

HL7 Domain Analysis Model: Health Quality, Release 1 January 2014

HL7 Informative Ballot

Sponsored by: Clinical Quality Information Clinical Decision Support Structured Documents Architecture Review Board

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Acknowledgments

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QIDAM learns from and builds upon work done in several other projects and specifications including HL7 FHIR, vMR, QDM, QRDA, and CCDA. Many of the model elements and their documentation are drawn from these and other specifications.

Revision History

Rev	Date	By Whom	Changes	
1	12/9/13	Aziz Boxwala	Consolidate drafts into the HL7 template	
2	12/11/13	Aziz Boxwala	Complete draft for review by WGs	

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I INTRODUCTION

Electronic clinical quality measures (eCQMs) and clinical decision support (CDS) artifacts are currently expressed using two different data models: eCQMs are expressed using the Quality Data Model (QDM) [1], while CDS artifacts are expressed using the Virtual Medical Record (vMR) [2]. This is unfortunate since clinical quality measurement and clinical quality improvement via clinical decision support are intimately related and share common requirements in identifying patients to which a particular eCQM or CDS artifact applies.

Figure 1. Excerpt from a CDS artifact mapping the term "Pregnancy" to an element in the HL7 Virtual Medical Record schema

Figure 1 shows an excerpt from a CDS artifact in the HL7 Knowledge Artifact Schema. The excerpt illustrates the mapping of the term "Pregnancy" to problems with the codes specified in the value set. This example uses the Problem class from the vMR to define the data specification.

Diagnosis	Diagnosis, Active: Pregnancy	Value Set Name	Pregnancy
		Value Set OID Value Set Version	2.16.840.1.113883.3.600.1622 20130614

Figure 2. Excerpt from an eCQM artifact mapping the term "Pregnancy" to an element in the QualityData Model

Figure 2 shows an excerpt from an eCQM that maps the term "Diagnosis, Active: Pregnancy" to a QDM class of Diagnosis with the specified value set.

I.I Purpose

The Health Quality Improvement Domain Analysis Model (QIDAM) seeks to create a conceptual data model that can be used to create data mapping expressions, such as those illustrated above, consistently across eCQMs and CDS artifacts. It specifies the types of elements needed in the data model. More broadly, the primary purpose of the QIDAM is to serve as a model of

clinical data within data mapping expressions, logical criteria, population criteria, formulae, and other expressions in health quality improvement artifacts.

The QIDAM harmonizes the existing eCQM and CDS data models into a single, unified conceptual model. It is designed as an abstract fact model. This model can be mapped onto existing logical models while defining the structure and domain concepts required by eCQMs and CDS artifacts.

1.2 Audience

The audience for this document includes knowledge workers in the health quality domains of measurement, management, and reporting as well as artifact authors and implementers, standards analysts and developers, tooling developers, and systems integrators. Readers must be familiar with object-oriented design principles and understand class diagrams in the Unified Modeling Language (UML).

1.3 Background

Certification of electronic health record (EHR) systems to Meaningful Use Stage 2 (MU2) standards requires implementation of CDS artifacts that support improvement of approved eCQM results. The use of different data models for eCQM and CDS artifacts:

- Prevents sharing of patient data requirement specifications between eCQMs and CDS artifacts
- Requires EHR vendors to implement two different mappings from their source data
- Prevents development of shared modules that can be used for eCQM calculation and CDS artifact evaluation

As mentioned earlier, CDS artifacts use the Virtual Medical Record (vMR) as the data model, and eCQMs currently use QDM as their fact model.

The vMR logical model is an HL7 domain analysis model; HL7 is currently in the process of publishing release 2. The logical model is defined in terms of UML class diagrams. The model draws concepts from the HL7 Clinical Statements model and uses a simplification of the HL7 version 3 datatypes release 2. Similar to the latter model, at the core of the vMR is a class known as ClinicalStatement. Concrete classes such as ProcedureEvent are derived from this abstract class. vMR, unlike, the QDM also includes classes modeling proposals for actions. These "proposal" classes support the output from CDS systems such as recommendations from a rule, or items in an order set.

QDM defines the model in terms of components and specifies how the components can be assembled into a data mapping expression. The components include:

- Category (e.g., Procedure, Medication, Communication)
- State (e.g., Active, Administered)
- Attribute (e.g., Dosage, Frequency, Admission Date Time)
- Timing Operators (e.g., Starts Before or During)

Thus, while the two models have significant overlap in the concepts they aim to represent, they take very different approaches. The QIDAM unifies the modeling approach and the concepts represented in these models, as described later.

1.4 Approach

Prior to the development of the QIDAM, several different data models in addition to vMR and QDM were considered. These models were reviewed against the requirements listed in Chapter 3. Among the models considered were those in:

- HL7 Fast Healthcare Interoperability Resources (FHIR) Specification [3]
- Federal Health Information Model (FHIM) Specification [4]

These models covered the concepts to be represented in QIDAM. However, the structures in these models were not optimal for use in semantically precise and compact logical criteria and expressions.

Therefore, a new model was created that harmonizes the functional capabilities of vMR and QDM. The model reuses elements from the other models named above when appropriate for use in QIDAM.

As sources of input to the model, document templates used for healthcare quality applications were also reviewed. Specifically, templates contained in the following specifications were used to inform QIDAM on the concepts to be modeled and their structure:

- Quality Reporting Document Architecture Level 1 Templates [5]
- vMR Templates [6]
- Consolidated Clinical Document Architecture Templates [7]

The supplemental worksheet (QDM-vMR-cross-map.xlsx) maps each Quality Data Model (QDM) class and field [1] to equivalent classes and properties in the vMR and starts preliminary mapping to the QIDAM. The original mapping was against the Virtual Medical Record (vMR) for Clinical Decision Support [2]; changes in the current balloted version of vMR Release 2 (May 2013) have been annotated in the comments column of the worksheet as appropriate.

The summary worksheet shows the mapping of the QDM elements to the QRDA section (July 2012) and vMR classes, with each top-level QDM element category (e.g., Substance) followed by the specific element (e.g., Substance, Administered), which is mapped to the SubstanceAdministrationEvent vMR class.

The other tabs in the worksheet are associated with the appropriate QDM category (e.g., Diagnosis, Encounter, Intervention, etc.) in which each category lists the QDM attributes which are mapped to the equivalent vMR classes and properties. The Additional Notes column notes exceptions or limitations.

1.5 Scope

The primary scope of this model is limited to the data elements needed to be represented in eCQMs and CDS artifacts. The working definition of the scope is the union of the existing concepts represented in QDM [1] and vMR [2] that are further informed by the templates specifications previously listed.

The primary objective of this version was to develop the core structure of the model and establish the design approach. Further, this version models many of the concepts in scope. In some cases, the model uses an inconsistent level of detail compared to other aspects of the model (e.g., Patient-Controlled Analgesia and Respiratory Care Procedures). This was done intentionally to illustrate how the model can be extended.

The model currently addresses concepts related to:

- Encounters
- Medication
- Procedures
- Observations
- Conditions including findings, diagnoses, symptoms
- Allergies, intolerances, and adverse events

However, in this version of the document, the complete scope of the QIDAM has not been specified. Future versions of QIDAM will model other concepts including, but not limited to:

- Immunizations
- Nutrition and Diet
- Communication
- Health Education
- Care Goals
- Care Plans and Protocols

Many of these concepts have placeholders (the names are prefixed with "TBD" for to be developed) in the current model. These will be further developed in the next version.

2 USE CASES

2.1 eCQM and CDS Artifact Development

Description	Developer creates clinical units of meaning (data criterion)		
Scenario identifier	M1		
Actors	eCQM developer or CDS artifact developer		
Pre-conditions	A data criterion exists in a descriptive (free text) form in a measure or guideline (e.g., discharge medication: aspirin, dose).		
Actions	 Developer identifies the appropriate clinical concept type from the QIDAM to represent the data criterion (e.g., medication). Developer identifies the context of the data criterion (e.g., discharge) and uses that to select the appropriate clinical concept class from the QIDAM. Developer identifies properties of interest (e.g., medication dose) and specifies the QIDAM identifier of the properties. 		
Post-conditions	The QIDAM allows for an accurate and complete definition of the data criterion (e.g., discharge medication dose). The QIDAM includes appropriate attributes such as dosage, codes or value sets, and timestamps. The QIDAM does not preclude the use of the individual data criteria in the description of logic criteria (e.g., establishment of timing relationships or relationship to a particular encounter).		
Comments	While the QIDAM provides attributes for codes, constraints on the codes to be used (e.g., value sets, terminologies) are outside the scope of a conceptual model.		

2.2 eCQM and CDS Artifact Implementation

Description	Analyst at a clinical site maps data criteria defined using the QIDAM to record entries in an electronic health record system or a clinical data repository. This scenario applies equally to an analyst at a vendor of a complete EHR system or EHR module.	
Scenario identifier	M2	
Actors	eCQM implementer or CDS artifact implementer	

Pre-conditions	A data criterion exists in an eCQM or CDS artifact. The data criterion maps a symbol used in the artifact to its definition in the QIDAM.		
Actions	 Implementer identifies the appropriate element (a table, a class) in the target system that is equivalent to the data criterion in the QIDAM. Implementer uses the definition (including attribute values) to construct the equivalent data definition in the target environment. Implementer consults this document if the meaning or purpose of a QIDAM element or attribute is unclear. Implementer repeats this task for all data specifications. 		
Post-conditions	Implementer correctly maps all data criteria from the eCQM or CDS artifact to the equivalent in the target environment.		
Comments	Some data criteria may not have equivalent elements in the target environment; those will not be mapped according to the above use case.		

3 REQUIREMENTS

3.1 Coverage

The following requirements define the domain, focus, and content of the QIDAM:

- Represents data typically found in an electronic health record of a patient that are pertinent to clinical quality.
- Only includes data elements used in eCQMs and CDS artifacts; omits data elements that are not used in these domains. For example:
 - Omit details of an order transmittal data flow between an EHR and ancillary systems or within an EHR itself but captures that an order was placed, when, and its status.
- · Includes everything in vMR and QDM
- Represents the canonical basis of clinical concepts
 - No overlap
- Is suitable for extension/refinement to create specialized concepts (e.g., SurgicalProcedure extends Procedure with data about anesthesia)

3.1.1 Out of scope

• The language used to specify data mapping expressions or other expressions is not in scope of the QIDAM.

3.2 Format

The QIDAM will be defined in the form of a UML class diagram and will be thoroughly and clearly documented. The purpose, scope, and constraints of each element in the model will be described.

3.3 Usability

The QIDAM will provide a bridge between clinical and technical users by using intuitive or clinical names for classes, especially at the leaf level. Technical jargon for names will be avoided. Classes should be unambiguous, well defined, and non-overlapping so that users of the model can distinguish when to use different model elements.

Data element criteria in the QIDAM need to relate in a way that is intuitive both to authors of eCQMs and CDS artifacts as well as to users of them. Categories or classes and the states associated with them will be clearly defined.

Additional established principles of usability to be met by the QIDAM include:

• **Effectiveness** – Ensure that the model allows all users to achieve their goals accurately by building the QIDAM based on how it will be used.

- **Efficiency** Ensure that all users will be able to use the model to achieve their goals for their context of use in an efficient manner. Having unambiguous, non-overlapping concepts aids in this efficiency. Extensibility will also aid in efficiency.
- **Familiarity** Name QIDAM concepts in a manner familiar to users. Avoid unfamiliar technical terms.

3.4 Computability

The QIDAM will balance the needs for human expressivity and computability. The following are key areas that the QIDAM needs to address:

- **Semantic clarity** The QIDAM must represent clinical concepts and attributes in an unambiguous manner. In cases where semantic clarity and human expressivity compete, semantic clarity will trump.
- "Just enough" concept granularity The model will define concepts at a level of granularity that meet the needs of the clinical community and our use cases. Granularity must also be consistent across concepts (e.g., frequency or criticality should not be specified differently from one concept to another).
- **Inferencing** The QIDAM will define concept relationships (e.g., IS-A and PART-OF relationships) that support the inferencing needs of CDS systems. This includes the definition of general (broader) concepts at higher levels in a concept hierarchy that may then be composed together to represent lower-level concepts more familiar to clinicians. CDS systems may operate on these broader concepts, while eCQM or CDS artifact authors may operate on lower-level concepts.
- Incomplete knowledge and uncertainty The QIDAM will support the representation
 of uncertain knowledge and incomplete information. Source pedigree representation,
 non-deterministic model annotations, or non-exact concept alignments are examples of
 sources for such uncertainty.

3.5 Interoperability

Each concept and property of vMR and QDM must have an unambiguous mapping to a QIDAM equivalent.

3.6 Extensibility

The QIDAM, initially, will only address existing concepts from vMR and QDM, and will therefore not include a representation for all types of clinical data. For example, the QIDAM may include a class for DiagnosticTestResult but not for GeneticTestResult that would require specific properties for representing genes. The QIDAM will therefore be extensible to fill gaps in the model.

It is expected that gaps in the models will be addressed through the standardization process. However, there often is a need to incorporate additional classes and attributes into a model even before the standardization is completed. Thus, the QIDAM must be extensible by the users and implementers of the specification.

The approach to extending the QIDAM is not part of the conceptual model, the scope of this document. Thus, we do not specify an extension mechanism here. Rather, it will be specified as part of the health quality information logical model. However, we expect that extension classes will degrade gracefully to the core model class that they extend. For example, a GeneticTestResult extension of a DiagnosticTestResult will still be processable by a system as a DiagnosticTestResult.

4 MODEL OVERVIEW

4.1 Design Approach

The core concept in the model is an abstract class called Statement. Patient data are specified as Statements. The model dichotomizes statements into two types:

- **StatementAboutAction**: These are statements about performing actions (usually healthcare-related) on or for the patient (e.g., administering a medication). Statements about actions are further split into two subtypes: statements about performing actions (**ActionPerformance**) and statements about not performing an action (**ActionNonPerformance**, e.g., a missed dose of a medication).
- **StatementAboutObservation**: These are statements about observations about the patient's health (e.g., heart rate, diagnosis of hypertension). These statements also are further split into two subtypes: statements about an observation being present (**ObservationPresence**) and statements that an observation or a finding was not present (**ObservationAbsence**, e.g., no chest pain).

Concrete statement types are created by subclassing the four classes named above: ActionPerformance, ActionPerformance, ObservationPresence, and ObservationAbsence.

Further, the concrete statement types must implement specified interfaces.

Subclasses of ActionPerformance or ActionNonPerformance must implement at least these two interfaces: a subtype of the **EnactableDescriptor** interface and a subtype of the **EnactmentPhase** interface. The former provides a structured description of the action that was performed or is to be performed (e.g., a procedure). The latter provides a description of the phase (e.g., order, plan) of the action described in the statement. Thus, a concrete statement type like ProcedureOrder (subclassed from ActionPerformance) implements the interfaces ProcedureDescriptor and Order.

Table 1. List of statements about actions

Statement Type	Derived From	Enactable Interface	EnactmentPhase Interface
EncounterProposal	ActionPerformance	EncounterDescriptor	Proposal
EncounterRequest	ActionPerformance	EncounterDescriptor	Order
MissedAppointment	ActionNonPerformance	EncounterDescriptor	Plan
ScheduledEncounter	ActionPerformance	EncounterDescriptor	Plan
EncounterEvent	ActionPerformance	EncounterDescriptor	Performance
MedicationStatement	ActionPerformance	MedicationAdministt rationDescriptor	Performance
MedicationDispensation	ActionPerformance	MedicationAdministt rationDescriptor	Performance
MedicationDoseAdminis tration	ActionPerformance	MedicationAdministt rationDescriptor	Performance

Statement Type	Derived From	Enactable Interface	EnactmentPhase Interface
UndeliveredMedication Dose	ActionNonPerformance	MedicationAdministt rationDescriptor	Performance
MedicationPrescription	ActionPerformance	MedicationAdministt rationDescriptor	Order
MedicationAdministrati onProposal	ActionPerformance	MedicationAdministt rationDescriptor	Proposal
ProcedureProposal	ActionPerformance	ProcedureDescriptor	Proposal
ProcedureOrder	ActionPerformance	ProcedureDescriptor	Order
ScheduledProcedure	ActionPerformance	ProcedureDescriptor	Plan
ProcedureEvent	ActionPerformance	ProcedureDescriptor	Performance
UndeliveredProcedure	ActionNonPerformance	ProcedureDescriptor	Performance

Subclasses of ObservationPresence and ObservationAbsence must implement a subtype of the **ObservableDescriptor** interface. This interface allows expression of the details of the observation such as a finding or a diagnostic test result.

Table 2. List of statements about observations

Statement Name	Derived From	Implemented ObservationDescriptor Interface
AdverseEvent	ObservationPresence	ConditionDescriptor
NoAdverseEvent	ObservationAbsence	ConditionDescriptor
AllergyIntolerance	ObservationPresence	AllergyIntoleranceDescriptor
NoAllergyIntolerance	ObservationAbsence	AllergyIntoleranceDescriptor
Condition	ObservationPresence	ConditionDescriptor
ConditionAbsent	ObservationAbsence	ConditionDescriptor
Contrain dication To Medication	ObservationPresence	ContraindicationDescriptor
ContraindicationToProcedure	ObservationPresence	ContraindicationDescriptor
Prognosis	ObservationPresence	PrognosisDescriptor
FamilyHistoryObservation	ObservationPresence	ObservationResultDescriptor
ObservationResult	ObservationPresence	ObservationResultDescriptor

4.2 Datatypes

Since QIDAM is a conceptual data model, it provides very high-level datatypes. These datatypes will be further subtyped and have detailed attributes specified in a logical model realized from QIDAM. These are the datatypes currently used within QIDAM classes and interfaces.

Table 3. Datatypes in QIDAM

QIDAM Datatype	Description
Code	A value taken from a controlled terminology, such as a code from LOINC
IntervalOfQuantity	A range expressed over a quantity (i.e., has low and high values)
Quantity	A numeric value expressing an amount, with or without units
Text	A string of characters, formatted or unformatted for presentation
TimePoint	A particular time point that may be expressed at different levels of granularity such as date or date+time (e.g., Nov 15 2013, or Nov 15 2013 11:42:07 am EST)
TimePeriod	An interval of time bounded by TimePoint values indicating the beginning and the ending of the period
Value	Any of the above types

4.3 Entities and Other Extended Types

QIDAM also specifies the availability of certain entities and complex datatypes. That is, QIDAM names the types but does not model them in detail in the conceptual model. The types are listed here and described in detail in the next chapter.

- BodySite
- Device
- Location
- Medication
- Organization
- Person
- Person Role
 - o Patient
 - o Practictioner
 - o RelatedPerson
- Schedule
- Substance

4.4 Cardinality and Optionality

QIDAM specifies the cardinality of attributes and connections but not the optionality. The convention used in the class diagram is as follows:

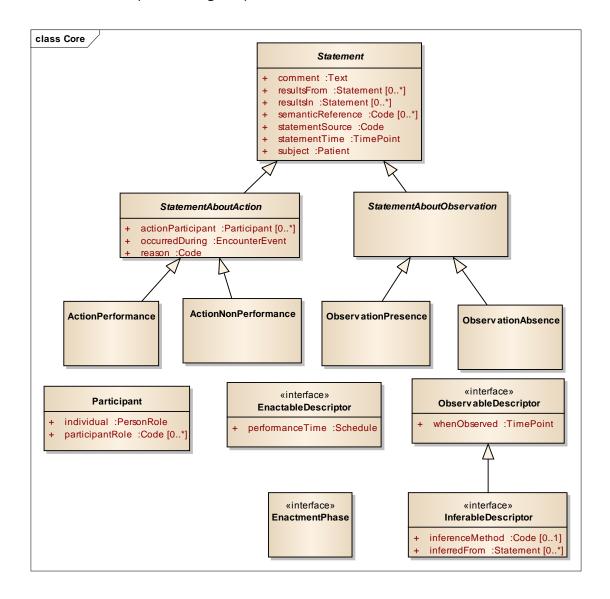
- When the cardinality is intended to be single, cardinality is not specified in the class diagram.
- When the cardinality is intended to be multiple, the cardinality is specified as "0..*" (i.e., zero to many). The zero should not be interpreted as an indication of the optionality of the attribute or connection. This constraint is more appropriately specified in a logical model.

5 MODEL SPECIFICATION

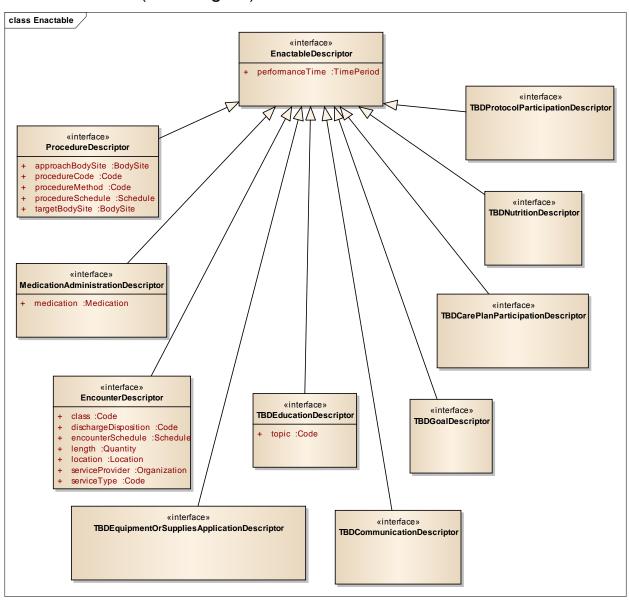
This document provides a complete overview of all element details. It lists all classes and interfaces and their attributes and connections.

5.1 Model Diagrams

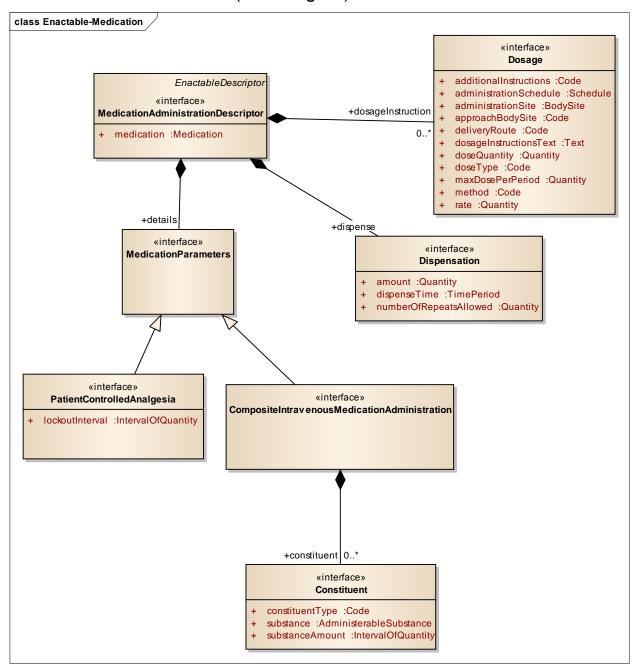
5.1.1 Core - (Class diagram)



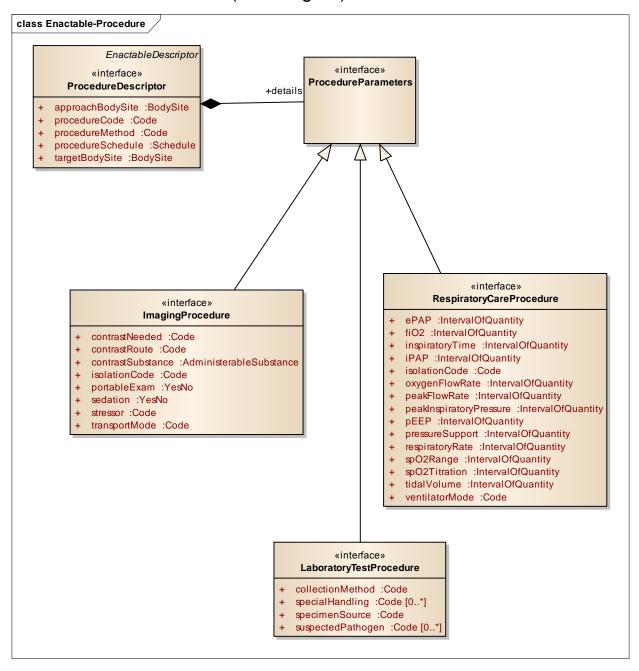
5.1.2 Enactable - (Class diagram)



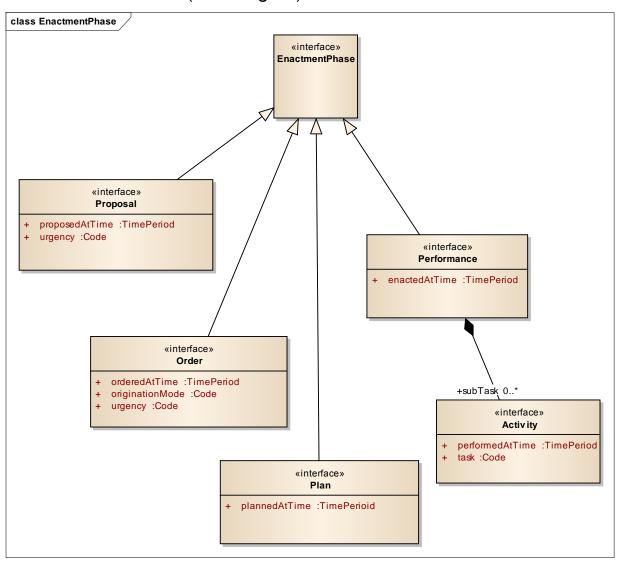
5.1.3 Enactable-Medication - (Class diagram)



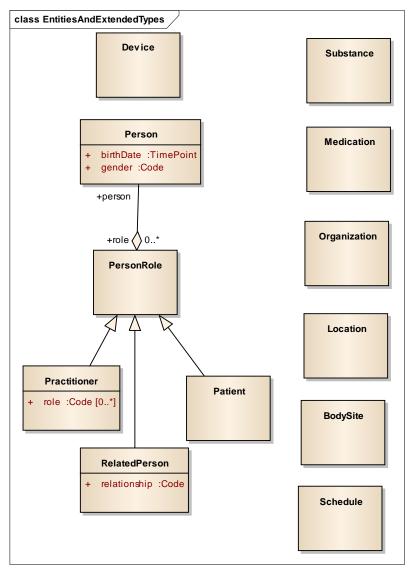
5.1.4 Enactable-Procedure - (Class diagram)



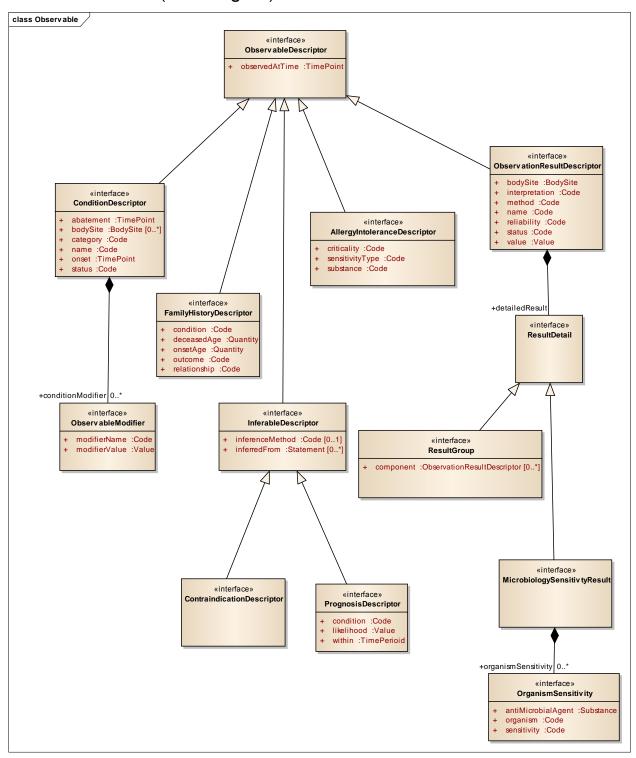
5.1.5 EnactmentPhase - (Class diagram)



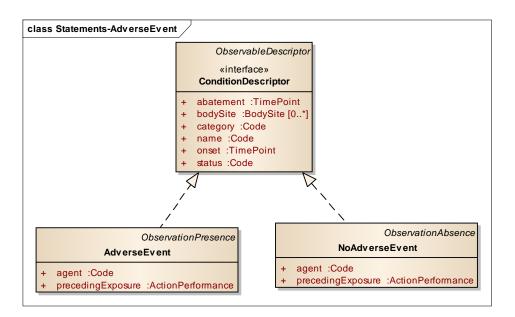
5.1.6 EntitiesAndExtendedTypes - (Class diagram)



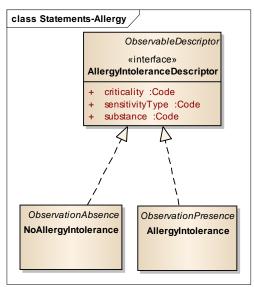
5.1.7 Observable - (Class diagram)



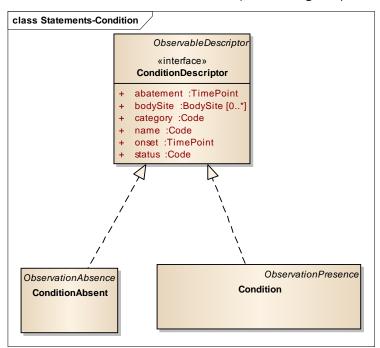
5.1.8 Statements-AdverseEvent - (Class diagram)



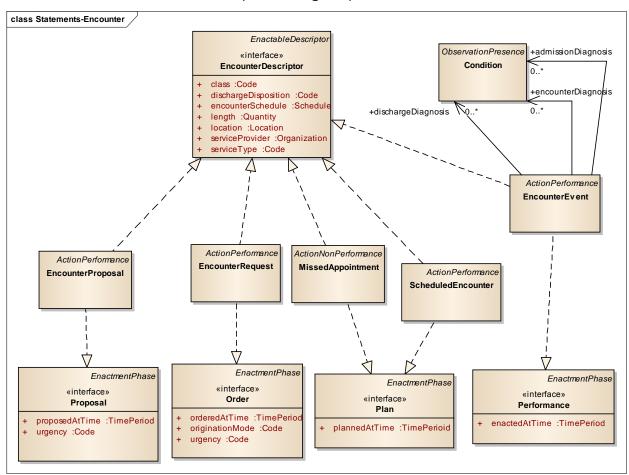
5.1.9 Statements-Allergy - (Class diagram)



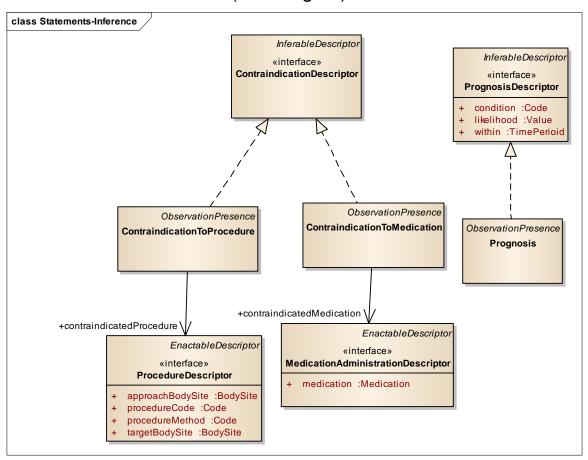
5.1.10 Statements-Condition - (Class diagram)



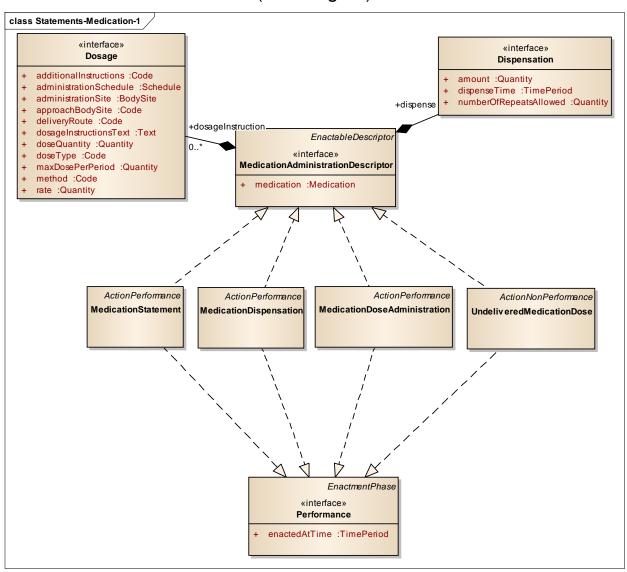
5.1.11 Statements-Encounter - (Class diagram)



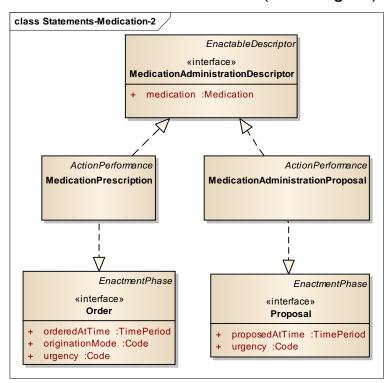
5.1.12 Statements-Inference - (Class diagram)



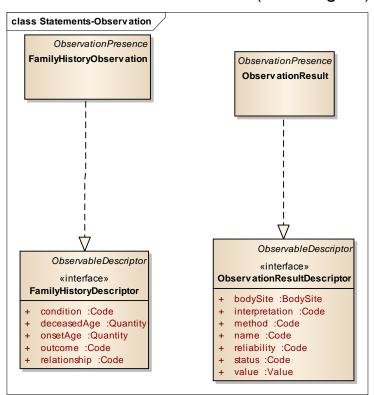
5.1.13 Statements-Medication-I - (Class diagram)



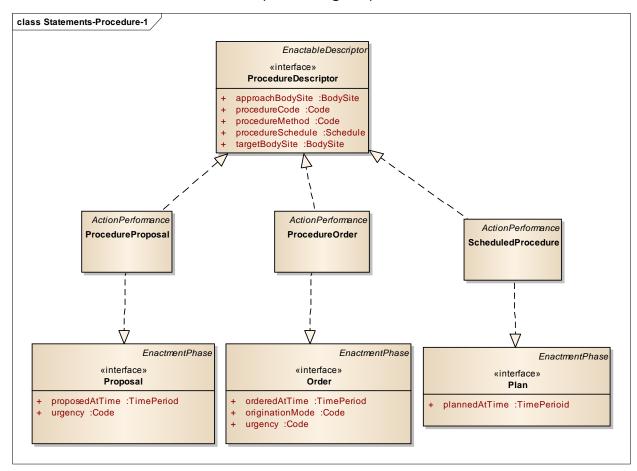
5.1.14 Statements-Medication-2 - (Class diagram)



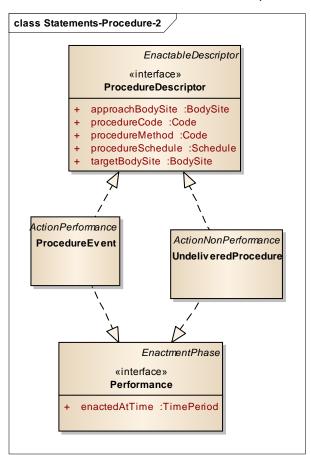
5.1.15 Statements-Observation - (Class diagram)



5.1.16 Statements-Procedure-I - (Class diagram)



5.1.17 Statements-Procedure-2 - (Class diagram)



5.2 ActionNonPerformance

Type: Class StatementAboutAction

A statement about an action that should not be performed, was not performed, or will not be performed.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ActionNonPerformance	StatementAboutAction	
Generalization	Public	Public	
Source -> Destination	MissedAppointment	ActionNonPerformance	
Generalization	Public	Public	

Connector	Source	Target	Notes
Source -> Destination	UndeliveredMedication	ActionNonPerformance	
	Dose		
Generalization	Public	Public	
Source -> Destination	UndeliveredProcedure	ActionNonPerformance	

5.3 ActionPerformance

Type: Class StatementAboutAction

A statement about an action that is being performed, will be performed, should be performed, or was performed.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ActionPerformance	StatementAboutAction	
Generalization	Public	Public	
Source -> Destination	ProcedureProposal	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	ProcedureEvent	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	ProcedureOrder	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	ScheduledProcedure	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	MedicationStatement	ActionPerformance	
	7.11	D 111	
Generalization	Public	Public	
Source -> Destination	EncounterProposal	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	EncounterRequest	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	ScheduledEncounter	ActionPerformance	
Source -> Destination	ScheduledEncounter	Actions enormance	

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	EncounterEvent	ActionPerformance	
Conordization	Public	Public	
Generalization			
Source -> Destination	MedicationDoseAdmini stration	ActionPerformance	
	stration		
Generalization	Public	Public	
Source -> Destination	MedicationDispensatio	ActionPerformance	
	n		
Generalization	Public	Public	
Source -> Destination	MedicationPrescription	ActionPerformance	
Generalization	Public	Public	
Source -> Destination	MedicationAdministrati onProposal	ActionPerformance	

5.4 AdverseEvent

Type: Class ObservationPresence

An unintended result or effect of exposure to some health action, that is undesirable and/or sometimes harmful.

Connections

Source	Target	Notes
Public	Public	
AdverseEvent	ObservationPresence	
Public	Public	
AdverseEvent	ConditionDescriptor	
	Public AdverseEvent Public	Public Public AdverseEvent ObservationPresence Public Public

Attributes

Attribute	Notes	Constraints and tags
agent Code Public	An agent that causes or contributes to the allergy or intolerance, identified with as much specificity as available. Used for allergies, intolerances, and other reactions to a known agent. E.g., penicillin, peanuts, latex.	Default:
precedingExposure ActionPerformance Public	An action that led to the adverse event. Examples: administration of a substance, procedure.	Default:

5.5 AllergyIntolerance

Type: Class ObservationPresence

An statement about an allergy or intolerance triggered by a known or suspected agent.

Connections

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	AllergyIntolerance	AllergyIntoleranceDesc riptor	
Generalization	Public	Public	
Source -> Destination	AllergyIntolerance	ObservationPresence	

5.6 BodySite

Type: Class

A location on an person's body. E.g., left breast, heart.

5.7 Condition

Type: Class ObservationPresence

A statement about a condition that the patient was or is believed to have had.

Connections

Connector	Source	Target	Notes
Association	Public	Public	
Source -> Destination	EncounterEvent	admissionDiagnosis	
		Condition	
<u>Association</u>	Public	Public	
Source -> Destination	EncounterEvent	dischargeDiagnosis	
		Condition	
<u>Association</u>	Public	Public	
Source -> Destination	EncounterEvent	encounterDiagnosis	
		Condition	
Realization	Public	Public	
Source -> Destination	Condition	ConditionDescriptor	
Generalization	Public	Public	
Source -> Destination	Condition	ObservationPresence	

5.8 ConditionAbsent

Type: Class ObservationAbsence

A statement asserting that the subject was not known to have the condition within the duration that is specified.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ConditionAbsent	ObservationAbsence	
Realization	Public	Public	
Source -> Destination	ConditionAbsent	ConditionDescriptor	

5.9 ContraindicationToMedication

Type: Class ObservationPresence

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ContraindicationToMed ication	ObservationPresence	
Realization	Public	Public	
Source -> Destination	ContraindicationToMed ication	ContraindicationDescri ptor	
Association	Public	Public	
Source -> Destination	ContraindicationToMed ication	contraindicatedMedicati on MedicationAdministrati onDescriptor	

5.10 Contraindication To Procedure

Type: Class ObservationPresence

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ContraindicationToProc edure	ObservationPresence	
Realization	Public	Public	
Source -> Destination	ContraindicationToProc edure	ContraindicationDescri ptor	
Association	Public	Public	
Source -> Destination	ContraindicationToProc edure	contraindicatedProcedu re	
		ProcedureDescriptor	

Connector	Source	Target	Notes

5.11 Device

Type: Class

This resource identifies an instance of a manufactured thing that is used in the provision of healthcare without being substantially changed through that activity. The device may be a machine, an insert, a computer, an application, etc. This includes durable (reusable) medical equipment as well as disposable equipment used for diagnostic, treatment, and research for healthcare and public health.

5.12EncounterEvent

Type: Class ActionPerformance

EncounterEvent is the record of an interaction between an EvaluatedPerson and the healthcare system.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	EncounterEvent	ActionPerformance	
Realization	Public	Public	
Source -> Destination	EncounterEvent	EncounterDescriptor	
Dealization	Public	Public	
Realization			
Source -> Destination	EncounterEvent	Performance	
Association	Public	Public	
Source -> Destination	EncounterEvent	admissionDiagnosis	
		Condition	
Association	Public	Public	
Source -> Destination	EncounterEvent	dischargeDiagnosis	
		Condition	
A	DI-1:-	D 11'	
Association	Public	Public	
Source -> Destination	EncounterEvent	encounterDiagnosis	
		Condition	

5.13 Encounter Proposal

Type: Class ActionPerformance

A proposal for an encounter to take place between a patient and a provider, e.g., a proposed referral, a proposed hospitalization.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	EncounterProposal	ActionPerformance	
Realization	Public	Public	
Source -> Destination	EncounterProposal	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	EncounterProposal	Proposal	

5.14 Encounter Request

Type: Class ActionPerformance

A request or order by a provider for an encounter, e.g., an admission order, a referral request.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	EncounterRequest	ActionPerformance	
Realization	Public	Public	
Source -> Destination	EncounterRequest	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	EncounterRequest	Order	

5.15 Family History Observation

Type: Class ObservationPresence

Connections

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	FamilyHistoryObservati	FamilyHistoryDescripto	
	on	r	
Generalization	Public	Public	
Source -> Destination	FamilyHistoryObservati	ObservationPresence	
	on		

5.16InferenceOpposed

Type: Class StatementAboutInference

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	InferenceOpposed	StatementAboutInferen	
		ce	

5.17InferenceSupported

Type: Class StatementAboutInference

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	InferenceSupported		

Connector	Source	Target	Notes
		StatementAboutInferen	
		ce	

5.18Location

Type: Class

Details and position information for a physical place where services are provided and resources and participants may be stored, found, contained or accommodated.

A Location includes both incidental locations (a place which is used for healthcare without prior designation or authorization) and dedicated, formally appointed locations. Locations may be private, public, mobile or fixed and scale from small freezers to full hospital buildings or parking garages.

Examples of Locations are:

Building, ward, corridor or room Freezer, incubator Vehicle or lift Home, shed, or a garage Road, parking place, a park

5.19Medication

Type: Class

Primarily used for identification and definition of Medication, but also covers ingredients and packaging.

5.20 Medication Administration Proposal

Type: Class ActionPerformance

An proposal to supply and/or administer a medication to a patient.

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	MedicationAdministrati onProposal	Proposal	
Realization	Public	Public	
Source -> Destination	MedicationAdministrati onProposal	MedicationAdministrati onDescriptor	
Generalization	Public	Public	
Source -> Destination	MedicationAdministrati onProposal	ActionPerformance	

5.21 Medication Dispensation

Type: Class ActionPerformance

Dispensing a medication to a patient. This includes a description of the supply provided and the instructions for administering the medication.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationDispensatio	ActionPerformance	
	n		
Realization	Public	Public	
Source -> Destination	MedicationDispensatio	MedicationAdministrati	
	n	onDescriptor	
Realization	Public	Public	
Source -> Destination	MedicationDispensatio	Performance	
	n		

5.22 Medication Dose Administration

Type: Class ActionPerformance

Describes the event of a patient being given a dose of a medication. This may be as simple as swallowing a tablet or it may be a long running infusion. Related resources tie this event to the authorizing prescription, and the specific encounter between patient and health care practitioner.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationDoseAdmini stration	ActionPerformance	
Realization	Public	Public	
Source -> Destination	MedicationDoseAdmini stration	Performance	
Realization	Public	Public	
Source -> Destination	MedicationDoseAdmini stration	MedicationAdministrati onDescriptor	

5.23 Medication Prescription

Type: Class ActionPerformance

An order for both supply of the medication and the instructions for administration of the medicine to a patient.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationPrescription	ActionPerformance	
Realization	Public	Public	
Source -> Destination	MedicationPrescription	MedicationAdministrati	
		onDescriptor	
Realization	Public	Public	
Source -> Destination	MedicationPrescription	Order	

5.24MedicationStatement

Type: Class ActionPerformance

This is a record of medication being taken by a patient, or that the medication has been given to a patient where the record is the result of a report from the patient, or a clinician. A medication statement is not a part of the prescribe->dispense->administer sequence but is a report that such a sequence (or at least a part of it) did take place resulting in a belief that the patient has received a particular medication.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationStatement	ActionPerformance	
Realization	Public	Public	
Source -> Destination	MedicationStatement	Performance	
Realization	Public	Public	
Source -> Destination	MedicationStatement	MedicationAdministrati	
		onDescriptor	

5.25 Missed Appointment

Type: Class ActionNonPerformance

An appointment that was (i) scheduled, (ii) not rescheduled or canceled, and (iii) for which the EvaluatedPerson did not show up.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MissedAppointment	ActionNonPerformance	
Realization	Public	Public	
Source -> Destination	MissedAppointment	EncounterDescriptor	
<u>Realization</u>	Public	Public	
Source -> Destination	MissedAppointment	Plan	

5.26 No Adverse Event

Type: Class ObservationAbsence

Although the patient was exposed to the action, no adverse event was observed.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	NoAdverseEvent	ObservationAbsence	
Realization	Public	Public	
Source -> Destination	NoAdverseEvent	ConditionDescriptor	

Attributes

Attribute	Notes	Constraints and tags
agent Code Public	An agent that causes or contributes to the allergy or intolerance, identified with as much specificity as available. Used for allergies, intolerances, and other reactions to a known agent. E.g., penicillin, peanuts, latex.	Default:
precedingExposure ActionPerformance Public	An action that led to the adverse event. Examples: administration of a substance, procedure.	Default:

5.27NoAllergyIntolerance

Type: Class ObservationAbsence

A statement asserting that the subject is not known to have an allergy or intolerance to the specified substance.

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	NoAllergyIntolerance	AllergyIntoleranceDesc riptor	

Connector	nnector Source		Notes
Generalization	Public	Public	
Source -> Destination	NoAllergyIntolerance	ObservationAbsence	

5.28 Observation Absence

Type: Class StatementAboutObservation

A statement asserting that an observation is not present, e.g., no headache.

Note that this is different than stating that an action was not conducted to assess the value or presence of an observation. Such a statement would be specified as a subtype of an ActionNonPerformance.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ObservationAbsence	StatementAboutObserv ation	
Generalization	Public	Public	
Source -> Destination	NoAllergyIntolerance	ObservationAbsence	
Generalization	Public	Public	
Source -> Destination	NoAdverseEvent	ObservationAbsence	
Generalization	Public	Public	
Source -> Destination	ConditionAbsent	ObservationAbsence	

5.29 Observation Presence

Type: Class StatementAboutObservation

A statement asserting the presence or value of an observation.

Connector	Source	Target	Notes
Generalization	Public	Public	

Connector	Source	Target	Notes
Source -> Destination	ObservationPresence	StatementAboutObserv ation	
Generalization	Public	Public	
Source -> Destination	AllergyIntolerance	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	ContraindicationToProc edure	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	ContraindicationToMed ication	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	Symptom	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	FamilyHistoryObservati on	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	Prognosis	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	AdverseEvent	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	ObservationResult	ObservationPresence	
Generalization	Public	Public	
Source -> Destination	Condition	ObservationPresence	

5.30 Observation Result

Type: Class ObservationPresence

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	ObservationResult	ObservationResultDesc riptor	
Generalization	Public	Public	
Source -> Destination	ObservationResult	ObservationPresence	

5.31 Organization

Type: Class

A formally or informally recognized grouping of people or organizations formed for the purpose of achieving some form of collective action. Includes companies, institutions, corporations, departments, community groups, healthcare practice groups, etc.

5.32 Participant

Type: Class

Person playing a specified role in an action.

Attributes

Attribute	Notes	Constraints and tags
individual PersonRole Public	The healthcare professional or related person participating in the encounter.	Default:
participantRole Code Public [0*]	Role of participant in encounter, e.g., admitter, attending, primary care physician	Default:

5.33 Patient

Type: Class PersonRole

Demographics and other administrative information about a person or animal receiving care or other health-related services.

This Resource covers data about persons and animals involved in a wide range of health-related activities, including:

- Curative activities
- Psychiatric care
- Social services
- Pregnancy care
- Nursing and assisted living
- Dietary services
- Tracking of personal health and exercise data

The data in the Resource covers the "who" information about the patient: it's attributes are focused on the demographic information necessary to support the administrative, financial and logistic procedures. A Patient record is generally created and maintained by each organization providing care for a patient. A person or animal receiving care at multiple organizations may therefore have its information present in multiple Patient Resources.

Connections

Connector	Source	Target	Notes	
Generalization	Public	Public		
Source -> Destination	Patient	PersonRole		

5.34Person

Type: Class

Demographic and identification information for an individual.

Additional attributes to be added in future versions.

Connector	Source	Target	Notes
Aggregation	Public person	Public role	
Source -> Destination	Person	PersonRole	

<u>Attribute</u>s

Attribute	Notes	Constraints and tags
birthDate TimePoint Public	The date and time of birth for the individual.	Default:
gender Code Public	Administrative Gender - the gender that the patient is considered to have for administration and record keeping purposes.	Default:

5.35 Person Role

Type: Class

The role of individuals in a healthcare action.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Practitioner	PersonRole	
Generalization	Public	Public	
Source -> Destination	Patient	PersonRole	
Generalization	Public	Public	
Source -> Destination	RelatedPerson	PersonRole	
Aggregation	Public person	Public role	
Source -> Destination	Person	PersonRole	

5.36Practitioner

Type: Class PersonRole

Demographics and qualification information for an individual who is directly or indirectly involved in the provisioning of healthcare.

Practitioner covers all individuals who are engaged in the healthcare process and healthcare-related services as part of their formal responsibilities and this Resource is used for attribution of activities and responsibilities to these individuals. Practitioners include (but are not limited to):

- physicians, dentists, pharmacists
- physician assistants, nurses, scribes
- midwives, dietitians, therapists, optometrists, paramedics
- medical technicians, laboratory scientists, prosthetic technicians, radiographers
- social workers, professional home carers, official volunteers
- receptionists handling patient registration
- IT personnel merging or unmerging patient records

The Resource SHALL not be used for persons involved without a formal responsibility like individuals taking care for friends, relatives or neighbours. These can be registered as a Patient's Contact.

Practitioner performs different roles within the same or even different organizations. Depending on jurisdiction and custom, it may be necessary to maintain a specific Practitioner Resource for each such role or have a single Practitioner with multiple roles. The role can be limited to a specific period, after which authorization for this role ends. Note that the represented organization need not necessarily be the (direct) employer of a Practitioner.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Practitioner	PersonRole	

Attributes

Attribute	Notes	Constraints and tags
role Code	Roles which this practitioner is authorized	Default:
Public	perform for the organization.	
[0*]		
. ,		

5.37ProcedureEvent

Type: Class ActionPerformance

The actual event of performing a procedure.

Connections

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	ProcedureEvent	Performance	
Realization	Public	Public	
Source -> Destination	ProcedureEvent	ProcedureDescriptor	
Generalization	Public	Public	
Source -> Destination	ProcedureEvent	ActionPerformance	

5.38ProcedureOrder

Type: Class ActionPerformance

An order for procedure to be performed.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ProcedureOrder	ActionPerformance	
Realization	Public	Public	
Source -> Destination	ProcedureOrder	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	ProcedureOrder	Order	

5.39 Procedure Proposal

Type: Class ActionPerformance

Proposals for a procedure to take place, e.g., generated by a CDS system or by a consulting clinician.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ProcedureProposal	ActionPerformance	
Realization	Public	Public	
Source -> Destination	ProcedureProposal	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	ProcedureProposal	Proposal	

5.40 Prognosis

Type: Class ObservationPresence

Connections

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	Prognosis	PrognosisDescriptor	
Generalization	Public	Public	
Source -> Destination	Prognosis	ObservationPresence	

5.41 Related Person

Type: Class PersonRole

Information about a person that is involved in the care for a patient, but who is not the target of healthcare, nor has a formal responsibility in the care process.

RelatedPersons typically have a personal or non-healthcare-specific professional relationship to the patient. A RelatedPerson resource is primarily used for attribution of information, since RelatedPersons are often a source of information about the patient. For keeping information about persons for contact purposes for a patient, use a Patient's Contact element instead. Example RelatedPersons are:

- A patient's wife or husband
- A patient's relatives or friends
- A neighbour bringing a patient to the hospital
- The owner or trainer of a horse

• A patient's attorney or guardian

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	RelatedPerson	PersonRole	

Attributes

Attribute	Notes	Constraints and tags
relationship Code Public	The nature of the relationship between a patient and the related person.	Default:

5.42Schedule

Type: Class

The recurrence pattern of events, e.g., three times a day after meals.

5.43ScheduledEncounter

Type: Class ActionPerformance

An encounter that has been scheduled, e.g., an outpatient visit.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ScheduledEncounter	ActionPerformance	
Realization	Public	Public	
Source -> Destination	ScheduledEncounter	EncounterDescriptor	

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	ScheduledEncounter	Plan	

5.44ScheduledProcedure

Type: Class ActionPerformance

A procedure that has been scheduled to take place.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ScheduledProcedure	ActionPerformance	
Realization	Public	Public	
Source -> Destination	ScheduledProcedure	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	ScheduledProcedure	Plan	

5.45Statement

Type: Class

A record of something of clinical relevance that is being done, has been done, can be done, or is intended or requested to be done or of something that is or was observed about the patient.

This is an abstract class that is further specialized to describe specific statements about the patient.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	StatementAboutAction	Statement	
Generalization	Public	Public	
Source -> Destination	StatementAboutObserv	Statement	
	ation		

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	StatementAboutInferen	Statement	
	ce		

Attributes

Attribute	Notes	Constraints and tags
comment Text Public	A comment, instruction, or note associated with the statement.	Default:
resultsFrom Statement Public [0*]	The statements about the clinical actions that caused this action or observation. For example, a blood glucose observation may be the result of an order for a blood glucose test; a prescription for atenolol may result from a proposal to prescribe a beta-blocker. The resultsFrom and resultsIn properties are intended to describe associations amongst statements; they are not to be used for describing clinical causal relationships, e.g., administration of statin caused muscle pain.	Default:
resultsIn Statement Public [0*]	This statement may result in other clinical actions and observations which are recorded as statements. For example, a statement about a laboratory test order can result in one or more observations.	Default:
semanticReference Code Public [0*]	Maps this clinical statement type to a type specified in an external ontology or taxonomy of clinical concept types. For example, the semanticType of a statement about Condition may specify the condition as a patient-reported symptom or a problem.	Default:

Attribute	Notes	Constraints and tags
statementSource Code	The person, device, or other system that was	Default:
Public	the source of this statement.	
	ISSUES: NEED TO MAKE THE DISTINCTION BETWEEN PERSON RECORDING THE STATEMENT AND THE SYSTEM THAT STORES THE SYSTEM.	
	NEED ALSO TO ABLE TO	
	VERIFY/AUTHENTICATE STATEMENTS	
statementTime TimePoint	The time at which the statement was	Default:
Public	made/recorded. This may not be the same time as the occurrence of the action or the observation event.	
subject Patient		Default:
Public		

5.46StatementAboutAction

Type: Class Statement

Actions are healthcare related activities performed on patients by patients, caregivers, and healthcare professionals. A statement about action is a statement recording such an action.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	StatementAboutAction	Statement	
Generalization	Public	Public	
Source -> Destination	ActionPerformance	StatementAboutAction	
Generalization	Public	Public	
Source -> Destination	ActionNonPerformance	StatementAboutAction	

Connector	Source	Target	Notes

Attributes

Attribute	Notes	Constraints and tags
actionParticipant Participant Public	A participant in the action. ,e.g., the attending physician, performer of a procedure	Default:
[0*]		
occurredDuring EncounterEvent Public	The encounter within which the action occurs.	Default:
reason Code Public	The thought process or justification for proposing performance of an action or for not proposing the performance of an action. In some scenarios, specific actions require a reason to justify them. Reasons may also be specified for not performing an action. Examples include patient, system, or medical-related reasons for declining to perform specific actions.	Default:

5.47StatementAboutInference

Type: Class Statement

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	StatementAboutInferen	Statement	
	ce		
Generalization	Public	Public	

Connector	Source	Target	Notes
Source -> Destination	InferenceSupported	StatementAboutInferen ce	
Generalization	Public	Public	
Source -> Destination	InferenceOpposed	StatementAboutInferen	
		ce	

5.48 Statement About Observation

Type: Class Statement

An observation is a phenomenon about a patient's health including physiological and pathological ones. It also includes an inferred phenomenon such as a contraindication.

A statement about an observation records such a phenomenon.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	StatementAboutObserv ation	Statement	
Generalization	Public	Public	
Source -> Destination	ObservationPresence	StatementAboutObserv ation	
Generalization	Public	Public	
Source -> Destination	ObservationAbsence	StatementAboutObserv ation	

5.49Substance

Type: Class

A homogeneous material with a definite composition used in healthcare.

5.50Symptom

Type: Class ObservationPresence

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Symptom	ObservationPresence	

5.51 Undelivered Medication Dose

Type: Class ActionNonPerformance

Documents the non-delivery of a medication dose. E.g., documents that a dose of an anti-tuberculosis medication was not taken or given.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	UndeliveredMedication Dose	ActionNonPerformance	
Realization	Public	Public	
Source -> Destination	UndeliveredMedication Dose	MedicationAdministrati onDescriptor	
Realization	Public	Public	
Source -> Destination	UndeliveredMedication Dose	Performance	

5.52 Undelivered Procedure

Type: Class ActionNonPerformance

Assertion that a procedure was not delivered. E.g., documentation that a surgery was not performed because the patient refused.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	UndeliveredProcedure	ActionNonPerformance	
Realization	Public	Public	
Source -> Destination	UndeliveredProcedure	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	UndeliveredProcedure	Performance	

5.53Activity

Interface Type:

Connector	Source	Target	Notes
Aggregation	Public subTask	Public	The performance of an action may
Source -> Destination	Activity	Performance	have multiple subtasks associated with it. For example, a surgical procedure may have anesthesia administration, incision, actual procedure, close up. A care plan
			might involve enrollment, executing the plan, and possibly discharging.
			Subtasks may not be used to specify instances of a repeating action.

Attributes

Attribute	Notes	Constraints and tags
performedAtTime TimePeriod	The time period in which the task was performed.	Default:
Public		

Attribute	Notes	Constraints and tags
task Code	The task to be performed, e.g., anesthesia,	Default:
Public	sedation, incision.	

5.54 Allergy Intolerance Descriptor

Type: <u>Interface ObservableDescriptor</u>

A description of an undesirable physiologic reaction to an amount of a substance that would not produce a reaction in most individuals.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	AllergyIntoleranceDesc riptor	ObservableDescriptor	
Realization	Public	Public	
Source -> Destination	AllergyIntolerance	AllergyIntoleranceDesc riptor	
Realization	Public	Public	
Source -> Destination	NoAllergyIntolerance	AllergyIntoleranceDesc riptor	

Attributes

Attribute	Notes	Constraints and tags
criticality Code Public	The potential seriousness of a future reaction. This represents a clinical judgment about the worst case scenario for a future reaction. It would be based on the severity of past reactions, the dose and route of exposure that produced past reactions, and the lifethreatening or organ system threatening potential of the reaction type.	Default:
sensitivityType Code Public	A code that indicates whether this sensitivity is of an allergic nature or an intolerance to a substance.	Default:
substance Code Public	A substance is a physical entity and for purposes of this aspect of the model can mean a drug or biologic, food, chemical agent, plants, animals, plastics etc.	Default:

${\bf 5.55} Composite Intravenous Medication Administration$

Type: Interface MedicationParameters

Parameters for IV fluid administration that may consist of one or more additives mixed into a diluent. Additives and diluents are represented as constituents with the appropriate constituentType.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	CompositeIntravenous MedicationAdministrati on	MedicationParameters	
Aggregation	Public constituent	Public	The constituent of this composite
Source -> Destination	Constituent	CompositeIntravenous MedicationAdministrati on	IV medication.

5.56 Condition Descriptor

Type: Interface ObservableDescriptor

Use to record detailed information about conditions, problems or diagnoses recognized by a clinician. There are many uses including: recording a Diagnosis during an Encounter; populating a problem List or a Summary Statement, such as a Discharge Summary.

Connections

Connector	Source	Target	Notes
Aggregation	Public	Public	The modifiers allow specifying
Source -> Destination	conditionModifier	ConditionDescriptor	more details or restrictions. e.g.,
	ObservableModifier		severity, triggering factors, stage.
Generalization	Public	Public	
Source -> Destination	ConditionDescriptor	ObservableDescriptor	
Aggregation	Public	Public	
Source -> Destination	ConditionDescriptor	ConditionDetail	
Realization	Public	Public	
Source -> Destination	Condition	ConditionDescriptor	
Realization	Public	Public	
Source -> Destination	ConditionAbsent	ConditionDescriptor	
Realization	Public	Public	
Source -> Destination	NoAdverseEvent	ConditionDescriptor	
Realization	Public	Public	
Source -> Destination	AdverseEvent	ConditionDescriptor	

Attributes

Attribute	Notes	Constraints and tags
abatement TimePoint Public	The date or estimated date that the condition resolved or went into remission. This is called "abatement" because of the many overloaded connotations associated with "remission" or "resolution" - Conditions are never really resolved, but they can abate.	Default:

Attribute	Notes	Constraints and tags
bodySite BodySite Public [0*]	Indicates the location of the symptom on the subject's body.	Default:
category Code	A category assigned to the condition. E.g.	Default:
Public	finding diagnosis concern symptom.	
name Code Public	Identification of the condition, problem or diagnosis. e.g., diabetes mellitus type II, headache.	Default:
onset TimePoint	Estimated or actual date the condition began, in	Default:
Public	the opinion of the clinician.	
status Code Public	The state of the condition at the time of the observation, e.g., active, inactive.	Default:

5.57 Constituent

Type: <u>Interface</u>

A component of a multi-component substance administration. May be an additive in a composite IV.

Connections

Connector	Source	Target	Notes
Aggregation	Public constituent	Public	The constituent of this composite
Source -> Destination	Constituent	CompositeIntravenous MedicationAdministrati on	IV medication.

Attributes

Attribute	Notes	Constraints and tags
constituentType Code Public	Indicates the category of the constituent. For instance, for a composite IV, the constituent may be either a 'diluent' or an 'additive'. For a TPN order, the constituent category may be a nutrient grouping such as 'electrolyte' or 'lipid', etc.	Default:
substance AdministerableSubstance Public	Generally the ingredient of the constituent (e.g., dopamine) such as an additive in a composite IV.	Default:
substanceAmount IntervalOfQuantity Public	The amount of the constituent that makes up the whole. e.g., 500 mL (of D5w).	Default:

${\bf 5.58} Contrain dication Descriptor$

Type: <u>Interface InferableDescriptor</u>

Describes a contraindication to a healthcare related action, e.g., medication intake, procedure.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ContraindicationDescri ptor	InferableDescriptor	
Realization	Public	Public	
Source -> Destination	ContraindicationToProc edure	ContraindicationDescri ptor	
Realization	Public	Public	
Source -> Destination	ContraindicationToMed ication	ContraindicationDescri ptor	

5.59 Dispensation

Type: Interface

Details of the dispensation such as the days supply and quantity of medication (to be) dispensed.

Connections

Connector	Source	Target	Notes
Aggregation	Public dispense	Public	Dispensation details to be used
Source -> Destination	Dispensation	MedicationAdministrati onDescriptor	only when needed, e.g., as part of a statement about a prescription or a dispensation event.

Attribute	Notes	Constraints and tags
amount Quantity	The number of units of the supply to be or that	Default:
Public	are actually dispensed. e.g., 30 tablets	

Attribute	Notes	Constraints and tags
dispenseTime TimePeriod	The time at which the supply was dispensed.	Default:
Public		
L Off AN		D.C. Iv
numberOfRepeatsAllowe	The number of times the supply may be	Default:
d Quantity Public	dispensed. For example, the number of times the prescribed quantity is to be supplied including the initial standard fill.	

5.60 Dosage

Type: Interface

Indicates how the medication is to be administered to or used by the patient.

Connections

Connector	Source	Target	Notes
Aggregation	Public	Public	
Source -> Destination	dosageInstruction	MedicationAdministrati	
	Dosage	onDescriptor	

Attribute	Notes	Constraints and tags
additionalInstructions	Additional instructions such as "Swallow with	Default:
Code	plenty of water" which may or may not be	
Public	coded.	

Attribute	Notes	Constraints and tags
administrationSchedule Schedule Public	The frequency pattern for administration of doses. e.g., three times per day after meals	Default:
administrationSite BodySite Public	The anatomic site where the medication first enters the body, e.g., left subclavian vein.	Default:
approachBodySite Code Public	The body site used for gaining access to the target body site for the purposes of the substance administration.	Default:
deliveryRoute Code Public	The physical route through which the substance is administered. E.g., IV, PO.	Default:
dosageInstructionsText Text Public	Free text dosage instructions for cases where the instructions are too complex to code.	Default:

Attribute	Notes	Constraints and tags
doseQuantity Quantity Public	The amount of the therapeutic or other substance given at one administration event. e.g., 500 mg, 1 tablet, 1 teaspoon	Default:
doseType Code Public	The type of dose. E.g., initial, maintenance, loading.	Default:
maxDosePerPeriod Quantity Public	The maximum total quantity of a therapeutic substance that may be administered to a subject over the period of time. E.g. 1000mg in 24 hours.	Default:
method Code Public	A coded value indicating the method by which the medication is introduced into or onto the body. Most commonly used for injections. Examples: Slow Push; Deep IV. Terminologies used often pre-coordinate this term with the route and or form of administration.	Default:
rate Quantity Public	The speed with which the substance is introduced into the subject. Typically the rate for an infusion. e.g., 200ml in 2 hours.	Default:

5.61 Enactable Descriptor

Type: Interface

Description of a healthcare action, independent of the performance of the action.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationAdministrati onDescriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	EncounterDescriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	ProcedureDescriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDCommunicationDe scriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDGoalDescriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDEducationDescript or	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDNutritionDescripto r	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDCarePlanParticipat ionDescriptor	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDEquipmentOrSupp liesApplicationDescript or	EnactableDescriptor	
Generalization	Public	Public	
Source -> Destination	TBDProtocolParticipati onDescriptor	EnactableDescriptor	
	1		

<u>Attributes</u>

Attribute	Notes	Constraints and tags
performanceTime TimePeriod	The time when the action is performed.	Default:
Public		

5.62 Enactment Phase

Type: Interface

A healthcare action may evolve through multiple phases from being proposed, considered to being delivered and then completed. A statement about an action specifies the phase of that action.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Plan	EnactmentPhase	
Generalization	Public	Public	
Source -> Destination	Proposal	EnactmentPhase	
Generalization	Public	Public	
Source -> Destination	Order	EnactmentPhase	
Generalization	Public	Public	
Source -> Destination	Performance	EnactmentPhase	

5.63 Encounter Descriptor

Type: Interface EnactableDescriptor

Description of an interaction between a patient and healthcare provider(s) for the purpose of providing healthcare service(s) or assessing the health status of a patient.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	EncounterDescriptor	EnactableDescriptor	
Realization	Public	Public	
Source -> Destination	EncounterProposal	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	EncounterRequest	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	MissedAppointment	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	ScheduledEncounter	EncounterDescriptor	
Realization	Public	Public	
Source -> Destination	EncounterEvent	EncounterDescriptor	

<u>Attributes</u>

Attribute	Notes	Constraints and tags
class Code Public	Classification of the encounter. For example, inpatient, outpatient, virtual	Default:
dischargeDisposition Code Public	The final place or setting to which the patient was discharged on the day of discharge. e.g., home, hospice, expired	Default:
encounterSchedule Schedule Public	If the encounter is repeated, the frequency pattern for repetitions.	Default:

Attribute	Notes	Constraints and tags
length Quantity Public	Quantity of time the encounter lasted.	Default:
location Location Public	The location the encounter takes place, e.g., clinic location, hospital bed	Default:
serviceProvider Organization Public	Department or team providing care.	Default:
serviceType Code Public	The type of service provided during the encounter. For example, surgery, rehabilitation, annual physical exam	Default:

5.64 Family History Descriptor

Type: Interface ObservableDescriptor

Significant health event or condition for people related to the subject, relevant in the context of care for the subject.

This information can be known to different levels of accuracy. Sometimes the exact condition ('asthma') is known, and sometimes it is less precise ('some sort of cancer'). Equally, sometimes the person can be identified ('my aunt agatha') and sometimes all that is known is that the person was an uncle.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	FamilyHistoryDescripto	ObservableDescriptor	
	r		
Realization	Public	Public	
Source -> Destination	FamilyHistoryObservati	FamilyHistoryDescripto	
	on	r	

Attributes Attribute	Notes	Constraints and tags
condition Code Public	Condition that the related person had.	Default:
deceasedAge Quantity Public	If dead, age at which family member died.	Default:
onsetAge Quantity Public	When condition first manifested	Default:

Attribute	Notes	Constraints and tags
outcome Code	deceased permanent disability etc.	Default:
Public		
relationship Code	Relationship to the subject	Default:
Public		

5.65 Imaging Procedure

Type: <u>Interface ProcedureParameters</u>

Parameters for an Imaging examination. For instance, Chest Radiograph - PA and Lateral.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ImagingProcedure	ProcedureParameters	

Attribute	Notes	Constraints and tags
contrastNeeded Code Public	Specification of whether contrast should be administered as part of the imaging study (e.g., Yes, No, Per Radiology)	Default:

Attribute	Notes	Constraints and tags
contrastRoute Code Public	Specification of the route of contrast (e.g., Oral, IV, Per Radiology) to be given as part of an imaging proposal.	Default:
contrastSubstance AdministerableSubstance Public	Specification of the kind of contrast (e.g., Barium, Gastrograffin) to be given as part of an imaging proposal. For example, Barium, Gastrograffin.	Default:
isolationCode Code Public	Specification for type of precautions that should be taken when in proximity to the patient. For instance, Airborne Precautions, Contact Precautions, Droplet Precautions, Standard Precautions.	Default:
portableExam YesNo Public	Designation of whether or not the imaging procedure should be performed at the patient's bedside (Yes) or if the procedure can be conducted in the location of the performing department (No).	Default:
sedation YesNo Public	Sedation is required or was administered for this procedure.	Default:
stressor Code Public	Type of physiologic or pharmacologic stress that will be subjected to the patient during the imaging procedure. For example, Adenosine, Dipyrdomole, Persantine, Thallium, Cardiolite, Dobutamine, Treadmill.	Default:

Attribute	Notes	Constraints and tags
transportMode Code	How a patient will be moved from their	Default:
Public	hospital room to the performing department	

5.66 Inferable Descriptor

Type: <u>Interface ObservableDescriptor</u>

An inference made, about the patient's health, from other statements.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	InferableDescriptor	ObservableDescriptor	
Generalization	Public	Public	
Source -> Destination	ContraindicationDescri	InferableDescriptor	
	ptor		
Generalization	Public	Public	
Source -> Destination	PrognosisDescriptor	InferableDescriptor	

<u>Attributes</u>

Attribute	Notes	Constraints and tags
inferenceMethod Code	The algorithm, tool, or instrument used to make	Default:
Public	the inference. E.g., Framingham Risk Score, Immunization Rule Set.	
[01]		

Attribute	Notes	Constraints and tags
inferredFrom Statement	The statements that form the basis for the	Default:
Public	inference. E.g., diagnosis of diabetes mellitus, and blood pressure observations to calculate	
[0*]	risk of heart disease.	

5.67LaboratoryTestProcedure

Type: <u>Interface ProcedureParameters</u>

Parameters for a procedure to test a specimen from a patient.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	LaboratoryTestProcedu	ProcedureParameters	
	re		

Attribute	Notes	Constraints and tags
collectionMethod Code	Specification of how the specimen for testing	Default:
Public	should be obtained	
specialHandling Code	Special instructions on how to handle a	Default:
Public	laboratory specimen. For example, 'Keep on	
	ice'.	
[0*]		

Attribute	Notes	Constraints and tags
specimenSource Code Public	The source of the laboratory specimen to be collected.	Default:
suspectedPathogen Code Public [0*]	The pathogen or pathogens that are felt to be the most likely cause of the patient's condition that led to the laboratory procedure proposal. For instance, Staphylococcus, Streptococcus, Pseudomonas, Neisseria.	Default:

${\bf 5.68} Medication Administration Descriptor$

Type: <u>Interface EnactableDescriptor</u>

A description of the action of prescribing or administering medication to a patient.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MedicationAdministrati onDescriptor	EnactableDescriptor	
Association	Public	Public	
Source -> Destination	ContraindicationToMed ication	contraindicatedMedicati on MedicationAdministrati onDescriptor	
Realization	Public	Public	
Source -> Destination	MedicationStatement	MedicationAdministrati onDescriptor	
Realization	Public	Public	
Source -> Destination	MedicationDispensatio n	MedicationAdministrati onDescriptor	
Realization	Public	Public	

Source	Target	Notes
MedicationPrescription	MedicationAdministrati onDescriptor	
Public	Public	
MedicationDoseAdmini stration	MedicationAdministrati onDescriptor	
Public	Public	
dosageInstruction Dosage	MedicationAdministrati onDescriptor	
Public	Public	
MedicationAdministrati onProposal	MedicationAdministrati onDescriptor	
Public dispense	Public	Dispensation details to be used
Dispensation	MedicationAdministrati onDescriptor	only when needed, e.g., as part of a statement about a prescription or a dispensation event.
Public	Public	
UndeliveredMedication Dose	MedicationAdministrati onDescriptor	
Public details	Public	Specification of parameters
MedicationParameters	MedicationAdministrati onDescriptor	applicable to the particular type of medication administration.
	Public dispense Dispensation Public dispense Dispensation Public dispense Dispensation Public dispense Dispensation Public dispense Dispensation	MedicationPrescription Public MedicationDoseAdmini stration Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onProposal Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public UndeliveredMedication Dose Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor Public MedicationAdministrati onDescriptor

Attribute	Notes	Constraints and tags
medication Medication Public	Identifies the medication being dispensed or administered.	Default:

5.69MedicationParameters

Type: <u>Interface</u>

Parameters for specific types of medications that can be administered.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	PatientControlledAnalg esia	MedicationParameters	
Generalization	Public	Public	
Source -> Destination	CompositeIntravenous MedicationAdministrati on	MedicationParameters	
Aggregation	Public details	Public	Specification of parameters
Source -> Destination	MedicationParameters	MedicationAdministrati onDescriptor	applicable to the particular type of medication administration.

${\bf 5.70} Microbiology Sensitivty Result$

Type: Interface ResultDetail

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	MicrobiologySensitivty Result	ResultDetail	
Aggregation Source -> Destination	Public organismSensitivity OrganismSensitivity	Public MicrobiologySensitivty Result	

5.71 Observable Descriptor

Type: Interface

Description of the pathology, physiology, or behavior that is being recorded.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	InferableDescriptor	ObservableDescriptor	
Generalization	Public	Public	
Source -> Destination	FamilyHistoryDescripto	ObservableDescriptor	
	r		
Generalization	Public	Public	
Source -> Destination	AllergyIntoleranceDesc	ObservableDescriptor	
	riptor		
Generalization	Public	Public	
Source -> Destination	ConditionDescriptor	ObservableDescriptor	
Bource > Bestimation	Condition Descriptor	ooser vacies escriptor	
Generalization	Public	Public	
Source -> Destination	ObservationResultDesc	ObservableDescriptor	
	riptor		

Attributes

Attribute	Notes	Constraints and tags
observedAtTime	The time at which the observation was made.	Default:
TimePoint	This may be different than the time at which	
Public	the finding occurred and when the statement	
	was created. This is the time at which history is	
	elicited or an examination is conducted.	

5.72 Observable Modifier

Type: Interface

Further modification or limitation on the finding, for example intensity, volume.

Connector	Source	Target	Notes
Aggregation	Public	Public	The modifiers allow specifying
Source -> Destination	conditionModifier ObservableModifier	ConditionDescriptor	more details or restrictions. e.g., severity, triggering factors, stage.

Attribute	Notes	Constraints and tags
modifierName Code	What about the observation is being modified.	Default:
Public	e.g, color	
modifierValue Value	How the observation is being modified. e.g.,	Default:
Public	red	

5.73 Observation Result Descriptor

Type: <u>Interface ObservableDescriptor</u>

Assertions and measurements made about a patient, device or other subject.

ObservationResults are a central element in healthcare, used to support diagnosis, monitor progress, determine baselines and patterns and even capture demographic characteristics. Fundamentally, observations are name/value pair assertions. Simple observation values, such a body temperature, are specified in the value attribute. Richer values, e.g., result panels, aggregate observations from diagnostic imaging, and microbiology sensitivity results, are specified in the detailedResult attribute.,

This data type does not support the storage of the image or signal sequences such as electrocardiogram data. However, the observations and interpretation made from the images and signals can be represented here.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ObservationResultDesc riptor	ObservableDescriptor	

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	ObservationResult	ObservationResultDesc riptor	
Aggregation	Public detailedResult	Public	Detailed complex result values.
Source -> Destination	ResultDetail	ObservationResultDesc riptor	

<u>Attributes</u>

Attribute	Notes	Constraints and tags
bodySite BodySite Public	Indicates where on the subject's body the observation was made.	Default:
interpretation Code Public	The assessment made based on the result of the observation.	Default:
method Code Public	The technique or mechanism used to perform the observation.	Default:
name Code Public	Identifies what type of observation was performed. e.g., body temperature	Default:

Attribute	Notes	Constraints and tags
reliability Code Public	An estimate of the degree to which quality issues have impacted on the value reported. e.g., ok, error, ongoing	Default:
status Code Public	The status of the result value. e.g., preliminary, final	Default:
value Value Public	The information determined as a result of making the observation. e.g., 120 mm Hg, small, 2013-11-30	Default:

5.74 Order

Type: <u>Interface EnactmentPhase</u>

An order is an instruction by a healthcare provider to another healthcare provider to perform some action.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Order	EnactmentPhase	
Realization	Public	Public	
Source -> Destination	ProcedureOrder	Order	
Realization	Public	Public	
Source -> Destination	EncounterRequest	Order	
Realization	Public	Public	
Source -> Destination	MedicationPrescription	Order	

Connector	Source	Target	Notes

Attributes Attribute	Notes	Constraints and tags
orderedAtTime TimePeriod Public	The time at which the order was created.	Default:
originationMode Code Public	The mode the order was received (such as by telephone, electronic, verbal, written).	Default:
urgency Code Public	Characterizes how quickly the action must be initiated. Includes concepts such as stat, urgent, routine.	Default:

5.75 Organism Sensitivity

Type: Interface

Connections

Connector	Source	Target	Notes
Aggregation	Public	Public	
Source -> Destination	organismSensitivity	MicrobiologySensitivty	
	OrganismSensitivity	Result	

Attribute	Notes	Constraints and tags
antiMicrobialAgent	The antimicrobial agent that was tested for	Default:
Substance	sensitivity, e.g., vancomycin	
Public		
organism Code	The microorganism whose sensitivity is being	Default:
Public	tested.	
		D.C. II
sensitivity Code	The response of the microorgranism to the agent. For example, resistant, susceptible.	Default:
Public	agent. For example, resistant, susceptible.	

${\bf 5.76} Patient Controlled Analgesia$

Type: Interface MedicationParameters

Parameters for Patient Controlled Analgesia administration. For instance, morphine PCA, 5 mg loading dose, followed by 10 mg/hr basal rate, 1 mg demand dose, lockout interval 10 min.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	PatientControlledAnalg esia	MedicationParameters	
Source -> Destination		MedicationParameters	

Attribute	Notes	Constraints and tags
lockoutInterval IntervalOfQuantity Public	The amount of time that must elapse after a PCA demand dose is administered before the next PCA demand dose can be delivered. For example, 10 minutes.	Default:

5.77Performance

Type: <u>Interface EnactmentPhase</u>

The actual performance of a healthcare-related action, e.g.., administer a medication, perform a procedure.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Performance	EnactmentPhase	
Realization	Public	Public	
Source -> Destination	ProcedureEvent	Performance	
Realization	Public	Public	
Source -> Destination	MedicationStatement	Performance	
Realization	Public	Public	
Source -> Destination	EncounterEvent	Performance	
Realization	Public	Public	
Source -> Destination	MedicationDoseAdmini stration	Performance	
Realization	Public	Public	
Source -> Destination	MedicationDispensatio n	Performance	
Aggregation	Public subTask	Public	The performance of an action may
Source -> Destination	Activity	Performance	have multiple subtasks associated with it. For example, a surgical procedure may have anesthesia
			administration, incision, actual

Connector	Source	Target	Notes
			procedure, close up. A care plan might involve enrollment, executing the plan, and possibly discharging. Subtasks may not be used to specify instances of a repeating action.
Realization	Public	Public	
Source -> Destination	UndeliveredMedication Dose	Performance	
Realization	Public	Public	
Source -> Destination	UndeliveredProcedure	Performance	

Attribute	Notes	Constraints and tags
enactedAtTime	The overall time period in which the action is	Default:
TimePeriod	performed. This may be different than the	
Public	scheduled time. Time for different activities	
	performed within this action can be specified as	
	subTasks.	

5.78 Plan

Type: <u>Interface EnactmentPhase</u>

Description of action that is planned to be performed. Typically, this would include a time at which the action is scheduled to be performed.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Plan	EnactmentPhase	
Realization	Public	Public	
Source -> Destination	ScheduledProcedure	Plan	

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	MissedAppointment	Plan	
Realization	Public	Public	
Source -> Destination	ScheduledEncounter	Plan	

Attribute	Notes	Constraints and tags
plannedAtTime TimePerioid	The time at which the plan was created.	Default:
Public		

5.79ProcedureDescriptor

Type: <u>Interface EnactableDescriptor</u>

A procedure is an activity that is performed with or on a patient as part of the provision of care. This can be a physical 'thing' like an operation, or less invasive like counseling or hypnotherapy. Examples include surgical procedures, diagnostic procedures, endoscopic procedures, biopsies, and exclude things for which there are specific resources, such as immunizations, drug administrations.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ProcedureDescriptor	EnactableDescriptor	
Realization	Public	Public	
Source -> Destination	ProcedureProposal	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	ProcedureEvent	ProcedureDescriptor	
Realization	Public	Public	
Source -> Destination	ProcedureOrder	ProcedureDescriptor	

Connector	Source	Target	Notes
Realization	Public	Public	
Source -> Destination	ScheduledProcedure	ProcedureDescriptor	
Association	Public	Public	
Source -> Destination	ContraindicationToProc	contraindicatedProcedu	
	edure	re	
		ProcedureDescriptor	
Aggregation	Public details	Public	Specification of parameters
Source -> Destination	ProcedureParameters	ProcedureDescriptor	applicable to the particular
			procedure.
Realization	Public	Public	
Source -> Destination	UndeliveredProcedure	ProcedureDescriptor	

Attribute	Notes	Constraints and tags
approachBodySite BodySite Public	The body site used for gaining access to the target body site. E.g., femoral artery for a coronary angiography.	Default:
procedureCode Code Public	This is the code that identifies the procedure with as much specificity as available, or as required. E.g., appendectomy, coronary artery bypass graft surgery.	Default:
procedureMethod Code Public	Describes the method used for the procedure and can vary depending on the procedure. For example, a surgical procedure method might be laparoscopic surgery or robotic surgery; an imaging procedure such as a chest radiograph might have methods that represent the views such as PA and lateral; a laboratory procedure like urinalysis might have a method of clean catch; a respiratory care procedure such as supplemental oxygen might have a method of nasal cannula, hood, face mask, or non-rebreather mask.	Default:

Notes	Constraints and tags
If the procedure is repeated, the frequency	Default:
pattern for repetitions.	
The body site where the procedure takes place.	Default:
E.g., left lower arm for fracture reduction.	
	If the procedure is repeated, the frequency pattern for repetitions. The body site where the procedure takes place.

5.80ProcedureParameters

Type: Interface

The parameters that are specific to different types of procedures.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ImagingProcedure	ProcedureParameters	
Generalization	Public	Public	
Source -> Destination	RespiratoryCareProced	ProcedureParameters	
	ure		
Aggregation	Public details	Public	Specification of parameters
Source -> Destination	ProcedureParameters	ProcedureDescriptor	applicable to the particular
			procedure.
C 1' 4'	D 11'	D 1.11	
Generalization	Public	Public	
Source -> Destination	LaboratoryTestProcedu	ProcedureParameters	
	re		

5.81 Prognosis Descriptor

Type: <u>Interface InferableDescriptor</u>

An inference about the likelihood of a patient's risk for a condition in the specific timespan.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	PrognosisDescriptor	InferableDescriptor	
Realization	Public	Public	
Source -> Destination	Prognosis	PrognosisDescriptor	

Attributes

Attribute	Notes	Constraints and tags
condition Code Public	The condition that is being predicted. e.g., heart disease	Default:
likelihood Value Public	The likelihood of acquiring the condition specified as a numeric probability or a coded ordinal value.	Default:
within TimePerioid Public	The time span within which the condition will be reached. e.g., 10 years.	Default:

5.82 Proposal

Type: <u>Interface EnactmentPhase</u>

Description of a an action that is being proposed to be performed. The proposal may be a recommendation from a clinical decision support system or advice from a consultation.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	Proposal	EnactmentPhase	
Realization	Public	Public	
Source -> Destination	ProcedureProposal	Proposal	
Realization	Public	Public	
Source -> Destination	EncounterProposal	Proposal	
Realization	Public	Public	
Source -> Destination	MedicationAdministrati onProposal	Proposal	
	om roposar		

Attributes

Attribute	Notes	Constraints and tags
proposedAtTime TimePeriod Public	The time when the proposal was made.	Default:
urgency Code	Characterizes how quickly an action must be	Default:
Public	initiated. Includes concepts such as stat, urgent, routine.	

5.83 Respiratory Care Procedure

Type: <u>Interface ProcedureParameters</u>

Procedures that encompass supplemental oxygen (eg, nasal cannula, face mask), BiPAP/CPAP, and mechanical ventilation.

Note: While these are vastly different respiratory care concepts, the associated data elements can be constrained through templates.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	RespiratoryCareProced ure	ProcedureParameters	

Attribute	Notes	Constraints and tags
ePAP IntervalOfQuantity Public	Expiratory positive airway pressure, often expressed in cmH20 in the United States. Example: 5 cmH2O	Default:
fiO2 IntervalOfQuantity Public	Fraction of inspired oxygen, expressed as a percentage. For example, 100%.	Default:
inspiratoryTime IntervalOfQuantity Public	Specification of the duration of the positive airway pressume applied by a mechanical ventilator. For example, 1 second.	Default:
iPAP IntervalOfQuantity Public	Inspiratory positive airway pressure, often expressed in cmH20 in the United States. For example, 10 cmH2O.	Default:

Attribute	Notes	Constraints and tags
isolationCode Code Public	Describes the kinds of precautions that should be taken for the patient. Values include: Airborne Precautions, Contact Precautions, Droplet Precautions, Standard Precautions, Neutropenic (Reverse) Precautions.	Default:
oxygenFlowRate IntervalOfQuantity Public	The rate at which oxygen is administered to the patient; generally in liters per minute	Default:
peakFlowRate IntervalOfQuantity Public	Specification of the maximum allowable rate of airflow delivered by a mechanical ventilator. For example, 60 L/min.	Default:
peakInspiratoryPressure IntervalOfQuantity Public	Specification of the maximum airway pressure allowed to be delivered by the ventilator in order to prevent barotrauma, applies to volume-controlled ventilation modes. For example, 35 cmH2O.	Default:

Attribute	Notes	Constraints and tags
pEEP IntervalOfQuantity Public	Positive end expiratory pressure, the alveolar pressure above atmospheric pressure that exists at the end of expiration, often expressed in cmH20 in the United States. For example, 5 cmH2O.	Default:
pressureSupport IntervalOfQuantity Public	Specification of the additional amount of pressure that is added to a mechanical ventilation mode, often CPAP mode. Not to be confused with pressure control ventilation mode. For example, 500 mL	Default:
respiratoryRate IntervalOfQuantity Public	Number of machine-delivered breaths per minute, in the context of mechanical ventilation, expressed as breaths/minute. For example, 14 breaths/minute.	Default:
spO2Range IntervalOfQuantity Public	Target oxygen saturation, expressed as a percentage. For instance, 95-100%.	Default:
spO2Titration IntervalOfQuantity Public	Titration instructions to achieve target oxygen saturation. An example might include: "Titrate oxygen to maintain SpO2 > 93%".	Default:

Attribute	Notes	Constraints and tags
tidalVolume IntervalOfQuantity Public	Volume of air delivered with each machine-delivered breath, often expressed in mL in the United States. For example, 500 mL.	Default:
ventilatorMode Code Public	Primary setting on a mechanical ventilator that specifies how machine breaths will be delivered to a patient. Examples: Assist Control (AC), Synchronized Intermittent Mandatory Ventilation (SIMV), Pressure Support Ventilation (PS or PSV), Pressure-Regulated Volume Control (PRVC).	Default:

5.84 Result Detail

Type: Interface

Result values that have more complex structures than can be represented by the simple value attribute.

It is expected that this general type will be extended for representation of specific type of result values.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	ResultGroup	ResultDetail	
Aggregation	Public detailedResult	Public	Detailed complex result values.
Source -> Destination	ResultDetail	ObservationResultDesc riptor	
Generalization	Public	Public	
Source -> Destination	MicrobiologySensitivty Result	ResultDetail	

5.85 Result Group

Type: Interface ResultDetail

A group of related result values such as a laboratory result panel. e.g., complete blood count, blood pressure

Connections

Connector	Source	Target	Notes	
Generalization	Public	Public		
Source -> Destination	ResultGroup	ResultDetail		

Attributes

Attribute	Notes	Constraints and tags
component	An observation result that is one of the	Default:
ObservationResultDescript	components of the group, e.g., systolic blood	
or	pressure, white blood cell count.	
Public		
[0*]		

5.86TBDCarePlanParticipationDescriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDCarePlanParticipat ionDescriptor	EnactableDescriptor	

5.87TBDCommunicationDescriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDCommunicationDe scriptor	EnactableDescriptor	

5.88TBDEducationDescriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDEducationDescript	EnactableDescriptor	
	or		

Attributes

Attribute	Notes	Constraints and tags
topic Code		Default:
Public		

5.89 TBD Equipment Or Supplies Application Descriptor

Type: Interface EnactableDescriptor

This concept has not been modeled yet. It will be developed in the next version of the specification.

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Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination		EnactableDescriptor	

Connector	Source	Target	Notes
	TBDEquipmentOrSupp		
	liesApplicationDescript		
	or		

5.90 TBD Goal Descriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDGoalDescriptor	EnactableDescriptor	

5.91 TBD Nutrition Descriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connections

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDNutritionDescripto	EnactableDescriptor	
	r		

5.92 TBDP rotocol Participation Descriptor

Type: <u>Interface EnactableDescriptor</u>

This concept has not been modeled yet. It will be developed in the next version of the specification.

Connector	Source	Target	Notes
Generalization	Public	Public	
Source -> Destination	TBDProtocolParticipati onDescriptor	EnactableDescriptor	

6 EXAMPLES

The examples below illustrate the use of the QIDAM in creating data mapping expressions. The leftmost column shows the identifier of the document from which the source expression was obtained. Where the source document is prefixed with NQF, it indicates the document was from the National Quality Forum. The subsequent digits provide the identifier assigned by NQF to that measure. The second column contains the original expression from the source document. In the third column, the expressions are written in pseudocode. For the semantic references, these examples use the QIDAM category.

Table 4. Example expressions written with QIDAM

Source Document ID	Source Expression	QIDAM based expression
NQF 0068	Diagnosis, Active: Acute Myocardial Infarction" <= 12 month(s) starts before start of "Measurement Period" using "Acute Myocardial Infarction Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1 001)"	Condition with - semanticReference = "Diagnosis, Active" - name in AMI Grouping VS - status = Active - onset <= 12 months before start of "Measurement period"
NQF 0068	Procedure, Performed: Percutaneous Coronary Interventions <= 12 month(s) ends before start of "Measurement Period" using "Percutaneous Coronary Interventions Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1 010)	ProcedureEvent with - semanticReference = "Procedure, Performed" - procedureCode in PCI Grouping VS - enactedAtTime.end <= 12 months before start of "Measurement period"
NQF 0068	Medication, Active: Aspirin and Other Anti-thrombotics" ends before start of "Measurement Period	MedicationStatement with - semanticReference = "Medication, Active" - medication in ASA+AT Grouping VS - enactedAtTime.end <= start of "Measurement period"
NQF 0440	Encounter, Performed: Non-Elective Inpatient Encounter (admission datetime)" <= 1 hour(s) starts after end of "Occurrence A of Encounter, Performed: Emergency Department Visit (facility location departure datetime)"	EncounterEvent with -semanticReference="Encounter, Performed" -serviceTypeCode in Non-Elective Inpatient Encounter VS -enactedAtTime.begin<=1 hour after end of "Encounter, Performed: Emergency Department Visit"
NQF 0002	"Laboratory Test, Result: Group A Streptococcus Test (result)" <= 3 day(s) starts before or during "Occurrence A of Encounter, Performed: Ambulatory/ED Visit"	ObservationResult with -semanticReference="Laboratory Test, Result" -name in Group A Streptococcus Test VS -observedAtTime.begin<=3 days before "Encounter, Performed: Ambulatory/ED visit"

NQF 0565	AND: "Physical Exam, Finding: Best Corrected Visual Acuity (result: 'Visual acuity 20/40 or Better')" <= 90 day(s) starts after end of "Occurrence A of Procedure, Performed: Cataract Surgery"	ObservationResult with -semanticReference="Physical Exam, Finding" -name in Best Corrected Visual Acuity VS -value > Visual acuity 20/40 -observedAtTime.begin <=90 days after" Procedure, performed: Cataract surgery"
NQF 0018	AND: "Physical Exam, Finding: Systolic Blood Pressure (result < 140 mmHg)" during MOST RECENT: "Encounter, Performed: Office Visit"	ObservationResult with - semanticReference="Physical Exam, Finding" - name in Systolic BP VS - value < 140 mm Hg - observedAtTime within (mostRecentOfficeVisitEnc - enactedAtTime)
NQF 0059	Laboratory Test, Result: HbA1c Laboratory Test" during "Measurement Period" AND: "Occurrence A of Laboratory Test, Result: HbA1c Laboratory Test (result > 9 %)"	ObservationResult with -semanticReference="Laboratory Test, Result" -name in HbA1c Laboratory Test in -observedAtTime within measurement period -value > 9%
NQF 1659	AND: "Procedure, Performed not done: Drug not available" during "Occurrence A of Encounter, Performed: Encounter Inpatient"	UndeliveredProcedure with -semanticReference="Procedure, Performed" -reasonCode in Drug not available VS -occurredDuring = "Encounter, Performed: Encounter Inpatient
NQF 528	OR: "Medication, Administered: Hospital measures-IV Vancomycin (route: "Hospital measures-Route IV")" <=1440 minutes(s) starts before start of "Occurrence A of Procedure, Performed: Hospital measures-Joint Commission evidence of a surgical procedure requiring general or neuraxial anesthesia (incision datetime)"	MedicationDoseAdministration with -semanticReference="Medication, Administered" -medication in -IV Vancomycin VS -deliveryRoute in Hospital measures- Route IV VS -enactedAtTime.begin<=1440 minute(s) before (Procedure, Performed: Hospital measures-Joint commission evidence of a surgical procedure requiring general or neuraxial anesthesia" - enactedAtTime.begin)
https://www.icsi. org/_asset/dwy1 nl/ACSOS1112. doc	Glucose by finger stick screening 4 times daily (before meals and at bedtime) for 24 hours	ProcedureOrder with -semanticReference="Procedure, Order" -procedureCode=Glucose Measurement by Finger stick screening VS -performanceTime=4 times daily (before meals and at bedtime) for 24 hrs

https://www.icsi. Ticagrelor doc

org/ asset/dwy1 180 mg loading dose by mouth once nl/ACSOS1112. 90 mg by mouth twice daily

MedicationPrescription with

- -semantic type="Medication, Order"
- -medicationCode in Ticagrelor VS
- -dosage
- doseType=loadingDose
- deliveryRoute=oral
- doseQuantity=180 mg
- schedule=Once on day 1
- -dosage
- deliveryRoute=oral
- doseQuantity=90 mg
- administrationSchedule=twice daily one day starting day 2

7 REFERENCES

- [1] "Quality Data Model," National Quality Forum, Washington, DC, 2012.
- [2] "HL7 Version 3 Domain Analysis Model: Virtual Medical Record for Clinical Decision Support (vMR-CDS), Release 2 [Sept ballot)," HL7, Ann Arbor, MI, 2013.
- [3] "FHIR Specification Home Page," HL7, 2013. [Online]. Available: http://www.hl7.org/fhir. [Accessed 01 11 2013].
- [4] "The Federal Health Information Model," J P Systems, Inc., 2013. [Online]. Available: http://www.fhims.org/. [Accessed 01 11 2013].
- [5] "HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture (QRDA) Category I, DSTU Release 2 July," HL7, Ann Arbor, MI, 2013.
- [6] "HL7 Virtual Medical Record for Clinical Decision Support (vMR-CDS) Templates, Release 1 Sep Ballot," HL7, Ann Arbor, MI, 2013.
- [7] "HL7 Implementation Guide for CDA® Release2: IHE Health Story Consolidation, DSTU Release 1.1," Ann Arbor, MI, 2012.
- [8] "HL7 Implementation Guide: Clinical Decision Support Knowledge Artifact Implementation Guide, Release 1 (pending publication)," HL7, Ann Arbor, MI, 2013.
- [9] "HL7 Version 3 DSTU: Representation of the Health Quality Measures Format (eMeasure), DSTU Release 2 (pending publication)," Ann Arbor, MI, 2013.
- [10] "HL7 Version 3: Reference Information Model (RIM)," HL7, Ann Arbor, MI, 2013.