MY HEALTH RECORD GUIDELINES FOR RESIDENTIAL AGED CARE

APRIL 2024



Australian Digital Health Agency



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ACIITC Aged Care Industry Information Technology Council

MY HEALTH RECORD GUIDELINES FOR RESIDENTIAL AGED CARE -VERSION 3

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WHO ARE THESE GUIDELINES FOR?



SECTION

WHO SHOULD READ IT?

01. OVERVIEW

02. ABOUT MY HEALTH RECORD

03. WHY USE MY HEALTH RECORD IN AGED CARE?

04. POLICY & COMPLIANCE REQUIREMENTS Anyone who needs a quick summary.

New users to My Health Record and those needing a refresher.

People who need to understand the why? Senior management and owners.

Teams responsible for policy, compliance, maintenance, risk, governance, and quality assurance.

05. PRIVACY & SECURITY

06. CONNECTING TO MY HEALTH RECORD

07. USING MY HEALTH RECORD

08. SUPPORTING PERSONS LIVING IN A RESIDENTIAL AGED CARE HOME

09. EXTERNAL HEALTHCARE PROFESSIONALS Everyone who uses My Health Record.

Technical users who are responsible for connection to the My Health Record system (Information Technology/Admin).

Anyone approved to view or upload health information to the My Health Record system for a person living in a residential aged care home.

Staff responsible for guiding and supporting persons living in a residential aged care home.

External healthcare professionals who provide services to persons living in a residential aged care home.

EXECUTIVE SUMMARY

My Health Record is a secure online summary of an individual's key health information. Healthcare providers can access the system to view and add information.

My Health Record allows doctors, nurses, hospital staff, and certain other healthcare providers involved in a person's care to view and upload a person's health information.



It also allows aged care providers involved in the care of a person living in a residential aged care home to view and upload health information relevant to their care (such as an event summary) which can then be viewed by other healthcare providers involved.

The proportion of older people accessing aged care is projected to grow steadily over the coming decade. These people generally experience more chronic and complex conditions and polypharmacy, and interact frequently with the health system.

My Health Record offers significant potential to improve care coordination and health outcomes for Australians receiving aged care.

My Health Record does not replace existing health records. Rather, it supplements these with a high-value, shared source of information that can improve care planning and decision making. Information available through My Health Record can include a person's health summary, medication prescribing and dispensing history, pathology reports, diagnostic imaging reports, discharge summaries, and advance care planning documents.

My Health Record is a valuable tool to promote continuity of care and improve health outcomes.

These guidelines have been developed to provide information and guidance for residential aged care homes on the appropriate use of My Health Record.

While some of the content will be applicable to other environments, including Home Care, the guidelines are written specifically for a residential setting. Staff using the My Health Record system to support care must comply at all times with the relevant Commonwealth, State and Territory legislation, as well as aged care program-specific standards, codes, and rules.

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TERMINOLOGY AND DEFINITIONS USED IN THIS GUIDELINE

TERM	DEFINITION
Access history	An audit trail of all activity related to a person's My Health Record, detailing when it was accessed and when a document was changed or removed.
Adverse drug reaction	A drug response that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis, or therapy of disease, or the modification of physiological function.
Authorised representative	A person who can act on behalf of another person for the My Health Record system. This could be for the person's child aged less than 14 years, or for an adult who lacks the capacity to manage their own record. An authorised representative may be a parent, carer, family member, legal guardian, or someone with an enduring power of attorney. An individual may have more than one authorised representative.
Clinical incident	An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage. A clinical incident can be related to safety, usability, technical, privacy or security issues. For the purposes of these guidelines, guidance on clinical incidents and their management is limited to incidents directly associated with the My Health Record system. In the context of the My Health Record system, a clinical incident may relate to the system directly, or the behaviour of clinical software when interacting with the My Health Record system.
Clinical Information System (CIS)	A system used by a healthcare provider to manage person and practice records. It may include a software component connected to the My Health Record system (e.g., aged care software).
Conformant software	Clinical Information System (CIS) or clinical software capable of interacting with the My Health Record system. Access the My Health Record Conformance Register here: https://www.digitalhealth.gov. au/healthcare-providers/initiatives-and-programs/my-health- record/conformant-clinical-software-products.

TERM	DEFINITION
E-health literacy	The ability of people to understand and use digital information and communication technologies to improve or enable health and healthcare.
Event summary	A clinical document that may be uploaded to a person's My Health Record summarising one or more episodes of care.
Health literacy	Skills, knowledge, motivation, and capacity of a person to access, understand, appraise, and apply information to make effective decisions about health and healthcare, and take appropriate action.
Healthcare Identifiers Service (HI Service)	National system for uniquely identifying healthcare providers and individuals, which makes sure the right health information is associated with the right individual.
Health Professional Online Services (HPOS)	A service provided by the Australian Government Department of Human Services to health professionals through a secure online channel. HPOS offers a range of services, including managing My Health Record registration and the ability for a HPI-O (see Healthcare Provider Identifier– Organisation [HPI-O], below) to link to a contracted service provider.
Healthcare provider	A practitioner who provides services to individuals or communities to promote, maintain, monitor, or restore health (such as a general practitioner, nurse, pharmacist, dentist, physiotherapist, caseworker or other healthcare provider).
	<i>Equivalent terms:</i> health professional, healthcare practitioner, healthcare professional.
Healthcare Provider Identifier— Organisation (HPI-O)	A unique 16-digit number used to identify organisations that deliver healthcare in the Australian healthcare setting.
Healthcare Provider Identifier— Individual (HPI-I)	A unique 16-digit number used to identify healthcare professionals involved in providing patient care.
Healthcare provider organisation	An entity, or a part of an entity, that has conducted, conducts or will conduct, an enterprise that provides healthcare (e.g., aged care provider, general practice).
Individual Healthcare Identifier (IHI)	A unique 16-digit number used to identify individuals who receive, or may receive, healthcare in the Australian healthcare setting.
My Health Record	My Health Record is a secure online summary of an individual's key health information. Healthcare providers can access the system to view and add information.

TERM	DEFINITION
NASH PKI certificate	National Authentication Service for Health (NASH) is a secure and authenticated service for healthcare provider organisations and personnel to exchange sensitive My Health Record information. The service issues digital credentials, including digital certificates managed through the Public Key Infrastructure (PKI). The digital certificate authenticates a healthcare provider organisation to access the My Health Record system using conformant clinical software or securely share health information using software that meets Secure Message Delivery requirements.
National Provider Portal (NPP)	A view-only, web-based interface through which healthcare provider organisations can access the My Health Record system without having to use a conformant clinical information system (e.g., aged care software).
Network organisation	A healthcare provider organisation with an HPI-O (see Healthcare Provider Identifier–Organisation [HPI-O], above) that is part of a network hierarchy. A network organisation is set up to work under a seed organisation. Network organisations can be used to represent different departments, sections, or divisions within an organisation (e.g., departments within a hospital), or can be separate legal entities from the seed organisation.
Nominated representative	A representative who is provided access to a My Health Record by the individual or the individual's authorised representative. A nominated representative can view the individual's health information. A nominated representative with read-only access is not required to provide any evidence of identity to the System Operator.
Office of the Australian Information Commissioner (OAIC)	The Office of the Australian Information Commissioner (OAIC) is the independent privacy regulator for the My Health Record system and the Healthcare Identifiers Service. The OAIC's regulatory functions and enforcement powers include conducting audits, undertaking investigations, imposing sanctions, accepting enforceable undertakings and investigating complaints.
Organisation Maintenance Officer (OMO)	A person who undertakes the day-to-day administrative tasks in relation to the HI Service and the My Health Record system. An Organisation Maintenance Officer (OMO) needs to be someone familiar with the IT system used by the organisation. The OMO is responsible for understanding, implementing and compliance monitoring of the My Health Record security and access policy, and for maintaining the policy on behalf of the organisation. A healthcare provider organisation can have multiple OMOs.
Patient	A person who uses, or is a potential user of, health services. <i>Equivalent terms:</i> resident, consumer, healthcare recipient.

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TERM	DEFINITION
Provider digital access (PRODA)	A method of authentication to provide users with access to government services online. This includes allowing a healthcare provider with an HPI-I (see Healthcare Provider Identifier–Individual [HPI-I], above) to access the My Health Record National Provider Portal for read-only purposes.
Responsible Officer (RO)	A person within the organisation/home who has legal responsibility for understanding of, and compliance with, the My Health Record security and access policy and compliance with My Health Record legislation, including managing access flags and having authority to act on behalf of organisation in all dealings with the System Operator (e.g., CEO, Clinical Director).
Seed organisation	A healthcare provider organisation with an HPI-O (see Healthcare Provider Identifier–Organisation [HPI-O], above) that is a legal entity and is a standalone organisation or the head of a network hierarchy, which may or may not include subordinate network organisations.
Sensitive information	A particular type of personal information that includes information or an opinion about an individual's: racial or ethnic origin, sexual orientation or practices, health or genetic information and some aspects of biometric information. Generally, sensitive information has a higher level of privacy protection than other personal information. If disclosed or handled inappropriately, sensitive information can leave an individual vulnerable to discrimination, mistreatment, humiliation or embarrassment.
System Operator (SO)	The participant with responsibility for establishing and operating the My Health Record system. The System Operator is the Australian Digital Health Agency.

INTRODUCTION: MY HEALTH RECORD AND AGED CARE

1. INTRODUCTION: MY HEALTH RECORD AND AGED CARE

he Australian population is ageing, with older Australians a growing proportion of the total population. In 2021, an estimated 4.3 million Australians (17% of the total population) were aged 65 or over. This is projected to increase to 21% by 2041.¹



Residential aged care provides permanent accommodation and care for older Australians who can no longer live at home due to increased care needs. As of 30 June 2022, 180,750 older people were in permanent care, and it is estimated that fifty-eight per cent of persons living in residential aged care had high needs for complex healthcare services,²³ and that number is expected to increase.

KEY INFORMATION

Having access to timely and current information about a person living in a residential aged care home can lead to improved clinical decisions, fewer adverse medicines events, less avoidable hospital admissions, and better health outcomes.

For elderly people living in residential aged care homes, having access to quality and responsive healthcare is a priority.

When access to healthcare is inadequate (or fragmented), health outcomes are poorer and there are increased visits to hospital emergency departments (people in residential aged care homes aged 65 years and above account for nearly 9% of hospital admissions, despite representing only 4% of this age group).⁴

My Health Record offers significant potential to improve care coordination and health outcomes, particularly for older Australians who generally experience a higher prevalence of chronic and complex conditions, polypharmacy, and interact frequently with the health system.

- 1 ProfileID (2022), Australia Population and age structure, https://forecast.id.com.au/australia/population-age-structure?AgeTypeKey=2.
- 2 AIHW (2023), People's care needs in aged care https://www.gen-agedcaredata.gov.au/topics/people-s-care-needs-in-aged-care.
- 3 AIWH (2023), People using aged care https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care.
- 4 Reed, R.L. (2015), Models of GP services in aged care facilities AFP Vol.44, No.4, April 2015.

Aged care providers should be using the My Health Record system to support a person living in a residental care home's healthcare. Paper-based systems are outdated, and can lead to inefficiencies and errors, for example, during the transfer of persons between residential aged care and hospital settings. Participation in the My Health Record system has the potential to result in a safer, more efficient, and more comprehensive transfer of critical information relating to a person's relevant care and medical history.

In response to the Royal Commission into Aged Care Quality and Safety Final Report⁵ which recommended the universal adoption by aged care providers of My Health Record,⁶ the government said it would support residential aged care homes to adopt the My Health Record by June 2023. To support these initiatives the Government has made a significant investment into the My Health Record digital infrastructure and will continue to help improve system preparedness and responsiveness, strengthening connections and ensuring better co-ordinated healthcare.

These guidelines have been developed to support this initiative and provide information and guidance to residential aged care homes on the appropriate use of the My Health Record system to support the care of a person living in a residental aged care home.

Government policy is geared toward keeping people healthy and in the community for longer. Future persons in residential aged care homes will largely have acute and complex healthcare needs. My Health Record, which allows access to accurate and timely health information, will be key to ensuring these persons receive safe and efficient care.

1.1 SCOPE OF THESE GUIDELINES

These guidelines are designed to introduce residential aged care homes to the concepts and uses of My Health Record.

• The My Health Record Guidelines for Residential Aged Care **are applicable to all residential aged care homes** in which staff members work and interact with My Health Record to support the care of a person living in a residental aged care home.

• The My Health Record Guidelines for Residential Aged Care **are not applicable to care provided in the Home Care setting.**

The My Health Record Guidelines for Residential Aged Care do not provide a comprehensive technical guide on My Health Record; rather they provide guidance on the minimum professional and ethical behaviour for a residential aged care home staff member when using the My Health Record system in the delivery of care.

KEY INFORMATION

Aged care providers are encouraged to develop and use accessible communication tools to advise persons living in their residential homes of their use of, or decision not to use My Health Record.

⁵ Commonwealth (2021), Care Royal Commission Final Report: Recommendations, https://agedcare.royalcommission.gov.au/sites/default/ files/2021-03/final-report-recommendations.pdf.

⁶ Department of Health (2021), Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety, https://www.health.gov.au/resources/publications/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-carequality-and-safety.



ABOUT MY HEALTH RECORD

2. ABOUT: MY HEALTH RECORD

2.1 OVERVIEW OF MY HEALTH RECORD







An online summary of key health information

Personally controlled

Part of a national system

Accessible

at all times

Protected

Figure 1: What is My Health Record?

KEY INFORMATION

My Health Record is a secure online summary of an individual's key health information. Healthcare providers can access the system to view and add information. The national system provides clinical information uploaded by a range of providers (GPs, hospitals, pharmacists, allied health professionals etc), to assist in facilitating care coordination, reducing medication errors, and ultimately improve health outcomes. Aged care providers can access a person's My Health Record to view and add relevant health information.

All Australians can choose to opt out of My Health Record at any time and the information in their record, including any backups, is permanently deleted from the system. If they change their mind, they can re-register for a new record at any time.

A person can appoint a nominated representative to assist with managing their My Health Record. If they don't have the capacity, an authorised representative can be appointed to manage their My Health Record for them. The nominated representative can view records (depending on the access they have been granted), whereas an authorised representative is responsible for managing the My Health Record of someone who is not able to make decisions for themselves.

2.2 PURPOSE

The purpose of My Health Record is to support the provision of safe and effective care to an individual. Healthcare organisations, including residential aged care homes, are authorised to access a person's My Health Record for the purpose of providing healthcare, so long as the access is in accordance with access controls set by an individual or their authorised representative. Individuals can choose to restrict access to their record, or to information within it. They can also instruct a healthcare provider not to upload specific documents and this request must be complied with. Advance care plans can only be uploaded with the explicit consent of the healthcare recipient.

When healthcare providers upload and view documents in a person's My Health Record they will have a more detailed picture

KEY INFORMATION

My Health Record is designed to improve the quality of an individual's care by providing healthcare providers with access to shared health data.

with which to make decisions, diagnose and provide the person with appropriate treatment. My Health Record data may also be used for other purposes specified by the *My Health Records Act 2012.*⁷

Through the My Health Record system, authorised aged care providers will have access to information about persons living in their home potentially including medicines information, allergies and adverse drug reactions, pathology results and diagnostic imaging reports, hospital discharge summaries and advance care planning information.

2.3 DOCUMENTS CAPTURED

My Health Record has three distinct types of documents:

Consumer documents 01	 Personal health summary Personal health notes Advance care planning docs & custodian details Emergency details Childhood development
Medicare documents 02	 Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) claims Australian Organ Donor Register status Australian Immunisation Register (AIR) record
Provider documents 03	 Shared health summaries Discharge summaries Pathology reports Diagnostic imaging reports Event summaries Prescription records Dispense records Pharmacist shared medicines list (PSML) Specialist letters Goals of care Aged Care Transfer Summary



7 Australian Government (2023), My Health Records Act 2012, https://www.legislation.gov.au/C2012A00063.

2.4 ACCESSING MY HEALTH RECORD

Authorised residential aged care staff can access My Health Record (subject to access controls set by the person living in the home) via either the web-based National Provider Portal or their own conformant clinical software.

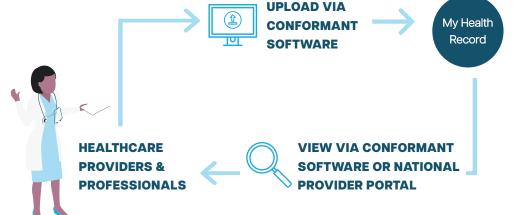


Figure 3: Accessing My Health Record

To access information in My Health Record:

- Individuals can view and upload information to My Health Record by linking My Health Record as a service through the myGov portal. They can also view information through my health app and other authorised apps.
- Registered healthcare providers can view My Health Record for persons receiving healthcare through the National Provider Portal at: https://portal.ehealth.gov.au or
- Registered healthcare provider organisations can upload, view, and download information from an individual's My Health Record through conformant clinical software (software that has been authorised by the Australian Digital Health Agency to work with My Health Record). See sections 7.1 and 7.2 for more details on accessing a person's My Health Record.

2.5 BENEFITS

For healthcare professionals operating in an aged care environment/ setting, My Health Record is intended to help them spend more time with persons living in the residential aged care home and less time searching for clinically relevant information. My Health Record is particularly useful to gather relevant information in the following situations:

- In the event of a medical emergency
- During times of transition, such as a discharge from hospital to care. Easy access to discharge instructions and current medications will save time and improve care
- When a person living in a residential aged care home is no longer able to express their care needs, My Health Record has the home to capture their wishes through their own advance care plans and other health professional derived documentation (such as goals of care). Note: this does not include Voluntary Assisted Dying.

For persons living in a residential aged care home, having access to their My Health Record may help them and their carers to better track and manage their own health. In emergencies or new environments, access to My Health Record can facilitate improved care and reduced time to access critical health records.

2.6. LIMITATIONS

My Health Record is designed to augment clinical information systems, not replace them. Healthcare providers such as GPs and residential aged care homes will need to continue to keep records at the local level.

My Health Record is not designed as a substitute for direct communication between healthcare providers/residential aged care home staff and should not be used in this manner.

Healthcare providers/residential aged care home staff must continue to communicate directly with other healthcare providers involved in the care of a person living in a residential aged care home through the usual channels, preferably through secure electronic communication.

As with other sources of health data, My Health Record does not provide a complete picture of a person's health status and needs. If a person has just started using My Health Record, it is likely that it will take some time for their record to be populated with new information. Healthcare professionals can only add records within a limited number of categories.

It is important to note that the information might not be up to date, and that the person living in a residential aged care home can choose to remove documents from view, or restrict access, so clinically relevant information might be missing.

If there are any doubts about the currency of the information, healthcare providers/residential aged care home staff should verify the information in a My Health Record using other sources including asking the person living in the residential aged care home.

KEY INFORMATION

My Health Record is not compulsory to use, nor is it the only source of health information. It is meant to be employed as an adjunct to existing clinical record systems, not a replacement.



WHY USE MY HEALTH RECORD IN AGED CARE?

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3. WHY USE MY HEALTH RECORD IN AGED CARE



This section is targeted at **people who need to understand why they should use My Health Record in aged care environments** to support healthcare, including senior management and owners.

3.1 ROYAL COMMISSION RECOMMENDATIONS

here are a range of compelling reasons for My Health Record to be embraced in a residential aged care setting. There are a series of recommendations in the Royal Commission into Aged Care Quality and Safety⁸ that relate to My Health Record including promoting universal adoption by aged care providers. The recommendations are:

Recommendation 56:

A new primary care model to improve access where the use of My Health Record would be an accreditation criteria.

Recommendation 63:

Access to specialist telehealth services.

Recommendation 66:

Improving the transition between residential aged care and hospital care.

Recommendation 68:

Universal adoption by the aged care sector of digital technology and My Health Record.

Recommendation 109:

ICT Architecture and investment in technology and infrastructure.

KEY INFORMATION

In response to the Royal Commission into Aged Care Quality and Safety Final Report the government said it would support residential aged care homes to adopt the My Health Record by June 2023.

8 Commonwealth (2021), Care Royal Commission Final Report: Recommendations, https://www.royalcommission.gov.au/aged-care.

3.2 MY HEALTH RECORD AND

THE AGED CARE QUALITY STANDARDS

My Health Record can also support the residential aged care home with the Aged Care Quality Standards⁹ accreditation namely Standards 1, 2 and 3 such as: **KEY INFORMATION**

The use of My Health Record can positively support a residential aged care home's adherence to the Aged Care Quality Standards.

Standard 1

Consumer dignity and choice

An advance care plan is a document that states a person's wishes for their future health and care; A custodian is someone who supports/advocates for the person according to the advance care plan and up to two custodians can be stored in a person's My Health Record. The custodian will also have a copy of the plan in their possession. A healthcare provider can also create and upload a goals of care document identifying medical treatment and preferences for end-of-life treatment.

Standard 2

Ongoing assessment and planning with consumers

As a source of information. Useful clinical documents uploaded by healthcare providers include:

- Discharge summaries from hospitals (both public and private)
- Shared health summaries from the GP
- Pharmacist shared medicines list.

Standard 3

Personal care and clinical care - as a source of information

In addition to all documents available, there are overviews in the My Health Record system:

- Diagnostic imaging and pathology reports views can display a quick snapshot of a person's test results history and show you multiple reports within a specific date range on one page
- Medicines information view can quickly sort and display medicines information held in a person's My Health Record by date or alphabetic order.

Note: Strengthened Aged Care Quality Standards are currently in draft at the time of this publication and will be implemented in parallel with the new Aged Care Act.

3.3 SPECIFIC USE CASES

KEY INFORMATION

There are a number of specific use cases in an aged care environment where My Health Record can be of significant value. My Health Record will allow you to access timely and current health information about persons living in your residential aged care home.

Furthermore, if you have conformant software, and meet the general criteria for registration, you will be able to upload health information for the person living in your aged care home which can then be viewed by other healthcare providers involved in their care in hospitals, GP practices and other healthcare services in the community.

WHAT HEALTH INFORMATION IS ACCESSIBLE?

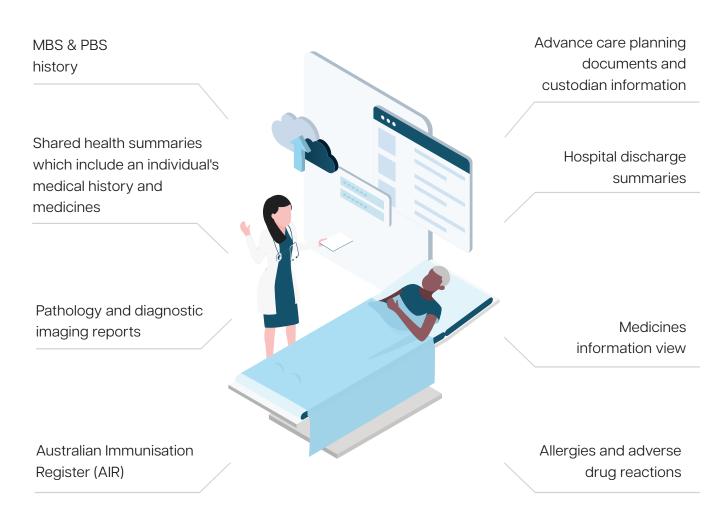


Figure 4: Key information for persons living in a residential aged care home in My Aged Care

3.3.1. SHARED MEDICINES LIST

KEY INFORMATION

A shared medicines list is created by a pharmacist and lists all the medications a person is using and has been prescribed. Addressing a common issue in aged care, My Health Record provides a framework for capturing a comprehensive list of a person's medications. The pharmacist shared medicines list (PSML) may include medicines prescribed by their doctor, non-prescription medicines including over the counter or complementary medicines (such as vitamins or herbal medicines).

This list will include details on how and when they take their medicines at the time the list was created. A PSML is prepared only by a pharmacist and can be made after completing an in-pharmacy medicine review, preparing a dose administration aid or by a hospital pharmacy for patients when they are discharged.

Note: The pharmacist shared medicines list identifies which medication a person living in a residential aged care home should be taking, but there is no facility within My Health Record to indicate whether medications are being taken as prescribed.

EXAMPLE

ev, a World War II veteran on a Department of Veterans' Affairs (DVA) pension lived at home until his dementia progressed to a point where his partner – who was visually impaired - was no longer able to care for him.

In addition to his advanced dementia, Kev was clinically obese, suffered from hypertension, arthritis, and bi-polar disorder, and was on a collection of medications.

His partner accompanied him to the aged care home that was going to take care of him. Understandably this was a traumatic

event for both Kev and his partner, and a number of key documents were overlooked by his partner in the hand over.

Fortunately, Kev's long-term pharmacist had recently added a pharmacist shared medicines list to My Health Record. Kev's medications were given in the right dose at the right time, right from the start.

The Nurse on duty at the home where Kev was admitted to, who was authorised to access Kev's My Health Record, was able to access the pharmacist shared medicines list and ensure that Kev's medications were given in the right dose at the right time, right from the start.



3.3.2 SHARED HEALTH SUMMARY

The shared health summary represents the person's health status at a point in time.

Shared health summaries can be created at any consultation by the person's nominated healthcare provider with an HPI-I, and may include information about a person's medical history, including:

KEY INFORMATION

The shared health summary is created by the person's nominated healthcare provider and represents their health status at a point in time.





Medical conditions

EXAMPLE

Medicines - and recent medicine changes

A person has only one current shared health summary at a time.

Allergies & adverse reactions



Immunisations¹⁰

fter a series of falls at home in his rural community, Dimitri was admitted to a residential aged care home close to his family in a nearby city.

This meant Dimitri no longer had access to his long-term family doctor and became a patient of a General Practice (GP) that visited the home. Before making the transition, Dimitri's family encouraged his local GP to upload a shared health summary into My Health Record (the software used in his GPs practice streamlined this process).

My Health Record helpes ensure continuity of care for Dimitri.



Both the new visiting GP and the Registered and Enrolled Nurses who looked after Dimitri had access to his My Health Record ensuring continuity of care.

10 Australian Digital Health Agency (2024), https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/whats-inside/information-healthcare-providers-can-upload/shared-health-summaries.

3.3.3 EVENT SUMMARIES

An event summary captures key health information about significant healthcare events that are relevant to the ongoing care of an individual.

It can be used to indicate a clinical intervention, improvement in a condition or that a treatment has been started or completed. An event summary may contain:

KEY INFORMATION

An event summary captures key health information about significant healthcare events that are relevant to the ongoing care of an individual.



Allergies & adverse reactions

Medicines - and recent medicine changes



Interventions



EXAMPLE

Event summaries can be uploaded by any health professional with a Healthcare Provider Identifier -Individual (HPI-I) (see sections 5.2 and 6.1) which could include a Nurse Practitioner, Enrolled or Registered Nurses or Allied Health Professional in a residential aged care home.

ale is a person living at the Cheery Valley aged care home. Staff are concerned that his mobility has been deteriorating and the physiotherapist who is contracted to the home is engaged to perform an evaluation.

The physiotherapist attributes the reduction in mobility to a decline in balance and coordination and recommends a series of exercises to help arrest the decline.

The Physiotherapist captures the findings in an event summary which he uploads to Dale's My Health Record via the home's conformant software.

Findings are captured in an event summary that is uploaded to My **Health Record.**

11 Australian Digital Health Agency (2024) https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/whats-inside/informationhealthcare-providers-can-upload/event-summaries.

3.3.4 DISCHARGE SUMMARIES

KEY INFORMATION

A discharge summary captures key instructions for the ongoing care of a person living in a residential aged care home following discharge from hospital. The My Health Record discharge summary provides a comprehensive overview of a patient's hospital stay, including diagnoses, treatments received, medications prescribed, and follow-up care instructions.

The information contained in the discharge summary can be shared with anyone authorised to access the summary to support the continued care of the patient once they are discharged from hospital.

When a healthcare provider creates a discharge summary, it will be sent directly to the intended recipient, as per current practices. When a hospital (public or private) is connected to the My Health Record system, a copy of the discharge summary can also be sent to the patient's My Health Record (Australian Digital Health Agency (2022), Discharge summaries).

EXAMPLE

rancesca, a fiercely independent older woman, broke a hip and ended up in a large metropolitan hospital for a hip replacement and subsequent rehabilitation.

After talking with her family, she decided she was no longer able to care for herself at home and was discharged to a rural residential aged care home.

Francesca has advanced macular degeneration, and is legally blind but still likes to remain active and engaged in her environment.

At her discharge a comprehensive discharge plan was uploaded by the hospital to Francesca's My Health Record, which was then accessed by the registered nurse who helped Francesca settle into her new home.

Details of her ongoing rehabilitation were noted as well as her pain management regime, and Francesca was able to enjoy a smooth transition into her new home.

3.3.5 ADVANCE CARE PLANNING

An advance care planning document details a person's future medical care preferences.

It provides guidance to their family, close friends, and healthcare providers if they can no longer speak for themself or make their own decisions.

These documents will be useful if a person living in a residential aged care home became ill or unable to communicate. The treating health professionals could then look at these documents when providing care.

KEY INFORMATION

An advance care planning document details a person's future medical care preferences. It provides guidance to healthcare providers if the person living in a residential aged care home can no longer speak for themself or make their own decisions.

EXAMPLE

A healthcare provider can also create and upload a goals of care document identifying medical treatment and preferences for end-of-life treatment. Persons living in a residential aged care home can find instructions on how to create and upload their advance care planning documents on the myGov portal.¹²

p until recently Angela was living in an independent retirement unit. Her health rapidly deteriorated and after a period in hospital her family had arranged for her to be admitted to a residential aged care home with rooms that specialized in palliative care in line with her wishes.

She has moments of lucidity but is mostly asleep or uncommunicative. About a year ago Angela and her family had prepared advance care planning documents and uploaded them to My Health Record via the myGov portal.

The residential aged care home was able to access these documents through the National Provider Portal.

On the basis that Angela's instructions were captured through the advance care planning documents the nursing staff were able to focus on Angela's comfort without engaging in life-prolonging treatments as per Angela's expressed wishes. The Australian Digital Health Agency (the Agency) has been successfully pursuing a programme of work to improve both the functionality and uptake of My Health Record in the aged care sector.

The highly anticipated Aged Care Transfer Summary (ACTS)¹³ is a digital solution using My Health Record that facilitates access to crucial health information relating to a person living in a residential aged care home to support clinical handover when an individual is transferred from an aged care setting to acute hospital care.

The ACTS implements a number of new record types (the Residential Aged Care Transfer Reason, Residential Aged Care Health Summary, and Residential Aged Care Medication Chart), displaying them collectively as a Residential Care Transfer Overview in the My Health Record system. The ACTS helps address Recommendation 66 (b) of the Royal Commission into Aged Care Quality and Safety.

The Agency is now working with software vendors to add the capability to their products, to ensure that residential care transfer records are accessible at receiving hospitals. The Agency or your software provider will alert you when this feature is functional.

Important health information¹⁴

The Australian Government will be making it a requirement for public and private pathology and diagnostic imaging providers to share their reports to My Health Record by default. Subject to legislation it is expected that this requirement will be in place from December 2024.

EXAMPLE

atima is a person living in the Cheery Valley residential aged
 care home. Her health has rapidly deteriorated necessitating a transfer to hospital.

The nurse in charge of her care at the home has uploaded the Residential Aged Care Transfer Reason, Residential Aged Care Health Summary, and Residential Aged Care Medication Chart to My Health Record using the home's conformant software. At the hospital the healthcare professionals responsible for Fatima's care access these details to help ensure Fatima receives the correct care.

13 https://developer.digitalhealth.gov.au/resources/topics/aged-care#aged-care-transfer-summary-v1-0

14 https://consultations.health.gov.au/digital-health/modernisingmhr/

POLICY AND COMPLIANCE REQUIREMENTS FOR RESIDENTIAL AGED CARE HOMES

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4. POLICY AND COMPLIANCE REQUIREMENTS FOR RESIDENTIAL AGED CARE HOMES



This section is targeted **at teams responsible for policy**, **compliance**, **risk**, governance, and quality assurance.

4.1 POLICY REQUIREMENTS

My Health Records Rule 2016¹⁵ sets out the organisational requirements for healthcare provider organisations using My Health Record, including the need for a written security and access policy that includes:

- Manner of authorising, suspending and deactivating users
- Provision of training
- A process for identifying who is accessing My Health Record
- Physical and information security measures
- Risk management
- Assisted registration processes (where applicable)
- Policy implementation and maintenance.

Policies and procedures must meet legislative requirements (**See section 4.2**) and relevant professional practice standards. All My Health Record policies and procedures must be regularly reviewed at a minimum annually and updated as part of quality assurance and evaluation processes. Each iteration of the policy must contain a unique version number and the date when that iteration came into effect. A copy of each version should be retained, for record-keeping purposes.

15 Commonwealth (2016), My Health Records Rule 2016, https://www.legislation.gov.au/Details/F2016C00607.

KEY INFORMATION

Before connecting to My Health Record a residential aged care home must have a security and access policy in place. A sample policy is included in the Appendix 1. The Australian Digital Health Agency website has a comprehensive **checklist**¹⁶ of items that should be covered by an organisation's security and access policy. The Agency can audit a home's compliance with their policy at any time. The provider has 7 days to provide the requested policy. A policy template and guidance can be found on the Office of the Australian Information Commissioner's website (**security and access policies – Rule 42 guidance | OAIC**). An eLearning course to help with completing the template can be accessed on the Australian Digital Health Agency online training site (**Australian Digital Health Agency - Online Training**).

Residential aged care homes should also be aware of resources that may assist in the safe and effective implementation and use of the My Health Record system, including My Health Record participation obligations¹⁷, National Guidelines for On-Screen Display of Medicines Information (2017)¹⁸ and National Guidelines for On-Screen Presentation of Discharge Summaries (2017).¹⁹

4.2 LEGISLATION AND

LEGAL OBLIGATIONS

A residential aged care home that is connected to the My Health Record system must comply with the following legislation:

KEY INFORMATION

The use of My Health Record in residential aged care is governed by a suite of legislation including an Act, Rules, and Regulations.

My Health Records Act 2012

The *My Health Records Act 2012* limits when and how health information included in a My Health Record can be collected, used, and disclosed. Unauthorised collection, use or disclosure of My Health Record information is both a breach of the *My Health Records Act 2012* and an interference with privacy.

It establishes:

- The role and functions of the System Operator (Australian Digital Health Agency)
- A registration framework for individuals, and entities such as healthcare provider organisations to participate in the system
- A privacy framework (aligned with the *Privacy Act 1988*) specifying which healthcare provider organisations can access and use information in the system, and the penalties that can be imposed for improper use of the information.

My Health Records Rule

My Health Records Rule 2016 specifies the additional privacy and security requirements that healthcare provider organisations must comply with to be eligible to be registered, and to remain registered with My Health Record.



16 Australian Digital Health Agency (2023) My Health Record participation obligations, https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/register-and-set-up-access/participation-obligations.

17 Australian Digital Health Agency (2023) My Health Record participation obligations, https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/register-and-set-up-access/participation-obligations.

18 Australian Commission on Safety and Quality in Health Care (2022), National Guidelines for On-Screen Display of Medicines Information https://www.safetyandquality.gov.au/our-work/e-health-safety/national-guidelines-screen-display-medicines-information.

19 Australian Commission on Safety and Quality in Health Care (2022), National Guidelines for On-Screen Presentation of Discharge Summaries, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-guidelines-screen-presentation-discharge-summaries.

My Health Records Regulation

My Health Records Regulation 2012 specifies additional information (e.g., identifying information and privacy laws) that continue to apply to the disclosure of sensitive information.

My Health Records (Assisted Registration) Rule 2015²⁰

My Health Record (Assisted Registration) Rule 2015 outlines the process in which an aged care provider assists a healthcare recipient to apply to register for My Health Record.

4.3 STANDARDS OF DOCUMENTS

UPLOADED TO MY HEALTH RECORD

Aged care providers have a responsibility to ensure that any clinical documents uploaded to a person's My Health Record are of a sufficient standard that they could provide clinical benefit to the person if accessed by other treating healthcare providers.

Clinical documents, such as an event summary, should be written in such a way as to avoid any vagueness about the person living in a residential aged care home, the author and what occurred. They should contain sufficient information to allow other healthcare providers to provide care to the person. Only information that is relevant to the care provided should be included.

Clinical documents uploaded to a person's My Health Record should contain:

\odot	The date of consultation		
\odot	The author's printed name, designation, and place of practice		
\oslash	Accurate statements of clinical interactions between the residential aged care home's staff and the person and/or their carer		
\bigcirc	Objective information that is clinically useful to other healthcare providers		
Detailed management strategies, including:			
\bigcirc	The care and services provided, and any outcomes		
\odot	Professional advice sought and provided		
\oslash	Observations taken and results		

More information about effective arrangements for maintaining quality records is available on the Australian Digital Health Agency website.²¹

²⁰ https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/register-and-set-up-access/participation-obligations.

²¹ Australian Digital Health Agency (2023) Information for healthcare providers and organisations https://www.digitalhealth.gov.au/healthcare-providers/ initiatives-and-programs/my-health-record.

4.4 WORKFLOW AND PRACTICES

Aged care providers have a responsibility to protect and promote the health of persons living in their residential aged care home. **Changes to work practices or workflows may be required to ensure that information uploaded to a person's My Health Record is accurate and complete.**

Providers should consider how a person's requests not to upload to their My Health Record are passed on to relevant staff/clinicians so that the implications of not sharing key pieces of their health information is discussed with the person living in their residential age care home (see Section 8. Resident support). Specific My Health Record–related workflow and local procedures should be documented in the home's security and access policy (see Appendix 1).

4.5 COMPLAINTS MANAGEMENT

Aged Care Quality Standards (Standard 1 and Standard 8) require residential aged care homes to guide and engage with the person living in their residential aged care home to ensure they have choice with their care and services (including whether they want a My Health Record or not). Residential aged care homes are authorised to access a person's My Health Record in accordance with the access controls because they are providing care. However, the home should discuss their access and use of My Health Record with the person, family and representatives. If a person is concerned a home is not complying with their requests about

My Health Record, they should be made aware of their ability to make a complaint as part of the residential aged care home's existing complaint management system process. Complaints raised in relation to access to their My Health Record should be investigated:

- If the home's investigation determines that unauthorised access has occurred, the home should correct the issue and follow the appropriate process for notification of a data breach (see section 5.4). If the person living in the residential aged care home has any concerns about this process, they can contact the Australian Digital Health Agency on 1800 723 471. A person can also complain independently to the Office of the Australian Information Commissioner (OAIC), if they are not satisfied with the home's response (Make a My Health Record complaint | OAIC).
- If the complaint relates to a different healthcare provider organisation the matter should be referred to the management of the healthcare provider organisation where it originated and/or the OAIC.
- Where a person living in a residential age care home asked for a document to be amended, the request should be logged with the Organisation Maintenance Officer (see section 6.2) and the document removed, or a new amended document uploaded, within 7 days. If amendment or removal is not considered appropriate, the person should be directed to exercise their personal controls over the document.
- The residential aged care home is required to notify the System Operator of potential or actual data breaches. Privately run facilities must also notify the OAIC regarding potential or actual data breaches. State and territory providers may also be required to comply with their local mandatory reporting schemes or choose to voluntarily report data breaches to their local privacy regulator in addition to reporting to the System Operator.

The residential aged care home should contact TIS National on 131 450 if an interpreter is needed or the National Relay Service or call 1 300 555 727 for hearing or speech assistance.

KEY INFORMATION

Aged care home's workflow practices need to accommodate the use of My Health Record – this should be documented in the home's security and access policy.

> Persons living in residential aged care homes should be made aware of the appropriate complaints process. The circumstances when complaints need to be escalated should be documented and understood by staff.

9

4.6 TRAINING

It is a requirement of the My Health Record security and access policy to include the provision of training for users before they are permitted to access the My Health Record system.

The Agency provides guidance on recommended My Health Record training.²²

The policy includes a requirement that, before a user is authorised to access the My Health Record system, they receive training covering:

- How to use the system accurately and responsibly
- Legal obligations of the healthcare provider organisation
- Legal obligations of individuals using the My Health Record system
- Consequences of breaching those obligations.

It is recommended that organisations maintain a register of staff training.

KEY INFORMATION

9

Staff need to be trained before they can use the My Health Record system - this training should be outlined in the security and access policy.



22 Australian Digital Health Agency (2023) Recommended My Health Record Training, https://www.digitalhealth.gov.au/sites/default/files/documents/my-health-record-recommended-training-list.pdf.



PRIVACY & SECURITY



5. PRIVACY AND SECURITY



This section is targeted at **anyone** who uses My Health Record.

5.1 COMPONENTS OF PRIVACY

All information in a person's My Health Record is managed and protected in accordance with the *My Health Records Act 2012* and the *Privacy Act 1988*.

The security of My Health Record is dependent on a number of components:

Resident control

My Health Record is a personally controlled digital health record so, a person or their authorised representative can restrict access to their record, or to certain documents within it. They can also instruct a healthcare provider not to upload specific documents and this request must be complied with (see section 8.3 for more details).

Security and access policy

Which staff members and healthcare professionals can view a person's My Health Record and under what circumstances will be defined in the policy for the residential aged care home. The security and access policy (section 4.1) sets out:

- Manner of authorising, suspending and deactivating users
- A process for identifying who is accessing a My Health Record
- Physical and information security measures.

Software controls

If a home is using conformant software to access My Health Record it will have features that control access and identify who is accessing records. Data security design features of the My Health Record system include access histories, technology and data management controls, and security measures to minimise the likelihood of unauthorised access to information in a person's record. Any collection, use or disclosure of health information from a person's record in a way that is not authorised by the *My Health Records Act 2012*, will breach the Act (see section 5.4) and may be liable for a civil or criminal penalty. Penalties may apply where a person knowingly handles information in an unauthorised way or does so in a way that is reckless. Such a breach is an interference with privacy and may be investigated under the Privacy Act or the My Health Records Act and subject to enforcement action and other remedies. For further privacy information, see Handling information in a My Health Record²³ by the Office of the Australian Information Commissioner (OAIC).

5.2 ACCESS AND ORGANISATIONAL STRUCTURE

A Responsible Officer and Organisation Maintenance Officer are the key organisational roles required for an organisation to interact with My Health Record and are fully described in Section 6.2.

Access for other staff members is outlined in Table 1.

KEY INFORMATION

Residential aged care homes need to determine which staff can access a person's My Health Record based on their roles - this should be identified in their security and access policy. Access can only be given for the purpose of providing healthcare.

Table 1: Access levels for staff

Table 1: Access levels for staff				
ROLE ##	RESPONSIBLE OFFICER^	ORGANISATION MAINTENANCE OFFICER [^]	AUTHORISED EMPLOYEE	PROVIDER WITH HPI-I
Example employee from residential aged care home	Chief Operations Officer	Head of Information Technology	Front Office Manager	GP / Nurse Practitioner / Registered Nurse / Enrolled Nurse / Allied Health Professional
Individual Healthcare Identifiers (IHI) search and download	\bigotimes	\otimes	\bigcirc	\bigcirc
My Health Record Assisted Registration	\bigotimes	\bigotimes	\bigotimes	\bigcirc
View My Health Record and download clinical documents	\bigotimes	\otimes	*	\bigcirc
Author clinical documents for a My Health Record	\otimes	\bigotimes	\bigotimes	${ \oslash}^*$
Upload clinical document to My Health Record	\bigotimes	\times	*	\bigcirc
Manage organisation interactions Healthcare Identifiers (HI) Service and My Health Record	\odot	\bigcirc	\bigcirc	\bigotimes

*Could be Event Summaries, Residential Aged Care Transfer Reason, Residential Aged Care Health Summary, and Residential Aged Care Medication Chart, but a Doctor, Nurse Practitioner or a Registered Nurse who is the primary healthcare professional for a person can also author and upload a Shared Health Summarv.

^If either of the Responsible Officers or the Organisation Maintenance officers have a HPI-I they would have the same access privileges as any other Provider with their own HPI-I.

An authorised employee may, if authorised to do so and enabled by the organisations software, view records or upload a document that is authored by a registered healthcare professional providing care.

Any employees regardless of their HPI-I status also need to be authorised by their organisation to access My Health Record.

23 Office of the Australian Information Commissioner (2022), Handling information in a My Health Record, https://www.oaic.gov.au/privacy/guidance-andadvice/my-health-record/handling-information-in-a-my-health-record.

Regardless of how a residential aged care home views a person's My Health Record, the identity of the person accessing the record will be recorded and the owner of the record will be able to see which organisations have accessed the record. Conformant software will assign and record unique internal staff number identification codes. This unique identification code will be recorded by the conformant software against any My Health Record system access. Staff must use their user account to access the My Health Record system at all times.

Providers should only access a person's My Health Record in the course of providing health care to that person and should only view documents in the record that they reasonably believe will assist them to provide better care such as to enhance clinical decision making.

There is no requirement for the person to be present when the healthcare provider is viewing their record, provided that the above requirements are met.

5.3 MANAGING CLINICAL INCIDENTS ASSOCIATED WITH MY HEALTH RECORD

When a clinical incident relates to the My Health Record system directly, or the behaviour of conformant software when interacting with the My Health Record system, it must be reported to the System Operator and managed in accordance with procedures established by the aged care home. Reports can be made to the My Health Record Helpline, which is available 24 hours 7 days on 1800 723 471.²⁴ A clinical incident may relate to safety, usability, technical, privacy and/or security issues. If the clinical incident involves a breach of data it must be managed in line with the principles outlined below in **section 5.4**.

A residential aged care home's My Health Record security and access policy (**Appendix 1**) should include processes for managing clinical incidents related to the use of the My Health Record system, according to the nature of the incident. Reporting clinical incidents through My Health Record should not be confused with the Serious Incident Reporting Scheme (SIRS)²⁵ which is an initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government.

EXAMPLES

obin, a registered nurse at the Cheery Valley residential aged care home had to look after a person who was suffering from a serious medical incident.

Once the person from the home had been transferred to the hospital, Robin uploaded a Residential Aged Care Transfer Reason to the My Health Record system. The following day, Robin realised that he had forgotten to include one key factor in the Transfer Reason.

Robin then notified the Responsible Officer, who was responsible for informing the System Operator, deleting the record and uploading the amended record to the person's My Health Record.

oratio is uploading a Shared Health Summary for a person living at the Cheery Valley residential aged care home.

He encounters a software crash with their conformant software that prevents him accessing the My Health Record at the point-of-care. Following the procedure established by his organisation he reports the crash to the System Operator, makes contact with the Organisation Maintenance Officer and documents the crash and response.

25 Aged Care Quality and Safety Commission (2022), Serious Incident Response Scheme, https://www.agedcarequality.gov.au/sirs.

²⁴ https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/clinical-incidents.

EXAMPLE

5.4 MANAGING DATA BREACHES

KEY INFORMATION

A data breach is the unauthorised collection, use or disclosure of health information in an individual's My Health Record; or an event or circumstance that has or may have compromised, the security or integrity of the My Health Record system. In recognition of the special sensitivity of health information, the *My Health Records Act 2012* makes it mandatory for certain entities (see **Who should use this guide?**²⁶) to notify the Office of the Australian Information Commissioner (OAIC) and the My Health Record System Operator of a data breach involving the My Health Record system. The System Operator is the Australian Digital Health Agency (the Agency).

The *My Health Records Act 2012* also requires relevant entities to take a number of steps as soon as practicable after becoming aware of a My Health Record data breach. These steps differ slightly depending on whether the data breach has occurred or may have occurred. For more information, see **Guide to Mandatory Data Breach Notification in the My Health Record System**.²⁷²⁸

ngus, an enrolled nurse at the Hi Q aged care home has access to the My Health Records of the persons living in the residential aged care home (where the person has not restricted access).

On a number of occasions Angus accessed My Health Records of new persons, not because he was involved in their healthcare, but merely because he was curious about the new arrivals. The Responsible Officer for the home has noted Angus's access to these persons records, and after investigating against

pre-existing internal policies has determined this is a data breach.

The data breach is reported to the Australian Digital Health Agency and the OAIC.

Pending further investigation Angus now faces penalty including the possible suspension of his nursing registration. The data breach is reported to the Australian Digital Health Agency and the Office of the Australian Information Commissioner, who will consider the privacy implications of the data breach.

To ensure that My Health Record system-related security risks can be promptly identified, acted upon, and reported to the relevant authority, residential aged care homes should review their security and procedures for accessing My Health Record and revise those procedures as required. They should also develop a risk reporting procedure to allow staff to inform management of any suspected security issue or breach of the system, and/or conduct risk assessment audits of IT systems to examine the privacy and security risks.

27 Office of the Australian Information Commissioner (2022), Guide to mandatory data breach notification in the My Health Record system, https://www.oaic.gov.au/privacy/guidance-and-advice/guide-to-mandatory-data-breach-notification-in-the-my-health-record-system.

28 Nursing and Midwifery Board of Australia (2021), Enrolled nurse suspended by tribunal for viewing patient records without authorisation, https://www.nursingmidwiferyboard.gov.au/News/2021-03-12-Enrolled-nurse-suspended-by-tribunal.aspx.

²⁶ Office of the Australian Information Commissioner (2022), Guide to mandatory data breach notification in the My Health Record system, https://www.oaic.gov.au/privacy/guidance-and-advice/guide-to-mandatory-data-breach-notification-in-the-my-health-record-system#who-should-use-this-guide.

5.5 PENALTIES

The My Health Record system and the Healthcare Identifiers Service contain personal and other important information and are protected by a penalty framework set out in the *My Health Records Act 2012*²⁹ and the *Healthcare Identifiers Act 2010*.³⁰

The penalties apply to a range of scenarios designed to address the unauthorised collection, access, disclosure, or use of My Health Record data as well as ensuring the organisations comply with the rules that apply to that entity.



29 Australian Government (2023), My Health Records Act 2012, https://www.legislation.gov.au/C2012A00063.

30 Commonwealth (2017), Healthcare Identifiers Act 2010, https://www.legislation.gov.au/Details/C2021C00492.



D

6. CONNECTING TO MY HEALTH RECORD



This section is targeted at **technical users who are responsible for the connection to My Health Record** (Information Technology/ Administration). It focuses on the process required for residential aged care homes to connect to My Health Record.

6.1 HEALTHCARE IDENTIFIERS

AND ORGANISATIONS

A healthcare identifier is a unique 16-digit identifier that will be used on paper and electronic health information records, such as My Health Record.

A healthcare identifier will identify who is involved in a person's care. There are three types of identifiers explained in Figure 5.

HPI-I

Healthcare Provider Identifier -Individual Who provided the service



IHI

Individual Healthcare Identifier Who received the service



KEY INFORMATION

Healthcare Identifiers are a critical component for connecting to My Health Record.

HPI-O

Healthcare Provider Identifier -Organisation Where the service was provided



An organisation needs a Healthcare Provider Identifier - Organisation (HPI-O) to connect to My Health Record and the healthcare professionals providing services within a home require their own Healthcare Provider Identifier - Individual (HPI-I). Details of how to obtain a Healthcare Identifier are shown in **section 6.3**.

The Healthcare Identifiers (HI) Service³¹ is a national system for uniquely identifying healthcare providers, healthcare organisations and individuals receiving healthcare. The HI Service is a foundational component of all national digital health products and services, including My Health Record.

Healthcare provider organisations participate in the My Health Record system either as a Seed Organisation only or as a Network Organisation that is part of a wider 'network hierarchy' (under the responsibility of a Seed Organisation).

A Seed Organisation is a legal entity that provides or controls the delivery of healthcare services. A Seed Organisation could be, for example, a residential aged care home, a local GP practice, pharmacy, or private medical specialist.

6.2 APPOINTING A RESPONSIBLE OFFICER

AND ORGANISATION MAINTENANCE OFFICER

The Responsible Officer (RO) is appointed by their organisation and registered with the HI Service and has authority to act on behalf of the Seed Organisation and relevant Network Organisations (if any) in its dealings with the My Health Record System Operator.



For large organisations, the RO may be the Chief Executive Officer or Chief Operations Officer.



For small organisations, the RO may be the business owner.

KEY INFORMATION

To register with My Health Record an organisation will have identified both a Responsible Officer (RO) and an Organisation Maintenance Officer (OMO).

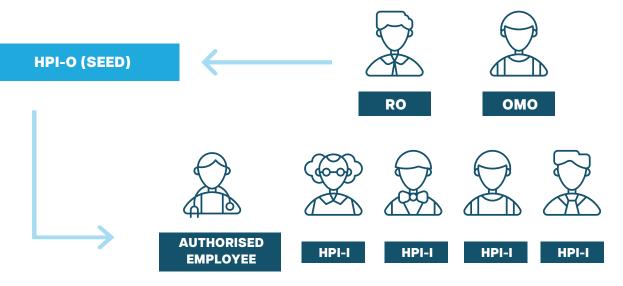


Figure 6: Seed organisation structure

31 Services Australia (2022), HI Service for healthcare provider organisations https://www.servicesaustralia.gov.au/apply-to-access-hi-service.

The Organisation Maintenance Officer (OMO) is registered with the Healthcare Identifiers Service (HI Service) and acts on behalf of a Seed Organisation and/or Network Organisations (if any) in its day-to-day administrative dealings with the HI Service and the My Health Record system.

Healthcare organisations can have more than one OMO if they wish. They may be senior staff who are familiar with the home's clinical and administrative systems. Alternatively, the RO may take on the OMO role as well. ROs and OMOs are responsible for maintaining their own details and information about their organisation with the HI Service and keeping the details up to date.

6.3 STEPS TO CONNECT TO

MY HEALTH RECORD

MY HEALTH RECORD - ORGANISATION REGISTRATION STEPS

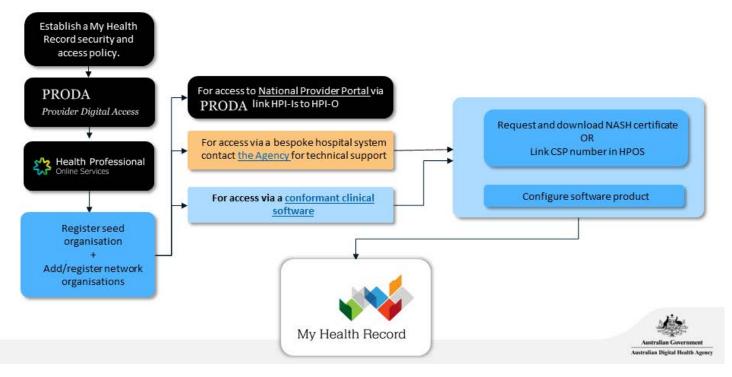


Figure 7: My Health Record Registration Flow Chart

6.3.1 ESTABLISHMENT OF A MY HEALTH RECORD SECURITY AND ACCESS POLICY

Prior to registering with My Health Record, a residential aged care home must have a security and access policy in place. A policy template and guidance can be found on the Office of the Australian Information Commissioner's website (security and access policies – Rule 42 guidance | OAIC). Further detail on policy establishment is located in section 4.1.

6.3.2 REGISTER FOR A PRODA ACCOUNT

Provider Digital Access (PRODA) is an online authentication system used to securely access government online services. Using a twostep verification process, a username and password is used to access multiple online services.

The organisation's Responsible Officer (RO) must have a PRODA account (which is associated with the individual) to register the organisation with My Health Record. More information can be found on the Australian Digital Health Agency's website **here**.³²

It is important that the RO's details (including names, sex, date of birth and email address) are consistent across all the documents that are used in this process.

KEY INFORMATION

To securely access My Health Record, the Responsible Officer of your organisation needs to have a PRODA account which allows them to register the organisation.

6.3.3 OBTAINING A HEALTHCARE PROVIDER IDENTIFIER - ORGANISATION

Before an organisation can access My Health Record (either through National Provider Portal or Conformant Software) they need a Healthcare Provider Identifier - Organisation (HPI-O) and be registered to participate in the My Health Record. **Read more about the Healthcare Identifiers (HI) Service**.³³ An organisation can obtain its HPI-O via Health Professional Online Services (HPOS), accessible via the Provider Digital Access (PRODA) portal.³⁴

KEY INFORMATION

An organisation needs an HPI-O to connect to My Health Record. How an organisation is registered and set up in the HI Service will depend on the specific nature and the needs of the organisation. For the majority of healthcare organisations, a single Seed or Network HPI-O structure will apply. Seed Organisations are entities that provide or control the delivery of healthcare services. Network organisations stem from the Seed Organisation. They commonly represent different departments or divisions within a larger complex organisation.

If you are not sure whether to register your organisation as a seed or network, contact the HI Service enquiry line on 1300 361 457 or visit contacts for healthcare professionals³⁵ for help.

33 Services Australia (2022), HI Service for healthcare provider organisations, https://www.servicesaustralia.gov.au/organisations/health-professionals/ services/medicare/healthcare-identifiers-service-health-professionals/applying.

- 34 Services Australia (2022), Provider Digital Access, https://proda.humanservices.gov.au/.
- 35 Australian Digital Health Agency (2023), Contact Us, https://www.digitalhealth.gov.au/support/contact-us.

³² Australian Digital Health Agency (2023) Implementing My Health Record in your healthcare organisation, https://www.digitalhealth.gov.au/healthcareproviders/initiatives-and-programs/my-health-record/implementing-my-health-record-in-your-healthcare-organisation#Step1.

6.3.4 CONNECTING VIA CONFORMANT SOFTWARE

If an aged care provider does not have access to conformant software, they can view a person's My Health Record through the National Provider Portal (NPP) at: https://portal.ehealth.gov.au. The aged care provider will be able to view and download information from the individual's My Health Record but will not be able to upload any clinical information.³⁶

Once your organisation has been issued an HPI-O, you will need to link your organisation's healthcare providers' HPI-Is to your organisation in Health Professional Online Services. Your healthcare providers can now access the National Provider Portal by clicking the My Health Record tile in their PRODA account.

KEY INFORMATION

If your organisation doesn't have access to software that connects to My Health Record you can still view records through the National Provider Portal.

EXAMPLE

he Cheery Valley aged care home is using a software product that is not conformant with My Health Record.

They have however, registered with My Health Record and healthcare professionals with their own HPI-I linked to the organisation are able to view persons' My Health Records through the National Provider Portal.

6.3.5 CONNECTING VIA CONFORMANT SOFTWARE

Conformant³⁷ software is clinical software used by organisations to access persons' health records that has been assessed for conformance with national digital health requirements by the Australian Digital Health Agency. Accessing the My Health Record system through conformant clinical software enables aged care providers to upload, view and download information from an individual's My Health Record.

Accessing the My Health Record system through conformant clinical software enables aged care providers to upload, view and download information from an individual's My Health Record.

To access the My Health Record system a provider will also need to obtain a National Authentication Service for Health (NASH) public key infrastructure (PKI) certificate. A NASH PKI Organisation Certificate is

KEY INFORMATION

Residential aged care homes using conformant software packages to manage people's medical details can use this software to view and upload documents to a person's My Health Record.

a digital certificate that authenticates an organisation whenever they access the My Health Record system using conformant software. NASH PKI certificates expire 2 years from the date of issue. Providers can apply for a NASH PKI Organisation Certificate via HPOS. **Find out how to apply for a NASH PKI Organisation Certificate**³⁸.

36 Australian Digital Health Agency (2023) Implementing My Health Record in your healthcare organisation, https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/implementing-my-health-record-in-your-healthcare-organisation.

37 Australian Digital Health Agency (2022), Conformant clinical software products, https://www.myhealthrecord.gov.au/for-healthcare-professionals/ conformant-clinical-software-products.

38 Australian Digital Health Agency (2023) Implementing My Health Record in your healthcare organisation, https://www.digitalhealth.gov.au/healthcareproviders/initiatives-and-programs/my-health-record/implementing-my-health-record-in-your-healthcare-organisation.

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Bp Premier	Best Practice Software	1.12.1																			
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Communicare	Telstra Health	15.2																			
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eCase	Health Metrics	53																			
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HealthStream	Medication Packaging Systems (MPS)	2022																			
Kyra Clinical	Telstra Health	2.9																			
Manad Plus	Management Advantage	Ð																			
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MyCarePortal	Daughterly Care Community Services Ltd	92.0.1																			
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Platinum6	LeeCare Solutions	23.04																			
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PROVIDED BY AGED CARE INDUSTRY INFORMATION TECHNOLOGY COUNCIL 48

Access flags³⁹ are a key component of the My Health Record system's access control mechanisms, supporting the individual's capability to restrict the healthcare organisations that can access their My Health Record.

The level of detail for this capability is established when a healthcare organisation sets access flags. Access flags allow healthcare provider organisations to be identifiable to healthcare recipients in their My Health Record access history and gives

KEY INFORMATION

Access flags are set in the My Health Record system software and indicate when an organisation has access to an individual's My Health Record.

In a larger organisation with a network structure under the seed organisation, access flags determine whether the network organisation inherits the seed organisation's (parent) access or require separate access.

This decision must reasonably accommodate consumer expectations.

different parts of a large organisation different access to the My Health Record system. Access flags are recorded by the HPO based on information provided by healthcare organisations in the My Health Record system (not in local systems).

When a healthcare organisation is involved in the care of an individual (and, as a result, is added to the access list for the individual's My Health Record), Access flags, set by the healthcare organisation determine if any other associated healthcare organisations are also added to the access list for the individual's My Health Record.

39 Australian Digital Health Agency (2023) Implementing My Health Record in your healthcare organisation - Register any networked organisations, https:// www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/implementing-my-health-record-in-your-healthcare-organisation.

\bigcirc USING MY HEALTH RECORD

7. USING MY HEALTH RECORD



This section is targeted at **users approved to view or upload** My Health Record records.

Staff of a residential aged care home ('Healthcare providers' in the diagram below) can interact with the My Health Record of a person living in their care home (except where the person has restricted access to their record) via either the National Provider Portal or conformant software.

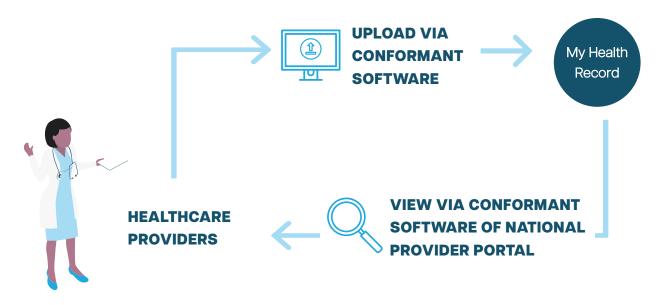


Figure 8: How My Health Record is accessed

7.1 NATIONAL PROVIDER PORTAL

Who can view a person living in a residential aged care home's My Health Record using the National Provider Portal? Any Healthcare professional with a Healthcare Provider Identifier – Individual (HPI-I) that is linked to their organisations Healthcare Provider Identifier – Organisation (HPI-O) that has a genuine need to access the record to support the person's healthcare.

This could include, Doctors, Nurse Practitioners, Aboriginal Health Workers, Registered and Enrolled Nurses and Allied Health professionals.

To use the National Provider Portal staff must be healthcare professionals with their own Healthcare Provider Identifier – Individual (HPI-I) that is linked to their organisation's Healthcare Provider Identifier – Organisation (HPI-O). The National Provider Portal is accessed via a web browser: https://provider.ehealth.gov.au/login.html using their HPI-I number, and then selecting the organisation they are representing.

After logging in they can search for the individual's My Health Record. The record opens on the individual's Health Record Overview (HRO) (see Figure 9). The HRO provides a single access point to relevant areas of a My Health Record to allow for easy navigation.

Step by step instructions for accessing My Health Record via the National Provider Portal can be found on the Australian Digital Health Agency's website.⁴⁰

arie is a Registered Nurse at the Cheery Valley aged care home. She has done the necessary training and is registered with her own HPI-I under Cheery Valley. EXAMPLE

Her organisation is not currently using software conformant with My Health Record. She regularly accesses the My Health Record of new people receiving her services via the National Provider Portal to familiarise herself with their medical conditions to support providing an optimal level of care.

40 Australian Digital Health Agency (2023) My Health Record Information for healthcare providers and organisations, https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record.

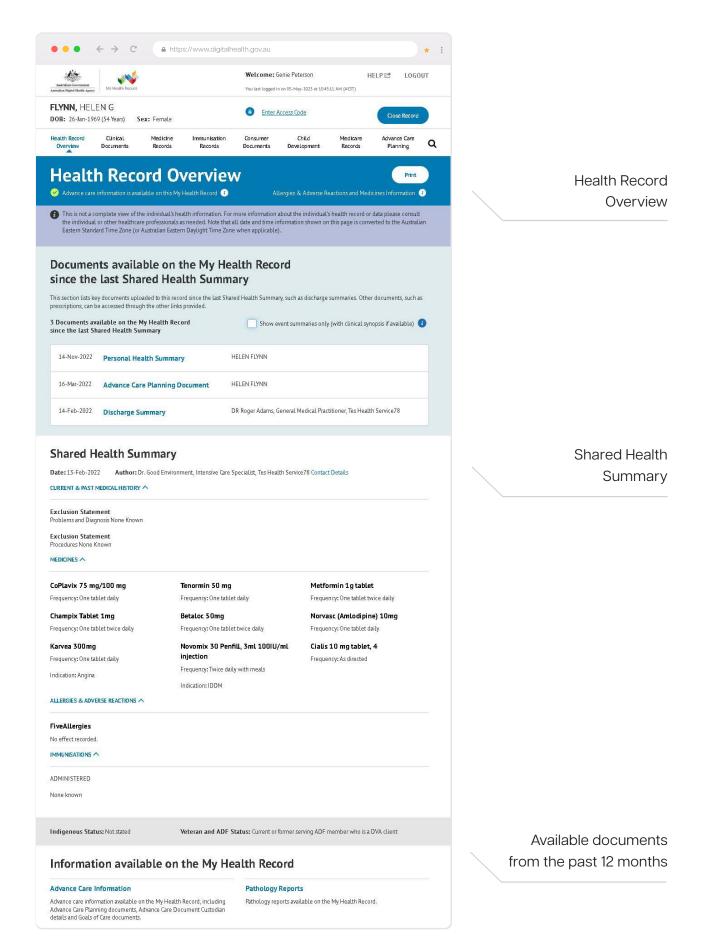


Figure 9: National Provider Portal Health Record Overview

7.2 CONFORMANT SOFTWARE

Staff who access My Health Record through an organisation's conformant clinical software need to be identified through the organisation's security and access policy (see section 4.1). Staff may be granted full access (i.e. the ability to view and upload records) or view-only access as determined by the duties of their roles. For example, a registered nurse who is the nominated healthcare provider for a person living in a residential aged care home can view and upload a shared health summary.

Who can view and upload to a person's My Health Record using conformant software?

Table 2: Viewing and uploading information via conformant software

USER	LEVEL OF ACCESS
A Healthcare professional with a Healthcare Provider Identifier – Individual (HPI-I) that is linked to their organisation's Healthcare Provider Identifier – Organisation (HPI-O). This could include Doctors, Nurse Practitioners, Registered and Enrolled Nurses and Allied Health professionals.	View recordsUpload event summaries
 The person's nominated healthcare provider (with an HPI-I) can be: a registered medical practitioner; or a registered nurse; or an Aboriginal and Torres Strait Islander health practitioner with a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care. 	 As above plus Upload Shared Health Summaries (can include medical history, medications, allergies, and adverse reactions)
Other home staff with a legitimate need to access My Health Record where it's clearly outlined in the security and access policy, and the functionality is supported by the conformant software.	 View record Upload a document that is authored by a registered healthcare professional providing care for a person in a residental care home

If using conformant software, each vendor has their own 'look and feel' for how they display information in the My Health Record system. In the case of conformant software, it will assign and record unique internal staff number identification codes. This unique identification code will be recorded by the conformant software against any My Health Record system access. Staff will use their own user account to access the My Health Record system at all times.

Documents should only be uploaded to My Health Record if they will support clinical decision making and be of benefit to other healthcare providers, and therefore the individual, in the future.

Providers should only access a person's My Health Record in the course of providing care to that person and should only view documents in the record that they reasonably believe will assist them to provide better care such as to enhance clinical decision making.

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Figure 10: Example of conformant software access to My Health Record

EXAMPLE

odolfo is a Doctor at the boutique Hi Q aged care home. They use a clinical software package that is conformant with My Health Record and allows the uploading of documents to My Health Record.

Recently a person living at HI Q Aged care home had a fall and subsequent cardiac event which resulted in their hospitalisation. Immediately following the incident Dr Rodolfo was able to use the conformant software to upload an event summary.

7.3 IDENTITY VERIFICATION

To guard against any identity confusion, healthcare providers should verify the person's identity by checking photo ID, Medicare card, driver's licence etc. against identifying details in the My Health Record system. They should also cross check details including the person's full name, date of birth, address and contact information to match against the My Health Record details.

7.4 EDITING OR DELETING CLINICAL DOCUMENTS

A clinical document cannot be edited once it is in the My Health Record system, however, it can be superseded by a new version. Under the *My Health Records Act 2012*, healthcare provider organisations are authorised to upload information to the My Health Record System (if the required consent from the consumer is in place). This means that, subject to the situations described below, there is no requirement for a healthcare provider to obtain consent on each occasion before uploading clinical information. There is also no requirement for a healthcare consumer to review clinical information before it is uploaded. It may be considered good clinical practice to advise a person living in your residential age care home that you will be uploading information to their My Health Record, particularly if this information might be considered sensitive. The author of a clinical document or other authorised user from their organisation can delete a clinical document from the My Health Record system if, for instance, it has been uploaded in error or contains a mistake. If assistance is required for deleting a document they can contact the System Operator as per section 5.3 or their software vendor.

SUPPORTING THE PERSON LIVING IN A RESIDENTIAL AGED CARE HOME

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8. SUPPORTING THE PERSON LIVING IN A RESIDENTIAL AGED CARE HOME





This section is targeted at **staff responsible for instructing and supporting persons living in their residential aged care homes** in the use of My Health Record.

Aged care providers should ensure that persons living in their residential aged care homes fully understand how the home intends to interact with the My Health Record system, why their health information and activities are uploaded to their My Health Record, and why their My Health Record is accessed by staff.

When communicating with persons about My Health Record, aged care providers should consider the person's health and e-health literacy, cognition, culture and beliefs, and the need to involve other primary healthcare team members, family, community leaders (in the case of Culturally and Linguistically Diverse (CALD) communities where appropriate), and carers, and/or translators.

KEY INFORMATION

To maximise the outcome to the aged care home and the persons living there it is important that persons understand the benefits, options and their rights concerning My Health Record.

EXAMPLE

henever someone new moves in to the Hi Q aged care home within the first two weeks one of the trained staff will sit down with the new person and family members to explain how Hi Q uses My Health Record to support the care of of persons living in their residential aged care home.

They identify the privacy measures that are taken and the avenues for complaints if there is an issue. They also offer to help connect persons living in their residential aged care home to My Health Record if they desire. Hi Q Aged Care is a registered healthcare provider authorised to offer Assisted Registrations.

EXAMPLE

8.1 RECORD CONTROL

The My Health Record system has been designed to enable the person living in a residential aged care home to control the content of their record, and who can access their health information. The person can:

- Request that a document is not uploaded to their My Health Record by their healthcare provider.
- Request that no Medicare information is displayed in their record.⁴¹
- Choose to receive an email or SMS notification when a healthcare provider accesses their record for the first time or in an emergency.
- Choose to restrict access to, hide from view, or permanently remove, specific documents in their My Health Record.
- Choose which healthcare provider organisations can access their My Health Record.
- Cancel their record and have it permanently deleted at any time.
- Register for a record at any time, or re-register for a record if they have previously cancelled.

ail is an elderly transwoman who transitioned late in life, with some opposition from her adult children.

She continues to undergo some trans-related healthcare and is concerned that unrestricted access to this information may lead to some stigma from other healthcare professionals who work with her at the aged care home. As part of the My Health Record induction at the home, Gail was taught how to manage her own record and restrict access to records she doesn't want shared.

8.2 EMERGENCY ACCESS

In certain emergencies (e.g. the person is unconscious), an aged care/healthcare provider is permitted to collect, use, or disclose information in the person's My Health Record if:

- It is unreasonable or impracticable to obtain consent from the person or their authorised representative; and
- They reasonably believe that access to information in the My Health Record is necessary to lessen or prevent a serious threat to the person or another individual's life, health, or safety; or
- They reasonably believe that access to information in the My Health Record is necessary to lessen or prevent a serious threat to public health or safety.

KEY INFORMATION

In certain emergency situations (e.g., the person is unconscious), an aged care/healthcare provider is permitted to collect, use, or disclose information in the person's My Health Record.

On the basis that the above criteria are met, aged care providers may use emergency access to bypass any access controls that have been set by the person for their My Health Record.

https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/manage-your-record/profile-and-settings/medicare-information-settings.

⁴¹ Australian Digital Health Agency (2023) Medicare information settings,

r. Nakamura is a recent arrival at Hi Q Aged Care. One evening he is found in an unresponsive state and an ambulance is called.

His next of kin cannot be contacted. While waiting for the ambulance the RN on duty decides to check Mr. Nakamura's My Health Record for relevant health information. Mr Nakamura has placed a Record Access Code (RAC) on his record restricting access to his information. In this instance, the RN determines it is appropriate to access My Health Record using the emergency access function and notes from the recently updated Advance Care Directive the "do not resuscitate" directive. The RN is able to pass this on to the Ambulance officers as they take Mr. Nakamura to the hospital.

8.3 NOMINATED OR AUTHORISED REPRESENTATIVE

The person can decide the level of access to give to a nominated representative. The access types are:



General access They can view all documents, except those the person has marked as 'restricted'.



Restricted access They can view all documents, including those the person has marked as 'restricted'.



Full access They can view all documents and add information on the person's My Health Record.

If a nominated representative is to be given full access from previous General or Restricted access level they will need to be removed and re-added. Additionally, a full access nominated representative will need to verify their identity.

Regardless of the access type, a nominated representative cannot:

- Cancel the person's My Health Record
- Make changes to the person's other nominated representatives
- Make changes to the person's Medicare data preferences.

Find out how to access a record as a nominated representative at: https://www.digitalhealth.gov.au/ initiatives-and-programs/my-health-record/manage-your-record/privacy-and-access/nominatedrepresentatives.⁴²

https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/manage-your-record/privacy-and-access/nominated-representatives.

⁴² Australian Digital Health Agency (2023) Nominated representatives,

The authorised representative has complete access and control over the record as if it was their own. They can:

- View, remove and add information
- Choose whether Medicare information is uploaded to the record
- Choose which healthcare provider organisations can access the record
- Add or remove nominated representatives
- View other authorised representatives
- Cancel the record to permanently delete it.

An authorised representative may be a parent, carer, family member, legal guardian, or someone with an enduring power of attorney. Find out how to access a record as an authorised representative at: https://www.digitalhealth.gov.au/initiatives-and-programs/myhealth-record/getting-started/authorised-representatives.⁴³

8.4. SUPPORTING PERSONS LIVING IN YOUR RESIDENTIAL

AGED CARE HOME TO REGISTER WITH MY HEALTH RECORD – ASSISTED REGISTRATIONS

Due to the automatic opt-in feature, the majority of individuals possessing a Medicare or DVA card are enrolled in My Health Record (MHR) by default. However, if they have previously opted out or canceled their record, your organisation has the opportunity to help them register. Offering assistance to individuals to set up online access to their My Health Record, assisted registration, is voluntary for organisations but by helping persons living in your residential aged care home register, your organisation will immediately be able to upload their clinical information and start seeing the benefits of the My Health Record system. The Australian Digital Health Agency has produced a **Readiness Checklist**⁴⁴ for organisations wanting to support a person living in a residental care home's registration with My Health Record. If your organisation decides to offer assisted registration, this must be specified in your organisation's security

and access policy, which must outline your organisations process for:

- Authorising employees of the organisation to provide assisted registration
- Providing training before a person is authorised to provide assisted registration
- Obtaining a healthcare recipient's consent to be registered
- Identifying a healthcare recipient for the purposes of assisted registration, including the process and criteria that must apply.

If persons need an interpreter to support their interaction with My Health Record, please call TIS National on 131 450.

8.4.1 HOW TO ACCESS MY HEALTH RECORD FOR PERSONS LIVING IN YOUR RESIDENTIAL AGED CARE HOME

To access their My Health Record online, persons will need to have a myGov account and link it to their My Health Record. Guidance can be found **here**.⁴⁵ The **my health app** also allows individuals to securely access My Health Record online.

8.4.2 ACCESSING MY HEALTH RECORD WITHOUT THE INTERNET

If persons living in your residential aged care home don't have internet access, they can call the My Health Record helpline on 1800 723 471 to access information. Helpline staff can tell them which documents are in their My Health Record but not what each document contains.

45 Australian Digital Health Agency (2022), Set up your record online, https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/getting-started/set-up-your-record-online.

KEY INFORMATION

An authorised representative is responsible for managing the My Health Record of someone who is not able to make decisions for themselves such as frail older people with dementia residing in a residential aged care home.

KEY INFORMATION

Residential aged care homes can help their persons living in their homes to register for a My Health Record.

⁴³ Australian Digital Health Agency (2023) Authorised representatives, https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/getting-started/authorised-representatives.

⁴⁴ Australian Digital Health Agency (2022), My Health Record Readiness checklist, https://www.digitalhealth.gov.au/sites/default/files/2022-07/my-health-record-assisted-registration-readiness-checklist.pdf.

EXTERNAL HEALTHCARE PROFESSIONALS



9. EXTERNAL HEALTHCARE PROFESSIONALS



This section is targeted at **external healthcare professionals** who provide services for persons living in a residential aged care home.

External healthcare professionals working in residential aged care homes can access the My Health Record for persons living in their homes provided they have a Healthcare Provider Identifier – Individual (HPI-I) and are authorised by their organisation.

If you have registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a health practitioner, then you have

already been assigned a Healthcare Provider Identifier - Individual (HPI-I). Non-AHPRA registered healthcare providers can still access My Health Record, but need to apply for a HPI-I. Details of how to register for a HPI-I for healthcare professionals can be found **here**.⁴⁶ Additionally, a healthcare professional's HPI-I needs to be linked with an employer organisation with an HPI-O. This may be their employer (if they have a HPI-O) or the residential aged care home itself.

An organisation can provide this link if the access is supported by their security and access policy. The organisations Organisation Maintenance Officer (OMO) will need to link the healthcare professionals HPI-I to the organisation's HPI-O, so they can access My Health Records on the organisation's behalf. Healthcare professionals can then access a person's record either through the **National Provider Portal** or conformant software as established in **section 7**. **Table 2** outlines what can be viewed or uploaded via conformant software.

KEY INFORMATION

Healthcare professionals with a Healthcare Provider Identifier – Individual (HPI-I) can access My Health Record for care of persons living in residential aged care homes.



46 Services Australia (2022), Healthcare Identifiers (HI) Service for health professionals, https://www.servicesaustralia.gov.au/healthcare-identifiers-hiservice-for-health-professionals. If the external health professional is linked to My Health Record through their employer only, they will need to use the conformant software of their employer and not the residential aged care home.

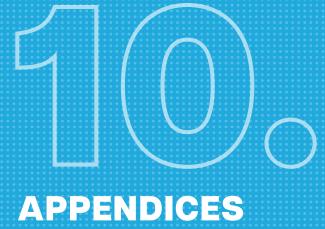
EXAMPLE

eonore is a private podiatrist (not an employee of the home) who visits the Hi Q aged care home every Tuesday and Thursday providing treatment to a regular list of people living in the residential aged care home.

When being introduced to a new person Leonore prefers to understand their medical history (for example, if they have diabetes) which will allow her to tailor her approach, but it is sometimes difficult to catch the attention of the home's health professionals.

To overcome this difficulty Leonore (who has her own HPI-I linked to her organisation's HPI-O) is able to access the My Health Record of her new clients including their medications and shared health summaries.

Please note, not all External Healthcare Providers are eligible for an HPI-I, e.g. alternative and complementary medicine practitioners.



APPENDIX 1:

OFFICE OF THE AUSTRALIAN INFORMATION COMMISSIONER'S SECURITY AND ACCESS POLICIES – RULE 42 GUIDANCE

Guidance for healthcare provider organisations on meeting the requirements set out in Rule 42 of the My Health Records Rule 2016 is available on the **Office of the Australian Information Commissioner website**. Resources and information include:

- My Health Record System security and access policy template
- eLearning course for developing a My Health Record security and access policy for your organisation.