# **Test Data Sets: Projectathon 2023**

Welcome to the Projectathon 2023 Clinical Scenarios and Test Data information page!

NOTE: The Projectathon 2023 event has been completed. The final report is available here.

On this page, you will find:

- Test Data Supporting the Test Cases

   Clinical Data Sets
  - Data from Other Vendors
- Data Configuration Guide
- Example Clinical Scenario
  - What problems does the PS-CA solve?

### Test Data Supporting the Test Cases

This section describes the data that may be used to prepare your system in support of the No-Peer and Peer-to-Peer testing.

#### **Clinical Data Sets**

As described in the Test Cases page, there will be a set of test cases focused on ensuring that the Patient Summary document is structured in the expected format and that it contains the required information using the correct data types and valuesets, where specific valuesets are defined as required in the national (PS-CA) and harmonized provincial Patient Summary specifications from Ontario (PS-ON).

The following table provides the clinical data sets for testing the PS-CA and PS-ON. This data may support No-Peer and Peer-to-Peer testing.

Clinical Data Sets	Description	Sample(s)
PS-CA-Clinical Data Set (Excel) Updated on: February 9, 2023	A clinical data set that represents the required information using the correct data types and valuesets, wher e specific valuesets are defined as Required in the PS-CA.	PS-CA Minimal Bundle (JSON)
PS-ON-Clinical Data Set (Excel) Updated on: February 9, 2023	A clinical data set that represents the required information using the correct data types and valuesets, wher e specific valuesets are defined as Required in the PS-ON.	PS-ON Example Bundle (JSON)

#### **Data from Other Vendors**

During the Projectathon, you will be partnered with other vendor(s) for Peer-to-Peer testing. Vendors may send documents to each other and subsequently retrieve documents from each other. (e.g. Vendor A sends a Patient Summary document to Vendor B. Vendor A is then able to retrieve the Patient Summary document previously submitted to Vendor B.)

## Data Configuration Guide

In preparation for testing the PS-CA, test cases will also validate the PS-ON specifications, which are very closely aligned to the PS-CA and should be supported by minimal configuration of capability in the vendor systems. An analysis between PS-CA and PS-ON has been developed to help you get the most out of your testing. This document provides the necessary configurations for testing the PS-ON specifications.



This document was published on November 23, 2022 as a point-in-time document and is subject to change. If/when changes are required, we will post a notification in the Patient Summary Working Group and update the document on this page.

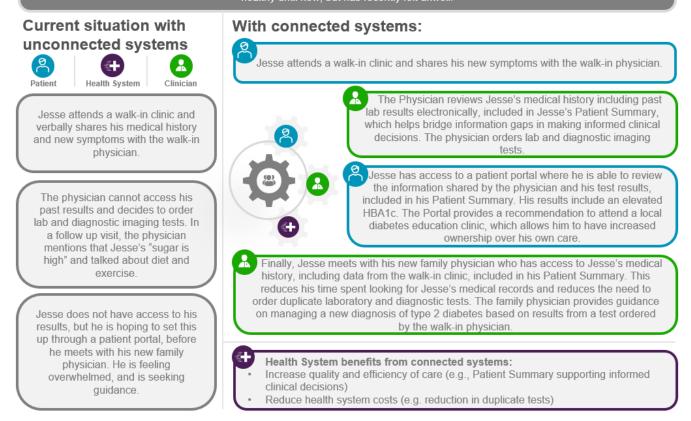
Note that this point-in-time document includes an early view into the PS-AB. Alberta is in the process of developing implementation details, therefore, it will not be tested at the Projectathon 2023. At such time that the PS-AB is ready, it is expected that minimal configuration of capability in the vendor systems will be needed.

## Example Clinical Scenario

The following clinical scenario presents the journey of a patient who does not have a family physician (i.e., unattached patient). Unfortunately, this is becoming more common. Although the Patient Summary will not solve the problem of patients not having family physicians or other primary care providers, it may improve patient safety issues and dangerous information gaps that patients/families are navigating in the current environment. In the clinical scenario presented below, the journey of Jesse is described in the current-state "with unconnected systems" and in the future-state "with connected systems".

## **Clinical Scenario: Unattached Patient**

Jesse is a 48 year old who lives in suburban Canada. His family physician recently retired and he is on a wait list to join a new primary care clinic. His initial appointment is in two months. He has a family history of heart disease and type 2 diabetes and has been fairly healthy until now, but has recently felt unwell.



#### What problems does the PS-CA solve?

Even in the age of digital health, system incompatibilities across the spectrum and a lack of data integration and portability at points of care mean that data is often "locked" in an individual system. This causes several issues:

- 1. Unless visiting their own family physician (where the bulk of primary data resides), most other healthcare episodes typically lack access to data, raising the risk of unintended side effects or adverse reactions and reducing quality of care unintentionally
- 2. Patient satisfaction suffers as expectations are not met due to extended waiting times for diagnosis, when information is either missing or inaccessible and at times inaccurate
- 3. Inefficiencies in care provision due to time required to locate information for clinicians already feeling burn-out
- 4. Inability for funders to receive reliable business intelligence to support the most effective funding decisions

When data language, common data elements and exchange methods are aligned and technical components are available, information can be shared quickly, efficiently, and easily whether within a region, a province, a country or international setting. To learn more about the Patient Summary and the tangible benefits that we can expect, please visit the PS-CA v1.0.0 TI Patient Summary Overview.