2014-12-05 FHIM Meetings

Roster from GoToWebinar

Galen Mulrooney

Alberto Llanes

Crawford, Robert C.

David Bass

Ioana Singureanu

Jay

Rob McClure

Sean Muir

Steve Hufnagel

Steve Wagner

Susan Matney

William Hess

Updates

Steve mentioned S&I initiative that may be doing NIEM work.

Galen mentioned many of the typical meetings he follows were cancelled due to the Holidays.

Project Argonaut (FHIR for open APIs) was mentioned.

Jay - Terminology Modeling - Vital signs were discussed on Wednesday. They have a a draft definition. Allergy domain value set is coming along.

Modeling Work on Vital Signs

Vital signs are clinical observations. Nothing unique. Only class vital sign has starts with an Observation Statement. <Class> <<Observation>> FHIM::ClinicalObservationsStatement (all have correspondence to a FHIR resource). However, unlike the FHIR resource, Galen added a Provenance class containing who, what, where, and when. Current observation FHIR resource is 4.22.

Galen got qualifiers body-site and method from Intermountain which I believe I heard is also in FHIR. Intermountain also has modifiers which changes the meaning, family history of.

Qualifiers provide meaning whereas modifiers modify that meaning. The FHIM doesn't have modifiers. In the FHIM if something was a modifier it would be modeled as a separate class.

Galen is partial to detailed Clinical Models in UML and would like to do this the the FHIM even though various groups are developing this in many different directions.

For today it was decided to create the proper enumerations and so forth of Pulse Rate to get the work started.

The question came up as to whether provenance should only be applied to the clinical statement.

Information side of Vital Signs domain should only last about another week, it should go quickly. Terminology side takes longer.

A further Clinical Observation domain may be required. Steve asked the group's opinion. The response was to finish Vital Signs and then address that question at that point.

Systolic and Diastolic vs BP and whether BP should be omitted from the model was discussed.

Vital Sign qualifiers to be further pursued, likely based on Intermountain work.