HITSP Emergency Care Summary Document Using IHE Emergency Department Encounter Summary (EDES) Component

HITSP/C28

Submitted to:

Healthcare Information Technology Standards Panel

Submitted by:

Care Management and Health Records Domain Technical Committee
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<tr>
<th>Version Number</th>
<th>Description of Change</th>
<th>Name of Author</th>
<th>Date Published</th>
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</thead>
<tbody>
<tr>
<td>1.0</td>
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<td>Care Delivery Technical Committee</td>
<td>July 20, 2007</td>
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<td>Review Copy</td>
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<td>Care Delivery Technical Committee</td>
<td>December 13, 2007</td>
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1.0 INTRODUCTION

As an introduction to the HITSP Emergency Care Summary Document Using IHE Emergency Department Encounter Summary (EDES) Component, this section provides a high level overview of the information sharing scenario enabled by following this specification, provides a document map of the construct relationships for this specification, acknowledges the copyright protections that pertain, and provides a list of key reference documents and background material. If you are already familiar with this information, proceed to Section 2.0 Component Definition.

1.1 OVERVIEW

This section describes the contents of this specification and provides a high level definition of this Component and background information about the underlying standards that the Component is based on.

An Emergency Department (ED) summary document is the collection of data from multiple sources (such as physicians, nurses, technologists, etc.) recording the assessments and care delivered by the ED team in response to an ED visit. It is a summary of the patient’s current health status and care tendered in the ED between arrival and ED departure. It is not the complete “ED Chart” that may be the legal document of care, but a collection of medical summaries.

1.2 COMPONENT DOCUMENT MAP

Each HITSP specification describes how to integrate and constrain existing standards and specifications that will satisfy the requirements for the HITSP construct. There are four types of HITSP constructs called Interoperability Specifications (IS), Transaction Packages (TP), Transactions (T), and Components (C). Interoperability Specifications define the context(s) in which any other HITSP construct may be used. The current Emergency Care Summary specification does not depend on any other HITSP constructs, however, it is used with other constructs to meet the requirements of one or more ISs. Review Section 1.2 Interoperability Specification Document Map from the relevant IS to better understand the context, dependencies, and relationships between the constructs used to meet the IS requirements.

1.3 COPYRIGHT PERMISSIONS

COPYRIGHT NOTICE

© 2008 ANSI. This material may be copied without permission from ANSI only if and to the extent that the text is not altered in any fashion and ANSI’s copyright is clearly noted.

IHE materials used in this document have been extracted from relevant copyrighted materials with permission of Integrating the Healthcare Enterprise (IHE) International. Copies of this standard may be retrieved from the IHE Web Site at www.ihe.net.
1.4 REFERENCE DOCUMENTS

This section provides a list of key reference documents and background material. If you are already familiar with this information, proceed to Section 2.

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from the www.hitsp.org Web Site.

<table>
<thead>
<tr>
<th>Reference Document</th>
<th>Document Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HITSP Interoperability Specification Overview</td>
<td>Provides background information about the HITSP and its role in the overall U.S. efforts to realize large scale interoperability of health information. The document also provides a description of the HITSP process for healthcare standards harmonization and explains how to use the Interoperability Specifications and other related documents to inform your health IT product development or product refinement.</td>
</tr>
<tr>
<td>HITSP Conventions List</td>
<td>Describes the conventions that are used to convey the full descriptions and usage of standards in the HITSP specifications</td>
</tr>
<tr>
<td>HITSP Acronyms List</td>
<td>Lists and defines the acronyms used in this document</td>
</tr>
<tr>
<td>HITSP Glossary</td>
<td>Provides definitions for relevant terms used by HITSP documents</td>
</tr>
<tr>
<td>HITSP Harmonization Framework</td>
<td>Describes the current framework within which the Interoperability Specifications are built</td>
</tr>
<tr>
<td>TN900 - Security and Privacy Technical Note</td>
<td>Developed as a reference document to provide the overall context for use of the HITSP Security and Privacy constructs. It includes the following:</td>
</tr>
<tr>
<td></td>
<td>• The scope, reference policy background, and Security and Privacy principles used in the development of the constructs</td>
</tr>
<tr>
<td></td>
<td>• A detailed description and schematics of the conceptual relationship between the Security and Privacy constructs</td>
</tr>
<tr>
<td></td>
<td>• A mapping of existing standards and constructs to be used in meeting the stated requirements of the AHIC Use Cases</td>
</tr>
<tr>
<td></td>
<td>• A list of identified gaps and the recommended approaches to resolving those gaps</td>
</tr>
<tr>
<td></td>
<td>• A roadmap for how the Security and Privacy constructs will evolve and eventually align with other HITSP Interoperability Specifications</td>
</tr>
<tr>
<td></td>
<td>• A conceptual framework for Security and Privacy management, including reference information on privacy policies, risk assessment, and risk management</td>
</tr>
<tr>
<td></td>
<td>• A glossary of terms used in all the Security and Privacy construct documents</td>
</tr>
<tr>
<td></td>
<td>• A description of the application of the Security and Privacy constructs to the HITSP Interoperability Specifications for the three initial AHIC Use Cases – Biosurveillance, Electronic Health Records - Laboratory Results Reporting, and Consumer Empowerment</td>
</tr>
<tr>
<td></td>
<td>HITSP will periodically update this Technical Note as required by the introduction of new contexts for use.</td>
</tr>
</tbody>
</table>

HITSP Emergency Care Summary Document Using IHE Emergency Department Encounter Summary (EDES) Component
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20080827 V1.2
2.0 COMPONENT DEFINITION

A Component defines atomic constructs used to support an information exchange or to meet an infrastructure requirement. This is accomplished by:

(a) Referencing one or more underlying standards
(b) Specifying constraints and other rules for using the standards

2.1 CONTEXT OVERVIEW

This section provides a general description of the Component. It includes a detailed definition of the Component and the reason for its use. It also provides all the necessary background information that further describes the context in which the Component is needed, and the base or composite standard that the Component is based on.

This Component is based upon the output developed by the Integrating the Healthcare Enterprise Patient Care Coordination Committee (IHE PCC). This Component specifies the use of the Emergency Department Encounter Summary (EDES), Technical Framework Supplement, Volume I, Revision 3.0, 2007-2008.

As stated in IHE PCC-TF:

The text for the PCC-TF specification begins here:

The ED Encounter Summary is a folder in XDS that defines a collection of documents. Separate content profiles must be created for the various kinds of documents that might be included to represent the various kinds of documents that might be found in the EDES Folder. These content profiles include:

- ED Triage Note – this document contains data compiled during the ED triage process
- ED Nursing Note – this document contains data complied during the on-going care (after initial triage) of the ED patient
- Composite ED Triage and ED Nursing Note – this document can be used in lieu of individual triage and ED Nursing notes by implementers where both above documents may be consolidated into a single document
- ED Physician Note – this document is a summary view of ED physician documentation
- Prehospital Care Report – this document has been identified as a future work product and is on the PCC Roadmap for 2008
- EDR (Emergency Department Referral) – this document was developed in the 2006 IHE cycle to support referral of a patient to the emergency department
- Diagnostic Imaging Reports – shall be shared using XDS-I
• Lab Reports – Laboratory reports shall be shared using XD*-LAB
• Consultations – future document type specification
• Transfer Summary – future document type specification
• Summary of Death – future document type specification

The text for the PCC-TF specification ends here.

IHE has not defined all of the content profiles in the above list. This Component specifies the support for the ED Triage Note, ED Nursing Note and ED Physician Note.

2.1.1 COMPONENT CONSTRAINTS

This section describes the constraints that limit the context in which the Component may be used. A constraint describes a rule that limits the use of the actors, actions or data within the given context, or to which the interactions must conform to be used within the described context. It is a description of the limits and scope of the interactions and can describe actions or events that are not part of the initial definition for the context.

Implementations of this Component shall support the specification defined by the IHE PCC document; Emergency Department Encounter Summary (EDES), Technical Framework Supplement, Volume I, Revision 3.0, 2007-2008. No additional constraints are defined in this Component.

<table>
<thead>
<tr>
<th>Table 2.1.1-1 Component Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constraint Code</td>
</tr>
<tr>
<td>No applicable constraints</td>
</tr>
</tbody>
</table>

2.1.2 COMPONENT DEPENDENCIES

This section describes any specific mapping criteria for the standards underlying the Component. It elaborates on the relationships between different standards used by this Component, and how they map to each other. Additional required mapping criteria not currently enforced by the underlying standards, and any specific elements that are required for this mapping to succeed, are also provided.

Dependencies are defined by the IHE Emergency Department Encounter Summary (EDES), Technical Framework Supplement. No additional dependencies are defined in this Component.

<table>
<thead>
<tr>
<th>Table 2.1.2-1 Component Dependencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard/HITSP Component</td>
</tr>
<tr>
<td>No applicable dependencies</td>
</tr>
</tbody>
</table>


2.2 RULES FOR IMPLEMENTING

The following section documents the content of the Component. It provides the basic elements and secondary standards that are supported by this Component and the constraints that are being placed on those standards. Specifically, it describes the subset or constraints that are required for this Component, and the minimum attributes of the Component as it relates to the base or composite standards on which it is based.

2.2.1 DATA MAPPING

This section describes the specific data elements used by this Component. Due to the potentially large number of data elements in a particular standard, only the fields that HITSP is constraining differently from the standard will be described here.

No applicable data mappings

2.2.2 GUIDELINES AND EXAMPLES

This section provides additional guidelines and examples that support the underlying base or composite standards for this Component. It describes how these specifications differ from the underlying standards, and provides guidelines and examples for implementation.


2.3 STANDARDS

It is important to understand that the standards selected here are within the context of the specific Use Case requirements and do not necessarily reflect selection in other contexts. The standards used by this Component specification fall into the following categories:

- Regulatory guidance is a legal or other authoritative declaration that HITSP must abide by in standards selection (see Section 2.3.1)
- Selected standards are necessary for interoperability. These are standards that are used to meet information exchange requirements of associated constructs. For example, they are used to realize direct information exchange, to provide the transport mechanism, to specify the content, or to address security (see Section 2.3.2)
- Informative reference standards provide additional background information or guidance, and are not required for interoperability. These standards are not required to implement the Component specification (see Section 2.3.3)
2.3.1 REGULATORY GUIDANCE

The following table provides a list of legal or other authoritative guidelines that HITSP must abide by, or has agreed to use as guidance in the selection of standards. Note that only the referenced sections of the regulations are relevant to this Component specification.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No applicable regulatory guidance</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.3.1-1 Regulatory Guidance

2.3.2 SELECTED STANDARDS

The following table provides a list of standards that are used to meet information exchange requirements of the Component specification, and a detailed description of each standard.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC) - Emergency Department Encounter Summary (EDES), Technical Framework Supplement, Volume I, Revision 3.0, 2007-2008</td>
<td>The IHE Patient Care Coordination Technical Framework (PCC TF) defines specific implementations (called Integration Profiles) of established standards to deal with integration issues that cross providers, patient problems or time. The Emergency Department Encounter Summary (EDES) enables the sharing of emergency department summary information between enterprises of a regional health network, and further describes how to map content in a CDA medical document into registry metadata. In the registry, healthcare providers publish pointers to documents stored in distributed repositories. Other healthcare providers may search and retrieve these and other documents. For more information visit <a href="http://www.ihe.net">www.ihe.net</a></td>
</tr>
</tbody>
</table>

See the above IHE Technical Framework for standards required by its specifications

Table 2.3.2-1 Selected Standards

2.3.3 INFORMATIVE REFERENCE STANDARDS

The following table lists standards that provide additional background information or guidance; however, they are not required for the implementation of the Component specification.

<table>
<thead>
<tr>
<th>Standard Name</th>
<th>Description/Reason for Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>No applicable informative reference standards</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.3.3-1 Informative Reference Standards
3.0 TECHNICAL IMPLEMENTATION

3.1 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface, or code set has been implemented correctly.

3.1.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also be constrained as specified in table 2.1.1-1, and implement all of the required actors, where defined, within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification with which this construct is associated.

3.1.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for actor scoping, subsetting or implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated Interoperability Specification to claim conformance.
4.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

No additional information at this time.
5.0 CHANGE HISTORY

The following sections provide the history of all changes made to this document.

5.1 DECEMBER 5, 2007

The changes in this cycle address the following comments:

536, 1218, 1220, and 1222

The full text of the comments along with the Technical Committee's disposition can be reviewed on the HITSP Public Web Site.

5.2 DECEMBER 13, 2007

Upon approval by the HITSP Panel on December 13, 2007, this document is now Released for Implementation.

5.3 AUGUST 20, 2008

This document has been modified to reflect the updated HITSP approach to categorizing standards as Regulatory Guidance, Selected Standards, and Informative References.

5.4 AUGUST 27, 2008

Upon approval by the HITSP Panel on August 27, 2008, this document is now Released for Implementation.