**Encounter mapping**

KEY:

BLUE TEXT – hardcoded values

RED TEXT – To be confirmed with test partner

BLACK TEXT – data extract from ITK\_REPORT

GREEN TEXT – reusing object

* A child of the above object

(0)-List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
| New uuid | Id | String | Logical id of this artifact |  |  |
|  | Meta | Meta | Metadata about the resource |  |  |
|  | implicitRules | String | A set of rules under which this content was created |  |  |
|  | Language | Code | Language of the resource content. [Common Languages [Extensible but limited to All Languages]](http://hl7.org/fhir/stu3/valueset-languages.html) |  |  |
|  | Text | Narrative | Text summary of the resource, for human interpretation |  |  |
|  | Contained | Resource | Contained, inline Resources |  |  |
|  | Extension (encounterTransport) | Extension | Encounter transport |  |  |
|  | Extension (outcomeOfAttendance) | Extension | An extension to the Encounter resource to record the outcome of an Out-Patient attendance. |  |  |
|  | Extension (emergencyCareDischargeStatus) | Extension | An extension to the Encounter resource which is used indicate the status of the Patient on discharge from an Emergency Care Department. |  |  |
|  | modifierExtension | Extension | Extensions that cannot be ignored |  |  |
|  | Identifier | Identifier | Identifier(s) by which this encounter is known | Business identifier for the Encounter, assigned by the EMS. |  |
| HARDCODED: FINISH | Status | Enum | planned | arrived | triaged | in-progress | onleave | finished | cancelled + [EncounterStatus (Required)](https://www.hl7.org/fhir/stu3/valueset-encounter-status.html). |  |  |
| No Mapping Available | statusHistory |  | List of past encounter statuses | To be populated when the status changes |  |
| No Mapping Available | -status | Enum | planned | arrived | triaged | in-progress | onleave | finished | cancelled + [EncounterStatus (Required)](https://www.hl7.org/fhir/stu3/valueset-encounter-status.html). |  |  |
| No Mapping Available | -period | period | The time that the episode was in the specified status |  |  |
|  | Class | Coding | inpatient | outpatient | ambulatory | emergency + [ActEncounterCode (Extensible)](https://www.hl7.org/fhir/stu3/v3/ActEncounterCode/vs.html) | This MUST NOT be populated |  |
|  | ClassHistory | BackboneElement | List of past encounter classes | This MUST NOT be populated |  |
| <component><structuredBody><component> <section><entry><encounter><typeId> | Type | CodeableConcept | Specific type of encounter [EncounterType (Example)](https://www.hl7.org/fhir/stu3/valueset-encounter-type.html) | This SHOULD be populated |  |
|  | Priority | CodeableConcept | ndicates the urgency of the encounter [v3 Code System ActPriority (Example)](https://www.hl7.org/fhir/stu3/v3/ActPriority/vs.html) | This MUST NOT be populated |  |
| PatientMapper | Subject | Reference (Patient | Group) | The patient or group present at the encounter | This MUST be populated with a reference to the Patient resource |  |
| EpisodeOfCareMapper | episodeOfCare | Reference (EpisodeOfCare) | Episode(s) of care that this encounter should be recorded against | If this is a continuation of a prior episode, this Encounter MUST reference that episode. If not a continuation, this MUST be populated with a new episode. |  |
| ReferralRequestMapper | IncomingReferral | Reference (ReferralRequest) | The ReferralRequest that initiated this encounter | This SHOULD be populated where this is a continuation of a patient journey from a different provider. |  |
| ParticipantMapper | Participant |  | List of participants involved in the encounter | This SHOULD be populated with the details of the EMS system users (Practitioner) during this Encounter, and any third parties answering questions on behalf of the patient (RelatedPerson). |  |
|  | -type | CodeableConcept | Role of participant in encounter [ParticipantType (Extensible)](https://www.hl7.org/fhir/stu3/valueset-encounter-participant-type.html) |  |  |
|  | -period | Period | Period of time during the encounter that the participant participated |  |  |
|  | -individual | Reference (Practitioner | RelatedPerson) | Persons involved in the encounter other than the patient |  |  |
| AppointmentMapper | Appointment | Reference [(UEC Appointment)](https://developer.nhs.uk/apis/uec-appointments/) | The appointment that scheduled this encounter | This MAY be populated, but is not expected to be for unscheduled care |  |  |
| <clinicalDocument><effectiveTime> | Period | Period | The start and end time of the encounter | This SHOULD be populated. |  |
| No mapping available | Length | Duration | Quantity of time the encounter lasted (less time absent) | This SHOULD be populated. |  |
| <component><structuredBody><component> <section><entry><encounter><code displayName> | Reason | CodeableConcept | Reason the encounter takes place (code) [Encounter Reason Codes (Preferred)](https://www.hl7.org/fhir/stu3/valueset-encounter-reason.html) | This MAY be populated, but is not expected to be for unscheduled care. |  |
| DiagnosisMapper | Diagnosis |  | The list of diagnoses relevant to this encounter | This MAY be populated, but is not expected to be for unscheduled care. |  |
| <component><structuredBody><component> <section><entry><text> | * Condition | Reference (Condition | Procedure) | Reason the encounter takes place (resource) |  |  |
| <component><structuredBody><component> <section><entry><StatusCode> | * Role | CodeableConcept | Role that this diagnosis has within the encounter (e.g. admission, billing, discharge) [DiagnosisRole (Preferred)](https://www.hl7.org/fhir/stu3/valueset-diagnosis-role.html) |  |  |
| <component><structuredBody><component> <section><entry><PriorityCode> | * Rank | positiveInt | Ranking of the diagnosis (for each role type) |  |  |
|  | Account | Reference (Account) | The set of accounts that may be used for billing for this Encounter | This SHOULD NOT be populated. |  |
|  | Hospitalization |  | Details about the admission to a healthcare service | This SHOULD NOT be populated – if the patient is admitted, this will be a separate encounter. |  |
|  | * preAdmissionIdentifier | Identifier | Pre-admission identifier |  |  |
|  | * origin | Reference (Location) | The location from which the patient came before admission |  |  |
|  | * admitSource | Codeable Concept | From where patient was admitted (physician referral, transfer) [AdmitSource (Preferred)](https://www.hl7.org/fhir/stu3/valueset-encounter-admit-source.html) |  |  |
|  | * reAdmission | Codeable Concept | The type of hospital re-admission that has occurred (if any). If the value is absent, then this is not identified as a readmission [v2 Re-Admission Indicator (Example)](https://www.hl7.org/fhir/stu3/v2/0092/index.html) |  |  |
|  | * dietPreference | Codeable Concept | Diet preferences reported by the patient [Diet (Example)](https://www.hl7.org/fhir/stu3/valueset-encounter-diet.html) |  |  |
|  | * specialCourtesy | Codeable Concept | Special courtesies (VIP, board member) [SpecialCourtesy (Preferred)](https://www.hl7.org/fhir/stu3/valueset-encounter-special-courtesy.html) |  |  |
|  | * specialArrangement | Codeable Concept | Wheelchair, translator, stretcher, etc. [SpecialArrangements (Preferred)](https://www.hl7.org/fhir/stu3/valueset-encounter-special-arrangements.html) |  |  |
|  | * destination | Reference (Location) | Location to which the patient is discharged |  |  |
|  | * dischargeDisposition | Codeable Concept | Category or kind of location after discharge [DischargeDisposition (Example)](https://www.hl7.org/fhir/stu3/valueset-encounter-discharge-disposition.html) | This SHOULD NOT be populated. |  |
| LocationMapper | Location |  | List of locations where the patient has been | This SHOULD be populated where the patient has physically attended the provider service. |  |
|  | * location | Reference (Location) | Location the encounter takes place |  |  |
|  | * status | Code | planned | active | reserved | completed [EncounterLocationStatus (Required)](https://www.hl7.org/fhir/stu3/valueset-encounter-location-status.html) |  |  |
|  | * period | Period | Time period during which the patient was present at the location |  |  |
| ServiceProviderMapper | serviceProvider | Reference (Organization) | The custodian organization of this Encounter record | This MUST be populated with a reference to the Service Provider Organization responsible for the encounter |  |
|  | partOf | Reference (Encounter) | Another Encounter this encounter is part of | This MUST NOT be populated |  |

**Encounter.RelatedPerson mapping**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK Report -> FHIR RelatedPerson mapping** | | | | | |
| **ITK Report** | | **FHIR** |  |  |  |
| ClinicalDocument1 | |  |  |  |  |
| Informant | root: 2.16.840.1.113883.2.1.3.2.4.18.2 |  |  |  |  |
| extension: COCD\_TP146226GB02#RelatedPerson |
| 887031000000108 |
| codeSystem: 2.16.840.1.113883.2.1.3.2.4.16.45 |
| RelatedSubject (relatedSubject -> getRelatedPerson:  POCDMT000002UK01Person) | |  |  |  |  |
|  | | **RelatedPerson** |  |  |  |
|  | | **Field** | **Type** | **Mandatory or Required** | **Info.** |
| Random UUID | | identifier | Identifier |  | A human identifier for this person (0..\*) |
| Default -> True | | active | boolean |  | Whether this related person's record is in active use (0..1) |
| Encounter -> Patient | | patient | Reference | Man | The patient this person is related to (1..1) |
|  | | relationship | CodeableConcept |  | The nature of the relationship PatientRelationshipType (Preferred) (0..1) |
| Participant -> names[] | | name | HumanName |  | A name associated with the person (0..\*) |
| Participant -> telecom[] | | telecom | ContactPoint |  | A contact detail for the person (0..\*) |
| Participant -> administrativeGender | | gender | code | Req | male | female | other | unknown AdministrativeGender (Required) (0..1) |
| Participant -> birthDate | | birthDate | date |  | The date on which the related person was born (0..1) |
| Participant -> address | | address | Address |  | Address where the related person can be contacted or visited (0..\*) |
|  | | [photo](http://hl7.org/fhir/stu3/relatedperson-definitions.html#RelatedPerson.photo) | Attachment |  | Image of the person (0..\*) |
| RelativeSubject -> EffectiveTime | | period | Period |  | Period of time that this relationship is considered valid (0..1) |

**Condition mapping**

KEY:

BLUE TEXT – hardcoded values

RED TEXT – To be confirmed with test partner

BLACK TEXT – data extract from ITK\_REPORT

GREEN TEXT – reusing object

* A child of the above object

(0)-List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
| New uuid | Id | String | Logical id of this artifact |  |  |
|  | Meta | Meta | Metadata about the resource |  |  |
|  | implicitRules | String | A set of rules under which this content was created |  |  |
|  | Language | Code | Language of the resource content. [Common Languages](http://hl7.org/fhir/stu3/valueset-languages.html) (Extensible but limited to All Languages) |  |  |
|  | Text | Narrative | Text summary of the resource, for human interpretation |  |  |
|  | Contained | Resource | Contained, inline Resources |  |  |
|  | Extension | Extension | Additional Content defined by implementations |  |  |
|  | ModifierExtension | Extension | Extensions that cannot be ignored |  |  |
|  | Identifier | Identifier | External Ids for this condition |  |  |
| HARDCODED: ACTIVE | clinicalStatus | Enum | active | recurrence | inactive | remission | resolved [Condition Clinical Status Codes](http://hl7.org/fhir/stu3/valueset-condition-clinical.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) |  |  |
| HARDCODED: UNKNOWN | verificationStatus | Enum | provisional | differential | confirmed | refuted | entered-in-error | unknown [ConditionVerificationStatus](http://hl7.org/fhir/stu3/valueset-condition-ver-status.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) |  |  |
| <encounter><text> | Category | Codeable Concept | problem-list-item | encounter-diagnosis [Condition Category Codes](http://hl7.org/fhir/stu3/valueset-condition-category.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |  |  |
| No mapping available | Severity | Codeable Concept | Subjective severity of condition [Condition/Diagnosis Severity](http://hl7.org/fhir/stu3/valueset-condition-severity.html) ([Preferred](http://hl7.org/fhir/stu3/terminologies.html#preferred)) |  |  |
| No mapping available | Code | Codeable Concept | Identification of the condition, problem or diagnosis [Condition/Problem/Diagnosis Codes](http://hl7.org/fhir/stu3/valueset-condition-code.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |  |  |
| No mapping available | bodySite | Codeable Concept | Anatomical location, if relevant [SNOMED CT Body Structures](http://hl7.org/fhir/stu3/valueset-body-site.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |  |  |
| Patient from Encounter | Subject | Reference (Patient) | Who has the condition? |  |  |
| Encounter | Context | Reference (Encounter) | Encounter or episode when condition first asserted |  |  |
|  | Onset |  | Estimated or actual date, date-time, or age |  |  |
| No mapping available | * Datetime |  |  |  |  |
| No mapping available | * age |  |  |  |  |
| No mapping available | * period |  |  |  |  |
| No mapping available | * range |  |  |  |  |
| No mapping available | * String |  |  |  |  |
|  | Abatement |  | If/when in resolution/remission |  |  |
| No mapping available | * Datetime |  |  |  |  |  |
| No mapping available | * Age |  |  |  |  |
| No mapping available | * Boolean |  |  |  |  |
| No mapping available | * Period |  |  |  |  |
| No mapping available | * Range |  |  |  |  |
| No mapping available | * String |  |  |  |  |
| <encounter> <effectiveTime> | assertedDate |  | Date record was believed accurate |  |  |
| Encounter -> Participant -> Individual | Asserter |  | Person who asserts this condition |  |  |
|  | Stage |  | Stage/grade, usually assessed formally *+ Stage SHALL have summary or assessment* |  |  |
| No mapping available | * Summary |  | Simple summary (disease specific) [Condition Stage](http://hl7.org/fhir/stu3/valueset-condition-stage.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |  |  |
| No mapping available | * assessment |  | Formal record of assessment |  |  |
|  | Evidence |  | Supporting evidence *+ evidence SHALL have code or details* |  |  |
| No mapping available | * code |  | Manifestation/symptom [Manifestation and Symptom Codes](http://hl7.org/fhir/stu3/valueset-manifestation-or-symptom.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |  |  |
| No mapping available | * detail |  | Supporting information found elsewhere |  |  |
| No mapping available | note |  | Additional information about the Condition |  |  |

**Encounter.HealthcareService mapping**

KEY:

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GREEN TEXT – reusing object

* A child of the above object

(0)-List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
| New uuid | Id | String | Logical id of this artifact |  |  |
|  | Meta | Meta | Metadata about the resource |  |  |
|  | implicitRules | String | A set of rules under which this content was created |  |  |
|  | Language | Code | Language of the resource content. [Common Languages](http://hl7.org/fhir/stu3/valueset-languages.html) (Extensible but limited to All Languages) |  |  |
|  | Text | Narrative | Text summary of the resource, for human interpretation |  |  |
|  | Contained | Resource | Contained, inline Resources |  |  |
|  | Extension | Extension | Additional Content defined by implementations |  |  |
|  | ModifierExtension | Extension | Extensions that cannot be ignored |  |  |
|  | Identifier | Identifier |  |  |  |
| HARDCODED: TRUE | Active | Boolean |  |  |  |
| <informationRecipient typeCode=”PRCP”><receivedOrganization classCode=”ORG” > | providedBy | Reference (Organization) |  |  |  |
|  | Category |  |  |  |  |
|  | Type |  |  |  |  |
|  | Specialty |  |  |  |  |
| <informationRecipient typeCode=”PRCP”> | Location | Reference (location) |  |  |  |
| <informationRecipient typeCode=”PRCP”><receivedOrganization classCode=”ORG” ><name> | Name |  |  |  |  |
|  | Comment |  |  |  |  |
|  | extraDetails |  |  |  |  |
|  | Photo |  |  |  |  |
| <informationRecipient typeCode=”PRCP”><telecom> | Telecom |  |  |  |  |
|  | coverageArea |  |  |  |  |
|  | serviceProvisionCode |  |  |  |  |
|  | Eligibility |  |  |  |  |
|  | EligibilityNote |  |  |  |  |
|  | programName |  |  |  |  |  |
|  | Characterisitic |  |  |  |  |
|  | referralMethod |  |  |  |  |
|  | appointmentRequired |  |  |  |  |
|  | availableTime |  |  |  |  |
|  | * DaysOfWeeks |  |  |  |  |
|  | * allDay |  |  |  |  |
|  | * availableStartTime |  |  |  |  |
|  | * availableEndTime |  |  |  |  |
|  | notAvailable |  |  |  |  |
|  | * description |  |  |  |  |
|  | * during |  |  |  |  |
|  | availabilityExceptions |  |  |  |  |
|  | Endpoints |  |  |  |  |

**ITK Report -> Consent mapping**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | | **FHIR** | | |  |
| ClinicalDocument1 | |  |  |  |  |
| StructuredBody | |  |  |  |  |
| Entry (entry-> getEncounter: POCDMT000002UK01Encounter) | root: 2.16.840.1.113883.2.1.3.2.4.18.2 |  |  |  |  |
| extension: COCD\_TP146226GB02#Consent |  |  |  |  |
| MatchingSection (code:) | 887031000000108 |  |  |  |  |
| codeSystem: 2.16.840.1.113883.2.1.3.2.4.15 |  | | |  |
|  | | **Consent** | | |  |
| Random UUID | | ID |  | |  |
| No mapping | | meta |  | |  |
| No mapping | | implicitRules |  | |  |
| Encounter.getLanguage | | language | code | |  |
| <**section**><**code code="887031000000108" codeSystem="2.16.840.1.113883.2.1.3.2.4.15"**> | | text | Narrative | |  |
| No mapping | | contained |  | |  |
| No mapping | | modifierExtension |  | |  |
| Value = <Clinicaldocument><id root>  Use = HARDCODED: USUAL | | identifier | Identifier | |  |
| No mapping | | status | code | | HARDCODED: ACTIVE |
| No mapping | | category |  | |  |
| Encounter -> Patient | | patient | Reference | | Mandatory |
| Encounter -> Period | | period | Period | | Mandatory |
| No mapping | | dateTime | dateTime | |  |
| Patient reference | | consentingParty | Reference | |  |
| No mapping | | Actor |  | |  |
| No mapping | | action | CodeableConcept | |  |
| Encounter -> serviceProvider | | organisation | Reference (serviceProvider) | |  |
| <**section**><**code code="887031000000108" codeSystem="2.16.840.1.113883.2.1.3.2.4.15"**>  <id root=”this value”> | | source | Identifier | |  |
| No mapping | | Policy |  | |  |
| HARDCODED:  **"http://hl7.org/fhir/ConsentPolicy/opt-out"** | | policyRule | URI (Set to <http://hl7.org/fhir/ConsentPolicy/opt-out>​​​​​​​) | |  |
| No mapping | | SecurityLabel |  | |  |
| No mapping | | Purpose |  | |  |
| Timeframe of Consent | | dataPeriod | Period | |  |
| Reference = Encounter  Meaning = RELATED | | data | ConsentDataMeaning, Reference (encounter) | |  |
| No mapping | | except |  | |  |

**ITK Report -> CarePlan mapping**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | | **FHIR** | | |  |
| ClinicalDocument1 | |  |  |  |  |
| StructuredBody | |  |  |  |  |
| Entry (entry-> getEncounter: POCDMT000002UK01Encounter) | root: 2.16.840.1.113883.2.1.3.2.4.18.16 |  |  |  |  |
| extension: COCD\_TP146093GB01#CarePlan | text | Narative |  |  |
| MatchingSection (code:) | 749001000000101 (is the code always the same?) |  |  |  |  |
| codeSystem: 2.16.840.1.113883.2.1.3.2.4.15 |  | | |  |
|  | | **CarePlan** | | |  |
| Random UUID | | identifier | Identifier | |  |
| Component Section -> Language | | language | code | |  |
|  | | definition | Reference | |  |
| Component Section -> basedOn | | basedOn | Reference | | This MUST NOT be populated. |
| Component Section -> replaces | | replaces | Reference | |  |
| Component Section -> partOf | | partOf | Reference | | This MUST NOT be populated. |
| CarePlan.CarePlanStatus.ACTIVE | | status | <code> | | CarePlanStatus.ACTIVE |
| CarePlan.CarePlanIntent.PLAN | | intent | Resource | | CarePlanIntent.PLAN |
| Component Section -> Category | | category | Extention | |  |
| Component Section -> Title | | title | Extension | |  |
| Component Section -> Text | | description | Extension | | PlainDefinition | Questionnaire |
| Patient (Patient | Group) | | subject | Reference | |  |
| Encounter | EpisodeOfCare | | context | Reference | | Encounter | EpisodeOfCare |
| Period | | period | Period | |  |
|  | | author | Reference | |  |
|  | | careTeam | Reference | | This MUST NOT be populated. |
| Address | | addresses | Reference (Patient (Patient | Group) | | Included in the Patient and E~pisode of Care |
| Component Section -> SupportingInfo | | supportingInfo | Reference | |  |
|  | | goal | Reference | | This MUST NOT be populated. |
|  | | | | | |
|  | | **Activity** |  | | |
| outcomeCodeableConcept | CodeableConcept | This MUST NOT be populated. |
| outcomeReference | Reference | This MUST NOT be populated. |
| progress | Annotation | This MUST NOT be populated. |
| references | Reference | This MUST NOT be populated. |
|  | | |
| **detail** | | |
|  | | |
| category | CodeableConcept | This MUST NOT be populated. |
| definition | Reference | This MUST NOT be populated. |
| code | CodeableConcept | This MUST NOT be populated. |
| resourceCode | CodeableConcept | This MUST NOT be populated. |
| reasonReference | Reference(Condition) | This MUST NOT be populated. |
| goal | Reference(Goal) | This MUST NOT be populated. |
| status | <code> | This MUST NOT be populated. |
| statusReason | <String> | This MUST NOT be populated. |
| prohibited | <Boolean> | This MUST NOT be populated. |
| location | <code> | This MUST NOT be populated. |
| performer | Reference | This MUST NOT be populated. |
| product | Reference | This MUST NOT be populated. |
| productCodeableConcept | <CodeableConcept> | This MUST NOT be populated. |
| productReference | Reference | This MUST NOT be populated. |
| dailyAmount | Quantity | This MUST NOT be populated. |
| quantity | Quantity | This MUST NOT be populated. |
| description | <String> | This MUST NOT be populated. |
|  | | Note | Annotation | | This MUST NOT be populated. |

**Encounter.diagnosis mapping**

**Encounter.diagnosis mapping**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ITK** | | | | **FHIR** | | |
| ClinicalDocument1 (POCDMT000002UK01\*) | | | | Encounter | | |
| Component4.realmCode | CS | | | Encounter.diagnosis |  |  |
| Component4.typeId | InfrastructureRoot.typeId | | |  |  |  |
| Component4.templateId | II | | |  |  |  |
| Component4.npfitlc:contentId | Reference | | |  |  |  |
| Component4.sequenceNumber | INT | | |  |  |  |
| Component4.seperatableInd | BL | | |  |  |  |
| Component4.act | POCD\_MT000002UK01.Act | | |  |  |  |
| Component4.encounter | POCD\_MT000002UK01.Encounter | | |  |  |  |
|  |  | Encounter.realmCode | CS |  |  |  |
|  |  | Encounter.typeId | InfrastructureRoot.typeId |  |  |  |
|  |  | Encounter. npfitlc:contentId | reference |  |  |  |
|  |  | Encounter.id | II |  |  |  |
|  |  | Encounter.code | CD.NPfIT.CDA.Url |  |  |  |
|  |  | Encounter.text | Text |  | Diagnosis.condition | [Reference](http://hl7.org/fhir/stu3/references.html#Reference)([Condition](http://hl7.org/fhir/stu3/condition.html) | [Procedure](http://hl7.org/fhir/stu3/procedure.html)) |
|  |  | Encounter.statusCode | CS |  | Diagnosis.role | Codeable Concept |
|  |  | Encounter.effectiveTime | IVL\_TS |  |  |  |
|  |  | Encounter.priorityCode | CE |  | Diagnosis.Rank | positiveInt |
|  |  | Encounter.subject | POCD\_MT000002UK01.subject |  |  |  |
|  |  | Encounter.specimen | POCD\_MT000002UK01.specimen |  |  |  |
|  |  | Encounter.performer | POCD\_MT000002UK01.performer |  |  |  |
|  |  | Encounter.author | POCD\_MT000002UK01.author |  |  |  |
|  |  | Encounter.informant | POCD\_MT000002UK01.Informant12 |  |  |  |
|  |  | Encounter.participant | POCD\_MT000002UK01.Participant2 |  |  |  |
|  |  | Encounter.entryRelationship | POCD\_MT000002UK01.EntryRelationship |  |  |  |
|  |  | Encounter.reference | POCD\_MT000002UK01.reference |  |  |  |
|  |  | Encounter.precondition | POCD\_MT000002UK01.Precondition |  |  |  |
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|  |  |  | |  |  |  |
| Component4.observation | POCD\_MT000002UK01.Observation | | |  |  |  |
| Component4.observationMedia | POCD\_MT000002UK01.ObservationMedia | | |  |  |  |
| Component4.organizer | POCD\_MT000002UK01.Organizer | | |  |  |  |
| Component4.procedure | POCD\_MT000002UK01.Procedure | | |  |  |  |
| Component4.regionOfInterest | POCD\_MT000002UK01.RegionOfInterest | | |  |  |  |
| Component4.substanceAdministration | POCD\_MT000002UK01.SubstanceAdministration | | |  |  |  |
| Component4.supply | POCD\_MT000002UK01.Supply | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  | | | |  |  |  |
|  | | | |  |  |  |

**Encounter.list mapping**

KEY:

BLUE TEXT – hardcoded values

RED TEXT – To be confirmed with test partner

BLACK TEXT – data extract from ITK\_REPORT

GREEN TEXT – reusing object

* A child of the above object

(0)-List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
| New uuid | Id | String | Logical id of this artifact |  |  |
|  | Meta | Meta | Metadata about the resource |  |  |
|  | implicitRules | String | A set of rules under which this content was created |  |  |
|  | Language | Code | Language of the resource content. [Common Languages](http://hl7.org/fhir/stu3/valueset-languages.html) (Extensible but limited to All Languages) |  |  |
|  | Text | Narrative | Text summary of the resource, for human interpretation |  |  |
|  | Contained | Resource | Contained, inline Resources |  |  |
|  | Extension | Extension | Additional Content defined by implementations |  |  |
|  | ModifierExtension | Extension | Extensions that cannot be ignored |  |  |
| <ClinicalDocument><setid>  See (1) identifier table below | Identifier | REQUIRED | Logical identifier of composition (version-independent) |  |  |
| HARDCODED: CURRENT | Status | Enum | current | retired | entered-in-error [ListStatus](https://www.hl7.org/fhir/STU3/valueset-list-status.html) (Required) | Status MUST carry the value 'current' after the journey is completed. |  |
| HARDCODED: WORKING  No mapping available  This list is the mast list, maintained in an onging fashion with reuglar updates as the real world list it is tracking changes. | Mode | Enum | working | snapshot | changes [ListMode](https://www.hl7.org/fhir/STU3/valueset-list-mode.html) (Required) |  |  |
| HARDCODED: 111 Report List | Title | String | Descriptive name for the list |  |  |
| HARDCODED: 225390008 | Code |  | What the purpose of this list is [Example Use Codes for List](https://www.hl7.org/fhir/STU3/valueset-list-example-codes.html) (Example) | This MUST be populated with [SNOMED](https://www.snomed.org/snomed-ct/five-step-briefing) code 225390008 | Triage (procedure) as per CareConnect ValueSet | [CareConnect-ListCode-1](https://fhir.hl7.org.uk/STU3/ValueSet/CareConnect-ListCode-1) |  |
|  | Intent | Does not exist in fhir 3.0.2 | proposal | plan | order + [RequestIntent](http://hl7.org/fhir/STU3/valueset-request-intent.html) (Required) |  |  |
| Pass Patient object from encounter | Subject | Patient reference | If all resources have the same subject | This MUST be populated with the Patient of the current Encounter. |  |
| Pass encounter and create new reference | Encounter | Encounter reference | Context in which list was created | This MUST be populated with the current Encounter. |  |
| Current time of list creation | Date | dateTime REQUIRED | When the list was prepared | This MUST be populated with the date/time of the moment the triage ended. |  |
| No mapping available  HARDCODED: Device | Source | Reference(Practitioner | Patient | Device) | Who and/or what defined the list contents (aka Author | When populated this MUST be populated with the EMS as a Device. |  |
| HARDCODED: event-date | orderedBy | CodeableConcept | What order the list has [List Order Codes](https://www.hl7.org/fhir/STU3/valueset-list-order.html) (Preferred) | This MUST carry the value 'event-date'. |  |
| No mapping available | Note | Annotation | Comments about the list |  |  |
|  | Entry |  | Entries in the list |  |  |
|  | * Flag | CodeableConcept | Status/Workflow information about this item [Patient Medicine Change Types](https://www.hl7.org/fhir/STU3/valueset-list-item-flag.html) (Example) | This MUST NOT be populated. |  |
| No mapping available | * Deleted | boolean | If this item is actually marked as deleted |  |  |
|  | * Date | dateTime | When item was added to list | This MUST NOT be populated. |  |
| List of all resources created from bundle | * Item | Reference(Any) | Actual entry | The resource referenced - Questionnaire, Observation etc. |  |
| No mapping available, we will need to decide in furture how to determine reason. I think it will never be possible to be empty. | emptyReason | CodeableConcept | Why list is empty [List Empty Reasons](https://www.hl7.org/fhir/STU3/valueset-list-empty-reason.html) (Preferred) |  |  |

1. - Identifier

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
|  | Identifier | (2) Element |  |  |  |
| No mapping available in ITK\_Report\_request.xml, Will need confirmed from test partner.  HARDCODED: USUAL  The identifier recommended for display and use in real-world interactions | Use | Code (json string) | REQUIRED |  |  |
|  | Type | (3) CodeableConcept |  |  |  |
|  | System | Uri (String) |  |  |  |
| <ClinicalDocument><setId root=”main document”> | Value | String | The unique value |  |  |
|  | Period | (4) Period |  |  |  |
|  | Assigner | (5) Organization |  |  |  |

**Encounter.composition mapping**

KEY:

BLUE TEXT – hardcoded values

RED TEXT – To be confirmed with test partner

BLACK TEXT – data extract from ITK\_REPORT

GREEN TEXT – reusing object

* A child of the above object

(0)-Composition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
| New uuid | Id | String | Logical id of this artifact |  |  |
|  | Meta |  | Metadata about the resource |  |  |
|  | implicitRules | String | A set of rules under which this content was created |  |  |
|  | Language |  | Language of the resource content. [Common Languages](http://hl7.org/fhir/stu3/valueset-languages.html) (Extensible but limited to All Languages) |  |  |
|  | Text |  | Text summary of the resource, for human interpretation |  |  |
|  | Contained |  | Contained, inline Resources | This SHOULD NOT be populated |  |
|  | Extension |  | Additional Content defined by implementations |  |  |
|  |  |  | Extensions that cannot be ignored |  |  |
| <ClinicalDocument><setid>  See (1) identifier table below | Identifier | REQUIRED | Logical identifier of composition (version-independent) |  |  |
| No mapping available in ITK\_Report\_request.xml, Will need confirmed from test partner.  HARDCODED: FINAL  This COULD be: <ClinicalDocument><authorization> <consent><statusCode> how enum doesn’t match. | Status | Enum | preliminary | final | amended | entered-in-error [CompositionStatus](http://hl7.org/fhir/stu3/valueset-composition-status.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) | At the end of the encounter, this will normally be final. This may be amended after the end of the encounter. |  |
| HARDCODED: 371531000 | Type | CodeableConcept | Kind of composition (LOINC if possible) FHIR Document Type Codes (Preferred) | This MUST be populated with Snomed Code 371531000 |Report of clinical encounter (record artifact). |  |
|  | Class |  | Categorization of Composition FHIR Document Class Codes (Example) | This MUST NOT be populated |  |
| Pass Patient object from encounter | Subject | Patient reference | Who and/or what the composition is about | This MUST be a reference to the Patient resource |  |
| Pass encounter and create new reference | Encounter | Encounter reference | Context of the Composition | This MUST be a reference to the current Encounter resource |  |
| Current time of composition creation | Date | REQUIRED | Composition editing time | This will be the date/time at the end of the triage journey |  |
| <ClinicalDocument><author> | Author | Individual Reference | Who and/or what authored the composition | This MUST be a reference to a Device resource, representing the EMS which is responsible for the encounter |  |
| HARDCODED: 111 Report | Title | String | Human Readable name/title |  |  |
| <ClinicalDocument><confidentialityCode code=””> | Confidentiality | Enum | As defined by affinity domain ConfidentialityClassification (Required) | This will be determined by the EMS, and usually hold the value Normal |  |
| No mapping available in ITK\_Report\_request.xml, Will need confirmed from test partner. | Attester |  | Attests to accuracy of composition | Should only be present if the composition has been presented to a user for attestation of completeness |  |
|  | -Mode |  | personal | professional | legal | official CompositionAttestationMode (Required) |  |  |
|  | -Time |  | When the composition was attested |  |  |
|  | -Party |  | Who attested the composition |  |  |
| Pass managingOrganization from episodeOfCare from encounter | Custodian | Organization | Organization which maintains the composition | A reference to the Organisation that is responsible for the EMS |  |
|  | relatedTo |  | Relationships to other compositions/documents | This should be populated when an encounter is modified after completion. In this case, new information will be linked to the Encounter, so a new Composition will be needed, which will replace the previous Composition. The relationship of replacement is captured here |  |
| <ClinicalDocument><relateddocument typeCode=”RPLC”>  Always hard code to this value, must be word “replaces” for fhir DocumentRelationType enum  HARDCODED: replaces | -Code | enum | replaces | transforms | signs | appends DocumentRelationshipType (Required) | Where populated, this MUST be replaces |  |
|  | -Target[x] |  | Target of the relationship | The Composition generated as a result of the encounter information before modification |  |
| See identifier table below (1) | --Target Identifier | Identifier (1) |  |  |  |
| Identifier selected instead of reference | --Target Reference | Reference |  |  |  |
|  | Event |  | The clinical service(s) being documented | This MUST NOT be populated |  |
|  | -Code |  |  |  |  |
|  | -Period |  |  |  |  |
|  | -Detail |  |  |  |  |
|  | Section |  | Composition is broken into sections + A section must at least one of text, entries, or sub-sections + A section can only have an emptyReason if it is empty | It is recommended that each $evaluate interaction is documented in a separate section. This will document the Questionnaire & QuestionnaireResponse resources for that interaction, as well as the assertions generated during that interaction, and any CarePlans presented. In addition, if interim results are presented, these should be included in each interaction. The result of the interaction will also be presented as a separate section. |  |
| <component><structuredBody> <component><section><title> | -Title | String | Label for section (e.g. for ToC) | This can be 'Result' or similar for the final section. |  |
|  | -Code |  | Classification of section (recommended) Document Section Codes (Example) |  |  |
| <component><structuredBody> <component><section><text> | -Text | Narrative (2) | Text summary of the section, for human interpretation |  |  |
|  | -Mode |  | working | snapshot | changes ListMode (Required) |  |  |
| No mapping available | -orderedBy |  | Order of section entries List Order Codes (Preferred) | The sections should be presented in date/time order of the patient journey |  |
|  | -Entry |  | A reference to data that supports this section |  |  |
|  | -emptyReason |  | Why the section is empty List Empty Reasons (Preferred) |  |  |
|  | -Section |  | Nested Section |  |  |

1. - Identifier

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
|  | Identifier | (2) Element |  |  |  |
| No mapping available in ITK\_Report\_request.xml, Will need confirmed from test partner.  HARDCODED: USUAL  The identifier recommended for display and use in real-world interactions | Use | Code (json string) | REQUIRED |  |  |
|  | Type | (3) CodeableConcept |  |  |  |
|  | System | Uri (String) |  |  |  |
| Will need confirmed from test partner if setId or code should be used. Both are unique values representing the replacement document.  <ClinicalDocument><relatedDocument><parentDocument><Id root=”related document”>  <ClinicalDocument><setId root=”main document”> | Value | String | The unique value |  |  |
|  | Period | (4) Period |  |  |  |
|  | Assigner | (5) Organization |  |  |  |

1. - Narrative

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
|  | Narrative | (2) Element |  |  |  |
| HARDCODED: GENERATED  The contents of the narrative are entirely generated from the structurd data in the content. | Narrative.status | Code (json string) | string |  |  |
| <component><structuredBody> <component><section><text> | Narrative.div | Xhtml | Xhtmlnode |  |  |

**Encounter.incomingReferral mapping**

(0)-ReferralRequest

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITK** | **FHIR** | | | | |
|  | ReferralRequest | (15) DomainResource |  |  |  |
|  | Identifier | (1) Identifier | Not populated |  |  |
|  | Definition | (16) ActivityDefinition | (37) PlanDefinition | Not populated | This MAY be populated with an ActivityDefinition, if a standard template for the ReferralRequest has been defined in the local implementation. |  |
|  | basedOn | (0) ReferralRequest | (48) CarePlan | (61) ProcedureRequest | Not populated – reason because this is a referralrequest | This MUST be populated with the 'generic' ReferralRequest received from the CDSS during triage. |  |
|  | replaces | (0) ReferralRequest | Not populated – may change in future | If this Encounter Report is replacing a previously sent Encounter Report with a different ReferralRequest , this MUST be populated with the previous ReferralRequest . |  |
|  | groupIdentifier | (1) Identifier | Not populated | This MUST NOT be populated |  |
|  | Status | Code (json string) | Hard code to ACTIVE |  | Required |
|  | Intent | Code (json string) | Hard code to PLAN | This MUST be populated with 'plan' | Required |
|  | type | (3) CodeableConcept | Not populated |  |  |
|  | Priority | Code (json string) | Hard code to ROUTINE | This MUST be 'routine'. | Required |
|  | serviceRequested | (3) CodeableConcept | Not populated |  |  |
| <patientRole classCode=”PAT”> | Subject | (40) Patient | Group | Patient Reference | This MUST be populated with a reference to the Patient resource. |  |
| <encounter classCode=”ENC” moodCode=”APT”> | context | (51) Encounter | (52) EpisodeOfCare | Ecnounter Reference | This MUST be populated with a reference to theEncounter. |  |
|  | Occurrence[x].occurrenceDateTime | dateTime |  | This MUST be populated. This MUST use the datatype 'Period' This MUST match the occurrence returned in the $evaluate.referralrequest. |  |
|  | Occurrence[x].occurrencePeriod | (4) Period | No mapping available. Har dcoded to a **period from now to now+1h** |  |  |
|  | authoredOn | dateTime | No mapping available. Har dcoded to **current dateTime** | This must be populated |  |
|  | Requester | (27) BackboneElement | No EMS user to populate - replaced with Device | This MUST be populated with the EMS User |  |
|  | Requester.agent | (42) Practitioner | (5) Organisation | (40) Patient | (43) RelatedPerson | (46) Device | Hardcoded to **new Device representing the transformer.** |  |  |
| Encounter.getserviceProvider | Requester.onBehalfOf | (5) Organization | **Encounter. serviceProvider reference** | This SHOULD be populated with the Organisation in the Ser viceDefinition$evaluate |  |
|  | Specialty | (3) CodeableConcept | No mapping available |  |  |
| clinicalDocument.getInformationRecipientArray | Recipient | (42) Practitioner | (5) Organization | (45) HealthcareService | New HealthcareService created from **Information Recipient** |  |  |
|  | reasonCode | (3) CodeableConcept | Not Populated | This MUST NOT be populated. |  |
|  | reasonReference | (53) Condition | (55) Observation | No mapping available | This MUST be populated with the chief concern which MUST be a Condition |  |
|  | description | String | No mapping available | This SHOULD be populated by the CDSS. |  |
|  | supportingInfo | Any | No mapping available |  |  |
|  | note | (47) Annotation | No mapping available |  |  |
|  | relevantHistory | (62) Provenance | No mapping available | This SHOULD be populated by the CDSS. |  |

**Encounter.subject mapping**

|  |  |
| --- | --- |
| **ITK** | **FHIR** |
| ClinicalDocument1.recordTarget -> PatientRole [] -> Patient | Encounter.subject -> Reference to Patient or Group |
| Patient.humanName [] | Patient.name -> humanNameMapper |
| PatientRole.contactPoints [] | Patient.telecom -> contactPointMapper |
| Patient.administrativeGenderCode | Patient.gender -> |
| Patient.birthTime | Patient.birthDate |
|  | Patient.deceased |
| PatientRole.addr [] | Patient.address -> AdressMapper |
| Patient.maritalStatusCode | Patient.maritalStatus |
| Patient.languageCommunicationCode | Patient.language |
|  | Patient.multipleBirth |
|  | Patient.photo (attachment) |
| Patient.gaurdian[] | Patient.contact TELECOM |
| PatientRole.providerOrganisation | Patient.generalPractitioner |
| PatientRole.providerOrganisation | Patient.managingOrganization SAME AS GP ABOVE |
|  |  |
|  | **Patient.Extension** |
| Patient.ethnicGroupCode | Extension.ethnicCategory |
| Patient.religiousAffliationCode | Extension.religiousAffliation |
|  | Extension.patient-cadavericDonor |
|  | Extension.residentialStatus |
|  | Extension.treatmentCategory |
|  | Extension.nhsCommunication |
| Patient.birthPlace | Extension.birthPlace |
|  | Extension.nominatedPharmacy |
|  | Extension.deathNotificationStatus |
|  |  |
|  |  |

**Encounter.location mapping**

Encounter.location – list of locations, where the patient has been during this encounter.

ClinicalDocument.recordTarget.patientRole – informations about patient and the provider organization (location)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITK** | | | **FHIR** | | | | | |
| ClinicalDocument1 (POCDMT000002UK01\*) | | | Encounter | | | | | |
| ClinicalDocument  .recordTarget | POCDMT000002UK01.RecordTarget | |  |  |  | | | |
| RecordTarget.patientRole | PODCMT000002UK01.PatientRole | |  |  |  | | | |
| PatientRole  .providerOrganization | PODCMT000002UK01.Organization |  | Encounter.location (list) | EncounterLocationComponent  .location | Location.identifier | Identifier | | |
| Hardcoded to ACTIVE | Location.status | CodeType -> code: String | | |
|  | Location.operationalStatus | Coding.system | UriType -> value: String | URI | |
|  | Coding.version | StringType -> value: String | |
|  | Coding.code | CodeType -> code: String | |
|  | Coding.display | StringType -> value: String | |
|  | Coding.userSelected | BooleanType -> value: boolean | |
|  | Location.name | String | | |
|  | Location.alias | String | | |
|  | Location.description | String | | |
|  | Location.type | CodeableConcept.coding | Coding.system | UriType -> value: String | URI |
|  | Coding.version | StringType -> value: String |
|  | Coding.code | CodeType -> code: String |
|  | Coding.display | StringType -> value: String |
|  | Coding  .userSelected | BooleanType -> value: boolean |
|  | CodeableConcept.text | StringType -> value: String | |
|  | Location.telecom | ContactPoint.period | Period.start | Date |
| Period.end | Date |
| ContactPoint.value | StringType -> value: String | |
| ContactPoint.use | CodeType -> code: String | |
| ContactPoint.system | CodeType -> code: String | |
| ContectPoint.rank | PositiveIntType -> value: int) | |
|  | Location.address | Address.use | CodeType -> code: String | |
| Address.period | Period.start | Date |
| Period.end | Date |
| Address.state | StringType -> value: String | |
| Address.country | StringType -> value: String | |
| Address.city | StringType -> value: String | |
| Address.postalCode | StringType -> value: String | |
| Address.district | StringType -> value: String | |
| Address.line | StringType -> value: String | |
| Address.text | StringType -> value: String | |
|  | Location.physicalType | CodeableConcept.coding | Coding.system |  |
|  | Coding.version |  |
|  | Coding.code |  |
|  | Coding.display |  |
|  | Coding  .userSelected |  |
|  | CodeableConcept.text | StringType -> value: String | |
|  | Location.position | {} (non applicable) | | |
|  | Location.managingOrganization | Organization.identifier | Identifier | |
|  | Organization.active | BooleanType -> vales: boolean | |
| Organization.standardIndustryClassCode | Organization.type | CodeableConcept | |
| Organization.name | Organization.name | StringType -> value: String | |
|  | Organization.alias | StringType -> value: String | |
| Organization.telecom | Organization.telecom | ContactPoint | |
| Organization.addr | Organization.address | Address | |
| Organization.asOrganizationPartOf (Organization) | Organization.onBehalfOf | Organization (located in referral request) | |
|  | Organization.contact | {} | |
|  | Organization.endpoint | Endpoint | |
|  | Location.partOf | Location  (mapping repeats – recurrency occurs) | | |
|  | Location.endpoint | Endpoint | | |
|  | EncounterLocationComponent  .status |  | | | |
|  | EncounterLocationComponent  .period |  | | | |

**Encounter.appointment mapping**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ITK** | | | | **FHIR** | | |
| ClinicalDocument1 (POCDMT000002UK01\*) | | | | Encounter | | |
| Custodian.realmCode | CS | | | Encounter.serviceProvider |  |  |
| Custodian.typeId | InfrastructureRoot.typeId | | |  | Organization.type | CodeableConcept |
| Custodian.templateId | II | | |  |  |  |
| Custodian  .npfitlc:contentId | Reference | | |  |  |  |
| Custodian  .assignedCustodian | AssignedCustodian  .realmCode | CS | |  |  |  |
| AssignedCustodian  .typeId | InfrastructureRoot.typeId | |  |  |
| AssignedCustodian  .templateId | II | |  |  |
| AssignedCustodian  .npfitlc:contentId | Reference | |  |  |
| AssignedCustodian  .representedCustodianOrganization | CustodianOrganization  .realmCode | CS |  |  |
| CustodianOrganization  .typeId | InfrastructureRoot.typeId |  |  |
| CustodianOrganization  .templateId | II |  |  |
| CustodianOrganization  .npfitlc:contentId | Reference |  |  |
| CustodianOrganization  .id | II |  |  |
| CustodianOrganization  .name | ON | Organization.name | String |
| CustodianOrganization  .telecom | TEL | Organization.telecom | ContactPoint |
| CustodianOrganization  .addfr | AD | Organization.address | Address |
|  | | | |  | Organization.contained | Resource |
|  | | | |  | Organization.extension (mainLocation) | Extension |
|  | | | |  | Organization.extension (organization-period) | Extension |
|  | | | |  | Organization  .modifierExtension | Extension |
|  | | | |  | Organization.identifier | Identifier |
|  | | | |  | Organization.identifier (odsOrganizationCode) | Identifier |
|  | | | |  | Organization.identifier (odsSiteCode) | Identifier |
| Hardcoded to true | | | |  | Organization.active | Boolean |
|  | | | |  | Organization.alias | String |
|  | | | |  | Organziation.partOf | Reference (Organization) |
|  | | | |  | Organization.contact | BackboneElement |
|  | | | |  | Organization.endpoint | Refence (Endpoint) |
|  | | | |  | Organization.id | Id |
|  | | | |  | Organization.meta | Meta |
|  | | | |  | Organization.implicitRules | Uri |
|  | | | |  | Organization.language | Code |
|  | | | |  | Organization.text | Narrative |

**Encounter.appointment mapping**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITK** | | | | **FHIR** | | | | |
| ClinicalDocument1 | | | |  | | | | |
| StructuredBody | | | |  | | | | |
| Entry (entry-> getEncounter: POCDMT000002UK01Encounter) | root: 2.16.840.1.113883.2.1.3.2.4.18.16 | | |  | | | | |
| extension: COCD\_TP146093GB01#AppointmentReference | | |
| MatchingSection | code: 749001000000101 | | |
| codeSystem: 2.16.840.1.113883.2.1.3.2.4.15 | | |
|  | | | | Encounter.appointment | | | | |
| Random UUID | | | | Appointment.id | Id (IdElement) | | | |
|  | | | | Appointment.meta | Meta | | | |
|  | | | | Appointment.implicitRules | Uri | | | |
|  | | | | Appointment.language | Code | | | |
|  | | | | Appointment.text | Narrative | | | |
|  | | | | Appointment.contained | Resource | | | |
|  | | | | Appointment.deliveryChannel  (uk extension) | Extention | | | |
|  | | | | Appointment.appointment  CancellationReason (uk extension) | Extension | | | |
|  | | | | Appointment.bookingOrganization (uk extension) | Extension | | | |
|  | | | | Appointment.modifierExtension | List<Extension> | | | |
|  | | | | Appointment.identifier | Identifier.use | Code | | |
| Identifier.type | CodeableConcept.coding | Coding.system | Uri -> value: String | URI |
| Coding.version | String |
| Coding.code | Code -> code: String |
| Coding,display | String |
| Coding.userSelected | Boolean |
| CodeableConcept.text | String | |
| Identifier.system | Uri -> value: String | URI | | |
| Identifier.value | String | | |
| Identifier.period | Period.start | dateTime | |
| Period.end | dateTime | |
| Identifier.assigner | Organization (Reference) | | |
| Hardcoded to BOOKED | | | | Appointment.status | Code | | | |
|  | | | | Appointment.serviceCategory | CodeableConcept.coding | Coding.system | Uri -> value: String | URI | |
| Coding.version | String | |
| Coding.code | Code -> code: String | |
| Coding,display | String | |
| Coding.userSelected | Boolean | |
| CodeableConcept.text | String | | |
|  | | | | Appointment.serviceType | CodeableConcept.coding | Coding.system | Uri -> value: String | URI | |
| Coding.version | String | |
| Coding.code | Code -> code: String | |
| Coding,display | String | |
| Coding.userSelected | Boolean | |
| CodeableConcept.text | String | | |
|  | | | | Appointment.specialty | CodeableConcept.coding | Coding.system | Uri -> value: String | URI | |
| Coding.version | String | |
| Coding.code | Code -> code: String | |
| Coding,display | String | |
| Coding.userSelected | Boolean | |
| CodeableConcept.text | String | | |
|  | | | | Appointment.appointmentType | CodeableConcept.coding | Coding.system | Uri -> value: String | URI | |
| Coding.version | String | |
| Coding.code | Code -> code: String | |
| Coding,display | String | |
| Coding.userSelected | Boolean | |
| CodeableConcept.text | String | | |
| MatchingSection.getSubject: Subject | | | | Appointment.reason | CodeableConcept.coding | Coding.system | Uri -> value: String | URI | |
| Coding.version | String | |
| Coding.code | Code -> code: String | |
| Coding,display | String | |
| Coding.userSelected | Boolean | |
| CodeableConcept.text | String | | |
|  | | | | Appointment.indication | Condition | Procedure (Reference) | | | |
|  | | | | Appointment.priority | unsignedInt -> value: int | | | |
| MatchingSection.getTitle().getNodeValue: String | | | | Appointment.description | String | | | |
|  | | | | Appointment.supportingInformation | Resource (Reference) | | | |
| POCDMT000002UK01Encounter.getEffectiveTime.getValue() -> DateUtil | | | | Appointment.start | Instant | | | |
| Hardcoded to start plus duration (10 minutes) | | | | Appointment.end | Instant | | | |
| Hardcoded to 10 minutes (int: 10) | | | | Appointment.minutesDuration | positiveInt -> value : int | | | |
|  | | | | Appointment.slot | Slot (Reference) | | | |
|  | | | | Appointment.created | dateTime | | | |
| MatchingSection.getText().getContentArray(0).getNodeValue: String | | | | Appointment.comment | String | | | |
| Reference to incomingReferral of FHIR Encounter -> please look into document of Encounter.incomingReferralMapping | | | | Appointment.incomingReferral | ReferralReqeuest (Reference) | | | |
|  | |  | | Appointment.participant | BackboneElement  .modifierExtension | List<Extension> | | |
|  | |  | | BackboneElement.type | CodeableConcept.coding | Coding.system | | Uri -> value: String | URI |
|  | |  | | Coding.version | | String |
|  | |  | | Coding.code | | Code -> code: String |
|  | |  | | Coding,display | | String |
|  | |  | | Coding.userSelected | | Boolean |
|  | |  | | CodeableConcept.text | String | |
|  | |  | | BackboneElement.actor | Patient | Practitioner | RelatedPerson | Device | HealthcareService | Location (reference) | | |
|  | |  | | Patient -> set actor as reference to the Patient taken from relevant fhir encounter instance | | |
| Participants other than Patient are taken from itk encounter instance  POCDMT000002UK01Encounter.geParticipantComponents | | POCDMT000002UK01Participant2[]  (should it be filtered with some code here?) | Participant2.getParticipantRole role | Set actor as Reference to Location. Location is mapped from participantRole. | | |
|  | Location.address | Address -> mapped with AddressMapper | |
| Role.getPlayingEntity.getNameArray(0) | Location.name | String: from the node, no mapping to HumanName used | |
| Role.getPlayingEntity.getDesc() | Location.description | String: string taken from node of desc | |
|  | | Hardcoded to REQUIRED | | BackboneElement  .required | Code -> code: String | | |
|  | | Hardcoded to ACCEPTED | | BackboneElement.status | Code -> code: String | | |
|  | | | | Appointment.requestedPeriod | Period.start | dateTime | | |
| Period.end | dateTime | | |

**Encounter.participant mapping**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITK** | | | | | | | **FHIR** | | | | | |
| ClinicalDocument1 | | | | | | | Encounter | | | | | |
| Participant/Author/Informant/DataEnterer | | | | | | | EncounterParticipantComponent | | | | | |
| Participant/Author/Informant/DataEnterer.getTypeCode() | | | | | | | EncounterParticipantComponent.type (CodeableConcept) | | | | | |
| Participant/Author/Informant/DataEnterer.time (ILVTS/TS) | | | | | | | EncounterParticipantComponent.period (Period) | | | | | |
| IVLTS.low / TS.low / TS.value (IVXBTS -> getValue: Date) | | | | | | | Period.start (Date) | | | | | |
| IVLTS.high (IVXBTS -> getValue: Date) | | | | | | | Period.end (Date) | | | | | |
| Participant.associatedEntity/Author.assignedAuthor/Informant.assignedEntity/DataEnterer.assignedEntity | | | | | | |  | | | | | |
| Autogenerated random UUID | | | | | | | Practitioner.id | IdType.myBaseUrl | | String | | |
| IdType.myHaveComponentParts | | boolean | | |
| IdType.myResourceType | | String | | |
| IdType.myUnqualifiedId | | String | | |
| IdType.myUnqualifiedVersionId | | String | | |
|  | | | | | | | Practitioner.meta | Meta.versionId | | IdType.myBaseUrl | | String |
| IdType.myHaveComponentParts | | boolean |
| IdType.myResourceType | | String |
| IdType.myUnqualifiedId | | String |
| IdType.myUnqualifiedVersionId | | String |
| Meta.lastUpdated | | InstantType -> value: Date | | |
| Meta.profile | | UriType -> value: String | URI | | |
| Meta.security | | Coding.system | UriType -> value: String | URI | |
| Coding.version | StringType -> value: String | |
| Coding.code | CodeType -> code: String | |
| Coding.display | StringType -> value: String | |
| Coding.userSelected | BooleanType -> value: boolean | |
| Meta.tag | | Coding.system | UriType -> value: String | URI | |
| Coding.version | StringType -> value: String | |
| Coding.code | CodeType -> code: String | |
| Coding.display | StringType -> value: String | |
| Coding.userSelected | BooleanType -> value: boolean | |
|  | | | | | | | Practitioner  .implicitRules | UriType value: String | URI | | | | |
| Hardcoded to “true” | | | | | | | Practitioner.active | Boolean | | | | |
|  | | | | | | | Practitioner.language | CodeType -> code: String | | | | |
|  | | | | | | | Practitioner.text | Narrative.status | | CodeType -> code: String | | |
| Narrative.div | | {} -> actual narrative content, xhtml | | |
|  | | | | | | | Practitioner.  contained | Resource.id (IdType) | | IdType.myBaseUrl | | String |
| IdType.myHaveComponentParts | | boolean |
| IdType.myResourceType | | String |
| IdType.myUnqualifiedId | | String |
| IdType.myUnqualifiedVersionId | | String |
| Resource.meta (Meta) | | Meta.versionId | IdType.myBaseUrl (String) | String |
| IdType.myHaveComponentParts | boolean |
| IdType.myResourceType | String |
| IdType.myUnqualifiedId | String |
| IdType.myUnqualifiedVersionId | String |
| Meta  .lastUpdated | InstantType -> value: Date | |
| Meta.profile | UriType -> value: String | URI | |
| Meta.security (Coding) | Coding.system | UriType  -> value: String | URI |
| Coding.version | StringType -> value: String |
| Coding.code | CodeType -> code: String |
| Coding.display | StringType -> value: String |
| Coding  .userSelected | BooleanType -> value: boolean |
| Meta.tag (Coding) | Coding.system | UriType -> value: String | URI |
| Coding.version | StringType -> value: String |
| Coding.code | CodeType -> code: String |
| Coding.display | StringType -> value: String |
| Coding  .userSelected | BooleanType -> value: boolean |
| Resource.implicitRules | | UriType -> value: String | URI | | |
| Resource.language | | CodeType -> code: String | | |
|  | | | | | | | Practitioner.extension  (nhsCommunication) | Extension.url | | UriType -> value: String | URI | | |
| Extension.value | | {} (value of Extension) | | |
|  | | | | | | | Practitioner  .modifierExtension | List<Extension>  (list of extensions that cannot be ignored) | | | | |
| Participant/ Author/Informant/DataEnterer.id | |  | | |  | | Practitioner.identifier | Identifier.use | | CodeType -> code: String | | |
|  | | |  | | Identifier.type | | CodeableConcept.coding | Coding.system | UriType -> value: String | URI |
|  | | |  | | Coding.version | StringType -> value: String |
|  | | |  | | Coding.code | CodeType -> code: String |
|  | | |  | | Coding.display | StringType -> value: String |
|  | | |  | | Coding  .userSelected | BooleanType -> value: boolean |
|  | | |  | | CodeableConcept.text | StringType -> value: String | |
|  | | |  | | Identifier.system | | UriType -> value: String | URI | | |
|  | | |  | | Identifier.value | | StringType -> value: String | | |
|  | | |  | | Identifier.period | | Period.start | Date | |
|  | | |  | | Period.end | Date | |
|  | | |  | | Identifier.assigner | | Organization.identifier | Identifier | |
|  | | |  | | Organization.active | BooleanType -> vales: boolean | |
|  | | |  | | Organization.type | CodeableConcept | |
|  | | |  | | Organization.name | StringType -> value: String | |
|  | | |  | | Organization.alias | StringType -> value: String | |
|  | | |  | | Organization.telecom | ContactPoint | |
|  | | |  | | Organization.address | Address | |
|  | | |  | | Organization.partOf | Organization | |
|  | | |  | | Organization.contact | {} | |
|  | | |  | | Organization.endpoint | Endpoint | |
| II.displayable | | | Bl2 | boolean | |  | |  |  | |
| II.extension | | | St2 | String | |  | |  |  | |
|  | | | | | | | Practitioner.active | Boolean | | | | |
|  | | | | | | | Practitioner.gender | CodeType -> code: String | | | | |
|  | | | | | | | Practitioner.birthDate | Date | | | | |
|  | | | | | | | Practitioner.photo | Attachment.contentType | | CodeType -> code: String | | |
| Attachment.language | | CodeType -> code: String | | |
| Attachment.data | | Base64BinaryType -> value: byte[] | | |
| Attachment.url | | UriType -> value: String | URI | | |
| Attachment.size | | UsignedIntType -> value: int | | |
| Attachment.hash | | Base64BinaryType -> value: byte[] | | |
| Attachment.title | | StringType -> value: String | | |
| Attachment.creation | | DateTimeType -> value: DateTime | | |
|  | | | | | | | Practitioner.qualification | {} | | | | |
|  | | | | | | | Practitioner  .communication | CodeableConcept.coding | | Coding.system | UriType -> value: String | URI | |
| Coding.version | StringType -> value: String | |
| Coding.code | CodeType -> code: String | |
| Coding.display | StringType -> value: String | |
| Coding  .userSelected | BooleanType -> value: boolean | |
| CodeableConcept.text | | StringType -> value: String | | |
|  |  | | | | | | Practitioner.address | Address.use | | CodeType -> code: String | | |
| Participant.associatedEntity/Author.assignedAuthor/Informant.assignedEntity/DataEnterer.assignedEntity addr |  | | | | | | Address.period | | Period.start | Date | |
| Period.end | Date | |
| AD.county | | | | | |  | |  | | |
| AD.state | | | | | | Address.state | | StringType -> value: String | | |
| AD.country | | | | | | Address.country | | StringType -> value: String | | |
| AD.city | | | | | | Address.city | | StringType -> value: String | | |
| AD.postalCode | | | | | | Address.postalCode | | StringType -> value: String | | |
| AD.precint (area? district?) | | | | | | Address.district | | StringType -> value: String | | |
| AD.streetAddressLine | | | | | | Address.line | | StringType -> value: String | | |
| AD.houseNumber | | | | | |  | |  | | |
| AD.houseNumericNumber | | | | | |  | |  | | |
| AD.direction | | | | | |  | |  | | |
| AD.streetName | | | | | |  | |  | | |
| AD.streetNameBase | | | | | |  | |  | | |
| AD.streetNameType | | | | | |  | |  | | |
| AD.additionalLocation | | | | | |  | |  | | |
| AD.unitId | | | | | |  | |  | | |
| AD.unitType | | | | | |  | |  | | |
| AD.carrier | | | | | |  | |  | | |
| AD.censusTract | | | | | |  | |  | | |
| AD.addressKey | | | | | |  | |  | | |
| AD.desc | | | | | | Address.text | | StringType -> value: String | | |
| Participant.associatedEntity/Author.assignedAuthor/Informant.assignedEntity/DataEnterer.assignedEntity telecom | TEL.useablePeriod | | | IVLTS.low | | | Practitioner.telecom | ContactPoint.period | | Period.start | Date | |
|  | | | IVLTS.high | | | Period.end | Date | |
| TEL.id | | | | | |  | |  | | |
| TEL.value | | | | | | ContactPoint.value | | StringType -> value: String | | |
| TEL.use | | | | | | ContactPoint.use | | CodeType -> code: String | | |
|  | | | | | | ContactPoint.system | | CodeType -> code: String | | |
|  | | | | | | ContectPoint.rank | | PositiveIntType -> value: int) | | |
| Participant.associatedEntity/Author.assignedAuthor/Informant.assignedEntity/DataEnterer.assignedEntity: assignedPerson (Person) | | | | | | | Practitioner.name (HumanName) | |  |  | | |
| Person.name (PN -> EN) | | | EN.family () | EnFamily -> nodeValue: String | | | HumanName.family | StringType -> value: String | | |
| EN.given () | EnGiven -> nodeValue: String | | | HumanName.given | StringType -> value: String | | |
| EN.prefix () | EnPrefix -> nodeValue: String | | | HumanName.prefix | StringType -> value: String | | |
| EN.suffix () | EnSuffix -> nodeValue: String | | | HumanName.suffix | StringType -> value: String | | |
| EN.validTime | IVLTS.low | | IVXBTS -> getValue: Date | HumanName.period (Period) | Period.start | | Date |
| IVLTS.high | | IVXBTS -> getValue: Date | Period.end | | Date |
| EN.id |  | | |  |  | | |
|  |  | | | HumanName.use | CodeType -> code: String | | |
| EN.use | List | | |  |  | | |
| If has no Subnodes, then the text field is populated with content of the name node |  | | | HumanName.text | StringType -> value: String | | |

**Questionnaire Response**

A structured set of questions and their answers  
Elements defined in Ancestors: [id](http://hl7.org/fhir/STU3/resource.html#Resource), [meta](http://hl7.org/fhir/STU3/resource.html#Resource), [implicitRules](http://hl7.org/fhir/STU3/resource.html#Resource), [language](http://hl7.org/fhir/STU3/resource.html#Resource), [text](http://hl7.org/fhir/STU3/domainresource.html#DomainResource), [contained](http://hl7.org/fhir/STU3/domainresource.html#DomainResource), [extension](http://hl7.org/fhir/STU3/domainresource.html#DomainResource), [modifierExtension](http://hl7.org/fhir/STU3/domainresource.html#DomainResource)

|  |  |  |  |
| --- | --- | --- | --- |
| **ITK** |  | **FHIR** |  |
| <caseDetails><caseId> |  | Identifier | Unique id for this set of answers |
| No mapping | The order, proposal or plan that is fulfilled in whole or in part by this QuestionnaireResponse.  Not sure how we can determine if it’s a careplan, procedureRequest or referralRequest | basedOn | Request fulfilled by this QuestionnaireResponse |
| No mapping | A procedure or observation that this questionnaire was performed as part of the execution of  Not sure how we can determine this | Parent | Part of this action |
| Reference Questionnaire | The questions | Questionnaire | Form being answered |
|  | HARDCODED to completed | Status | in-progress | completed | amended | entered-in-error | stopped [QuestionnaireResponseStatus](http://hl7.org/fhir/STU3/valueset-questionnaire-answers-status.html) ([Required](http://hl7.org/fhir/STU3/terminologies.html#required)) |
| Reference patient | The subject of the questionnaire response. This could be a patient, organization, practitioner, device, etc. This is who/what the answers apply to, but is not necessarily the source of information. | Subject | The subject of the questions |
| Reference encounter | The encounter or episode of care with primary association to the questionnaire response. | Context | Encounter or Episode during which questionnaire was completed |
| <pathwayTriage><finish> |  | Authored | Date the answers were gathered |
| No mapping | Device? | Author | Person who received and recorded the answers |
| No mapping |  | Source | The person who answered the questions |
| The questions |  | item | See below |

Item

Groups and questions  
*+ Nested item can't be beneath both item and answer*

|  |  |  |  |
| --- | --- | --- | --- |
| **ITK** |  | **FHIR** |  |
| <triageLine><question><questionId>  &  If not available hardcoded to N/A |  | .linkId | Pointer to specific item from Questionnaire |
| No mapping |  | .definition | ElementDefinition - details for the item |
| <triageLine><question> <questionText> |  | .text | Name for group or question text |
| No mapping |  | .subject | The subject this group's answers are about |
| No mapping |  | Answer | The response(s) to the question |
| No mapping |  | .value[x] | Single-valued answer to the question [Questionnaire Answer Codes](http://hl7.org/fhir/STU3/valueset-questionnaire-answers.html) ([Example](http://hl7.org/fhir/STU3/terminologies.html#example)) |
| No mapping |  | .value[x].answer.answerBoolean |  |
| No mapping |  | .value[x].asnwer.answerDecimal |  |
| No mapping |  | .value[x].asnwer.answerInteger |  |
| No mapping |  | .value[x].asnwer.answerDate |  |
| No mapping |  | .value[x].asnwer.answerDateTime |  |
| No mapping |  | .value[x].asnwer.answerTime |  |
| <triageLine><question><answers> <answer selected=true><text> |  | .value[x].asnwer.answerString |  |
| No mapping |  | .value[x].asnwer.answerUri |  |
| No mapping |  | .value[x].asnwer.answerAttachment |  |
| No mapping |  | .value[x].asnwer.answerCoding |  |
| No mapping |  | .value[x].asnwer.answerQuantity |  |
| No mapping |  | .value[x].asnwer.answerReference |  |
| No mapping |  | .item | Nested groups and questions |
| No mapping |  | item | Nested questionnaire response items |

**Questionnaire**

A structured set of questions  
*+ The link ids for groups and questions must be unique within the questionnaire*  
Elements defined in Ancestors: [id](http://hl7.org/fhir/stu3/resource.html#Resource), [meta](http://hl7.org/fhir/stu3/resource.html#Resource), [implicitRules](http://hl7.org/fhir/stu3/resource.html#Resource), [language](http://hl7.org/fhir/stu3/resource.html#Resource), [text](http://hl7.org/fhir/stu3/domainresource.html#DomainResource), [contained](http://hl7.org/fhir/stu3/domainresource.html#DomainResource), [extension](http://hl7.org/fhir/stu3/domainresource.html#DomainResource), [modifierExtension](http://hl7.org/fhir/stu3/domainresource.html#DomainResource)

|  |  |  |  |
| --- | --- | --- | --- |
| **ITK** |  | **FHIR** |  |
| No mapping |  | url | Logical URI to reference this questionnaire (globally unique) |
| <caseDetails><caseId> |  | Identifier | Additional identifier for the questionnaire |
| <caseReceiveEnd> |  | Version | Business version of the questionnaire |
| No mapping |  | Name | Name for this questionnaire (computer friendly) |
| No mapping |  | Title | Name for this questionnaire (human friendly) |
| No mapping  There is a messageStatus example:  PartialExpectingUpdate  If this is to be mapped we need to know all possible scenarios. | HARDCODED TO: ACTIVE | Status | draft | active | retired | unknown [PublicationStatus](http://hl7.org/fhir/stu3/valueset-publication-status.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) |
| No mapping | HARDCODED TO: false | Experimental | For testing purposes, not real usage |
| <caseReceiveEnd> |  | Date | Date this was last changed |
| <pathwayTriage><user><name> |  | Publisher | Name of the publisher (organization or individual) |
| No mapping |  | Description | Natural language description of the questionnaire |
| No mapping |  | Purpose | Why this questionnaire is defined |
| No mapping |  | approvalDate | When the questionnaire was approved by publisher |
| <caseReceiveEnd> |  | lastReviewDate | When the questionnaire was last reviewed |
| No mapping |  | effectivePeriod | When the questionnaire is expected to be used |
| No mapping |  | useContext | Context the content is intended to support |
| <caseDetails><address><country> <name> |  | Jurisdiction | Intended jurisdiction for questionnaire (if applicable) [Jurisdiction ValueSet](http://hl7.org/fhir/stu3/valueset-jurisdiction.html) ([Extensible](http://hl7.org/fhir/stu3/terminologies.html#extensible)) |
| <contactDetails><caller><name> <phone><number> |  | Contact | Contact details for the publisher |
| No mapping |  | Copyright | Use and/or publishing restrictions |
| No mapping |  | Code | Concept that represents the overall questionnaire [Questionnaire Question Codes](http://hl7.org/fhir/stu3/valueset-questionnaire-questions.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |
| No mapping | Hardcoded to patient | subjectType | Resource that can be subject of QuestionnaireResponse [ResourceType](http://hl7.org/fhir/stu3/valueset-resource-types.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) |
| The answers |  | item | See below |

Item

Questions and sections within the Questionnaire  
*+ Read-only can't be specified for "display" items*  
*+ Default values can't be specified for groups or display items*  
*+ Required and repeat aren't permitted for display items*  
*+ Only 'choice' items can have options*  
*+ A question cannot have both option and options*  
*+ Display items cannot have a "code" asserted*  
*+ Maximum length can only be declared for simple question types*  
*+ Group items must have nested items, display items cannot have nested items*

|  |  |  |  |
| --- | --- | --- | --- |
| **ITK** |  | **FHIR** |  |
| <caseDetails><caseId> |  | linkId | Unique id for item in questionnaire |
| No mapping |  | Definition | ElementDefinition - details for the item |
| No mapping |  | Code | Corresponding concept for this item in a terminology [Questionnaire Question Codes](http://hl7.org/fhir/stu3/valueset-questionnaire-questions.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |
| <triageLine><question> <triageLogicId><pathwayOrderNo> |  | Prefix | E.g. "1(a)", "2.5.3" |
| <triageLine><question> <questionText> |  | Text | Primary text for the item |
| No mapping | HARDCODED TO: CHOICE  All question examples are choice. | Type | group | display | boolean | decimal | integer | date | dateTime + [QuestionnaireItemType](http://hl7.org/fhir/stu3/valueset-item-type.html) ([Required](http://hl7.org/fhir/stu3/terminologies.html#required)) |
| No mapping |  | enableWhen | Only allow data when *+ enableWhen must contain either a 'answer' or a 'hasAnswer' element* |
| No mapping |  | .Question | Question that determines whether item is enabled |
| No mapping |  | .has Answer | Enable when answered or not |
| No mapping |  | .answer.answerBoolean | Value question must have [Questionnaire Answer Codes](http://hl7.org/fhir/stu3/valueset-questionnaire-answers.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |
| No mapping |  | .asnwer.answerDecimal |  |
| No mapping |  | .asnwer.answerInteger |  |
| No mapping |  | .asnwer.answerDate |  |
| No mapping |  | .asnwer.answerDateTime |  |
| No mapping |  | .asnwer.answerTime |  |
| No mapping |  | .asnwer.answerString |  |
| No mapping |  | .asnwer.answerUri |  |
| No mapping |  | .asnwer.answerAttachment |  |
| No mapping |  | .asnwer.answerCoding |  |
| No mapping |  | .asnwer.answerQuantity |  |
| No mapping |  | .asnwer.answerReference |  |
|  | Hardcoded: true | .required | Whether the item must be included in data results |
|  | Hardcoded: false | .repeats | Whether the item may repeat |
| No mapping |  | .readOnly | Don't allow human editing |
| No mapping |  | .maxLength | No more than this many characters |
| <triageLine><question> |  | .options | Valueset containing permitted answers |
| <triageLine><question> |  | .option.value.valueInteger | Permitted answer  Answer value [Questionnaire Answer Codes](http://hl7.org/fhir/stu3/valueset-questionnaire-answers.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |
| No mapping |  | .option.value.valueDate |  |
| No mapping |  | .option.value.valueTime |  |
| <triageLine><question><answers> <answer><text>  &  <triageLine><question><answers> <answer> |  | .option.value.valueString |  |
| No mapping |  | .option.value.value.valueCoding |  |
| No mapping |  | .initial.initialBoolean | Default value when item is first rendered [Questionnaire Answer Codes](http://hl7.org/fhir/stu3/valueset-questionnaire-answers.html) ([Example](http://hl7.org/fhir/stu3/terminologies.html#example)) |
| No mapping |  | .initial.initialDecimal |  |
| No mapping |  | .initial.initialInteger |  |
| No mapping |  | .initial.initialDate |  |
| No mapping |  | .initial.initialDateTime |  |
| No mapping |  | .initial.initialTime |  |
| No mapping |  | .initial.initialString |  |
| No mapping |  | .initial.initialUri |  |
| No mapping |  | .initial.initialAttachment |  |
| No mapping |  | .initial.initialCoding |  |
| No mapping |  | .initial.initialQuantity |  |
| No mapping |  | .initial.initialReference |  |
| No mapping |  | .item |  |