Contribution ID: 848f2459-4885-4df6-98ae-0ff0bd152d90
Date: 03/04/2025 13:58:07

Patient Summary Evaluation Form for the Functional e2e testing MyHealth@EU Spring 2025 Test Session

Fields marked with * are mandatory.

My health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union

Evaluation Form for the Functional end-to-end Testing - Patient Summary

Introduction

The functional end-to-end testing validates, from the user point of view, the process and the information presented to health professionals using the MyHealth@EU services.

The evaluation is carried out for all the services in an environment that intends to emulate the normal operation as much as possible. For more details on the methodology of the testing, please check the dedicated page here.

The tool used to collect the feedback from the health professionals and semantic experts participating in the testing is the Evaluation Form, which is provided using the European Commission online tool EUSurvey.

Thanks very much for your participation.

1 Information on the participants in the evaluation

* 1.1 Please, indicate the NCPeH you are representing

IE - Ireland

* 1.2 Role of the Healthcare Professional

- ( ) Doctor of medicine
- (•) Nurse

- ○ Dental practicioner
- ○ Midwife
- ○ Pharmacist
- ○ Pharmacist technician
- ○ Other

* 1.4 Professional role of the Semantic Expert

Technical Architect

2 Information on the Evaluation

* 2.1 Date of the evaluation

03/04/2025

* 2.2 Country of origin of the PS document being evaluated

MT - Malta

3 Identification of the Patient Process

3.1 Identification of the Patient

3.1.1 Could the patient be identified using the fields provided by the country of origin?

(whether the returned information was sufficient to identify the patient)

- ◉ Yes
- ○ No

3.1.3 Did you encounter any technical error during the Patient Search?

- ○ Yes
- ◉ No

3.2 Identification of Authorized Third Party (Next of Kin)

(optional; Section only applicable when the identification of Authorized Third Party is supported by the implementations in both countries participating in the test)

3.2.1 Is your country implementing the identification of the Authorized Third Party (Next of Kin) operation?

- ○ Yes
- ◉ No

4 Non-Functional Requirements

* 4.1 Was the system available during the performance of the test?

- (●) Yes
- ( ) No

4.3 Response Time

	>15s	<15s	<10s
* To find a patient	( )	( )	(●)
* To retrieve the document	( )	( )	(●)

* 4.4 What is your perception of the response time?

- ( ) Good
- (●) Acceptable
- ( ) Not acceptable

5 Patient Information

5.1 Patient name and other information

5.1.1 Family name of the patient

BORG

5.1.2 Prefix of the patient, if present

None

5.1.3 Given name of the patient

Mario

5.1.4 Gender of the patient, if present

- (●) Male
- ( ) Female
- ( ) Undifferentiated
- ( ) Null value

5.1.5 Date of birth of the patient

25/04/1951

5.2 Patient identifiers

5.2.1 Patient identifier

9999002M

5.2.2 Additional patient identifier

2.16.470.1.100.1.1.1000.990.1.1

5.2.3 Please, introduce here any comment you consider relevant regarding patient identifiers

The patient first and last names should be bold/ more prominent

6 Patient Summary List

6.1 Was only one Patient Summary provided for the patient?

(One Patient Summary considering that the same document is provided as CDA Level 1, i.e. with the original embedded document as a PDF file, as well as Level 3, i.e. with the coded entries translated into the Country of treatment language)

- (●) Yes
- ( ) No

6.3 Was the initial Patient Summary from the country of origin of the patient provided (PDF file)?

- (●) Yes
- ( ) No

6.5 Did you have any error during the process?

- ( ) Yes
- (●) No

7 Document and Patient Information

7.1 Are the creation date of the document and the date of last update of the information present?

(please, note that, due to the way the Patient Summary is created, the date of last update of the information might be an earlier date than the date of creation of the document)

- (●) Yes
- ( ) No

7.2 Please explain

7.3 Does the patient's contact information (address, telecom) seem to be complete and usable?

- ( ) Yes
- (●) No

7.4 Please explain

The address appears to be incomplete, It is all in 1 line in comparison with the pdf. It needs to be broken out into different sections. No telephone number was provided.

7.5 Do you find the administrative information provided sufficient for the purpose of the service?

(this question refers to the information regarding patient's contacts, such as guardian or preferred contact, and about the author and legal authenticator of the document)

The next of kin details should be present, in case the patient is unable to communicate.

8 Clinical Section: Allergies and adverse reactions Document

8.1 Is the Allergies and adverse reactions Document Section present?

- (●) Yes
- ( ) No

8.2 Does the translated part of the section present the information in your national language?

- (●) Yes
- ( ) No

8.4 Please mark for which of the following data elements information is provided:

- [ ] Reaction Type
- [ ] Clinical Manifestation
- [x] Agent
- [x] Duration: From
- [ ] Duration: Until
- [ ] Severity
- [ ] Criticality
- [ ] Allergy status
- [ ] Certainty

8.5 Please introduce here any comment you consider relevant about the above data elements:

8.6 Can you safely understand the information present?

- (●) Yes
- ( ) No

8.7 Please explain

It clearly states they are allergic to penicillin

8.8 Do you find the information useful for the care you intend to provide?

- (●) Yes
- ( ) No

8.10 Is there any missing information or empty cell difficult to understand/interpret?

Note: whether it is clearly differentiated that there is "no information" or the "information is known to be absent", or other challenging circumstance

- (●) Yes
- ( ) No

8.11 Please explain

Severity, Certainty,

8.12 Is there any other source of possible medical error?

- (●) Yes
- ( ) No

8.13 Please explain

the person my have an allergy to a non-medicinal product, not just medications

9 Clinical Section: Relevant diagnostic tests/laboratory data Narrative

9.1 Is the Relevant diagnostic tests/laboratory data Narrative Section present?

- ( ) Yes
- (●) No

10 Clinical Section: History of Medication use Narrative

10.1 Is the History of Medication use Narrative Section present?

- (●) Yes
- ( ) No

10.2 Does the translated part of the section present the information in your national language?

- (●) Yes
- ( ) No

10.4 Please mark for which of the following data elements information is provided:

- [x] Medicinal Product
- [ ] Active Ingredient
- [x] Strength
- [x] Dose Form
- [ ] Units per Intake
- [ ] Frequency of Intakes
- [x] Route of Administration

- [x] Duration of Treatment: From
- [x] Duration of Treatment: Until
- [ ] Medication reason

10.5 Please introduce here any comment you consider relevant about the above data elements

Medication frequency is needed

10.6 Can you safely understand the information present?

- (•) Yes
- ( ) No

10.7 Please explain

It is clearly understood

10.8 Do you find the information useful for the care you intend to provide?

- ( ) Yes
- (•) No

10.9 Please explain

The medication reason is missing

10.10 Is there any missing information or empty cell difficult to understand/interpret?

Note: whether it is clearly differentiated that there is "no information" or the "information is known to be absent", or other challenging circumstance

- (•) Yes
- ( ) No

10.11 Please explain

The medication reason is missing

10.12 Is there any other source of possible medical error?

- ( ) Yes
- (•) No

11 Medical problem

11.1 Clinical Section: Problem list - Reported

11.1.1 Is the Problem list - Reported Section present?

- (•) Yes
- ( ) No

11.1.2 Does the translated part of the section present the information in your national language?

- (●) Yes
- ( ) No

11.1.4 Please mark for which of the following data elements information is provided:

- [x] Active Problem
- [x] Onset Date
- [ ] Diagnosis Assertion Status
- [ ] Related Health Professional
- [ ] Related External Resource

11.1.5 Please introduce here any comment you consider relevant about the above data elements

The information is good.

11.1.6 Can you safely understand the information present?

- (●) Yes
- ( ) No

11.1.7 Please explain

It is understood

11.1.8 Do you find the information useful for the care you intend to provide?

- (●) Yes
- ( ) No

11.1.10 Is there any missing information or empty cell difficult to understand/interpret?

Note: whether it is clearly differentiated that there is "no information" or the "information is known to be absent", or other challenging circumstance

- (●) Yes
- ( ) No

11.1.11 Please explain

More information should be provided about the condition of the patient. More context

11.1.12 Is there any other source of possible medical error?

- ( ) Yes
- (●) No

11.2 Clinical Section: History of medical device use

11.2.1 Is the History of medical device use Section present?

- (●) Yes
- ( ) No

11.2.2 Does the translated part of the section present the information in your national language?

- (●) Yes
- ( ) No

11.2.4 Please mark for which of the following data elements information is provided:

- [ ] Device/Implant
- [ ] Implant Date: From
- [ ] Implant Date: Until

11.2.5 Please introduce here any comment you consider relevant about the above data elements

No know devices.

11.2.6 Can you safely understand the information present?

- (●) Yes
- ( ) No

11.2.7 Please explain

No devices

11.2.8 Do you find the information useful for the care you intend to provide?

- (●) Yes
- ( ) No

11.2.10 Is there any missing information or empty cell difficult to understand/interpret?

Note: whether it is clearly differentiated that there is "no information" or the "information is known to be absent", or other challenging circumstance

- ( ) Yes
- (●) No

11.2.12 Is there any other source of possible medical error?

- (●) Yes
- ( ) No

11.2.13 Please explain

The could have a device which is not in the document

11.3 Clinical Section: History of Procedures Document

11.3.1 Is the History of Procedures Document Section present?

- (●) Yes
- ( ) No

11.3.2 Does the translated part of the section present the information in your national language?

- (●) Yes
- ( ) No

11.3.4 Please mark for which of the following data elements information is provided:

- [x] Procedure
- [x] Body site
- [x] Procedure Date

11.3.5 Please introduce here any comment you consider relevant about the above data elements

The information is good

11.3.6 Can you safely understand the information present?

- (●) Yes
- ( ) No

11.3.7 Please explain

Information is good

11.3.8 Do you find the information useful for the care you intend to provide?

- (●) Yes
- ( ) No

11.3.10 Is there any missing information or empty cell difficult to understand/interpret?

Note: whether it is clearly differentiated that there is "no information" or the "information is known to be absent", or other challenging circumstance

- ( ) Yes
- (●) No

11.3.12 Is there any other source of possible medical error?

- ( ) Yes
- (●) No

11.4 Clinical Section: Functional status assessment note

11.4.1 Is the Functional status assessment note Section present?

- ( ) Yes
- (●) No

12 Medical history

12.1 Clinical Section: History of Past Illness Narrative

12.1.1 Is the History of Past Illness Narrative Section present?

- ○ Yes
- ◉ No

12.2 Clinical Section: History of Immunization Narrative

12.2.1 Is the History of Immunization Narrative Section present?

- ○ Yes
- ◉ No

13 Clinical Sections: Social History Narrative

13.1 Is the Social History Narrative Section present?

- ○ Yes
- ◉ No

14 Clinical Section: History of Pregnancies Narrative

14.1 Is the History of Pregnancies Narrative Section present?

- ○ Yes
- ◉ No

15 Clinical Section: Vital signs

15.1 Is the Vital signs Section present?

- ○ Yes
- ◉ No

16 Clinical Section: Others

16.1 Are the following Sections present?

- ☐ Plan of Care
- ☐ Advance Directives

17 About the Document

17.1 Is the structure of the document logical and easy to follow?

- ◉ Yes
- ○ No

17.3 Is the data provided generally medically coherent?

- (●) Yes
- ( ) No

17.5 Is the original content in the PDF from Country A provided in English?

- (●) Yes
- ( ) No

17.6 Compared to the English content in the original PDF, is there any medically important difference in the information?

> They appear to be the same

17.7 Considering the information provided as a whole, do you find the service useful for the care you intend to provide?

- (●) Yes
- ( ) No

17.8 Please introduce here any comment you consider relevant regarding the question above

> There should be more information, e.g. diagnostic tests, include omitted sections, to confirm there is not information within in,

18 Additional Feedback

Please, upload here additional feedback about the evaluation: ideally, the CDA document (XML file) that was displayed to you and the rendering of the CDA Display Tool (PDF file). That information will greatly help Solution Provider when evaluating the submission.

The maximum upload limit is 1 MB.

18.1 Please upload your file here:

The maximum file size is 1 MB

7ac6a283-0740-4f25-b7a3-cf3b1677dec0/2025-03-18T15-09-34.313665Z_CDA_EHDSI---FRIENDLY-CDA-_L3_-VALIDATION---WAVE-8-_V8.0.0__NOT-TESTED.xml
c0870117-a35e-4637-987e-acc62f3ccd49/MT_L1_PS_Summary_OrCD_04_25.pdf
ce6d8ce2-06ce-46ed-ab65-217646e137b5/MT_L3_PS_Summary_Friendly_04_25.htm

Contact

Contact Form