1.1. Workflow Framework for registration and management of a Patient on the Shared Care Tool.

NSW Health — Northern NSW Local Health District

GP

Start → Decision to register patient on Shared Care Tool → Patient Verbal Consent

- **No** → 🚫 STOP Patient cannot be entered Shared Care Tool Plan without Consent
- **Yes** ↓

Open EMR Connect from within GP CIS with patient open → Create Shared Record → Update patient information in GP CIS. (allergies, meds, etc) → Upload patient information via EMR Connect → Enrol in Shared Care Workflow → Review patient in Shared Care Portal for accuracy → Upload or create care plan → Tick Consent box and share Care Plan → Invite Care Team Members

Team members accept
- **No** → Inform System Administrator Orion@ncahs.health.nsw.gov.au
- **Yes** ↓

New Care Team provider identified
- **No** → 🚫
- **Yes** ↓

*This part of the workflow is intended at next patient care plan review or appointment and represents the GP interaction with the Shared Care Tool process in the cycle of care.
*You can view other Care Team Member input or update the record at any time.

Update patient information in GP CIS → Upload or remove patient information via EMR Connect. → Review Care Plan and create or upload new plan if applicable. → Incorporate clinician information into Review Care Plan if applicable → Update patient information Services, Documents etc. → Secure Message Care Team Members as applicable

If GP Clinic → Update patient information in GP CIS

Patient presents back to Clinic

If from PSP or LHD Team Member → Incorporate clinician information into Review Care Plan if applicable

Notification of addition to the shared record by Care Team member

If from GP ↓

The design of the Shared Care Tool is a patient shared record that can be updated by Team Members, and as such, this workflow does not have a defined end point.
The cycle of use repeats next care appointment, presentation or required update to the record.

LHD or Private Service Provider

Accept Invite → Review patient information and Care Plan → Add to Actions, Goals, Documents, Services as applicable → Communicate with GP via Event Notes or Secure Messaging

If non-GP Clinic