Date:2018-10-26	Document:	Project: prEN 17269 - ENC

Number	Comments	Proposed change	Observations of the PT
#1	These items are part of the Dutch Patient Summary, but not of the CEN IPS: o Alerts o Living situation (housing etc.) o Marital status o (medication) Dispense prescription o Contact person(s) o Body length o Body weight	Consider these items	With the exception of 'ALERTS' and 'Contact person(s)' these other items were not part of the minimal dataset specified in the eHN guideline. o Alerts Annex B explains how Alerts have been managed within CEN IPS It is, however, marked for further work and for inclusion in the next version of this standard o Contact person(s) Already included and addressed by the "PATIENT'S ADDRESS BOOK" o Living situation (housing etc.) For sure would be useful in assisted living evaluation or for a social overview. But maybe outside of the present use case which primarily deals with the sharing of health data of mobile citizens. It is, however, marked for further consideration in the next version of this standard. o Marital status Whilst possible to be another attribute in the Patient's Attribute Collection, it is not captured by many countries. Await requirement for inclusion in next iteration. o (medication) Dispense prescription Not part of the Guideline, but maybe considered for the next release. o Body length; o Body weight Implicitly covered by the result section that includes any kind of Observed condition including vital signs. For future consideration evaluate to include Vital signs as a separate section as usually applied in practice. Consider as baseline the 74728-7 LOINC panel. For the item that are not in CEN IPS, extension can be done: see section on conformance: A conformant IPS Document may contain additional non-IPS components

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			For Information only, thanks; No changes requested but marked for future consideration.
#2	The PRSB noted that there is nowhere in the document to record safety alerts such as “Risk to Self”, “Risk to others”, “Risk from others”. These are included in the UK Headings.	Suggest that a new section be added	It seems to be a sort of alerts section. Other countries do not capture this in their PS such a kind of information. More insight is needed. For future consideration but at present neither in the eHN guideline or in HL7 IPS This may be very useful for the attending clinician; In the current iteration of the IPS standard, Alerts and Risks’ are recorded as ‘Problems’. Should be raised for future consideration in the next iteration. See also comments about ‘Alerts’ in NEN 002 in this disposition. Thanks. No changes will be made to current version.
#3	Suggest that a separate section be created for “Legal Information” including consent, safeguarding, and organ / tissue donation. These are items that it would be useful to have in a consistent processable form to improve interoperability.	Consent for information sharing Parental responsibility / Power of Attorney Deprivation of Liberty Safeguards or equivalent Mental Health Act or equivalent status Advance decision to refuse treatment (ADRT) (This is currently in the “Advanced Directives” section – maybe the scope of the advanced directives section could be extended to include the other legal “directives” listed above	The IPS Sections can be supplemented or extended by Non-standard data within the IPS. This may be the best way to go for the moment. The legal Information will be jurisdiction dependent and so this will become particularly difficult for cross border scenario. At the current level of maturity and capability it will be very difficult today to identify global “consistent processable form” for such a kind of information. Agree no action in this version but marked for future consideration.

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#4	PRSB includes additional headings for: Ethnicity Religion Sex	Suggest that these fields be included – or if they are not to be included in the standard set of defined attributes, there be a mechanism for maintaining "common" extensions for these – they are commonly shared information items, so it would be helpful to have a way to represent them consistently. It would be useful to identify or establish an organization that could maintain such "standard extensions" for use between revisions of this standard, or where there are data items that are commonly but not universally sharable.	Ethnicity and Religion Not allowed in many countries and not in the minimal eHN Guideline and not in the current version of this standard. Sex is a clinical item, but not always provided or available at source. Administrative Gender is provided, but a Note should be added to emphasize that this is not a synonym for 'sex' and emphasized that the current data item should not be used for the clinical item. Thank you, this information will be considered in the next iteration.
#5	PRSB recommends separate heading for individual requirements, which may also include communication preferences	IPS may benefit from inclusion of a broader range of patient preference information as it is a person centred approach to take into consideration any needs the patient may have	The individual requirements to be included has to be specified and analysed case by case, keeping in mind the minimal nature of the IPS data set. The "Patient's preferred language" is already part of the data set No action…but marked for future consideration
#6	Clinicians have found it useful to provide a concise summary of the patient's story	IPS may benefit from an extension to the patient's attributes to include an optional narrative and an indication of the author (Clinician, patient or system)	To be also analysed if this summary of summary may be part of an existing section or possibly a new optional IPS Section. Agree no action in this version but marked for future consideration.
#7	"Non-clinical data" is not an appropriate name for this data, as it may be used in a clinical context – age and gender both have frequent diagnostic relevance. In practice this is an arbitrary set of data items about the patient that may be useful irrespective of the clinical context – but that does not mean that they are "non-clinical"	Suggest renaming the group "Patient Characteristics"	Maybe a better name could be found but Insurance information are not "Patient Characteristics" as well. The three headings were adopted to support eHDSI, but the classification is a static one and is consequently flawed, i.e. it is the usage of the data in a context that determines its purpose. The primary purpose in the standard is to organise the IPS Sections but it is worth consideration to remove it to avoid misunderstanding. No change to this version but mark for further consideration

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#8	The PRSB suggest adding a medication status attribute – this would be helpful for reconciling the medications listed in the IPS with the medications carried or reported by the patient. It appears that the intent of the IPS document is to only include "Active" medications, but there may be good clinical reason for communicating medications that have been stopped or replaced, so that the reading clinician is aware of relevant medication history.	Active [This is an active medication.] Discontinued [This is a medication that has been issued. dispensed or administered but has now been discontinued.] Never active [A medication which was ordered or authorised but has been cancelled prior to being issued, dispensed or administered.] Completed [The medication course has been completed.] Obsolete [This medication order has been superseded by another.]	The medication summary is not limited to the active medications "List of current medicines relevant for this patient summary.". The medications status could be useful (and already adopted in the HL7 IPS IGs) Consider as Extension, already within the implementation guides of HL7 and for consideration and inclusion in next version of this standard
#9	It is not clear where clinical risks should be reported in this document structure. Receiving clinicians may benefit from inclusion of description of clinical risks identified e.g. problematic intubation, person with brittle diabetes, immuno-compromised/risk of infection etc.	If the problems section is the right place for these, then it would be useful to document that explicitly in the "Purpose". If there is somewhere else in the IPS, then please make that clear.	For this version we expect to have this kind of information in the problem list. It has been made explicit in the purpose. However, when the use of the IPS is more mature, it might be useful to distinguish between different kinds of problems. Make proposed editorial change
#10	"Home care alert" and "home care monitoring" … a person can still be being monitored when travelling – indeed this is a common situation (eg sensors attached to mobile phone or portable hub). It is possible for "home" to be a moveable environment that crosses boundaries. Describing in the summary any such monitoring arrangements would be useful – so that the local clinician can make an informed decision as to whether or how the monitoring arrangements should be changed or the monitoring service may need to be informed that things have changed for the patient.	Consider adding these as optional sections.	The IPS aspires to such a level of detail (but is beyond this current version) Marked for future consideration and progression

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#11	Main improvement need: the maximum cardinalities of different elements and sub-structures should be specified. Even though further specifications refine these, some elements and sub-structures are only logical if they appear once or not at all in one summary. This should be made explicit.		Thank you. It is for future consideration for the next version of the standard.
#12	Many countries such as Finland have widespread national or regional implementations of some subsets of the summary. However, some countries do not have structured and coded data at the level of this specification. For international information exchange, the mappings of these elements to the IPS elements is naturally needed, before information is exchanged. Many countries have started international information exchange with e-prescription instead of patient summary.		The given starting point for the IPS Standards was the PS guidelines from eHN; there is always the problem of capacity and capabilities varying from place to place. The standard tries to ensure future evolution and harmonization by providing a balance, i.e. not choosing the lowest common denominator to frustrate those with national PS in place, nor raise the bar to an extent where only a few countries can comply. We have made sure that it supports the current adoption plans of eHDSI, the eHN guidelines and the HL7 implementation guides. We were contracted to formalize the patient summary; not yet the ePrescribing.
#13	Structural differences with Finnish national specifications exist especially concerning problems, history of past illness, history of pregnancy, allergies and intolerances, and medical devices.		Our starting point was the eHN guidelines and a watching brief on the eHDSI deployment. However, the goal that IPS aspires too is global and we see the current first version as a stepping stone to a single harmonized specification that is truly international both in terms of development and adoption. Similar issues with NEN, UK… rich National systems will have more functionality and may be data rich but the IPS has to address a wider community with different expectations and capacities

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#14	Further development in future versions should include physical activity in social history section.		For future consideration, although it might even have a separate optional section related to 'wellness' rather than being part of Social History. to be discussed and decided for the next version.
#15	Further development in future versions should include method of delivery in and number of children for each pregnancies (not just pregnancies), e.g. in history of pregnancy section.		For future discussion, thank you.
#16	Further development in future versions should include considerations of most important nursing related information (e.g. nursing summary).		For future discussion, thank you.
#17	Information of assistive products needed by the patients should be included in the summary, as this is often very important for patients. It should be made clear if this information can be communicated through medical devices section or by other means.		For future discussion, thank you.