ACC, HIMSS and RSNA

Integrating the Healthcare Enterprise

IHE Patient Care Coordination Technical Framework

Supplement 2006-2007

Emergency Department Referral (EDR)

Trial Implementation

August 4, 2006

Foreword

Integrating the Healthcare Enterprise (IHE) is an initiative designed to stimulate the integration of the information systems that support modern healthcare institutions. Its fundamental objective is to ensure that in the care of patients all required information for medical decisions is both correct and available to healthcare professionals. The IHE initiative is both a process and a forum for encouraging integration efforts. It defines a technical framework for the implementation of established messaging standards to achieve specific clinical goals. It includes a rigorous testing process for the implementation of this framework. And it organizes educational sessions and exhibits at major meetings of medical professionals to demonstrate the benefits of this framework and encourage its adoption by industry and users.

The approach employed in the IHE initiative is not to define new integration standards, but rather to support the use of existing standards, HL7, DICOM, IETF, and others, as appropriate in their respective domains in an integrated manner, defining configuration choices when necessary. IHE maintain formal relationships with several standards bodies including HL7, DICOM and refers recommendations to them when clarifications or extensions to existing standards are necessary.

This initiative has numerous sponsors and supporting organizations in different medical specialty domains and geographical regions. In North America the primary sponsors are the American College of Cardiology (ACC), the Healthcare Information and Management Systems Society (HIMSS) and the Radiological Society of North America (RSNA). IHE Canada has also been formed. IHE Europe (IHE-EUR) is supported by a large coalition of organizations including the European Association of Radiology (EAR) and European Congress of Radiologists (ECR), the Coordination Committee of the Radiological and Electromedical Industries (COCIR), Deutsche Röntgengesellschaft (DRG), the EuroPACS Association, Groupement pour la Modernisation du Système d'Information Hospitalier (GMSIH), Société Francaise de Radiologie (SFR), Società Italiana di Radiologia Medica (SIRM), the European Institute for health Records (EuroRec), and the European Society of Cardiology (ESC). In Japan IHE-J is sponsored by the Ministry of Economy, Trade, and Industry (METI); the Ministry of Health, Labor, and Welfare; and MEDIS-DC; cooperating organizations include the Japan Industries Association of Radiological Systems (JIRA), the Japan Association of Healthcare Information Systems Industry (JAHIS), Japan Radiological Society (JRS), Japan Society of Radiological Technology (JSRT), and the Japan Association of Medical Informatics (JAMI). Other organizations representing healthcare professionals are invited to join in the expansion of the IHE process across disciplinary and geographic boundaries.

The IHE Technical Frameworks for the various domains (IT Infrastructure, Cardiology, Laboratory, Radiology, etc.) defines specific implementations of established standards to achieve integration goals that promote appropriate sharing of medical information to support optimal patient care. It is expanded annually, after a period of public review, and maintained regularly through the identification and correction of errata. The current version for these Technical Frameworks may be found at www.ihe.net/Technical_Framework.

The IHE Technical Framework identifies a subset of the functional components of the healthcare enterprise, called IHE Actors, and specifies their interactions in terms of a set of coordinated, standards-based transactions. It describes this body of transactions in progressively greater depth. The volume I provides a high-level view of IHE functionality, showing the transactions organized into functional units called Integration Profiles that highlight their capacity to address specific clinical needs. The subsequent volumes provide detailed technical descriptions of each IHE transaction.

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These "boxed" instructions for the author to indicate to the Volume Editor how to integrate the relevant section(s) into the overall Technical Framework

GLOSSARY

Transport Mode - the method the patient employs, or is provided to get to the emergency department.

Estimated Time of Arrival - the time the patient being referred can be expected to arrive in the emergency department.

Proposed disposition - the intended disposition (i.e. admission to ICU, discharge to home, transfer to psychiatric hospital), if known, that the referring provider expects the patient will end up after the emergency department intervention.

EDIS – Emergency Department Information System.

Volume I – Integration Profiles

<This section describes the changes required in Volume I of the Technical Framework that result from including this Integration Profile.>

1 Introduction

1.5 Open Issues and Questions

1.6 Closed Issues

- *Use of coded vocabulary/terminologies in new elements in this round.*
- *Template identifier for ED Referral added.*
- *Episode note LOINC code for template assigned by Keith Boone.*

2 Changes to Sections

2.4 History of Annual Changes

Add the following bullet to the end of the bullet list in section 2.4:

- Added the **Emergency Department Referral Profile (EDR)** that provides a means to communicate medical summary data from an EHR System to an EDIS System.

2.5 Patient Care Coordination Integration Profiles

IHE Integration Profiles offer a common language that healthcare professionals and vendors can use to discuss integration needs of healthcare enterprises and the integration capabilities of information systems in precise terms. Integration Profiles specify implementations of standards that are designed to meet identified clinical needs. They enable users and vendors to state which IHE capabilities they require or provide, by reference to the detailed specifications of the IHE Patient Care Coordination Technical Framework.

Integration profiles are defined in terms of IHE Actors, transactions and their content. Actors (listed in PCC TF-1: Appendix A) are information systems or components of information systems that produce, manage, or act on information associated with clinical and operational activities. Transactions (listed in PCC TF-1: Appendix B) are interactions between actors that communicate the required information through standards-based messages. Content is what is exchanged in these transactions, and are defined by Content Profiles.

Vendor products support an Integration Profile by implementing the appropriate actor(s) and transactions. A given product may implement more than one actor and more than one integration profile.

Content Profiles define how the content used in a transaction is structured. Each transaction is viewed as having two components, a payload, which is the bulk of the information being carried, and metadata that describes that payload. The binding of the Content to an IHE transaction specifies how this payload influences the metadata of the transaction. Content modules within the Content Profile then define the payloads. Content modules are transaction neutral, in that what they describe is independent of the transaction in which they are used, whereas content bindings explain how the payload influences the transaction metadata.

Figure 2.5-1 shows the relations between the Content Integration Profiles of the Patient Care Coordination Domain.

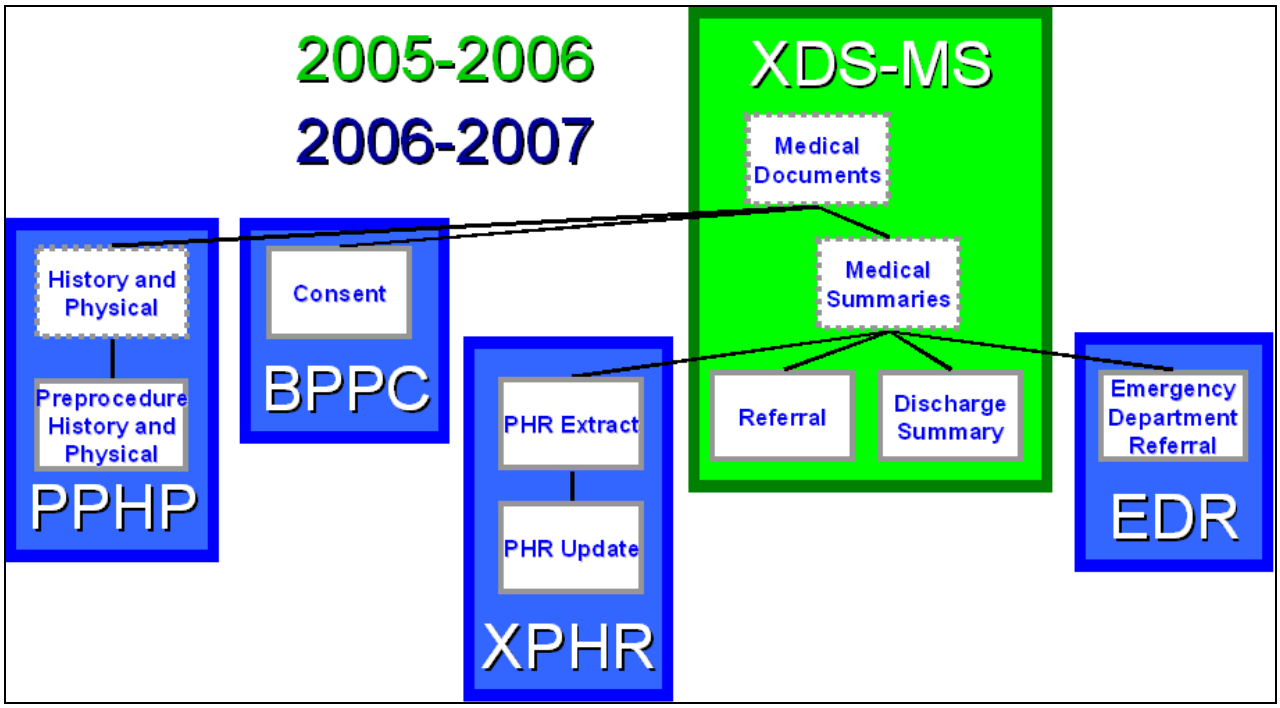

Figure 2.5-1 IHE Patient Care Coordination Content Integration Profiles

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3 EDR Integration Profile

Physicians frequently determine that patients either onsite, or calling in, should proceed directly to an emergency department for care. The referring physician has valuable data that can inform ED providers, including the history of the current problem, past medical problems, medications, allergies, and frequently a concrete assessment and plan for the patient such as hospital admission. Unfortunately, this information is inconsistently relayed to the ED provider who ultimately cares for the patient. Currently, this transfer of care requires verbal transfer of extensive information. Unfortunately, the ED provider recording the information may not be the person who will ultimately care for the patient, may not document sufficient detail, or may forget to document any information at all.

Loss of this data can lead to costly over-testing in the ED, or worse, an inappropriate disposition for the patient.

Using an EHR, an ED Referral is created; including the nature of the current problem, past medical history, and medications. Upon arrival of the patient to the ED, the patient is identified as a referral, and the transfer document is incorporated into the EDIS.

This profile may be used to cover a wide variety of ED referral situations, for example, primary care provider to ED Referral, Long term care to ED referral, or even ED to ED referral (as in the case of transfer from a level 2 Critical care facility to a level 1 facility).

3.1 Actors/ Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer.

The sharing or transmission of ED Referrals between actors is addressed by the use of appropriate IHE profiles described by section 3.6 below.

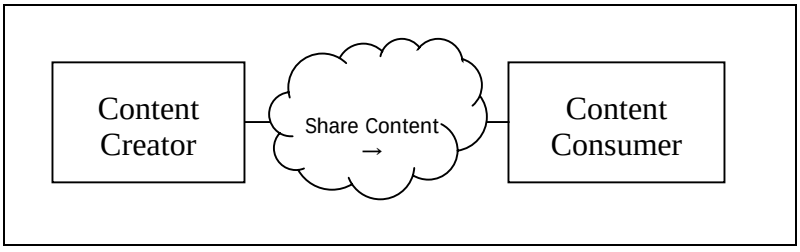

Figure 3.1-1 EDR Actors

3.2 EDR Bindings

It is expected that the sharing of ED Referrals will occur in an environment where the physician offices and hospitals have a coordinated infrastructure that serves the information sharing needs of this community of care. Several mechanisms are supported by IHE profiles:

- A registry/repository-based infrastructure is defined by the IHE Cross-Enterprise Document Sharing (XDS) and other IHE Integration Profiles such as patient identification (PIX & PDQ), and notification of availability of documents (NAV).
- A media-based infrastructure is defined by the IHE Cross-Enterprise Document Media Interchange (XDM) profile.
- A reliable messaging-based infrastructure is defined by the IHE Cross-Enterprise Document Reliable Interchange (XDR) profile.
- All of these infrastructures support Security and privacy through the use of the Consistent Time (CT) and Audit Trail and Node Authentication (ATNA) profiles.

For more details on these profiles, see the IHE IT Infrastructure Technical Framework, found here: http://www.ihe.net/Technical_Framework/.

Thus, implementors of the Content Creator and Consent Consumer Actors must also implement either the ITI XDS, XDM or XDR Profiles to exchange content, using the bindings listed below in Table 3.6-1.

Content	Binding	Actor	Optionality
ED Referral	Medical Document Binding to XD* *PCC TF-2: 4.1*	Content Creator	R
		Content Consumer	R

Table 3.2-1 BPPC Bindings

3.3 ED Referral Document Content Module

An ED Referral content document is a type of medical summary, and incorporates the constraints defined for medical summaries found in section PCC TF-2: 5.1.4.2 Medical Summaries above. In addition, the ED Referral content profile includes additional information to support recording the mode of transportation, estimated time of arrival, and proposed disposition.

3.4 ED Referral Process Flow

3.4.1 Use Case 1: Provider to Emergency Department Referral

This use case involves a “collaborative” transfer of care for the referral of a patient from a care provider to the emergency department. This use case is a central component of an “e-referral” process, which typically requires an appropriate level of agreement and collaboration between the two parties prior to the actual transfer of clinical information being initiated.

Preconditions: The referring provider has an EMR system with capability to write notes and manage data elements, and share information. The specific data elements managed by the providers EMR are expected to be the source for the information used in creating the medical summary document related to this transfer of care. A variety of EMR implementations and usage by clinicians may result in some variability in the content of

the medical summary. The receiving ED provider has an EDIS system with the capability to share information.

Events: A provider sees a patient, or has spoken with the patient or a family member, and has decided to refer the patient to an ED. The provider creates an ED Referral summary document, and shares it. The detailed content of the medical summary to support this use case is detailed as part of the document content profile specification.

Post conditions: The ED specialist physician retrieve the Documents and views them, optionally importing data. Import assumes the specialist has an EDIS system with the capability for managing those discrete data elements.

Steps to identify the ED and obtain insurance preauthorization have been placed out of scope for this Integration Profile.

Volume 2

Add the following section to the IHE Content Profiles Section of Volume II of the Patient Care Coordination Technical Framework.

5 Content Profile

5.1 Namespaces and Vocabularies

5.1.1 Namespaces for Vocabularies used in this Document

Add the following row to the list of Namespaces

codeSystem	codeSystemName	Description
urn:oid:1.3.6.1.4.1.19376.1.5.3.4		URN to use in namespace declarations for IHE Extensions to CDA Release 2.0

5.1.1.1 IHE PCC Template Identifiers

Add the following row to the list of IHE PCC Template Identifiers

root	Description
1.3.6.1.4.1.19376.1.5.3.1.1.10	The template identifier used to indicate that a CDA document conforms to the ED Referral Module Specification.
1.3.6.1.4.1.19376.1.5.3.1.1.10.3.1	The template identifier for the CARE PLAN Section
1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2	The template identifier for the TRANSPORT MODE Section
1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1	The template identifier for the Transport Entry.
1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2	The template identifier for the Intended Disposition Entry.

Add the following section to PCC TF-2: 5.4 the IHE Content Profiles Section of Volume II of the Patient Care Coordination Technical Framework.

5.4 CDA Release 2.0 Content Modules

5.4.1.8 ED Referral Module 1.3.6.1.4.1.19376.1.5.3.1.1.10

An ED Referral is a type of Referral Summary, and incorporates the constraints defined for referall summaries found in PCC TF-2: 5.4.1.3.

5.4.1.8.1 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown below in Figure 5.4-1. Note that an ED Referral is a Referral Summary, and so includes that <templateId> element as well.

```
<ClinicalDocument xmlns='urn:hl7-org:v3'>
    <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.1.10"/>
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.1.3"/>

        :
```

Figure 5.4-1: Declaring Conformance

A CDA Document may conform to more than one template, and can therefore have more that one <templateId> element. Both of the <templateId> elements shown above in Figure 5.7-1 must be present in the document.

5.4.1.8.2 Standards

DEEDS	Data Elements for Emergency Department Systems, 1.0, 1997, Centers for Disease Control
XDS-MS	XDS Medical Summary

5.4.1.8.3 Data Element Index

This use case is described fully in section 3.4 above. Briefly, it involves a collaborative transfer of care for the referral of a patient from a care provider to an emergency department. Using this use case the contents of documents used in collaborative transfers of care were discussed with physicians and nurses in detail to identify major sections. The sections identified by physicians during the use case exercise as important are listed in the table below under the column "Use Case Documentation Section".

Using this information from the use case, the following mappings were made to existing standards.

Data Elements	HL7 Care Record Summary	CDA Release 2.0
Reason for Referral	Reason for Referral	REASON FOR REFERRAL
History Present Illness	History of Present Illness	HISTORY OF PRESENT ILLNESS
Active Problems	Conditions	PROBLEM LIST
Current Meds	Medications	HISTORY OF MEDICATION USE
Allergies	Allergies and Adverse Reactions	HISTORY OF ALLERGIES
Resolved Problems	Conditions	HISTORY OF PAST ILLNESS
List of Surgeries	Past Surgical History	HISTORY OF PRIOR SURGERIES
Immunizations	Immunizations	HISTORY OF IMMUNIZATIONS
Family History	Family History	HISTORY OF FAMILY ILLNESS
Social History	Social History	SOCIAL HISTORY
Pertinent Review of Systems	Review of Systems	REVIEW OF SYSTEMS
Vital Signs	Physical Exam	VITAL SIGNS

Physical Exam	Physical Exam	GENERAL STATUS, PHYSICAL FINDINGS
Relevant Surgical Procedures / Clinical Reports (including links)	Studies and Reports	RELEVANT DIAGNOSTIC TESTS AND/OR LABORATORY DATA
Relevant Diagnostic Test and Reports(Lab, Imaging, EKG's, etc.) including links.	Studies and Reports	RELEVANT DIAGNOSTIC TESTS AND/OR LABORATORY DATA
Plan of Care (new meds labs, or x-rays ordered)	Care Plan	TREATMENT PLAN
Proposed disposition	Care Plan	TREATMENT PLAN
Mode of Transport to the Emergency Department	Care Plan	MODE OF TRANSPORT
Estimated Time of Arrival to the ED	Care Plan	MODE OF TRANSPORT
Advance Directives	Advance Directives	ADVANCE DIRECTIVES
Patient Administrative Identifiers	Header	patientRole/id
Pertinent Insurance Information	Participant	participant[@roleCode='HLD']
Data needed for state and local referral forms, if different than above	Optional Sections	section

5.4.1.8.4 Document Specification

This section defines additional constraints for Medical Summary Content used in a ED Referral. In no case are these IHE requirements less strict than those defined by CRS.

Data Elements	Opt	Section	Template ID
Reason for Referral	R	PCC TF-2: 5.4.3.1.1	1.3.6.1.4.1.19376.1.5.3.1.3.1
History Present Illness	R	PCC TF-2: 5.4.3.2.1	1.3.6.1.4.1.19376.1.5.3.1.3.4
Active Problems	R	PCC TF-2: 5.4.3.2.3	1.3.6.1.4.1.19376.1.5.3.1.3.6
Current Meds	R	PCC TF-2: 5.4.3.3.1	1.3.6.1.4.1.19376.1.5.3.1.3.19
Allergies	R	PCC TF-2: 5.4.3.2.9	1.3.6.1.4.1.19376.1.5.3.1.3.13
Resolved Problems	R2	PCC TF-2: 5.4.3.2.5	1.3.6.1.4.1.19376.1.5.3.1.3.8
List of Surgeries	R2	PCC TF-2: 5.4.3.2.8	1.3.6.1.4.1.19376.1.5.3.1.3.11
Immunizations	R2	PCC TF-2: 5.4.3.3.5	1.3.6.1.4.1.19376.1.5.3.1.3.23
Family History	R2	PCC TF-2: 5.4.3.2.10	1.3.6.1.4.1.19376.1.5.3.1.3.14
Social History	R2	PCC TF-2: 5.4.3.2.11	1.3.6.1.4.1.19376.1.5.3.1.3.16
Pertinent Review of Systems	O	PCC TF-2: 5.4.3.2.13	1.3.6.1.4.1.19376.1.5.3.1.3.18
Vital Signs	R2	PCC TF-2: 5.4.3.4.2	1.3.6.1.4.1.19376.1.5.3.1.3.25
Physical Exam	R2	PCC TF-2: 5.4.3.4.1	1.3.6.1.4.1.19376.1.5.3.1.3.24
Relevant Surgical Procedures / Clinical Reports (including links)	R2	PCC TF-2: 5.4.3.5.1	1.3.6.1.4.1.19376.1.5.3.1.3.27
Plan of Care (new meds, labs, or x-rays ordered)	R2	5.4.3.6.1	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.1
Mode of Transport to the Emergency Department	R	5.4.3.6.2	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2
Estimated Time of Arrival	R2	5.4.4.13	1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1
Proposed disposition	R2	5.4.4.14	1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2
Advance Directives	R[1]	PCC TF-2: 5.4.3.6.4	1.3.6.1.4.1.19376.1.5.3.1.3.34
Patient Administrative Identifiers	R	PCC TF-2: 5.4.1.1	*These are handed by the Medical Documents Content Profile by reference to constraints in HL7 CRS.*
Pertinent Insurance Information	R2	PCC TF-2: 5.4.1.1	
Data needed for state and local referral forms, if different than above	R2	PCC TF-2: 5.4.1.2	

Table 5.4-1 ED Referral Document Content Module Constraints

5.4.2 Header Content Modules

This profile does not define any header content modules.

5.4.3 Section Content Modules

260 #### 5.4.3.6 Plans of Care

5.4.3.6.1 Care Plan

TemplateID	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.1
Parent Template	1.3.6.1.4.1.19376.1.5.3.1.3.31
General Description	The plan of care section contains descriptions of the

[1] The availability of information about Advance Directives must provided. A common concern among ED providers is over situations where patients presented to the ED require extensive resuscitative efforts, only later to discover that the patient had a DNR order.

	expectations for care including proposals, order requests, the intended transporation mode and estimated time of arrival to the ED, as well as intended disposition from the ED.	
Valid LOINC CODES	**Opt**	**Description**
18776-5	R2	TREATMENT PLAN
Sub-sections		**Description**
1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2	R	5.4.3.6.2 Transport Mode This required subsection describes the expected mode *and* time of arrival of the patient to the emergency department.
Valid Entries		**Description**
1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2	R2	5.4.4.14 Intended Encounter Disposition This required entry describes the expected disposition of the patient after the emergency department encounter has been completed.

5.4.3.6.2 Transport Mode

TemplateID	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2	
Parent Template	None	
General Description	The transport mode section contains a description of the expected mode of transport and estimated time of arrival.to the Emergency department.	
Valid LOINC CODES	**Opt**	**Description**
11459-5	R	TRANSPORT MODE
Valid Entries		**Description**
1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1	R	5.4.4.13 Transport This entry provides coded values giving the expected mode and time of arrival of the patient to the emergency department.

5.4.4 Entry Modules

5.4.4.13 Transport 1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1

A mode of transport entry indicates the intended mode of transport and expected time of arrival of the patient.

```
<entry>
    <!-- Intent to transport -->
    <act classCode='TRNS' moodCode='INT'>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1'/>
        <id root='' extension=''/>
        <code code='' codeSystem='2.16.840.1.113883.6.102.4.2' codeSystemName='DEEDS4.02'>
            <originalText><reference value='#(ID of text coded)/></orginalText>
        </code>
        <!-- effectiveTime
        <effectiveTime>
            <!-- <low/> start of transport, not normally sent -->
            <high value=''/><!-- end of transport (arrival) -->
        </effectiveTime>
    </act>
</entry>
```

Figure 5.4-1 Transport Entry

5.4.4.13.1 <act classCode='TRNS' moodCode='INT'>

This element indicates that the entry is regarding the intent to transport the patient. This entry records the mode, and intended ending time of transportation, which is how the estimated time of arrival is determined.

5.4.4.13.2 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1'/>

The <templateId> element identifies this <act> as about the tranportation of the patient. The templateId must have root='1.3.6.1.4.1.19376.1.5.3.1.1.10.4.1'.

5.4.4.13.3 <id root='' extension=''/>

The entry must have an identifier.

5.4.4.13.4 <code code='' displayName='' codeSystem='2.16.840.1.113883.6.102.4.2' codeSystemName='DEEDS4.02'>

The code describes the intented mode of transport. IHE recommends the use of a code system based on the DEEDS Mode of Transportation data element value set[2]. However, the vocabulary used within an affinity domain should be determined by a policy agreement within the domain.

5.4.4.13.5 <originalText><reference value='#xxx'/><orginalText>

This is a reference to the narrative text within the section that describes the mode of transportation.

5.4.4.13.6 <effectiveTime>

The effectiveTime element shall be sent. It records the interval of time over which transport is intended to occur. The use case for this information reqires that only the ending time of transport be recorded. Therefore the <low value=''> element should not be sent.

5.4.4.13.7 <high value=''/>

This element records the expected time of completion of transport, and is required. If unknown, it must be recorded using a flavor of null. This element may be sent using the TS data type, as shown above. If there is uncertainty about the expected time of completion of transport, the sender may record the expected time of arrival using the IVL_TS data type, as shown below.

```
<high xsi:type='IVL_TS'>
    <low value=''/>
    <high value=''/>
</high>
```

Figure 5.4-2 ETA as a Time Range

[2] For example, an organization might further refine the DEEDS vocabulary item for public transport to identify a specific transportation system (e.g., Orange Line, Green Line, Bus) used.

5.4.4.14 Intended Encounter Disposition 1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2

```
<encounter classCode='ENC' moodCode='INT' >
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2'/>
    <id root='' extension=''/>
    <code code='' codeSystem='2.16.840.1.113883.5.4' codeSystemName='ActEncounterCode' />
    <text><reference value='#xxx'/></text>
    <effectiveTime>
        <low value=''/>
        <high value=''/>
    </effectiveTime>
    <ihe:dischargeDispositionCode
        xmlns:ihe='urn:oid:1.3.6.1.4.1.19376.1.5.3.4'
        code='' codeSystem='' codeSystemName=''/>
</encounter>
```

5.4.4.14.1.1 <encounter classCode='ENC' moodCode='INT'>

This element described the intended emergency encounter. The classCode shall be 'ENC'. The moodCode shall be INT.

5.4.4.14.1.2 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.4.2'/>

The templateId indicates that this <encounter> entry conforms to the constraints of this content module.

5.4.4.14.1.3 <id root='' extension=''/>

This required element shall contain an identifier for the intended encounter.

5.4.4.14.1.4 <code code='EMER' codeSystem='2.16.840.1.113883.5.4' codeSystemName='ActEncounterCode' />

This required element indicates that the intended encounter is an ED encounter, and shall be recorded exactly as specified above.

5.4.4.14.1.5 <text><reference value='#xxx'/></text>

The <text> element shall contain a reference to the narrative text describing the intended actions that should occur during the encounter.

5.4.4.14.1.6 <priorityCode code='EM|UR'/>

This element may be provided to distinguish between urgent and emergency care.

5.4.4.14.1.7 <pcc:dischargeDispositionCode xmlns:pcc='urn:oid:1.3.6.1.4.1.19376.1.5.3.4' code='' codeSystem='' codeSystemName='DEEDS8.02'/>

This element is an extension the CDA Release 2.0 specification. This attribute is a RIM attribute of the Encounter class that has been constrained out of the Encounter act in the CDA Release 2.0 clinical statement model. The purpose of this extension is to be able to record expected disposition of the patient upon completion of the emergency encounter. The code system used to record this information shall be determined by affinity domain policy. Two vocabularies that are commonly in use to describe discharge disposition

codes are DEEDS (See section 8.02), and in the US, the Uniform National Billing Code, otherwise known as UB92.