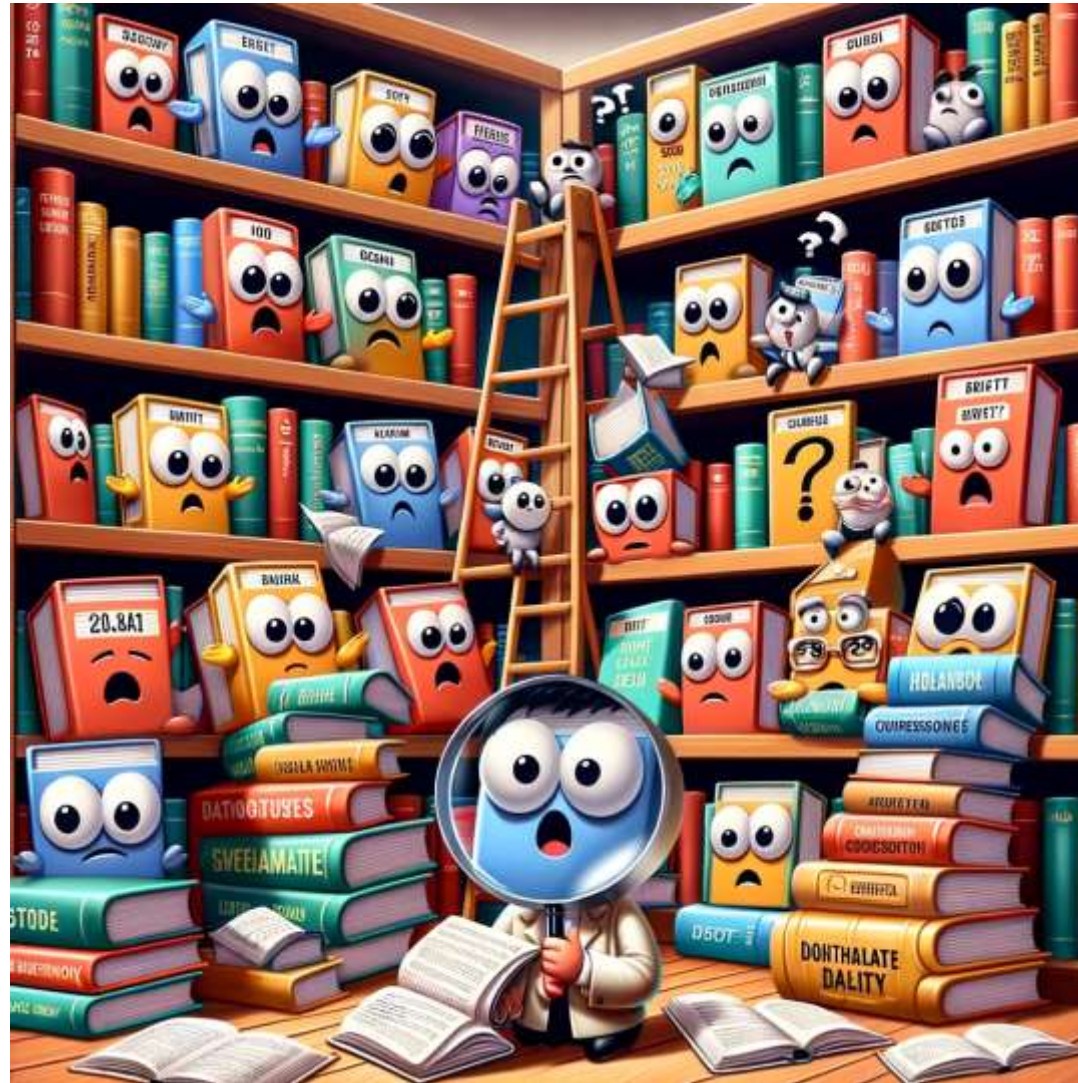


Lack of Agree Standards for Interoperability





Data Quality Issues



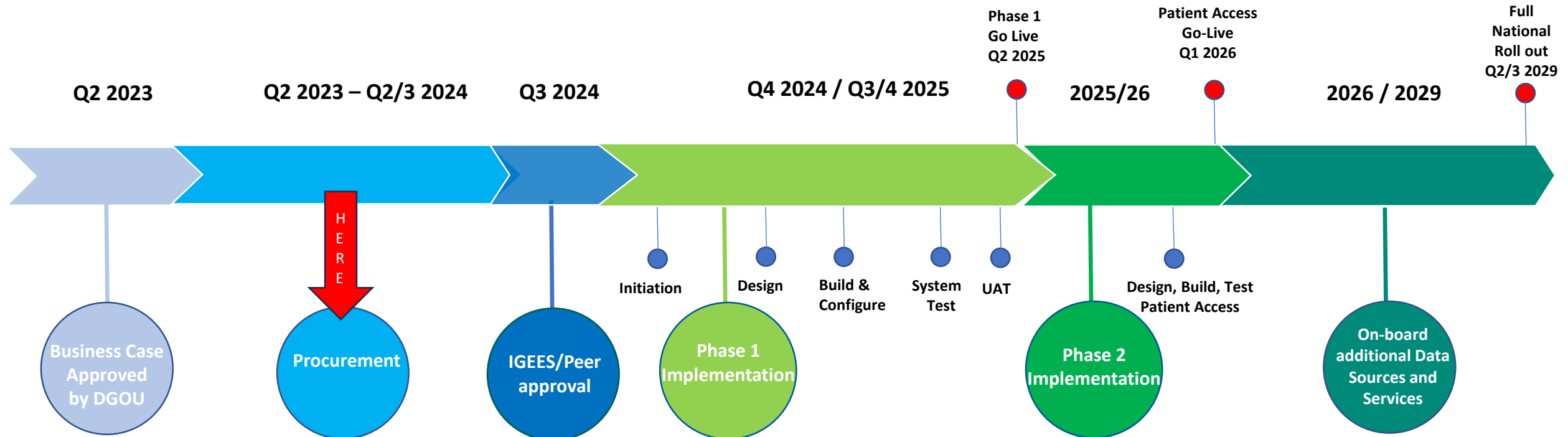


Now & Next



High Level Milestones

Phase 1: Read-only Clinician View of digital patient data in one RHA from GP practice systems and 6 HSE national data sources: IHI, IPMS, HealthLink (NIMIS, Labs, Rads), PCRS, HIPE, Covax



Full National Roll out: Following initial go-Live of the platform and Clinician View in one RHA, roll-out of the NSCR will proceed area by area, adding a Patient View & Consent model, additional data sources from HSE National systems as they develop, and additional patient records on an incremental basis



SCR Future



The National Shared Care Record will ultimately be available to all clinicians with a need to view patient records aggregated from different source systems, and to patients and their carers seeking to view clinical details and inform their health-related decision making. The result will be a record of key data covering the provision of care from primary to secondary and community care.

- Focus on Scale and national expansion
- Monitor and develop in accordance with HI Bill
- Develop additional agreed pathways and data sources, based on pipeline of expressions of interest
- Expand to deliver a Patient View
- Patient wearable devices as a potential data source
- Data Enrichment by Clinicians