

# 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](#).

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## 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)
<a href="#">PS-CA-Clinical Data Set (Excel)</a>  Updated on: February 9, 2023	A clinical data set that represents the required information using the correct data types and valuesets, where specific valuesets are defined as Required in the PS-CA.	<a href="#">PS-CA Minimal Bundle (JSON)</a>
<a href="#">PS-ON-Clinical Data Set (Excel)</a>  Updated on: February 9, 2023	A clinical data set that represents the required information using the correct data types and valuesets, where specific valuesets are defined as Required in the PS-ON.	<a href="#">PS-ON Example Bundle (JSON)</a>

### 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.

#### Current situation with unconnected systems



Patient



Health System



Clinician

Jesse attends a walk-in clinic and verbally shares his medical history and new symptoms with the walk-in physician.

The physician cannot access his past results and decides to order lab and diagnostic imaging tests. In a follow up visit, the physician mentions that Jesse's "sugar is high" and talked about diet and exercise.

Jesse does not have access to his results, but he is hoping to set this up through a patient portal, before he meets with his new family physician. He is feeling overwhelmed, and is seeking guidance.

#### With connected systems:



Jesse attends a walk-in clinic and shares his new symptoms with the walk-in physician.



The Physician reviews Jesse's medical history including past lab results electronically, included in Jesse's Patient Summary, which helps bridge information gaps in making informed clinical decisions. The physician orders lab and diagnostic imaging tests.



Jesse has access to a patient portal where he is able to review the information shared by the physician and his test results, included in his Patient Summary. His results include an elevated HBA1c. The Portal provides a recommendation to attend a local diabetes education clinic, which allows him to have increased ownership over his own care.



Finally, Jesse meets with his new family physician who has access to Jesse's medical history, including data from the walk-in clinic, included in his Patient Summary. This reduces his time spent looking for Jesse's medical records and reduces the need to order duplicate laboratory and diagnostic tests. The family physician provides guidance on managing a new diagnosis of type 2 diabetes based on results from a test ordered by the walk-in physician.



#### Health System benefits from connected systems:

- Increase quality and efficiency of care (e.g., Patient Summary supporting informed clinical decisions)
- Reduce health system costs (e.g. reduction in duplicate tests)

### 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](#).