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MODELLING COMMUNICATION REQUIREMENTS IN AGED CARE USING HL7 V3 METHODS

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

UNIVERSITY OF WOLLONGONG

by

Isobel Frean, BSocSc., MS.

School of Computer Science and Information Technology and School of Mathematics and Applied Statistics

2006

Certification

I, Isobel Margaret Frean, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Computer Science and Information Technology and of Mathematics and Applied Statistics, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledge. The document has not been submitted for qualifications at any other academic institution.

Isobel M. Frean

14 March 2006

Contents

List	of Abbr	eviations	10
Abst	tract		14
Ack	nowledg	ements	17
List	of Figur	es	18
List	of Table	S	21
Cha	pter 1:	Introduction	23
1.1	Backgr	ound for this project	23
1.2	The ne	ed for an information strategy for aged care	26
1.3	The ne	ed for an information model for aged care messaging	27
1.4	Health modell	Level Seven (HL7) Reference Information Model (RIM) as a ing methodology	28
1.5	Resear	ch questions	30
1.6	Structu	ire of the thesis	31
Cha	pter 2: I	mplications for modelling communications in aged care	34
2.1	Introdu	action	34
2.2	Under	standing Australia's seriously ageing population	34
	2.2.1	Global phenomenon	34
	2.2.2	Population ageing reforms	35
	2.2.3	Australian ageing demographics	37
	2.2.4	Focus of care and support is in the community	38
	2.2.5	Morbidity trends	39
	2.2.6	The cost of caring for an ageing population	39
	2.2.7	Multiple service-providers with limited capacity to share data	42
	2.2.8	Medical care of older people	44
	2.2.9	Aged Care Assessment Teams	45
	2.2.10	Summary of implications of population ageing	45
2.3	Health	care technology agenda	47
	2.3.1	Introduction	47
	2.3.2	Failure of e-Government to influence e-health agenda	47

	2.3.3	Disconnect between healthcare reforms and ICT health reforms	48
	2.3.4	Increased visibility of healthcare information standards	49
	2.3.5	International e-government and e-health agendas	50
	2.3.6	Distinguishing features of effective e-health agendas	50
	2.3.7	Enterprise architectures	51
	2.3.8	International standards frameworks and information models	51
	2.3.9	Health information modelling frameworks	52
	2.3.10	Quality and safety agendas	53
	2.3.11	Information gap for measuring quality	55
2.4	Model	ling health and aged care information	56
	2.4.1	Introduction	56
	2.4.2	Convergence of healthcare information models	56
	2.4.3	Modelling notations and languages	57
	2.4.4	Emergence of UML	58
2.5	Summ	ary	59
2.5 Cha	Summ pter 3: T	ary `he impact of technology on human service organisations	59 61
2.5 Cha 3.1	Summ pter 3: T Introdu	ary `he impact of technology on human service organisations ıction	59 61 61
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention	59 61 61 61
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn	59 61 61 61 62
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory	59 61 61 61 62 63
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function	59 61 61 61 62 63 63
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management	59 61 61 62 63 63 66
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management	 59 61 61 62 63 63 66 69
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut 3.2.1	ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management tional theories The power of environmental rules	 59 61 61 62 63 63 66 69 69
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut 3.2.1 3.2.2	ary The impact of technology on human service organisations fution Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management fional theories The power of environmental rules Environment or organisation as institution	 59 61 61 62 63 63 66 69 69 72
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut 3.2.1 3.2.2 3.2.3	Ary The impact of technology on human service organisations action Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management tional theories The power of environmental rules Environment or organisation as institution Institutional entrepreneurs	 59 61 61 62 63 63 66 69 69 72 73
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut 3.2.1 3.2.2 3.2.3 3.2.4	Ary The impact of technology on human service organisations fution Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management tional theories The power of environmental rules Environment or organisation as institution Institutional entrepreneurs Aged care as moral and gendered work	 59 61 61 62 63 63 66 69 69 72 73 74
2.5 Cha 3.1	Summ pter 3: T Introdu 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 Institut 3.2.1 3.2.2 3.2.3 3.2.4 3.2.5	Ary The impact of technology on human service organisations fution Knowledge as technology – the mother of invention The influences of Schumpeter and Kuhn Population Ecology Theory Organisational blueprints, niche and fitness function Ecological Model for Information Management tional theories The power of environmental rules Environment or organisation as institution Institutional entrepreneurs Aged care as moral and gendered work The institutionalisation of information technology	 59 61 61 62 63 63 63 66 69 72 73 74 75

3.3	Glisso	n's contingency proposition	76
3.4	Actor	Network Theory	78
	3.4.1	Introduction	78
	3.4.2	The sociology of translation	79
3.5	Summ	ary	84
Cha	pter 4:	Capturing aged care domain requirements	86
4.1	Introd	uction to HL7	86
	4.1.1	Rationale for selecting the HL7 development framework	87
	4.1.2	HL7 V2 and V3 standards	87
	4.1.3	HL7 development framework overview	89
	4.1.4	Glossary of key terms used within the HDF	91
	4.1.5	Key UML terms used in this research	98
	4.1.6	HL7 Tools	102
4.2	The H	L7 RIM explained	103
	4.2.1	Introduction	103
	4.2.2	The RIM	103
	4.2.3	Class attributes	106
	4.2.4	The HL7 message specification	109
4.3	Actor	worlds applied to HL7	111
	4.3.1	Introduction	111
	4.3.2	The HDF as a method for supporting heterogenous engineering	111
	4.3.3	Agency as network and punctualisation	113
	4.4.4	Translation strategies applied to the RIM	114
4.4	Summ	ary	117
Cha	pter 5:	Domain requirements gathering	119
5.1	Introd	uction	119
5.2	Aged o	care domain experts	119
5.3	A Delp	phi approach	120
	5.3.1	Dual consultation rounds	122

	Recrui	timent of domain experts	125
	5.4.1	Recruitment for rounds one and two consultations	125
	5.4.2	Recruitment for round three use-case consultations	127
5.5	Busine	ess-vision consultations with domain experts	128
	5.5.1	Round-one business-vision consultations	128
	5.5.2	Rounds two and three business-vision consultations	130
	5.5.3	Business-vision consultation results	132
	5.5.4	A consensus business vision for interoperability	135
	5.5.5	Five themes to business vision for interoperability	138
	5.5.6	Summary	140
5.6	Round	ls one and two use-case consultations with domain experts	140
	5.6.1	Introduction	140
	5.6.2	Round-one use-case consultations discussed	143
	5.6.3	Round two use-case consultations discussed	145
5.7	Docum	entation of business processes depicted in round-two use cases	150
			1.50
	5.7.1	Introduction	150
	5.7.1 5.7.2	Development of storyboards	150 151
	5.7.1 5.7.2 5.7.3	Introduction Development of storyboards Round-three use-case consultations with domain experts	150 151 151
	5.7.1 5.7.2 5.7.3 5.7.4	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results	150 151 151 153
	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations	150 151 151 153 162
5.8	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities	 150 151 151 153 162 164
5.8 Cha	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: 1	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation	 150 151 151 153 162 164 167
5.8 Cha 6.1	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: I Introd	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction	 150 151 151 153 162 164 167 167
5.8 Cha 6.1 6.2	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: 1 Introd Docum	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction mentation of the business processes of the aged care domain	 150 151 153 162 164 167 167 167 167
5.8 Cha 6.1 6.2	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: 1 Introd Docum 6.2.1	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction hentation of the business processes of the aged care domain Short-listing of storyboards	 150 151 151 153 162 164 167 167 167 167 167
5.8 Cha 6.1 6.2	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: I Introd Docum 6.2.1 6.2.2	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction nentation of the business processes of the aged care domain Short-listing of storyboards Revised storyboard format	 150 151 151 153 162 164 167 167 167 167 171
5.8 Cha 6.1 6.2	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: I Introd Docum 6.2.1 6.2.2 6.2.3	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction Intration of the business processes of the aged care domain Short-listing of storyboards Revised storyboard format Challenges in capturing aged care business requirements	 150 151 151 153 162 164 167 167 167 167 171 174
5.8 Cha 6.1 6.2	5.7.1 5.7.2 5.7.3 5.7.4 5.7.5 Summ pter 6: I Introd Docum 6.2.1 6.2.2 6.2.3 Analys	Introduction Development of storyboards Round-three use-case consultations with domain experts Round-three use-case consultation results Summary of round three consultations ary of requirements-gathering activities Requirements documentation uction nentation of the business processes of the aged care domain Short-listing of storyboards Revised storyboard format Challenges in capturing aged care business requirements sis of the structure of the information exchanged	 150 151 151 153 162 164 167 167 167 167 171 174 179

	6.3.2	Results from interaction tables	183
6.4	Aged o	care domain analysis model (DAM)	184
	6.4.1	Development of the DAM	184
	6.4.2	Scope of Aged Care Domain	187
	6.4.3	The DAM walkthrough	187
	6.4.4	DAM glossary	201
6.5	Mappi	ng of the aged care DAM to the HL7 RIM	201
	6.5.1	Development of harmonisation tables	202
	6.5.2	An explanation of the model mapping process	203
	6.5.3	Base Classes identified during harmonisation exercise	204
6.6	Mappi	ng discrepancies identified following model harmonisation	205
	6.6.1	New classes	207
	6.6.2	New class attributes	210
	6.6.3	New structures	213
6.7	Summ	ary	215
6.7	Summ 6.7.1	ary DAM reveals complexities in accessing aged care	215 216
6.7 Cha	Summ 6.7.1	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model	215 216 219
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM)	 215 216 219 219 219 219
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction	 215 216 219 219 219 219 219 221
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics	 215 216 219 219 219 219 221 221
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3	ary DAM reveals complexities in accessing aged care Towards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics	 215 216 219 219 219 221 222
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged o 7.2.1	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics care domain topics	 215 216 219 219 219 221 222 224 224 224
6.7 Cha 7.1 7.2	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged o 7.2.1	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics care domain topics Introduction	 215 216 219 219 219 211 221 222 224 224 224
6.7 Cha 7.1 7.2	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged 0 7.2.1 7.2.2	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics care domain topics Introduction Service Transfer topic	 215 216 219 219 219 221 222 224 224 224 224 224 224
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged o 7.2.1 7.2.2 7.2.3	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics care domain topics Introduction Service Transfer topic Care Delivery topic	 215 216 219 219 219 221 222 224 224
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged o 7.2.1 7.2.2 7.2.3 7.2.4	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model ptualising the aged care domain information model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics care domain topics Introduction Service Transfer topic Care Delivery topic Case Management topic	 215 216 219 219 219 221 222 224 224 224 224 238 240
6.7 Cha 7.1	Summ 6.7.1 pter 7: 7 Conce 7.1.1 7.1.2 7.1.3 Aged o 7.2.1 7.2.2 7.2.3 7.2.4 7.2.5	ary DAM reveals complexities in accessing aged care Fowards development of a domain information model Formation model (DIM) Introduction Aged care domain message specification topics Comparison of aged care and Care Provision domain topics Eare domain topics Introduction Service Transfer topic Care Delivery topic Case Management topic	 215 216 219 219 219 221 222 224 224 238 240 247

7.3	Conce	ptual model for aged care DIM	253
	7.3.1	Introduction	253
	7.3.2	Distinguishing features of aged care DIM	256
Cha	pter 8: 1	The aged care domain information model discussed	259
8.1	Introd	uction	259
8.2	Comp	exities of communication in aged care	260
	8.2.1	Aged care message payloads	260
	8.2.2	Forms based communication	261
	8.2.3	Clinical Document Architecture (CDA) solutions	263
	8.2.4	Messages, embedded (CDA) documents or both	266
	8.2.5	Event Summaries	267
8.3	Radica	al re-think needed to optimise consumer benefits from interoperab	oility 270
	8.3.1	Electronic application process	270
	8.3.2	Aged care case management structure	272
8.4	System	natic approach required for adoption of uniform messaging standa	ards 274
8.4	System 8.4.1	natic approach required for adoption of uniform messaging standa Towards a hierarchical framework of standards for interoperability	ards 274 274
8.4	System 8.4.1 8.4.2	natic approach required for adoption of uniform messaging standa Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation	ards 274 274 275
8.4	System 8.4.1 8.4.2 8.4.3	natic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model	274 274 275 276
8.4 8.5	System 8.4.1 8.4.2 8.4.3 Summ	natic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary	ards 274 274 275 276 282
8.4 8.5 Cha	Systen 8.4.1 8.4.2 8.4.3 Summ pter 9: (natic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work	ards 274 274 275 276 282 284
8.4 8.5 Cha 9.1	Systen 8.4.1 8.4.2 8.4.3 Summ pter 9: 0 Resear	natic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work rch questions revisited	ards 274 275 276 282 284 284
8.4 8.5 Cha 9.1	Systen 8.4.1 8.4.2 8.4.3 Summ opter 9: 0 Resean 9.1.1	hatic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work rch questions revisited Early national health information models made assumptions about a care	ards 274 275 276 282 284 284 284 ged 285
8.4 8.5 Cha 9.1	Systen 8.4.1 8.4.2 8.4.3 Summ opter 9: 0 Resean 9.1.1 9.1.2	 natic approach required for adoption of uniform messaging stands Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work rch questions revisited Early national health information models made assumptions about a care The delivery of aged and community care is a communication-intensibusiness 	ards 274 275 276 282 284 284 284 ged 285 sive 285
8.4 8.5 Cha 9.1	System 8.4.1 8.4.2 8.4.3 Summ opter 9: 0 Reseau 9.1.1 9.1.2 9.1.3	 natic approach required for adoption of uniform messaging standards Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work rch questions revisited Early national health information models made assumptions about a care The delivery of aged and community care is a communication-interm business HL7 V3 specification design modelling facilitates aged care domain analysis 	ards 274 275 276 282 284 284 284 285 sive 285 sive 285 285
8.4 8.5 Cha 9.1	Systen 8.4.1 8.4.2 8.4.3 Summ pter 9: 0 Resear 9.1.1 9.1.2 9.1.3 9.1.4	 natic approach required for adoption of uniform messaging standates Towards a hierarchical framework of standards for interoperability Three-layer model for HL7 V3 aged care standardisation Governance arrangements for three layer model ary Conclusions and further work rch questions revisited Early national health information models made assumptions about a care The delivery of aged and community care is a communication-interm business HL7 V3 specification design modelling facilitates aged care domain analysis Scope for optimising workflow and business processes 	ards 274 274 275 276 282 284 284 284 285 sive 285 sive 285 285 285 285

List	of Appe	endices	310
Refe	erences		299
9.3	Summ	ary	298
	9.2.4	HL7 Development Framework	297
	9.2.3	Concept representation	296
	9.2.2	Modelling specification	296
	9.2.1	Requirements documentation	296
9.2	Furthe	er work	295
	9.1.7	A national information technology strategic plan for aged care i to support population ageing reforms	s required 294

List of Abbreviations

ACAT	Aged Care Assessment Team
ACCR	Aged Care Client Record
AGIMO	Australian Government Information Management Officers
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health and Welfare
ANSI	American National Standards Institute
ANT	Actor Network Theory
AR	Application Role
AS	Australian Standard
CACP	Community Aged Care Package
CAST	Center for Aging Services Technology
CBS	Common Basic Specification
CDH&A	Commonwealth Department of Health and Ageing (currently known as the Australian Department of Health and Ageing)
CDA	Clinical Document Architecture
CEN	European Committee for Standardization
CHDM	Conceptual Health Data Model
CHIME	Community Health Information Management Enterprise
CMET	Common Message Element Type
СР	Care Provision (HL7 domain)
DAM	Domain Analysis Model
DCITA	Department of Communications, Information Technology and the Arts
DH&A	Department of Health & Ageing
DIM	Domain Information Model
D-MIM	Domain Message Information Model

DSTU	Draft Standard for Trial Use
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
EHR	Electronic Health Record
E-R	Entity-Relationship modelling notation
FIAB	Financial Accounts and Billing (HL7 domain)
FICR	Financial Claims and Reimbursement (HL7 domain)
GP	General Practitioner
HACC	Home and Community Care
HDF	HL7 Development Framework
HL7	Health Level Seven
HREC	Human Research Ethics Committee (University of Wollongong)
ICT	Information and Communication Technology
ICTSC	Information and Communication Technology Standards Committee
IOM	Institute of Medicine
IP	Industry Partner
IRT	Illawarra Retirement Trust
ISO	International Standards Organisation
ITS	Implementation Technology Specification
LIM	Local Information Model
LOINC	Logical Observation Identifiers, Names and Codes
MBS	Medicare Benefits Scheme
MDS	Minimum Data Set
NACA	National Aged Care Alliance
NHS	National Health Service (United Kingdom)
NCVHS	National Committee on Vital and Health Statistics

NHII	National Health Information Infrastructure
NHIM	National Health Information Model
NEHTA	National E-Health Transition Authority
NHIMAC	National Health Information Management Advisory Council
NHIMG	National Health Information Management Group
NHISAC	National Health Information Standards Advisory Council
NHPAC	National Health Priority Action Council
NHPC	National Health Performance Committee
NOIE	National Office for the Information Economy
NSW	New South Wales
NZS	New Zealand Standard
OECD	Organisation for Economic Development
OLOC	Our Lady of Consolation
OOSE	Object-Oriented Software Engineering
OSI	Open Systems Interconnection
PA	Patient Administration (HL7 domain)
PC	Patient Care (HL7 domain)
PCPR	Patient Care Provision Practice (HL7 domain)
PM	Personnel Management (HL7 domain)
POV	Product of value
RACGP	Royal Australian College of General Practitioners
RCS	Resident Classification Scale
RER	Resident Entry Record
RIM	Reference Information Model
R-MIM	Refined Message Information Model
RN	Registered Nurse

- SCC Southern Cross Care NSW & ACT SDO Standards Development Organisation SIG Special Interest Group SSK Sociology of Scientific Knowledge TC Technical Committee (HL7 Global) TSC Technical Steering Committee (HL7 Global) UML Universal Modelling Language V2 Version 2 (HL7) V3 Version 3 (HL7) VHC Veterans' Home Care WHA World Health Assembly WHO World Health Organisation
- XML Extensible Markup Language

Abstract

Australia and other western nations are actively formulating strategies that will increase the adoption of information and communication technology (ICT) amongst privatesector providers of aged care. The drivers for this technological change involve population ageing reforms, concerns about the quality and safety of healthcare, and global strategies encouraging governments to transform the way they do business. This research set out to examine these drivers and to inform development of a national aged care ICT strategy in Australia. The research questions prompted an examination of how national health information systems and e-health reforms in Australia and overseas address aged care, with a view to describing a hierarchical structure of standards for interoperability using the Health Level Seven (HL7) Reference Information Model (RIM).

HL7 refers to the international organisation involved in developing and supporting healthcare standards.

A review of the implementation of national health and technology reforms revealed there are gaps in most western nation's approaches to e-health reform when it comes to identifying the information management and communication requirements of privatesector aged care providers. Through the participation of aged care provides in Australia, detailed requirements were gathered using a Delphi approach and analysed using healthcare information modelling methods to inform the development of a hierarchy of Australian aged care messaging and communication standards.

The methodology chosen for documenting these requirements was the HL7 Development Framework (HDF), the methodology which all HL7 Technical Committees are required to follow in the development of Version 3 (V3) standards. The first three of the seven formal phases to the HDF were employed to document a consensus business vision for interoperability in aged care and some 82 storyboards. This provided detailed understanding of the likely system-to-system interactions and the associated application roles and receiver responsibilities of some 121 discrete interactions. Ten of these storyboards were subjected to international review as part of the published requirements for the HL7 V3 Care Provision standard in 2005. This comprehensive set of requirements informed development of an aged care Domain Analysis Model (DAM) whose elements were mapped to the HL7 RIM. This enabled the development of some early examples of how the aged care domain might be modelled using RIM conformant design models and how these might in turn be represented in an aged care Domain Information Model (DIM).

Modelling the requirements of aged care providers using the HDF revealed four areas of communication complexity: Accessing an aged care service; Contractual documentation associated with securing and funding an aged care service; Effective coordination of service delivery; and Consistent documentation of services delivered. A number of solutions for addressing these complexities are proposed including migration of the current aged care referral process to an electronic application process; adoption of a new aged care case-management structure by collaborating healthcare and aged care providers; and adoption of a suite of national forms-based specifications using the HL7 Clinical Document Architecture (CDA) standard. These proposals offer possible solutions for achieving the interoperability vision described in this research and they are supported by the proposed aged care DIM. They will, however, rely upon the adoption of uniform messaging standards by aged care providers and by healthcare providers interfacing with them such as hospitals, General Practitioners and Aged Care Assessment Teams. To engender adoption of such standards, a role delineation model for implementation of the proposed hierarchy of aged care messaging standards is described. Together, these finding offer practical contributions towards the development of a national strategy for the adoption of ICT in aged care which is capable of supporting the objectives of population ageing and quality and safety reforms.

How to live happiest, how to avoid the pains, The disappointments, and delights, of those Who would in pleasure all their hours employ, The precepts here of a divine old man I could recite. Tho' old he still retain'd His manly sense and energy of mind. Virtuous and wise he was, but not severe: He still remember'd that he once was young; His easy presence check'd no decent joy.

John Armstrong, The Art of Preserving Health (1781)

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List of Figures

Figure 1: Population Ecology perspective of organisations. Adapted from Hannan and Freeman (1977) 64
Figure 2: Davenport's model of information ecology 67
Figure 3: Schematic diagram to illustrate core ANT concepts 80
Figure 4: UML use-case diagram 92
Figure 5: Schematic illustration of an HL7 V3 message specification93
Figure 6: Process for defining HL7 V3 messages 95
Figure 7: Activity diagram illustrating an RN request for new medication order 96
Figure 8: Interaction diagram illustrating an RN request for a new medication order 97
Figure 9: UML illustration of object class 'LivingSubject' 98
Figure 10: HL7 V3 act class state machine 99
Figure 11: UML dependency relationship 100
Figure 12: Class diagram illustrating the core RIM classes and their associations (links) to one another 100
Figure 13: HL7 entity classes shown as a UML class diagram 101
Figure 14: UML realisation relationship102
Figure 15: HL7 information model illustrating how Participations link Acts to Roles, how Act Relationships link two Acts and how a RoleLink associates two Roles 105
Figure 16: Activity diagram illustrating composite consultation process with domain experts 124
Figure 17: Activity diagram illustrating use of Delphi approach for business-vision consultations with Industry Partner experts 131
Figure 18: Activity diagram illustrating first and second rounds of use-case consultations with domain experts147
Figure 19: UML use-case diagram illustrating a static view of the 'aged care system', the actors who interact with it and the use cases which the system needs to support 149
Figure 20: Histogram illustrating percentage scores for each of the four categories of storyboards following the round three use-case consultation results155

Figure 21: Storyboard format used in round-three consultations with domain experts.
Figure 22: Revised storyboard format with interaction and activity diagrams 172
Figure 23: Extract from Referral for Ageing Services storyboard appearing in HL7 V3 Care Provision ballot January 2005177
Figure 24: Extract from Aged Care Transfer (formerly Referral for Ageing Services) storyboard appearing in HL7 V3 Care Provision September 2005 ballot 178
Figure 25: Aged care domain analysis model 185
Figure 26: Base classes from mapping harmonisation tables aligned to high-level use case diagram arising from earlier requirements gathering phase206
Figure 27: Aged care DAM concepts-of-interest grouped according to five business processes217
Figure 28: Proposed Service Transfer Request and Service Transfer Promise messages to cater for aged care requirements associated with requesting a place and managing waiting-lists226
Figure 29: Proposed design specification to support requirements associated with Service Transfers in aged care, with the ReferralforAgedCare Act as the root class232
Figure 30: Proposed design specification to support requirements associated with Service Agreements in aged care with the AgedCareServicesContract Act as the root class234
Figure 21. Drop and design gradification to surport pagying manta approximated with
Waiting Lists in aged care, with the AgedCareProvision Act as the root class236
Figure 31: Proposed design specification to support requirements associated with Waiting Lists in aged care, with the AgedCareProvision Act as the root class236 Figure 32: Proposed design specification to support requirements associated with encounters in aged care, with the AgedCareEncounterEvent Act as the root class237
Figure 31: Proposed design specification to support requirements associated with Waiting Lists in aged care, with the AgedCareProvision Act as the root class236 Figure 32: Proposed design specification to support requirements associated with encounters in aged care, with the AgedCareEncounterEvent Act as the root class237 Figure 33: Proposed design specification to support requirements associated with day- to-day care provision in aged care, with the AgedCareProvision Act as the root class241
Figure 31: Proposed design specification to support requirements associated with Waiting Lists in aged care, with the AgedCareProvision Act as the root class236 Figure 32: Proposed design specification to support requirements associated with encounters in aged care, with the AgedCareEncounterEvent Act as the root class237 Figure 33: Proposed design specification to support requirements associated with day- to-day care provision in aged care, with the AgedCareProvision Act as the root class.
Figure 31: Proposed design specification to support requirements associated with Waiting Lists in aged care, with the AgedCareProvision Act as the root class 236 Figure 32: Proposed design specification to support requirements associated with encounters in aged care, with the AgedCareEncounterEvent Act as the root class 237 Figure 33: Proposed design specification to support requirements associated with day- to-day care provision in aged care, with the AgedCareProvision Act as the root class.

Figure 37: Proposed information model illustrating the how the <i>ActClassRoleActivation</i> root class could be used to support the requirement for notification of changes to Key Personnel251
Figure 38: Schematic diagram illustrating the care delivery and case-management structures as the core components to the proposed aged care domain255
Figure 39: Interaction diagram showing HL7 messages used to exchange RCS Classification Forms as CDA documents264
Figure 40: Proposed three-layer model for HL7 V3 aged care standardisation275
Figure 41: Proposed role delineation governance model to oversee implementation of uniform messaging standards in aged care in Australia278
Figure 42: Schematic diagram illustrating the care delivery and case-management structures as the core components to the proposed aged care domain290
Figure 43: Proposed role delineation governance model to oversee implementation of uniform messaging standards in aged care in Australia293

List of Tables

Table 1: Example of an HL7 internal address data type.
Table 2: Profile of attributes used in the AgedCareProvision act class in Figure 15109
Table 3: Example of table of contents for domain topics in V3 standard.
Table 4: Functional roles of Industry Partner domain experts in round-one use-caseconsultations.141
Table 5: Functional roles of other domain experts in round-one use-case consultations.
Table 6: List of 32 early use cases emerging from initial consultations with domain experts.
Table 7: Roles of domain experts participating in round-two use-case consultations - 145
Table 8: Comparison of use cases following Industry Partner domain expert feedback on an initial list of 32 use cases.148
Table 9: Round-three use cases and storyboards by core business process151
Table 10: Summary of responses from Industry Partner and other domain experts toround-three use-case consultations.153
Table 11: Responses of round-three domain experts to account management and claims storyboards. 156
Table 12: Round-three domain expert responses to accessing services storyboards 156
Table 13: Round three domain expert responses to clinician liaison and RCS claims 158
Table 14: Round three domain expert responses to coordination storyboards 161
Table 15: Shortlist of round-three storyboards by core business category170
Table 16: Extract from interaction table, detailing analysis of 'Request Waiting ListStatus Report' storyboard.182
Table 17: Extract from mapping harmonisation table in which aged care DAM model elements are harmonised with the HL7 RIM202
Table 18: Base classes from mapping harmonisation tables aligned to core businessprocesses arising from earlier requirements-gathering phase.205
Table 19: List of interactions proposed for the Service Transfer topic225
Table 20: List of additional Patient Administration derived interactions proposed for the Service Transfer topic227

Table 21: List of interactions proposed for the Care Delivery topic. 238
Table 22: List of interactions proposed for the Case Management topic.
Table 23: Equivalent interactions to those defined in Table 22 taken from the HL7Scheduling domain Slot and Appointment topics as at September 2005 244
Table 24: List of interactions proposed for the Contract and Financial Management topic. 248
Table 25: List of interactions proposed for Provider topic. 252
Table 26: List of possible interactions associated with the creation and notification ofKey Personnel records253
Table 27: Types of forms in daily use in aged care in Australia262
Table 28: Proposed NEHTA priority event summaries (as at July 2005) and additionalproposed aged care domain event summaries.268
Table 29: List of existing HL7 R-MIMs by domains used to inform aged care design specification models. 287
Table 30: List of proposed design models required to inform development of aged care design specification models.