

Sharing data via the SystmOne - EMIS Integration

Training Guide

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Introduction

This guide explains the functionality that allows record sharing between users of SystmOne and EMIS clinical systems using the SystmOne-EMIS Integration. This guide is written for SystmOne users and there is an equivalent document for EMIS users to reference.

There are two parts to this functionality:

1. SystmOne users viewing patients record(s) held on EMIS.
2. Sharing a patient's SystmOne record with organisations using EMIS Web.

TPP will enable this functionality for SystmOne organisations ahead of go live.

How do I setup which EMIS organisations to share with?

Permissions to share with EMIS organisation can be set by going to Setup>Users and Policy>Third Party Record Configurations.

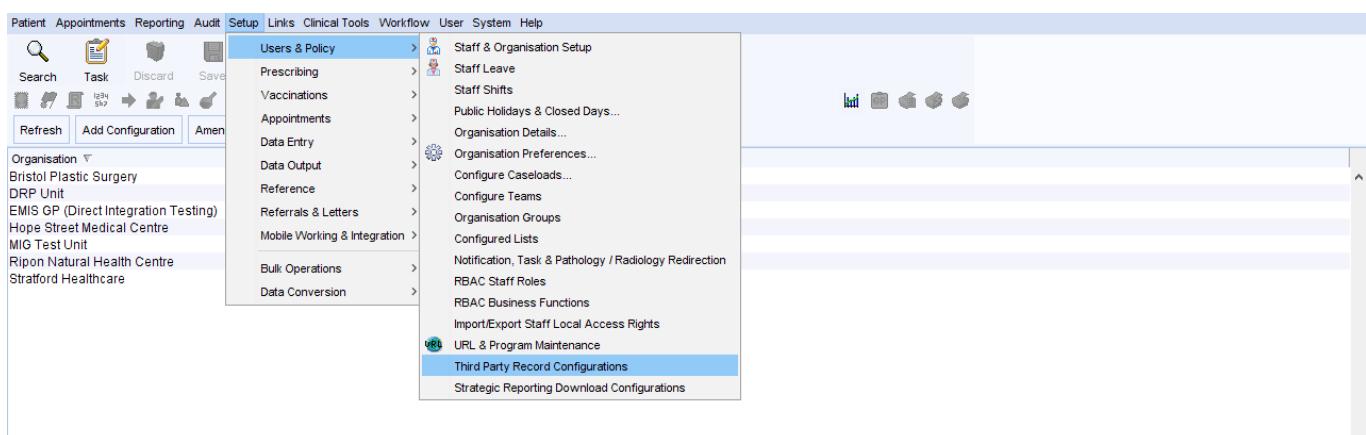


Figure 1: Finding the Third Party Record Configurations button

The Third Party Record Configurations screen allows you to configure a list of EMIS organisations that you want to share patient records with. Note that this configuration only allows the EMIS organisations you have listed to access records from your SystmOne organisation. It does not allow you to access records from these EMIS sites.

EMIS has a different sharing model to SystmOne. A data sharing agreement will need to be set up and configured by EMIS to allow record sharing from EMIS to SystmOne organisations. If you have any questions, you should discuss this with EMIS directly.

Organisations are added to the list by clicking the Add Configuration button.

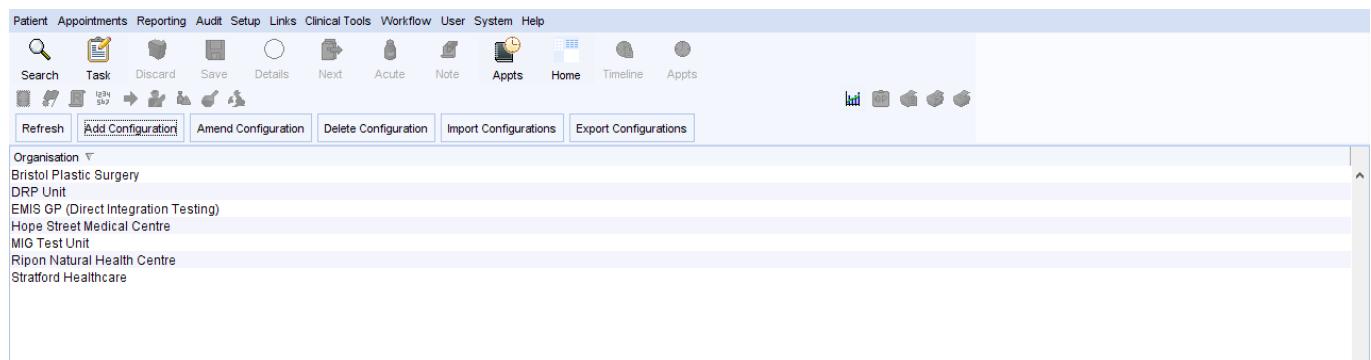


Figure 2: The Third Party Record Configurations Screen

This will take you to the organisation search dialogue and clicking on the search icon will take you to the F4 directory.

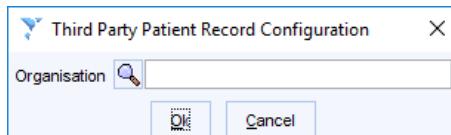


Figure 3: Searching for an organisation dialogue

From here you can search for and select the organisations that you want to add to the list.

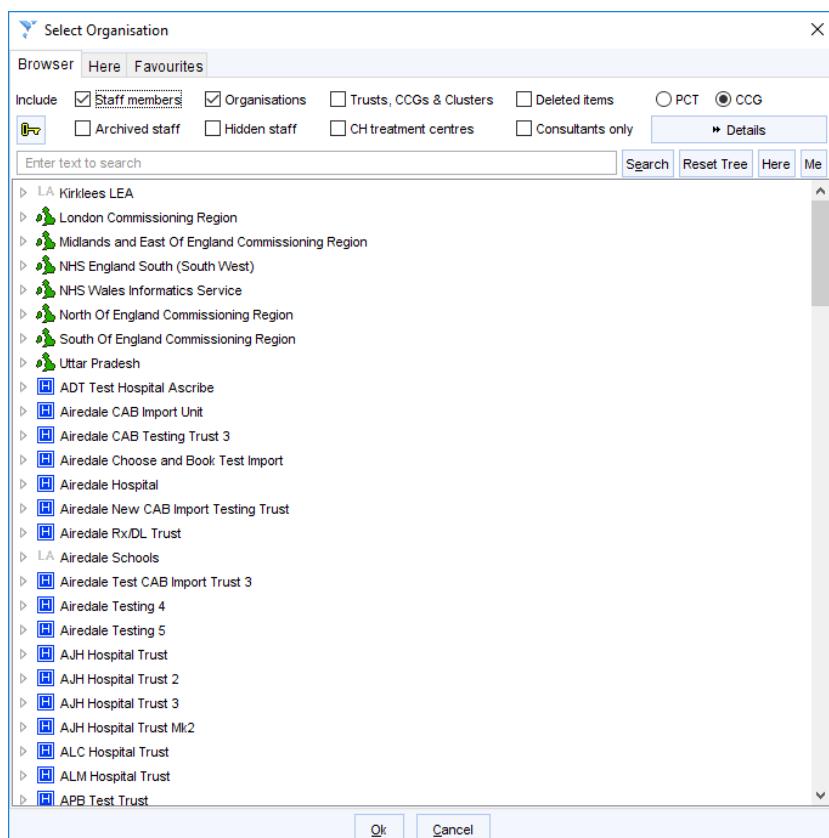


Figure 4: Selecting organisations to share out with dialogue

Once you have setup your list, you can export this list to other organisations who wish to use the same list of organisations. To do this, go to the Export Configurations button and save your list. When another organisation wishes to import the list, go to the Import Configurations button and upload the file.

Note: EMIS has a different sharing model to SystmOne. A data sharing agreement will need to be set up and configured by EMIS to allow record sharing between SystmOne and EMIS organisations. If you have any questions, you should discuss this with EMIS directly.

Which records will be shared with EMIS?

Whether or not a patient's record is shared via the SystmOne-EMIS integration is governed by the patient's Record Sharing consent settings.

The patient's sharing consent is usually recorded at the time of registration. The current status can be checked by going to the Record Sharing node on the Administrative tree in the patient record (Figure 1).

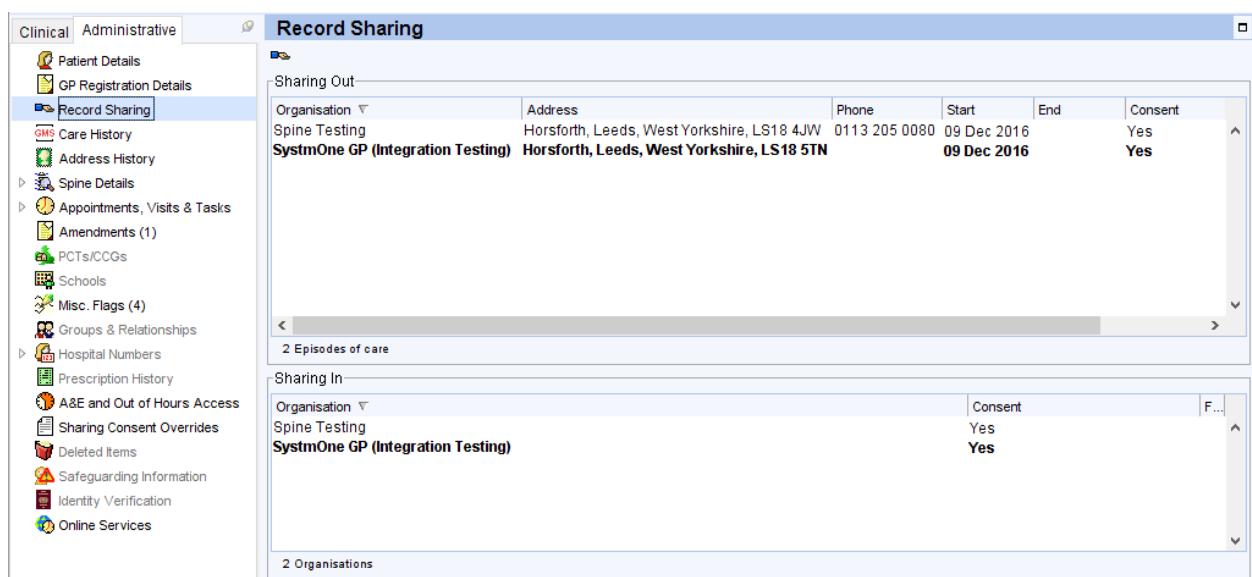


Figure 5: The Record Sharing node. Here, the patient is sharing in and out of the SystmOne organisation.

The sharing consent for the patient at your organisation is highlighted in bold. In order to share data from SystmOne to an EMIS organisation, the patient must have consented to share out. This is indicated by a **Yes** or a **Not asked – Record shared** in the Consent column, next to your organisation name in the top Sharing Out pane.

In order to view EMIS records in SystmOne, the patient must consent to sharing in at the SystmOne organisation. This is indicated by a **Yes** or a **Not asked – Record shared** in the Consent column, next to your organisation name in the bottom Sharing In pane.

These same sharing settings determine whether a patient's record is shared to another SystmOne organisation so users should already be familiar with this functionality.

Before the record is sent to EMIS, the EMIS user will also need to record consent from the patient to view the SystmOne patient record.

Once TPP have enabled your organisation to send data via the SystmOne-EMIS Integration, if any requests are made by another organisation for a patient's record, data will be sent without the need for any further input from your organisation, providing the patient has consented to sharing out.

In addition to the above, any items marked as Private in the patient record will not be sent to EMIS.

Viewing a Patient Record sent from EMIS

You will need to log on with a smartcard to use the integration. This is so that you can get the latest details from PDS for the patient prior to requesting the record from EMIS. If you are not logged on with a smartcard, then you will not be permitted to use the integration. Additionally, if a patient is flagged as Spine Sensitive then you will not be able to use the integration for this patient.

Users will need to add the Third Party Patient Record node to their Clinical Tree to view patient records from EMIS.

Selecting this node and clicking **Check for Records** will send a message to participating EMIS organisations. This will query whether EMIS has the patient registered and if they hold information for the patient that is available to be shared. If this is the case, then the name of the organisation will appear as a new sub-node within the clinical tree (Figure 2).

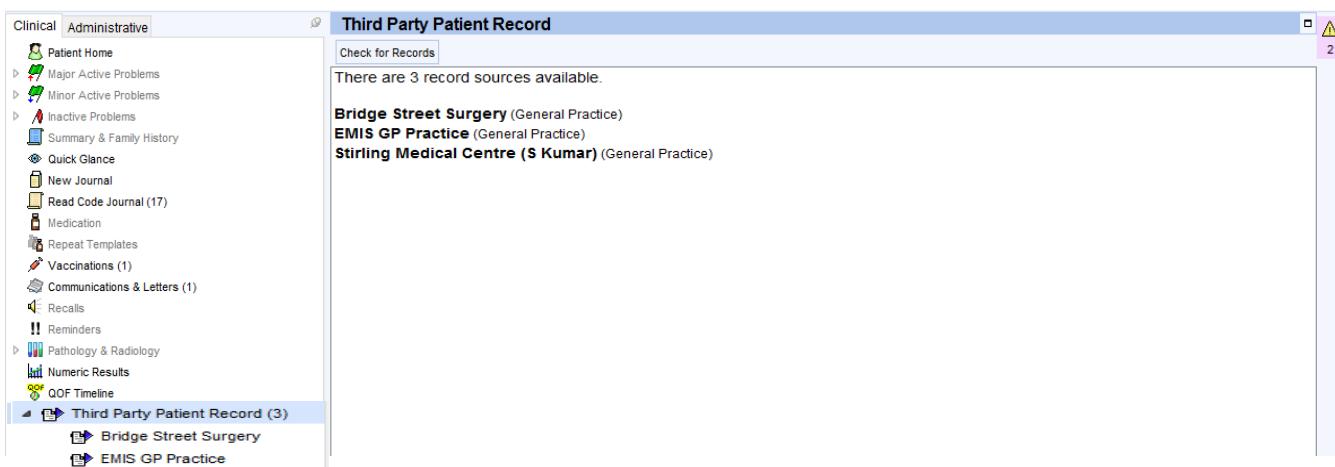


Figure 6: Sub-nodes once the patient record has been located

Note: If you are using any other integration that shares data from third party systems, (e.g. the MIG or NHS Connect) then this check will also return records from those systems.

Clicking on the name of the organisation from the Clinical Tree will retrieve the record from that organisation for the patient. The Summary view will be displayed by default; this contains:

- Active Problems and Issues
- Current Medication
- Current Repeat Medications
- Current Allergies and Adverse Reactions
- The last 3 Encounters with the patient

Active Problems and Issues

Start Date	Entry	Significance	Details
08 Dec 2016	Cardiac catheterisation	Major	Episodicity : FIRST

Current Medication Issues

There is no Medication in the patient's record

Current Repeat Medications

There is no Medication in the patient's record

Current Allergies and Adverse Reactions

There are no allergies in the patient's record

Last 3 Encounters

03	John Mcallister - Jul 2006
06	John Mcallister - Apr 2006
09	P Clarkson - Feb 2005

Examination (heading) : Gastrointestinal hormones8 . Serum electrolytes - Very High. Serum growth hormone - High8 pg/mL. Serum cortisol - Low7 nmol/L. Serum ACTH - Abnormal7 ng/L. Serum aldosterone - Very High8 pmol/L. Serum bicarbonate9 mmol/L. Serum osmolality - High8 mosm/kg. Serum globulin - Very Low7 g/L. Blood trace elements/vitamins - Abnormal7 pmol/L. Doppler studiesNaN . Bone density scanNaN . Hypersensitivity skin testingNaN . O/E - BP reading postural dropNaN . FEV1/FVC ratio8 %. Forced vital capacity - FVC - Low8 L. Lung total capacity30 L. Fibrinogen level12 g/L. Free T3 level - Low12 pmol/L. Free T4 level - Very Low9 pmol/L. O/E - venous system examined - Jugular Venous Pressure20 cm. Lung function test NOS20 . Plasma adrenaline level - Low12 mmol/L. Plasma noradrenaline level12 mmol/L. Serum renin activity - Very High30 uU/L. Serum parathyroid hormone12 pmol/L. ElectroencephalographNaN . Microscopy, culture and sensitivitiesNaN . HLA tissue typing - Potential Abnormal. Serum insulin8 mmol/L. Tumour marker levels - High12 mmol/L. Serum anion gap12 mmol/L. Enzymes/specific proteins8 mmol/L. Blood chemistry NOS - Abnormal8 mmol/L. Carboxyhaemoglobin level - Potential Abnormal9 mmol/L. Microscopy for malarial parasitesNaN . Serum lactate - Outside ref range8 mmol/L. Serum paracetamol level - Abnormal8 umol/L. Serum amiodarone level12 umol/L. Serum cyclosporin level - High16 umol/L. Blood lead level12 umol/L. Schilling test-B12 absorptionNaN . Disaccharidase tolerance testsNaN . Sickle cell disease screening testNaN . Thrombin time - High8 s. Urine microalbumin - Not examined22 g/L.

Figure 7: Summary view of a patient record

EMIS does not support the sending of data for three categories within the Summary. This data may be present in the patient's EMIS record. The three categories are:

- Warnings
- Key Indicators
- Current Recalls

For these three categories, a message will appear reading:

"This system does not support retrieval of Warnings/Key indicators/Current Recalls data.

This data may still exist in the source system."

This is also the case for the following categories of data on other views:

- Historical Allergies and Adverse Reactions
- Investigations
- Administrative Items

These instructions are correct at the date of writing. For further assistance, consult the SystmOne Online Help.

After retrieving the patient record, you can then select an alternative view using the drop down menu.



Figure 8: Selecting a record view

Once you have selected a view, the relevant information will be requested from EMIS and displayed to the user.

Start Consultation Next Event Event Details Pathology Drawing Auto-Consultation Settings

Clinical Administrative

Patient Home

Major Active Problems

Minor Active Problems

Inactive Problems

Quick Glance

New Journal

Read Code Journal

Medication

Repeat Templates

Vaccinations

Communications & Letters

Recalls

Reminders

Sensitivities & Allergies

Pathology & Radiology

Numeric Results

New Cause of Death

QOF Timeline

Third Party Patient Record (3)

Bridge Street Surgery

EMIS GP Practice

Stirling Medical Centre (S Kum)

Bridge Street Surgery

BARLOW, Gary (Mr)

31 Jul 1933

Encounters

From [] to [] Refresh

03 Jul 2006 John Mcallister -
06 Apr 2006 John Mcallister -
09 Feb 2005 P Clarson -
Examination (heading): Gastrointestinal hormones8 . Serum electrolytes - Very High. Serum growth hormone - High8 pg/mL. Serum cortisol - Low7 nmol/L. Serum ACTH - Abnormal7 ng/L. Serum aldosterone - Very High8 pmol/L. Serum bicarbonate9 mmol/L. Serum osmolality - High8 mosm/kg. Serum globulin - Very Low7 g/L. Blood trace elements/vitamins - Abnormal7 pmol/L. Doppler studiesNaN. Bone density scanNaN. Hypersensitivity skin testingNaN . O/E - BP reading postural dropNaN. FEV1/FVC ratio8 %. Forced vital capacity - FVC - Low8 L. Lung total capacity30 L. Fibrinogen level12 g/L. Free T3 level - Low12 pmol/L. Free T4 level - Very Low9 pmol/L. O/E - venous system examined - Jugular Venous Pressure20 cm. Lung function test NOS20. Plasma adrenaline level - Low12 mmol/L. Plasma noradrenaline level12 mmol/L. Serum renin activity - Very High30 uU/L. Serum parathyroid hormone12 pmol/L. ElectroencephalographyNaN. Microscopy, culture and sensitivitiesNaN . HLA tissue typing - Potential Abnormal. Serum insulin8 mmol/L. Tumour marker levels - High12 mmol/L. Serum anion gap12 mmol/L. Enzymes/specific proteins8 mmol/L. Blood chemistry NOS - Abnormal8 mmol/L. Carboxyhaemoglobin level - Potential Abnormal9 mmol/L. Microscopy for malarial parasitesNaN . Serum lactate - Outside ref range8 mmol/L. Serum paracetamol level - Abnormal8 umol/L. Serum amiodarone level12 umol/L. Serum cyclosporin level - High16 umol/L. Blood lead level12 umol/L. Schilling test - B12 absorptionNaN . Disaccharidase tolerance testNaN . Sickle cell disease screening testNaN . Thrombin time - High8 s. Urine microalbumin - Not examined22 g/L.

01 Feb 2005 P Clarson -
Additional note : Geriatric health exam. - Physical health: Continue observation. NOTES: Notes on the geriatric exam on a number of lines. Invalidity pension - Allowances received - Elderly. Diabetes concerns - Diet poor - Notes on concerns. Youngest sibling - Next of kin - elderly. General manager - Previous occupation - elderly. Risk factors - elderly - Mobility - social functioning - Risk factors present? Yes. NOTES: Functioning notes.. Diabetes mellitus. Bladder - assessment - Notes on continent. Bowels - assessment - Notes on bowels. Diabetic monitoring - Status of diabetes: Using insulin. NOTES: Notes on diabetes status.. Further care referral NOS - Referred to Hospital. NOTES: Elderly referral notes.. O/E - foot - Foot care notes. Subcutaneous injection of insulin - Insulin dosage comment: Diabetes monitoring admin. - Diabetic Consultation. Geriatric health exam. - Notes on > 75 checkup. Geriatric screening - Notes on > 75 yrs check.
Examination (heading): Diabetic annual review - Program type: Practice. Type of checkup: Annual. O/E - hearing tested-8th nerve - Hearing: Satisfactory. NOTES: Could hear a pin drop. O/E - state of mind: Mental cognitive: Continue observation. NOTES: Notes on MC state.. O/E - state of mind: Mental emotional state: Satisfactory. NOTES: MES Updated notes.. Mobility - social functioning - Mobility level: < User definable list > NOTES: Notes on mobility level.. Ophthalmological monitoring - Vision: Satisfactory. Visual Aid: Wears spectacles. NOTES: Notes on Vision (on Vision) gddit. Exam. of cardiovascular system - Rhythm: Normal. Size/Failure: Abnormal. Sounds: Abnormal. NOTES: Notes on heart examination.. Seen by optician - Last seen in January 2005. Prescription unchanged. Geriatric health exam. - Hygiene - elderly.

Figure 9: The Encounters view

Some views have a date filter, which will default to show the last 6 months of information. Users can then change this date filter to request the information that they are interested in.

Helpful tip: Pressing **Ctrl+F** on the keyboard will bring up a search dialog. This will make finding specific information in the record quicker and easier, particularly on screens that have a lot of information e.g. the Encounters view.

Audit of Incoming and Outgoing Requests

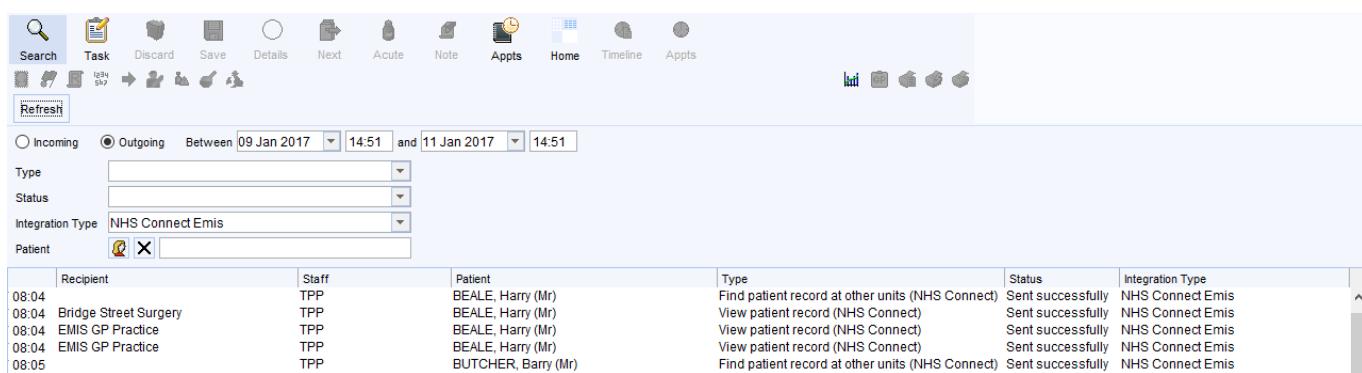
You can see a full audit of all of the requests made and received at your organisation by going to **Audit > Patient > Third Party Patient Record Messages**.

Select the **Incoming** radio button to see any requests made by an EMIS organisation.

Select the **Outgoing** radio button to see any requests users at your organisation have made to EMIS (and other third parties).

To audit for messages sent through the SystmOne-EMIS Integration only, select **NHS Connect Emis** in the 'Integration Type' dropdown box and click **Refresh**.

It is also possible to filter on the type of message, the status of the message and search for messages sent for a specified patient.



Recipient	Staff	Patient	Type	Status	Integration Type
08:04 Bridge Street Surgery	TPP	BEALE, Harry (Mr)	Find patient record at other units (NHS Connect)	Sent successfully	NHS Connect Emis
08:04 EMIS GP Practice	TPP	BEALE, Harry (Mr)	View patient record (NHS Connect)	Sent successfully	NHS Connect Emis
08:04 EMIS GP Practice	TPP	BEALE, Harry (Mr)	View patient record (NHS Connect)	Sent successfully	NHS Connect Emis
08:05	TPP	BEALE, Harry (Mr)	View patient record (NHS Connect)	Sent successfully	NHS Connect Emis
		BUTCHER, Barry (Mr)	Find patient record at other units (NHS Connect)	Sent successfully	NHS Connect Emis

Figure 10: Third Party Patient Record Messages screen