The National E-Health Transition Authority (NEHTA) has been established in Australia to accelerate the adoption of e-health across the health sector. NEHTA is based on a collaborative approach and is jointly funded and governed by all Commonwealth, State and Territory health jurisdictions.

Improved information management and information communication technology (IM&ICT) is generally regarded as a crucial driver of health system reform. Electronic health information systems that are interoperable are essential for the exchange of clinical and administrative information across the health sector. These systems have the potential to realise improvements in terms of quality, safety and efficiency.

Over the next 3 years, NEHTA will develop the specifications, standards and infrastructure necessary for an interconnected health sector. The development of the foundations for this widespread adoption of e-health is NEHTA’s core mission.

NEHTA’s work program is focused on e-health informatics standards and interoperability of infrastructure, which includes:

- developing clinical data standards for the exchange of clinical information.
- developing national standards to uniquely identify patients, providers, products and services.
- developing standards for secure electronic transfer of information across the health sector e.g. messaging and technical integration standards; authentication and access.
- providing shared information resources, for example the medicines formulary and online resource centre.
- increasing sectoral efficiency by facilitating reform, for example supply chain reform–national product catalogue.
- establishing enabling processes to manage change, for example consent and governance models.

These standards are necessary for the sharing of information between providers and/or electronic health records (EHRs).

The components of work relating to standards for the exchange of clinical information in the current NEHTA program entails the following steps:

- Identifying and specifying the priorities for nationally endorsed clinical event summaries. Clinical data is collected for both point-of-care and secondary uses including public health surveillance, health service management, monitoring and research. Clinical data standards are broadly defined as a set of common definitions for clinical data. Clinical data standards include classification elements, terminologies, event summaries, data groups, data elements and clinical record definitions. An event summary is defined as 'consumer/patient health information derived from a healthcare event that is relevant to the ongoing care of that individual'.

- Developing and supporting the implementation of prioritised clinical value domains. A value domain is a set of permissible data items for a given data element.

- Specifying nationally endorsed terminologies that satisfy the functional requirements of all jurisdictions. Terminologies provide a ‘common language’ that enable health information to be communicated, stored and shared, so that it retains its unambiguous meaning. This ‘language’ is computer readable, and as such can be used for structured data entry, decision support, communication of clinical data, statistical reporting, cost analysis and public health research.

**NEHTA Clinical Data Standards (CDS)**

Extensive consultation and collaboration with health specialists and clinicians across Australia over the past two years have informed the direction and content of NEHTA CDS work. A series of focus groups, workshops, one-on-one meetings and jurisdictional visits have determined the priorities for event summaries and the clinical information (data group) content.

NEHTA CDS is currently specifying the priority data groups (clinical information) for the following twelve event summaries, which were identified as priorities for development:

- Initial Health Profile
- Medical Consultation – General Practitioner
- Medical Consultation – Specialist
- Hospital Discharge – Inpatient
- Hospital Discharge – Emergency Department
- Diagnostic Investigation – Pathology
- Diagnostic Investigation – Imaging
- Pharmacy Provision
- Community Health Clinical Consultation
- Allied Health Consultation
- Referral
- Event Notification (for example, admission).

The data groups are being developed in stages according to jurisdictional and other stakeholder requirements. Those identified as high priority are currently being developed to a detailed level of specification, with extensive consultation prior to the first draft being final-
ised in June 2005. Value domains are currently being developed for two priority data groups: Adverse Reactions and Alerts.

### High Priority Data Groups

- Adverse Reaction
- Legal
- Reason for Presentation
- Medication
- Diagnostic Investigation
- Observation
- Alert
- Problem/Diagnosis
- Procedure/Treatment
- Clinical Synopsis/Comment
- Immunisation

The following data groups are planned to be developed in the next 12 months.

### Other Data Groups

- Care Team
- Current Service
- Family Clinical History
- Management Plan
- Requested Service
- Lifestyle (Drug/Alcohol, Physical Activity, Tobacco, Nutrition)
- Comprehensive Assessment
- Discharge
- Functional Status
- Other Intervention
- Social Circumstance

Further information is available on the NEHTA website: <www.nehta.gov.au>.

For further information about NEHTA CDS, contact: frida.cheok@health.sa.gov.au

**Linda May**  
Clinical Data Standards  
National E-Health Transition Authority  
PO Box 287  
Rundle Mall, SA 5000  
AUSTRALIA  
Email: linda.may@health.sa.gov.au