Procurement of an EHR solution with adjacent systems and services

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Invitation to Dialogue

T Appendix 1B Functional Requirements

Based on SSA-T

Case number: 2016/238

History

Version	Responsibility	Date	Comments/Changes
v1.0	Helseplattformen	02.02.17	Version v1.0 shared with the Contractors

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1 INTRODUCTION

1.1 GENERAL

This Appendix contains the Customer's functional requirements for the procurement of an **electronic health record (EHR)** solution with adjacent systems and services for the Central Norway Health Region.

The Customer expects the Contractor to have read this Appendix in conjunction with the other ITD documents, and in particular Appendix C0, and to reflect upon how to best support the Customer's ambition and objectives for the new EHR solution, cf. *Appendix C0, Chapter 2*, when answering this Tender. The Requirements Specification for the EHR solution that will enable the Customer to reach this ambition are described in:

- *SSA-T Appendix 1A General requirements*

- *SSA-T Appendix 1B Functional requirements*

- *SSA-T Appendix 1C Technical requirements*

- *SSA-T Appendix 1D Training requirements*

Note that in general, all deliveries and pre-requisites or assumptions relevant for the implementation of the EHR solution, both related to the Contractor's Deliverables and the Customer Furnished Assets (CFA), cf. *Appendix C7*, shall be taken into account in the Contractor's Project and Progress Plan, cf*. T Appendix 3.*

The ITD documents describe the starting point for the competitive dialogue and may be altered based on proposals from Contractors. When the dialogue phase is concluded, the Customer will issue a final set of ITD documents that the Contractor shall base its final offer upon. It is not permissible to negotiate the final offers. Only clarifications, specifications and fine-tuning are allowed, see FOA § 20-9.

To assist Contractors in completing their responses supporting text in the form of instructions or examples have been included in the documents. These supporting texts will be replaced, reformatted or deleted before signing of the Contract.

1.2 LIST OF ANNEXES FOR THIS APPENDIX

N/A

1.3 COMPLETION OF THE VARIOUS DOCUMENTS

The Contractor shall answer the Customer's Requirement Specification in accordance with the instructions set out in the ITD Document and below. In order to ensure equal treatment and an efficient dialogue it is important that the instructions are adhered to.

Table 1 below depicts the template where the Requirements Specifications are set out. In Table 2 below the various columns are explained.

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Table 1 - Requirement table

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Requirement title Requirement **Dedicated area/function [only relevant for T Appendix 1B]:** • XX **To be considered [only relevant for T Appendix 1B]:** • XX					

Table 2 – Explanation of requirement table

Field	Description
No.	The Customer's unique identifier of a requirement. All references to requirements shall be done using this number. Requirements set out under the Delivery Contract are numbered as follows: • Gn (G1, G2, …) for General requirements (T Appendix 1A) • Fn (F1, F2, …) for Functional requirements (T Appendix 1B) • Tn (T1, T2, …) for Technical requirements (T Appendix 1C) • Dn (D1, D2, …) for Training requirements (T Appendix 1D) Requirements set out under the Maintenance Contract are numbered as follows: • Vn (V1, V2, …) for all requirements (V Appendix 1)
Requirement	The Customer's specification of the requirement. The following applies to T Appendix 1B only: • The "**Dedicated area/function**" denotation is the Customer's indication of whether a given requirement is associated with multiple enterprise capabilities and sub-capabilities (cf. *T Appendix 1B, Chapter 2*) and/or areas of particular focus (cf. *T Appendix 1B, Chapter 4*). The Contractor shall when describing its response to a requirement, ensure that the description at least covers the listed denotations (enterprise capabilities and sub-capabilities and/or areas of particular focus). The Contractor is encouraged to include other relevant capabilities and/or areas of particular focus not specifically listed. If the response is the same for two or more denotations, the Contractor is asked not to duplicate the response, but simply to explain which denotations the response is valid for. • The "**To be considered**" denotation indicates that the Customer is yet undecided whether the given requirement is relevant for the subsequent enterprise capabilities and/or areas of particular focus. This decision will be made during the dialogue phase. • The "**Integration**" denotation is the Customer's indication that an integration with an external or third party system will be required for the given requirement. If several enterprise (sub-) capabilities are listed under the "Dedicated area/function" for the given requirement, the integration might be relevant for one, several or all of them.
Imp (Importance – O/H/M/L)	The Customer's guidance on the importance of the requirement: • O – Obligatory. All obligatory requirements **must be satisfied.** If requirements with this classification are not satisfied, the **proposal will be rejected.**

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Field	Description
	• H – High importance. It is very important that the requirement is satisfied. At least 80 per cent of these requirements must be satisfied after the dialogue phase is completed (i.e., in the best and final Tender), cf. *ITD Document, Chapter 25.2.* • M – Medium importance. It is important that the requirement is satisfied. • L – Low importance. The requirement is desirable but it is less important that the requirement is satisfied.
ToF (Time of fulfilment – 1/2/3/4)	The Customer's deadline for fulfilment of the requirement: • 1 – Within delivery of the initial proposal • 2 – Within delivery of the final proposal • 3 – Within start of the Customers' acceptance test, as set out in the implementation plan for Helseplattformen Main Project, cf. *T Appendix 3* and in accordance with the test and approval procedures set out in *T Appendix 4* • 4 – Other. Individual deadline set out in the particular requirement (This applies especially for areas where the Customer and Contractor need close cooperation to decide the date of fulfilment) Note that where the deadline for fulfilment is later than the time of submission of the Tender, the compliance with the requirement will be considered based on the submitted documentation.
D (Describe – D/DX) and Confirm requirement	• D - The requirement denotation "D" indicates that the Contractor must describe how the requirement is satisfied. The description for a requirement specification denoted "D" should not exceed 4 A-4 pages, including documentation, unless otherwise specified. • DX – The requirement denotation "DX" indicates that the Contractor must provide a short description of how the requirement is satisfied, limited to a maximum of 1000 characters per requirement. The Contractor may at a later stage of the dialogue phase be asked to give a more detailed or complete description of the same requirement. • N/A – The requirement denotation "N/A" indicates that the requirement is a "confirm requirement" where the response shall be Yes/No in *T Appendix 2A2 – 2D2* and *V Appendix 2A2* Note that the Contractor shall as part of the response to the particular requirement requiring development describe the scope and size of development and the time schedule for that development. In the list of requirements requiring development that is to be submitted in *Appendix C0, Annex 1* and taken into account in the Contractor's response to *Appendix C2*, reference shall be made to this description. For requirements requiring development the Contractor shall fill out the columns related to development in *T Appendix 2A2 – 2D2* and *V Appendix 2A2.*
Doc (Documentation of requirements – DC, SC, DT, A, I, O)	Requirements for type and extent of documentation of a requirement: • Declaration of Confirmation (DC) – the requirement shall be demonstrated by a declaration issued by the Contractor • Standard Certification (SC) – the requirement shall be demonstrated by submission of an certification of coherence to a standard • Demonstration/Test of requirement (DT) • Analysis (A) - a reasoned explanation • Information (I) (The requirement is to deliver specified types of information as opposed to answer out functional and technical requirements) • Other (O) – the type of documentation is particular specified for the relevant requirement A requirement may desire one or more of the above types of documentation. Note that the required documentation may be separate, both in type and extent, for the purpose of evaluation and test and acceptance.

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Field	Description
ToReq (Type of requirement – H, M, GP, P, C)	"Type of requirement" identifies what entity the particular requirement is relevant for. For the purpose of this procurement the following categories are applicable: • Hospital (HMN) = H • Municipalities ("Kommune") = M • General Practitioner ("Fastlege") = GP • Citizens/Patient = P • Common for requirement for H , M , GP = C Other entity combinations will be marked by combining these indicators.

1.4 BACKGROUND AND PURPOSE OF THIS APPENDIX

This Appendix contains the requirements for the functional scope of the procurement, as set out below.

1.4.1 Scope of functional requirements

The functional scope is described in three dimensions:

1. the users of the EHR solution

2. the areas (capabilities) of the enterprise that the new EHR solution shall support

3. the ICT functionalities that the EHR solution must include to support these capabilities
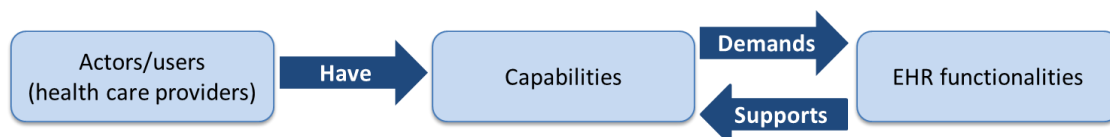
Figure 1 - The relation between the three dimensions defining scope

The health services are provided by several actors, for example GPs and public hospitals. The actors have capabilities that enable them to offer health services. The capabilities need/demand ICT support for effective operation. The functional scope is expressed in all these dimensions and are further described below.

The users of the EHR solution

The Norwegian Directorate of eHealth's (NDE) Health and care actor model, published as an attachment to *One Citizen - One Health Record [1]*, has been used as a starting point and adapted in order to define the users of the new EHR solution. For an overview of users of the EHR solution, cf. *Appendix C0, Chapter 4.2.*

Enterprise capabilities to be supported by the new EHR solution

The NDE's capability model, published as an attachment to *One Citizen - One Health Record*, which describes the *enterprise capabilities* that are necessary to provide health and care services to citizens, has been used as a starting point and adapted in order to define which areas (capabilities) of the health services the solution shall support. The NDE's capability model describes the health service in four main areas:

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[1] https://ehelse.no/Documents/En%20innbygger%20-%20en%20journal/V3.1%20E-helsekapabiliteter_1.0.pdf

Figure 2 - Main areas in the enterprise capability model

These main areas are broken down further into enterprise capabilities such as Quality and patient safety, Assessment of health condition, Nursing, care and palliative care, Laboratory tests, Emergency and preparedness management and others. The model has in total 85 sub-capabilities on the lowest level. For an overview of the NDE's capability model, cf. *Appendix C0, Chapter 4.3.*

Functionality in the EHR solution

The HL7 Electronic Health Records-System (EHR-S) Functional Model, Release 2[2] has been used to define the ICT functionalities that the EHR solution must include to support the different enterprise capabilities.

The scope of Helseplattformen covers the majority of the HL7 EHR-S Functional Model, however the Customer has not included all the functions and conformance criteria. The model is extended with several additional conformance criteria to the existing functions and some additional functions with associated conformance criteria.

In addition, the Customer has developed **user scenarios** to enable the Customer to gain an overview of how the solution will support their processes. These have been developed to put the functions and conformance criteria of the HL7 EHR-S Functional Model and the Customer's extended requirements into a context.

For the entire HL7 EHR-S Functional Model, see *Appendix C5*. A disclaimer for how the Customer has used the model is included in *Appendix C5, Chapter 1.* For a more detailed overview of the functionality in the EHR solution and how the Customer has used the HL7 EHR-S Functional Model, see *Appendix C0, Chapter 4.4.*

1.5   LAWS, REGULATIONS AND STANDARDS

This Chapter includes laws and standards relevant for the functional requirements, a more extensive list is provided in *Appendix C6*.

1.5.1 Laws and regulations

The functional requirements in this document describe important functionality that must be offered by the solution in order to be in compliance with Norwegian laws and regulations. However, it is important to recognise that it has not been the intention to detail an all-encompassing list of functional requirements needed to fulfil all aspects of relevant laws and regulations.

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[2] See Appendix C5 HL7 EHR-S Functional Model R2

To provide an overview of important laws and regulations that are relevant for the functional requirements, this Chapter lists the most relevant laws and regulations that will apply to the solution (not listed in a prioritised order).

For access to the listed laws and regulations, please see www.lovdata.no. Further, for unofficial English versions of these laws and regulations, please see http://app.uio.no/ub/ujur/oversatte-lover/. However, the Contractor should be aware that these translated versions may not be updated.

Table 3 - Laws and regulations

ID nr.	Laws and regulations	Abbreviation	Link
L1	LOV-2014-06-20-42 Lov om behandling av helseopplysninger ved ytelse av helsehjelp	Pasientjournalloven	https://lovdata.no/lov/2014-06-20-42
L2	LOV-2014-06-20-43 Lov om helseregistre og behandling av helseopplysninger	Helseregisterloven	https://lovdata.no/lov/2014-06-20-43
L3	LOV-2000-04-14-31 Lov om behandling av personopplysninger	Personopplysningsloven	https://lovdata.no/lov/2000-04-14-31
L4	LOV-1999-07-02-63 Lov om pasient- og brukerrettigheter	Pasient- og brukerrettighetsloven	https://lovdata.no/lov/1999-07-02-63
L5	LOV-1999-07-02-64 Lov om helsepersonell m.v.	Helsepersonelloven	https://lovdata.no/lov/1999-07-02-64
L6	LOV-1992-12-04-126 Lov om arkiv	Arkivlova	https://lovdata.no/lov/1992-12-04-126
L7	LOV-1999-07-02-61 Lov om spesialisthelsetjenesten m.m.	Spesialisthelsetjenesteloven	https://lovdata.no/lov/1999-07-02-61
L8	LOV-2008-06-20-44 Lov om medisinsk og helsefaglig forskning	Helseforskningsloven	https://lovdata.no/lov/2008-06-20-44
L9	LOV-1999-07-02-62 Lov om etablering og gjennomføring av psykisk helsevern	Psykisk helsevernloven	https://lovdata.no/lov/1999-07-02-62
L10	FOR-2011-12-16-1258 Forskrift om etablering og gjennomføring av psykisk helsevern m.m.	Psykisk helsevernforskriften	https://lovdata.no/forskrift/2011-12-16-1258
L11	LOV-2015-05-07-25 Lov om donasjon og transplantasjon av organ, celler og vev	Transplantasjonslova	https://lovdata.no/lov/2015-05-07-25
L12	LOV-1994-08-05-55 Lov om vern mot smittsomme sykdommer	Smittevernloven	https://lovdata.no/lov/1994-08-05-55
L13	LOV-1995-01-12-6 Lov om medisinsk utstyr	Lov om medisinsk utstyr	https://lovdata.no/lov/1995-01-12-6
L14	LOV-1992-12-04-132 Lov om legemidler m.v.	Legemiddelloven	https://lovdata.no/lov/1992-12-04-132
L15	LOV-2011-06-24-30	Helse- og omsorgstjenesteloven	https://lovdata.no/lov/2011-06-24-30

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ID nr.	Laws and regulations	Abbreviation	Link
	Lov om kommunale helse- og omsorgstjenester m.m.		
L16	LOV-1967-02-10 Lov om behandlingsmåten i forvaltningssaker	Forvaltningsloven	https://lovdata.no/lov/1967-02-10
L17	LOV-1992-09-25-107 Lov om kommuner og fylkeskommuner	Kommuneloven	https://lovdata.no/lov/1992-09-25-107
L18	LOV-1981-04-08-7 Lov om barn og foreldre	Barnelova	https://lovdata.no/lov/1981-04-08-7
L19	LOV-2000-06-23-56 Lov om helsemessig og sosial beredskap	Helseberedskapsloven	https://lovdata.no/lov/2000-06-23-56
L20	LOV-2011-06-24-29 Lov om folkehelsearbeid	Folkehelseloven	https://lovdata.no/lov/2011-06-24-29
L21	LOV-1970-01-16-1 Lov om folkeregistrering	Folkeregisterloven	https://lovdata.no/lov/1970-01-16-1
L22	LOV-2000-05-12-36 Lov om strålevern og bruk av stråling	Strålevernloven	https://lovdata.no/lov/2000-05-12-36
L23	LOV-2003-12-05-100k Lov om humanmedisinsk bruk av bioteknologi m.m.	Bioteknologiloven	https://lovdata.no/lov/2003-12-05-100
L24	FOR-2000-12-21-1385 Forskrift om pasientjournal av 21. desember 2000 nr. 1385	Forskrift om pasientjournal	https://lovdata.no/forskrift/2000-12-21-1385
L25	LOV-1981-05-22-25 Lov om rettergangsmåten i straffesaker	Straffeprosessloven	https://lovdata.no/lov/1981-05-22-25
L26	FOR-2000-12-15-1265 Forskrift om behandling av personopplysninger	Personopplysningsforskriften	https://lovdata.no/forskrift/2000-12-15-1265
L27	FOR-2015-07-01-853 Forskrift om IKT-standarder i helse- og omsorgstjenesten	Forskrift om IKT-standarder i helse og omsorg	https://lovdata.no/forskrift/2015-07-01-853
L28	FOR-2014-12-17-1757 Forskrift om tilgang til helseopplysninger mellom virksomheter	Forskrift om tilgang til helseopplysninger	https://lovdata.no/forskrift/2014-12-17-1757
L29	FOR-2007-12-21-1610 Forskrift om behandling av helseopplysninger i nasjonal database for elektroniske resepter	Reseptformidlerforskriften	https://lovdata.no/forskrift/2007-12-21-1610
L30	FOR-2013-11-29-1373 Forskrift om håndtering av medisinsk utstyr	Forskrift om håndtering av medisinsk utstyr	https://lovdata.no/forskrift/2013-11-29-1373
L31	FOR-2007-12-07-1389 Forskrift om innsamling og behandling av helseopplysninger i Norsk pasientregister	Norsk pasientregisterforskriften	https://lovdata.no/forskrift/2007-12-07-1389
L32	FOR-2005-06-17-611 Forskrift om Norsk overvåkingssystem for antibiotikabruk og helsetjenesteassosierte infeksjoner	NOIS-registerforskriften	https://lovdata.no/forskrift/2005-06-17-611

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ID nr.	Laws and regulations	Abbreviation	Link
L33	FOR-2013-05-31-563 Forskrift om nasjonal kjernejournal	Kjernejournalforskriften	https://lovdata.no/for skrift/2013-05-31-563
L34	FOR-2005-06-17-610 Forskrift om smittevern i helse- og omsorgstjenesten	Forskrift om smittevern i helsetjenesten	https://lovdata.no/for skrift/2005-06-17-610
L35	FOR-2002-12-20-1731 Forskrift om internkontroll i helse- og omsorgstjenesten	Internkontrollforskrift i helsetjenesten	https://lovdata.no/for skrift/2002-12-20-1731
L36	FOR-2000-12-15-1425 Forskrift om rapportering fra kommuner og fylkeskommuner	Forskrift om kommunal rapportering	https://lovdata.no/for skrift/2000-12-15-1425
L37	FOR-2003-06-27-792 Forskrift om kvalitet i pleie- og omsorgstjenestene for tjenesteyting etter lov av 19. november 1982 nr. 66 om helsetjenesten i kommunene og etter lov av 13. desember 1991 nr. 81 om sosiale tjenester m.v.	Kvalitetsforskrift for pleie- og omsorgstjenestene	https://lovdata.no/for skrift/2003-06-27-792
L38	FOR-2001-07-23-881 Forskrift om krav til beredskapsplanlegging og beredskapsarbeid mv. etter lov om helsemessig og sosial beredskap	Forskrift om krav til beredskapsplanlegging	https://lovdata.no/for skrift/2001-07-23-881
L39	FOR-2004-06-25-988 Forskrift om elektronisk kommunikasjon med og i forvaltningen	eForvaltningsforskriften	https://lovdata.no/for skrift/2004-06-25-988
L40	FOR-2011-08-22-894 Forskrift om kommunal beredskapsplikt	Forskrift om kommunal beredskapsplikt	https://lovdata.no/for skrift/2011-08-22-894
L41	FOR-2011-12-16-1349 Forskrift om egenandel for kommunale helse- og omsorgstjenester	Forskrift om egenandel for helse- og omsorgstjenester	https://lovdata.no/for skrift/2011-12-16-1349
L42	FOR-2012-08-29-842 Forskrift om fastlegeordning i kommunene	Forskrift om fastlegeordning i kommunene	https://lovdata.no/for skrift/2012-08-29-842
L43	FOR-2006-02-17-204 Forskrift om pseudonymt register for individbasert helse- og omsorgsstatistikk	Forskrift om IPLOS-registeret	https://lovdata.no/for skrift/2006-02-17-204
L44	FOR-2003-04-03-450 Forskrift om kommunens helsefremmende og forebyggende arbeid i helsestasjons- og skolehelsetjenesten	Forskrift om helsestasjons- og skolehelsetj.	https://lovdata.no/for skrift/2003-04-03-450
L45	FOR-2011-11-18-1115 Forskrift om kommunal betaling for utskrivingsklare pasienter	Forskrift om kommunal betaling, utskrivingsklare pasienter	https://lovdata.no/for skrift/2011-11-18-1115
L46	FOR-2014-02-14-137 Forskrift om disponering av kontantytelser fra folketrygden under opphold i kommunal helse- og omsorgsinstitusjon og i helseinstitusjon i spesialisthelsetjenesten	Forskrift om kontantytelser fra folketrygden	https://lovdata.no/for skrift/2014-02-14-137

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ID nr.	Laws and regulations	Abbreviation	Link
L47	FOR-2009-10-02-1229 Forskrift om nasjonalt vaksinasjonsprogram	Forskrift om nasjonalt vaksinasjonsprogram	https://lovdata.no/forskrift/2009-10-02-1229
L48	FOR-2000-12-01-1208 Forskrift om prioritering av helsetjenester, rett til nødvendig helsehjelp fra spesialisthelsetjenesten, rett til behandling i utlandet og om klagenemnd	Prioriteringsforskriften	https://lovdata.no/forskrift/2000-12-01-1208
L49	FOR-2001-12-21-1476 Forskrift om innsamling og behandling av helseopplysninger i Dødsårsaksregisteret	Dødsårsaksregisterforskriften	https://lovdata.no/forskrift/2001-12-21-1476
L50	FOR-2015-12-21-1813 Forskrift om dødsdefinisjon ved donasjon av organer, celler og vev	Forskrift om dødsdefinisjon ved donasjon	https://lovdata.no/forskrift/2015-12-21-1813
L51	FOR-2005-02-04-80 Forskrift om tapping, testing, prosessering, oppbevaring, distribusjon og utlevering av humant blod og blodkomponenter og behandling av helseopplysninger i blodgiverregistre	Blodforskriften	https://lovdata.no/forskrift/2005-02-04-80
L52	FOR-2015-12-07-1430 Forskrift om krav til kvalitet og sikkerhet ved håndtering av humane celler og vev	Forskrift om håndtering av humane celler og vev	https://lovdata.no/forskrift/2015-12-07-1430
L53	FOR-2016-06-27-819 Forskrift om stønad til dekning av utgifter til undersøkelse og behandling hos lege	Forskrift om dekning av utgifter hos lege	https://lovdata.no/forskrift/2016-06-27-819
L54	FOR-2015-12-07-1401 Forskrift om kvalitet og sikkerhet for humane organer beregnet for transplantasjon	Forskrift om humane organer til transplantasjon	https://lovdata.no/forskrift/2015-12-07-1401
L55	FOR-2003-06-20-740 Forskrift om Meldingssystem for smittsomme sykdommer	MSIS-forskriften	https://lovdata.no/forskrift/2003-06-20-740
L56	FOR- 2000-12-01-1217 Forskrift om barns opphold i helseinstitusjon	Forskrift om barns opphold i helseinstitusjon	https://lovdata.no/forskrift/2000-12-01-1217
L57	LOV-1998-07-17-56 Lov om årsregnskap m.v.	Regnskapsloven - rskl	https://lovdata.no/lov/1998-07-17-56
L58	LOV-2004-11-19-73 Lov om bokføring	Bokføringsloven	https://lovdata.no/lov/2004-11-19-73
L59	FOR-2007-06-29-742 Forskrift om genetisk masseundersøkelse av nyfødte	Forskrift om genetisk masseundersøkelse	https://lovdata.no/forskrift/2007-06-29-742
L60	FOR-2008-04-03-320 Forskrift om legemiddelhåndtering for virksomheter og helsepersonell som yter helsehjelp	Forskrift om legemiddelhåndtering	https://lovdata.no/forskrift/2008-04-03-320
L61	FOR-2007-12-21-1610 Forskrift om behandling av helseopplysninger i nasjonal database for elektroniske resepter	Reseptformidlerforskriften	https://lovdata.no/forskrift/2007-12-21-1610

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ID nr.	Laws and regulations	Abbreviation	Link
L62	FOR-2015-03-20-231 Forskrift om krav til og organisering av kommunal legevaktsordning, ambulansetjeneste, medisinsk nødmeldetjeneste m.v.	Akuttmedisinforskriften	https://lovdata.no/forskrift/2015-03-20-231
L63	FOR-2011-12-16-1256 Forskrift om habilitering og rehabilitering, individuell plan og koordinator	Forskrift om habilitering og rehabilitering	https://lovdata.no/forskrift/201 1-12-16-1256
L64	FOR-2010-10-29-1380 Forskrift om strålevern og bruk av stråling	Strålevernforskriften	https://lovdata.no/forskrift/2010-10-29-1380
L65	FOR-2003-11-14-1353 Forskrift om innsamling og behandling av helseopplysninger i Norsk overvåkningssystem for resistens hos bakterier, sopp og virus	Resistensregisterforskriften	https://lovdata.no/forskrift/2003-11-14-1353
L66	FOR-1998-04-27-455 Forskrift om rekvirering og utlevering av legemidler fra apotek	Forskrift om legemidler fra apotek	https://lovdata.no/dokument/SF/forskrift/1998-04-27-455
L67	FOR-1998-12-11-1193 Forskrift om offentlege arkiv	Forskrift om offentlege arkiv	https://lovdata.no/dokument/SF/forskrift/1998-12-11-1193
L68	LOV-1997-02-28-19 Lov om folketrygd	Folketrygdloven	https://lovdata.no/lov/1997-02-28-19
L69	FOR-2009-12-18-1839 Forskrift om legemidler	Legemiddelforskriften	https://lovdata.no/forskrift/2009-12-18-1839
L70	FOR-2016-03-18-268 Forskrift om Norsk helsearkiv og Helsearkivregisteret	Helsearkivforskriften	https://lovdata.no/forskrift/2016-03-18-268
L71	Regulation (EU) 2016/679 of the European parliament and of the council of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC	General data protection regulation (GDPR)	http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32016R0679
L72	FOR-2007-06-28-814 Forskrift om stønad til dekning av utgifter til viktige legemidler mv.	Blåreseptforskriften	https://lovdata.no/forskrift/2007-06-28-814

1.5.2 Applicable standards and guidelines

The table below presents an overview of selected standards and guidelines. Note that this list is not exhaustive. The purpose of providing the Contractor with this overview of standards and guidelines is to inform about some of the particular conditions that solution needs to operate within. For additional information regarding standards and guidelines that are relevant to health services in Norway, please refer to www.ehelse.no.

Table 4 – Standards and guidelines

ID nr.	Standards and guidelines	Comment	Link
SG1	Mandatory standards referred to in Referansekatalogen for E-helse, (e.g., IPLOS)	Mandatory by law, cf. Forskrift om IKT-standarder i helse- og omsorgstjenesten.	https://ehelse.no/standarder-kodeverk-og-referansekatalog/referansekatalogen
SG2	The Code of Conduct for information security in the healthcare and care services	Mandatory for all organisations that have signed a connection agreement ("Tilknytningsavtale") with Norsk Helsenett.	www.normen.no
SG3	EPJ standard: Vedtak etter psykisk helsevernloven		https://ehelse.no/epj-standard-vedtak-etter-psykisk-helsevernloven-his-807022015
SG4	EPJ Standard: Tverrfaglig spesialisert behandling av rusmiddelmisbruk. Kravspesifikasjon og teknisk Standard		https://ehelse.no/epj-standard-tverrfaglig-spesialisert-behandling-av-rusmiddelmisbruk-his-10312011
SG5	Noark 5 Standard for Records Management	Noark 5 Standard for elektronisk arkiv	https://arkivverket.no/arkivverket/Offentleg-forvalting/Noark/Noark-5
SG6	National Register of Electronic Addresses	Adresseregisteret	https://ehelse.no/helseadministrative-registre/adresseregisteret
SG7	Volven		www.volven.no
SG8	EPJ Standard del 1 – 6 EPJ Standard del 1: Introduksjon til EPJ Standard (HIS 80505:2015) (PDF) EPJ Standard del 2: Tilgangsstyring, redigering, retting og sletting (HIS 80506:2015) EPJ Standard del 3: Journalarkitektur og generelt om journalinnhold (HIS 80507:2015) EPJ Standard del 4: Person, organisasjon mv (HIS 80508:2015) EPJ Standard del 5: Arkivuttrekk (HIS 80509:2015) EPJ Standard del 6: Felles funksjonelle krav (HIS 80510:2015)		https://ehelse.no/epj-standard-del-1-introduksjon-til-epj-standard-his-805052015
SG9	Veileder om medisinsk bruk av røntgen- og MR-apparatur		See especially Chapter 5 http://www.nrpa.no/dav/2e5ac2ed79.pdf
SG10	National quality indicators		https://helsedirektoratet.no/statistikk-og-analyse/kvalitetsindikatorer
SG11	Samhandlingsreformen. Rett behandling – på rett sted – til rett tid	St.meld. nr. 47 (2008-2009)	https://www.regjeringen.no/no/dokumenter/stmeld-nr-47-2008-2009-/id567201/

T Appendix 1B Functional Requirements v1.0

ID nr.	Standards and guidelines	Comment	Link
SG12	The Norwegian Patient Safety Programme: In Safe Hands		http://www.pasientsikkerhetsprogrammet.no/
SG13	WHO Surgical Safety Checklist		http://www.who.int/patientsafety/safesurgery/checklist/en/
SG14	National health preparedness plan		https://www.regjeringen.no/no/dokumenter/Nasjonal-helseberedskapsplan/id761213/
SG15	Veileder om legemiddelgjennomganger		https://helsedirektoratet.no/retningslinjer/veileder-om-legemiddelgjennomganger
SG16	DRG-systemet		https://helsedirektoratet.no/finansieringsordninger/innsatsstyrt-finansiering-isf-og-drg-systemet/drg-systemet
SG17	Innsatsstyrt finansiering (ISF)		https://helsedirektoratet.no/finansieringsordninger/innsatsstyrt-finansiering-isf-og-drg-systemet/innsatsstyrt-finansiering-isf
SG18	Takster for å fremsette refusjonskrav overfor Helfo		https://ehelse.no/takster
SG19	Strategi for persontilpasset medisin i helsetjenesten	Helsedirektoratet (2016), Nasjonal strategi for persontilpasset medisin i helsetjenesten 2017-2021 (IS-2446)	https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/1192/Nasjonal%20strategi%20for%20persontilpasset%20medisin%20i%20helsetjenesten%20IS-2446.pdf
SG20	Standards and guidelines: Standard for arkivavlevering av elektronisk pasientjournal til Norsk helsearkiv (EPJARK)		http://www.arkivverket.no/arkivverket/Arkivverket/Helsearkiv/Digital-avlevering-av-EPJ/Standarder-EPJ-avlevering

1.6 DEFINITIONS AND TERMS

Terms and expressions with capital letters shall have the meaning set out in *Appendix C4*. Terms marked with ***bold, italic font*** are terms that the Customer has wished to provide an explanation of to ensure a common understanding, cf. *Appendix C4*. These terms and definitions should be interpreted in the context of this specific procurement, and are not intended to be general definitions beyond this scope. The terms are in addition to cf. *Appendix C5, Annex C – Glossary of Terms for EHR-S FM*.

1.7 STRUCTURE OF THIS APPENDIX

The structure of this Appendix is presented in the following Table 5.

Table 5 - The structure of this Appendix

Chapter 2: **Enterprise capabilities the solution shall support**	Chapter 2 is structured according to the Norwegian Directorate of eHealth's enterprise capability model, which describes the enterprise capabilities that are necessary to provide health services to citizens. This model encompasses four main areas: • Management and direction • Core services • Clinical support services • Facilitation In this Chapter, each enterprise capability is described, including the present situation and the purpose and expectations. Furthermore, each enterprise capability is supported by general, functional requirements.
Chapter 3: **Description of user scenarios**	By asking the Contractor how the offered solution supports a set of defined user scenarios, with different patient and enterprise perspectives, the Customer seeks to gain an overview of how the solution will support organisation-wide processes. Furthermore, each user scenario is supported by a set of general, functional requirements.
Chapter 4: **Areas of particular focus to Helseplattformen**	The Customer has identified a number of functional areas of particular focus. These areas are either cross-cutting, i.e., spanning a broad range of subjects and functionalities, or there are other factors that have made these areas particularly important. In this chapter, each area of particular focus is described, including the present situation and the purpose and expectations. Furthermore, each area is supported by general, functional requirements.
Chapter 5: **Functional requirements**	Chapter 5 contains the functional requirements for the solution. The Customer has made use of the HL7 EHR System Functional Model, Release 2 as a basis for these requirements. In some areas, The HL7 EHR System Functional Model is supplemented with additional functional requirements, e.g., in order to clarify the Customer's needs or specify requirements specific to the Norwegian health service.
Chapter 6: **Options**	Chapter 6 contains Option functional requirements for the solution. The Options are listed under "Options" in the introduction of each enterprise capability (*Chapter 2*) and/or area of particular focus (*Chapter 4*).

2 ENTERPRISE CAPABILITIES THE SOLUTION SHALL SUPPORT

The Customer has made use of the Norwegian Directorate of eHealth's *enterprise capabilities* model for defining the scope of the procurement, as well as identifying and developing the requirements for the solution. For further information on the conceptual model, cf. *Appendix C0 - Annex 2,* used for **Helseplattformen**. This Chapter is structured according to the Enterprise capability model, and intends to provide the Contractor with information regarding the Customer's present situation and purpose and expectations of the new EHR in relation to the enterprise capabilities. In addition, each chapter provides an overview of the most relevant laws and regulations, integrations, Options, **user scenarios** and other chapters that should be read in conjunction with the capability.

Relevant functionalities according to the HL7 EHR-S FM are listed for each capability within this Chapter. Detailed functional requirements for each capability can be found in *Chapter 5.* Functional requirements and the corresponding capabilities or sub-capabilities are listed in the dedicated area column of the requirements table.

2.1 SECTION "MANAGEMENT AND DIRECTION"

Management and direction contains capabilities necessary to make use of political, technological, financial, organisational and knowledge-wise scope of possibilities in order to provide the citizens with the best possible health services. The capabilities respond to premises governed by internal and external influences, and provide a framework and directions for planning and change in order to ensure the development of health services adhere to these.

Operational management is dependent on up to date, correct, integrated and comparable information about the quality and quantity of the health services provided. Correct information regarding the costs of health services is also necessary. The ability to compare an organisation's results to other organisations is needed in order for the organisation to make improvements to quality. This will improve patient safety, operational management and financial management.

Knowledge about quality and results of the services provided is an important prerequisite for developing and improving services. In order to obtain this knowledge, there is a need for continuous measurement of quality and results. This requires Helseplattformen to continuously supply data necessary to develop this knowledge.

Helseplattformen shall provide support to ensure the organisations' strategic goals related to operational management are achieved. This includes managing activity, quality and patient safety, logistics, human resources, economy and finance. This may be managed directly by the solution or through integration with existing systems. Shared **master data**, **terminology** and classifications shall be standardised across systems as is considered practical.

Table 6 - Structure of Chapter 2.1 Section "Management and direction"

2.1.1	**Development**
2.1.2	**Operational management**
2.1.3	**Quality and patient safety**
2.1.4	**Knowledge management**

2.1.1 Development

Definition

The ability to develop the organisation so that citizens are ensured health services as set out in laws and regulations, and detailed in commissioning documents and propositions.

The term health services includes services provided by private and public organisations and services provided in the community that are intended for preventing, diagnosing and treating conditions, providing care to people who are ill or the **rehabilitation** and **habilitation** of patients following illness and injury.

Service innovation

The ability to systematically collect, produce and implement new ideas or opportunities that create value for the health sector or the citizens. This may be a new or improved product, service, production process or an organisational structure.

Strategy development

The ability to define specific goals and describe the direction and priorities in order to achieve these. This also includes the ability to set goals and a plan of action based on external and internal drivers and ensure flexibility in relation to these.

Organisational planning

The ability to plan the organisation's work in line with the priorities, objectives and determined boundaries, as well as to ensure effective utilisation of the organisation's total resources. This includes capacity planning in relation to the patient and citizen's needs, and planning the budget accordingly.

Level of functionality to be agreed upon in the dialogue phase

Minimum
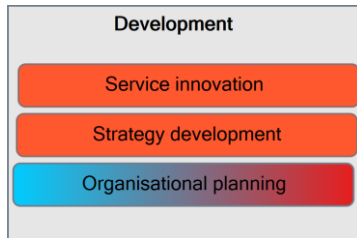
Maximum

Integrations*

- Systems for data analysis

    - health information for collection, analysis and overviews

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.2.2 Head of department

Other chapters/annexes*

- Chapter 4.3 Report generator and data retrieval

Laws, regulations and guidelines (see Chapter 1.5)*

- Kommuneloven, in Table 3, ID L17

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

- Forskrift om kommunal rapportering, in Table 3, ID L36

- Spesialisthelsetjenesteloven, in Table 3, ID L7

Related functions in HL7 EHR-System Functional Model, Release 2*

CPS.9.4, CPS.9.5, POP.2.3, POP.6.1, POP.6.2, POP.6.3, POP.6.4, POP.9, TI.3

Present situation

In the present situation, the ability for both hospitals and municipalities to gain a correct overview of available treatment capacity varies greatly, which limits adequate patient activity planning. The indicator for future capacity needs in hospitals are e.g., clinical pathways. Municipalities use

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* The list is not exhaustive

sources such as **Statistics Norway (SSB)** reports as indicators for future needs. Central Norway Health Region uses other external systems for analysis today.

Limited or unavailable system information regarding factors affecting citizens' health may result in overcrowding in some services or divisions, and overcapacity in others. Managing capacity planning, like admittance and discharge of patients, is to some extent covered in today's existing systems, but some departments use external systems to better manage the patient flow. These do not exchange information with the current EHR or other systems, and are often maintained by the department manager or a local representative.

Purpose and expectations

Municipalities and hospitals need information to analyse both past, present and future activities for calculating future needs. Health providers in Central Norway Health Region anticipates a system with the ability to collect, process and present relevant data from different sources at the desired level (health service level, care level, department- and hospital level etc.) with regards to future capacity requirements (competence, resources, and other needs from the patient's clinical pathway). There is also a need for functionality to continuously monitor the health status of the population, and support to enable simulation, calculation, modelling and visualisation. This includes warning mechanisms based on analyses to give notice of changes in patterns at an early stage.

Information from personnel systems, economy systems and other external systems are necessary for analysing e.g., cost-per-patient. The level of functionality required in the solution, or whether an external system will be used to cover this functionality, will be decided during the dialogue phase.

Requirements related to Development

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18845	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18846	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Development are marked with Organisational planning in *Chapter 5*.

2.1.2 Operational management

Definition

The ability to manage mechanisms, processes and relationships that control and provide directions to the organisation. This includes management in relation to legislation, regulations and guidelines, risk management, services, outcome and project portfolio, as well as ensuring change management and benefits realisation.

Health values form the foundation for management, planning and prioritisation in health services. The values of justice, equality, equal access to health services, transparency, quality, user participation, respect for the individual and compassion are of importance in all parts of the organisation.

Performance management and reporting

The ability to define, collect, analyse and report management data as a basis for ensuring that the organisation's performance targets are achieved. This includes both the preparation of forecasts and authority reporting. Performance management may focus on the performance of an organisation, division, processes and services, as well as an individual employee.

Balancing health and care services

The ability to balance health services according to the society and population's needs and demands for health services. This includes adjusting the distribution of services between different providers.

Service development

The ability to implement strategies through programmes and projects so that the organisation is able to reach its goals. This also includes the ability to manage the driving forces, visions and processes that drive changes to the organisation, as well as ensure that the expected benefits of projects or initiatives for change are realised.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Operational management
Performance management and reporting
Balancing health and care services
Service development

Maximum

Operational management
Performance management and reporting
Balancing health and care services
Service development
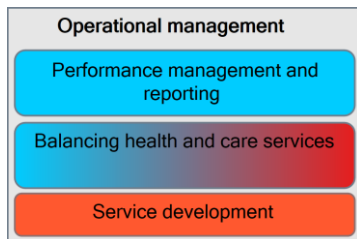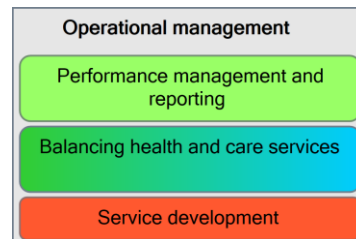
Integrations[*]

- Service directory

- Data analysis system

  - Health information for collection, analysis and overviews

  - Pseudonymous patient demographics, financial and administrative data

Options (see Chapter 6)

- N/A

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[*] The list is not exhaustive

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.2.2 Head of department

Other chapters/annexes*

- Chapter 4.3 Report generator and data retrieval

- Chapter 4.9 Administrative procedures

Laws, regulations and guidelines (see Chapter 1.5)*

- Samhandlingsreformen, in Table 4, ID SG 11

- Kommuneloven, in Table 3, ID L17

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

- Forskrift om kommunal rapportering, in Table 3, ID L36

- Spesialisthelsetjenesteloven, in Table 3, ID L7

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.9.1, CP.9.2, CPS.1.2, CPS.1.6.4, CPS.3.1, CPS.3.10, CPS.9.2.2, CPS.9.3, CPS.9.4, CPS.9.5, AS.1.1, AS.2.3, AS.4.1, AS.7.3, AS.7.4, AS.8.1, AS.8.3, AS.8.4, AS.9.3, POP.2.1, POP.6.1, POP.6.2, POP.6.3, POP.6.4, POP.7, POP.9, RI.1.1.6, RI.1.1.8, RI.1.1.13, TI.3, TI.7

Present situation

Current EHR systems lack functionality and **usability** with regards to data retrieval for operational management. Data is stored in several different systems, data is often duplicated, and lacking of the functionality to exchange information between systems. Extraction and compilation of data from different sources is time-consuming and inefficient, as data is mainly compiled and analysed using spreadsheet solutions. The complexity of compiling and analysing the data from several sources makes it difficult to get reports of situations in real time, especially ad hoc reports. Managing capacity planning like admittance and discharge of patients is to some extent covered in today's existing systems, but some departments use external systems to better manage the patient flow.

Samhandlingsreformen provides directions for the coordination of hospitals and municipal health services, and is described in *Appendix C0*.

Purpose and expectations

In order to manage the development and continuous improvement of the health service in Central Norway Health Region, up-to-date, correct and accessible management information is required across organisational levels. With regards to performance management and reporting, the health providers in Central Norway Health Region anticipates a solution that can provide information to satisfy all providers ranging from the authorities' reporting requirements to an individual health professional who wants to improve his/her own performance and improve the quality of treatment and care for own patients.

This includes analyses to support real-time quality information, publication of selected quality indicators and supporting the process for quality improvement in the organisation. Cost per patient is also an important measurement for assessing clinical activity and comparing

organisations/units that deliver the same kind of services. Knowledge about the costs of health services is fundamental knowledge in order to compare services in terms of efficiency and quality.

Municipalities and hospitals need information to analyse both past, present and future activities for calculating present and near future needs. Information from personnel systems, economy systems and other external systems are necessary for analysing e.g., cost-per-patient. The level of functionality required in the solution, or whether an external system will be used to cover this functionality, will be decided during the dialogue phase.

Requirements related to Operational management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18847	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18848	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Operational management are marked with Performance management and reporting and/or Balancing health and care services in *Chapter 5*.

2.1.3 Quality and patient safety

Definition

The ability to ensure a more patient-oriented provision of health services, more focus on systematic quality improvement, better patient safety and fewer *adverse events*.

Control and compliance

The ability to ensure and check that the organisation has procedures and routines that reflect applicable laws and regulations, policies and guidelines. This includes the ability to ensure that its employees know of and follow these procedures. This includes the ability to detect inconsistency in treatment, nursing or care.

Continuous quality improvement

The ability to implement process management, organisational development and service development in the organisation and with collaborators. This includes the ability to undertake recurring evaluations and improvements to patient pathways, processes and procedures, as well as benchmarking against other similar organisations or best practices with the purpose of driving improvements.

Handling errors/discrepancies

The ability to collect adverse events and errors, classify and analyse these and provide feedback in order to adjust processes and routines and other conditions and be able to reduce the likelihood or consequence of the adverse event or error.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Quality and patient safety
Control and compliance
Continuous quality improvement
Handling errors/discrepancies

Maximum

Quality and patient safety
Control and compliance
Continuous quality improvement
Handling errors/discrepancies
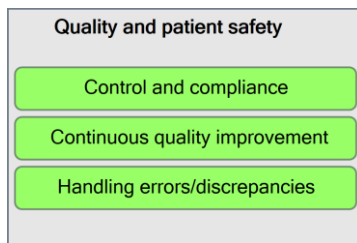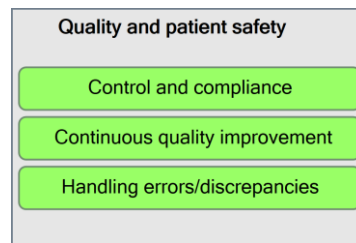
Integrations*

- Personnel system

  - employee information and report about work related injuries

- Digital mail solutions

  - adverse event reports

- National medical quality registry

  - data from Global Trigger Tool reviews

- Quality systems

  - Injury reports

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.2.2 Head of department

Other chapters/annexes*

- Chapter 2.1.1 Development

- Chapter 2.1.2 Operational management

- Chapter 4.3 Report generator and data retrieval

- Chapter 4.7 Knowledge and clinical decision support

Laws, regulations and guidelines (see Chapter 1.5)*

- Spesialisthelsetjenesteloven, in Table 3, ID L7

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* The list is not exhaustive

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

- Pasient- og brukerrettighetsloven, in Table 3, ID L4

- Internkontrollforskrift i helsetjenesten, in Table 3, ID L35

- Kvalitetsforskrift for pleie- og omsorgstjenestene, in Table 3, ID L37

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.2, CP.1.9, CP.3.4, CP.7.1, CP.7.2, CP.9.2, CPS.1.7.2, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.3, CPS.3.4, CPS.3.8, CPS.3.10, CPS.9.4, CPS.9.5, AS.3.2.2, AS.4.1, AS.5.1, AS.7.1, AS.7.5, AS.8.4, AS.8.5, POP.3, POP.6.1, POP.6.2, POP.6.3, POP.6.4, TI.1.8, TI.1.8.1, TI.1.8.2

Present situation

In both municipal and specialist health services, the electronic quality system is not necessarily integrated with, or a part of the **EHR**. Thus, procedures, routines, laws, regulations, policies and guidelines are not available from the EHR. Control and evaluation of quality and compliance have to be safeguarded manually by using reports from e.g., local or national quality registers. In addition, regular audits on specific topics are performed to review compliance to procedures and regulations in the different health unit/department.

St. Olavs Hospital has initiated an improvement program focusing on standardised clinical pathways. An electronic tool was developed (**Electronic standardised pathway (ESP)**) in order to monitor the use and measured outcome of these pathways in the different hospitals in the region. ESP provides a view of the logistics and quality measurements of patient progression in clinical pathways based on structured data from the patient administrative system. Another tool used to improve quality in patient treatment is Global Trigger Tool (GTT). The GTT methodology was introduced by the national patient safety program. The tool includes a retrospective review of a random sample of patient records using "triggers" (or clues) to identify possible adverse events. GTT-teams are established in all hospitals to make reviews and to report findings into the national database Extranet.

During the last years a national initiative have been taken to establish national quality indicators. This to make the patients, their relatives and the public, capable of judging the quality in the different health care services. The quality indicators are available from https://helsenorge.no/Kvalitetsindikatorer.

In order to learn and make improvements, errors and potential errors are reported by health personnel in the electronic quality system. Since 2011 the specialist health service reports adverse events to the **Norwegian Knowledge Centre for the Health Services** according to *Spesialisthelsetjenesteloven § 3-3* as well.

Some of our organisations have several disjoint quality systems, in particular in the municipalities. Upper management in a municipality may for instance have the ultimate responsibility for health services, housing, utilities, child services and more, all of which may have separate quality systems. Responsibilities include both assessment and management of the errors, discrepancies or adverse events, as well as reporting to regulatory bodies. This means management will have to access different systems in order to manage **notifications** of discrepancies or adverse events. Data have to be extracted and compiled from several systems in order to generate complete reports as well.

Purpose and expectations

- Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- Patient safety is the prevention of errors and adverse effects to patients associated with health service.

Procuring a modern and comprehensive EHR solution is expected to contribute to higher treatment quality and patient safety, with shared information, *decision* and *process support*, and more automated processes. In order to focus more on systematic quality improvement, better patient safety and fewer adverse events, the Customer needs a solution that supports integrated procedures, routines and *standardised clinical pathways*. The Customer also seeks a solution that is able to monitor compliance and support detection of discrepancies in treatment, nursing and care. Although detection and managing discrepancies in treatment is an expectation, the solution would need to be able to interact with other quality systems when applicable. In cases where several quality systems are in use in the organisation, the management needs the ability to compile the information in a single quality system or reporting tool (e.g., datawarehouse), either internal or external of the solution. Continuous quality improvement in all levels of the organisation requires up-to-date, correct and accessible management information across providers. This requires feedback directly in the process and as management information, as well as the ability to collect, process and present relevant data at the desired level, including publication of quality indicators.
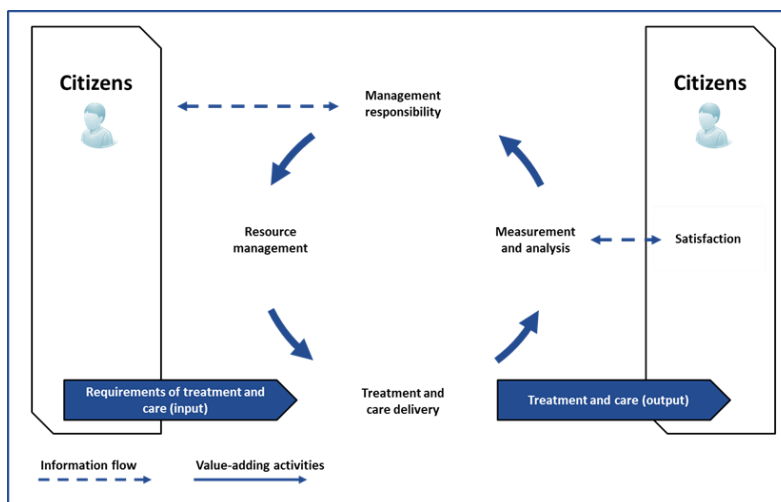
Figure 3 - Illustration based on model of a process-based quality management system, ISO 9001:2008

The Figure 3 illustrates a continuous quality improvement process of health services in collaboration with citizens. The figure is not exhaustive in terms of who will make suggestions for improving the quality of health services. Demands for quality improvement of health authorities and clinicians themselves are implicit in the figure.

Requirements related to Quality and patient safety

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18849	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	H	1	D	DC	C
F18850	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	H	1	D	DC	C

Detailed requirements related to Quality and patient safety are marked with Control and compliance, Continous quality improvement and/or Handling errors or discrepancies in *Chapter 5.*

2.1.4 Knowledge management

Definition

The ability to collect, share and effectively apply knowledge. This includes a multidisciplinary approach to achieving organisational goals by using the combined knowledge in the organisation in the best possible way.

Development of knowledge

The ability to develop guidelines for clinical best practice. This includes ***knowledge, decision*** and ***process support***.

Distribution of knowledge

The ability to distribute the clinical best practice throughout the health sector.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Knowledge management

Development of knowledge

Distribution of knowledge

Maximum

Knowledge management

Development of knowledge

Distribution of knowledge
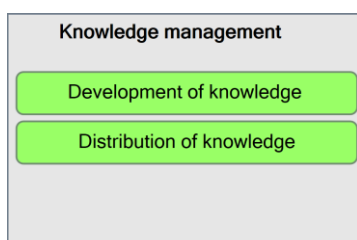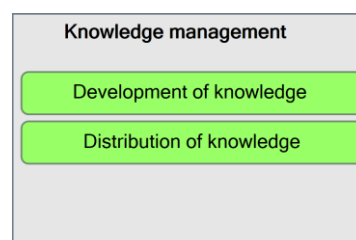
This capability is covered as part of Chapter 4.7. The level of functionality to be included in the solution will be decided during the dialogue phase.

Detailed requirements related to Knowledge management are marked with Development of knowledge and/or Distribution of knowledge in *Chapter 5.*

2.2 SECTION "CORE SERVICES"

Core services contain capabilities that is necessary to the provision of care. The solution shall support preventative health services, but also preparation for treatment and education of patients and their representatives in relation to health conditions. The ability to obtain all necessary information about the patient's health condition and overall situation and to assess this, determine the diagnosis, plan and coordinate treatment and care, as well as considering the impact and outcome of the initiated measures. This Chapter describes how the solution shall support the care of patients and their representatives. This involves both performing active treatment and care based on the patient's health condition, and initiating appropriate treatment options. This includes the ability to prioritise problems, setting of goals, choice of care options and drafting of plans, as well as the ability to prepare for and manage all equipment and necessary resources for treatment, including medication treatment, nursing and care activities and rehabilitation.

There is an expectation that the solution will support better workflow, and less time spent on recording and searching for information. The solution shall also support patients to be more involved in all decisions related to the individual patient's health condition, treatment and care.

Table 7 - Structure of Chapter 2.2 Section "Core services"

2.2.1	**Public health**
2.2.2	**Assessment of health condition**
2.2.3	**Nursing, care and palliative care**
2.2.4	**Medication treatment**
2.2.5	**Invasive treatment**
2.2.6	**Emergency preparedness and response**
2.2.7	**Additional examinations**
2.2.8	**Habilitation and rehabilitation**
2.2.9	**Other treatments**
2.2.10	**Patient communication**
2.2.11	**Interaction with actors in other sectors**
2.2.12	**Clinical and health research**
2.2.13	**The education of health professionals**
2.2.14	**Administration of health care**

2.2.1 Public health

Definition

The ability to develop knowledge, skills, commitments, structures, systems and leadership to enable or support initiatives related to public health. This includes the ability to work both preventative and to manage public health conditions.

Health promotion

The ability to promote initiatives that may improve the public's health, such as a healthy lifestyle, by increasing public knowledge and skills, support health promotion in organisations, and improve collaboration in relation to health in local communities.

Prevention

The ability to change the factors that are considered a threat to a person's health, for instance through early detection, monitoring and identification of risk groups for various conditions. Providing advice and other necessary interventions to prevent a health problem are also approaches to this work. Screening examinations, information on health and vaccination programmes are all common examples of prevention, as are campaigns against tobacco. Prevention is often divided into the initiatives that prevent the occurrence of diseases (primary prevention), initiatives limiting diseases that have already arisen (secondary prevention) and **rehabilitation** (tertiary prevention).

Level of functionality to be agreed upon in the dialogue phase

Minimum
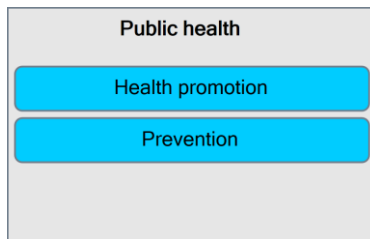
Maximum
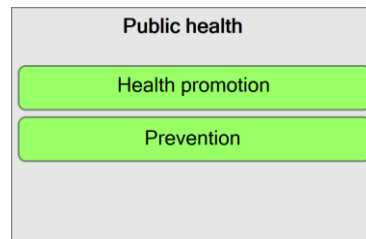
Integrations*

- Third party solutions to conduct epidemiological investigations and identify outbreaks (e.g., statistical software programmes, analytical software)

    - Demographic clinical information

- National central health registry

    - Clinical and demographic information

- National medical quality registry

    - Clinical and demographic information

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning • Chapter 3.1.9 User scenario 9: Pregnancy • Chapter 3.1.10 User scenario 10: Public health centre – school medical services	• Chapter 4.3 Report generator and data retrieval

Laws, regulations and guidelines (see Chapter 1.5)*

- Folkehelseloven, in Table 3, ID L20

- Forskrift om helsestasjons- og skolehelsetj. , in Table 3, ID L44

- Forskrift om nasjonalt vaksinasjonsprogram, in Table 3, ID L47

- Samhandlingsreformen, in Table 4, ID SG 11

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

- Strategi for persontilpasset medisin i helsetjenesten, in Table 4, ID SG 19

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.4, CP.1.5, CP.1.6, CP.4.4, CP.5, CP.6.2, CP.6.3, CP.9.2, CPS.1.1, CPS.1.2, CPS.1.6.1, CPS.1.6.4, CPS.3.5, CPS.6.2, CPS.8.3, CPS.8.4, CPS.8.5, AS.2.5, AS.4.1, POP.1.1, POP.1.2, POP.2.1, POP.2.2, POP.2.3, POP.3, POP.4, POP.6.1, POP.6.2, POP.6.3, POP.7, POP.8, POP.9, POP.10

Present situation

One of the challenges in the current services is that there are still insufficient initiatives aimed at limiting and preventing disease. The focus is more on curing and treating rather than on the prevention of diseases.

The main responsibility for promoting public health lies with the municipal health services. The actual provision of services is carried out by **GPs**, the **municipal medical officers** (one in each municipality), at municipal health centres/clinics, in schools and nursing homes and other private or public health facilities. Among important tasks are the preparedness for acute public health threats, guidance, advice and provision of services that improve public health.

Public health work is a systematic cyclic process that involves 5 phases as illustrated in Figure 4.
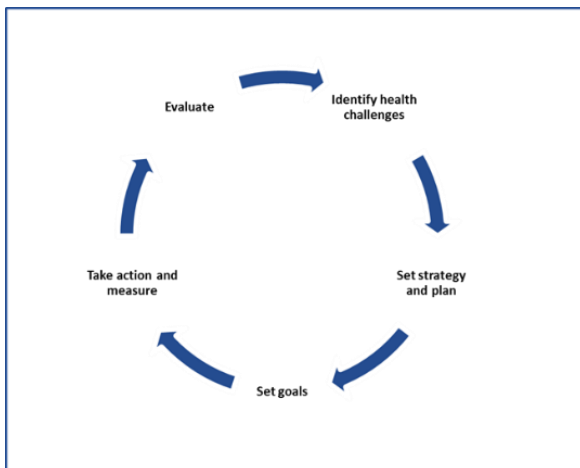
Figure 4 - Systematic public health work[3]

Information related to public health work is reported to the **Norwegian Institute of Public Health** and the authorities. This is reported manually and often on paper. Manual registration is often required because **EHR** information is recorded as free-text and in an unstructured form. Due to this, a considerable amount of resources are used on double registration and there is a greater risk of error occurring compared to digitally extracted EHR information.

To have clear goals and strategies in public health, the municipality needs to get a general overview of population health and influencing factors. This also includes gaining knowledge of the causes of common diseases and of factors that promote people's health, including the identification of key challenges in their geographic area. Detailed information about health conditions and other related factors are not easy to withdraw from unstructured information in the EHR.

In addition, results from national screening programmes are not registered in the EHR unless treatment for relevant diseases is required, or the screening is done by the patient's own GP. Vaccination programmes are also a part of the public health programme. Information about vaccination is registered in the **Norwegian Immunisation Registry (SYSVAK).** Both citizens and health personnel have access to vaccination information.

Purpose and expectations

Today, both municipalities and specialist health services uses external systems integrated with existing EHR to support these capabilities. This includes exchanging clinical and demographic information between solution and external systems in all phases of public health activities, including conducting epidemiological investigations and identify outbreaks.

The Customer seeks a solution that can be used for both municipalities and specialist health services to support necessary functionality to support the capability. The solution ideally supports the identification of health challenges, sets actions and measures for public health and provides the ability to retrieve data from the solution that will support analyses and evaluation of risk factors and health variables in defined groups of the society. This will also ensure better data and information for use in research and innovation, increased efficiency and better use of resources. Alternatively, the new solution will integrate with external systems to support the functionality

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[3] Helsedirektoratet (2016) Systematisk folkehelsearbeid. Tilgjengelig fra: https://helsedirektoratet.no/folkehelse/folkehelsearbeid-i-kommunen/systematisk-folkehelsearbeid [Lest 01. februar 2016]

HELSE MIDT-NORGE RHF (983 658 776)

T Appendix 1B Functional Requirements v1.0

needed. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Requirements related to Public health

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18851	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18852	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Public health are marked with Health promotion and/or Prevention in *Chapter 5*.

2.2.2 Assessment of health condition

Definition

The ability to obtain all necessary information about the patient's health condition and overall situation, assess this, determine the diagnosis, plan and coordinate treatment and care, as well as considering the impact and outcome of initiated measures.

Case history and examination

The ability to systematically collect information about a patient relevant for treatment and care. Relevant information could be the patient's own perception of current health problems, medical history, medication usage, lifestyle, living situation, the patient's own measurements and observations, special needs, wishes, resources and knowledge. It also includes the ability to schedule and potentially carry out various types of diagnostic examinations, observations, measurements (e.g., blood pressure, temperature, blood sugar and ECG), tests, as well as obtaining evaluations from other health professionals.

Assessment and diagnosis

The ability to assess and compile all information gathered about the patient's health condition and overall situation, determine any additional diagnostic initiatives, and establish preliminary or "final" diagnosis or description of the patient's symptoms as the basis in order to plan a course of treatment in conjunction with the patient. This capability also includes the ability to evaluate the impact and outcome of the measures undertaken in terms of treatment and care.

Planning of treatment, nursing and care

The ability to develop coordinated plans for treatment, nursing and care in conjunction with the patient and possibly the patient's representative. This includes the ability to prioritise between the patient's various conditions or injuries, consider different treatment options, provide the patient with guidance when choosing between these options, and provide information to, and create a good dialogue with, patients and their representatives. This capability is important in all stages of treatment planning and includes the ability to develop plans for each course of treatment, and plan the monitoring and self care following treatment.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Maximum

Integrations*	Options (see Chapter 6)
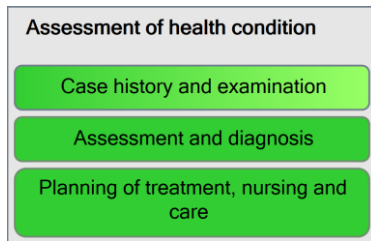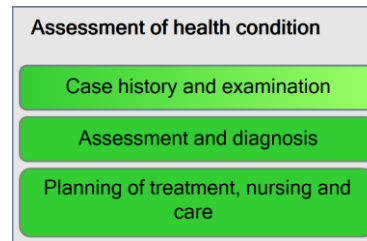
- Medical devices

  - Clinical and demographic information

- Laboratory systems

  - Clinical and demographic information and results

- Radiology information systems

  - Clinical and demographic information and results

- N/A

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*

- Chapter 3.1.1 User scenario 1: Mental health

- Chapter 3.1.2 User scenario 2: Municipal home care service

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 2.2.3 Nursing, care and palliative care

  Chapter 2.2.4 Medication treatment

- Chapter 2.2.5 Invasive treatment

- Chapter 2.2.7 Additional examinations

- Chapter 2.2.8 Habilitation and rehabilitation

- Chapter 2.2.9 Other treatments

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* The list is not exhaustive

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.2.3 Health professional

- Chapter 3.2.5 The general practitioner (GP)

- Chapter 2.2.10 Patient communication

- Chapter 2.2.14 Administration of health care

- Chapter 2.4.4 Emergency and preparedness management

- Chapter 4.13 Specialities and specialised systems

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.5, CP.1.6, CP.1.7, CP.1.8, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.2, CP.4.2.1, CP.4.2.2, CP.4.2.3, CP.4.2.4, CP.4.3, CP.4.4, CP.4.5, CP.4.6, CP.5, CP.5.1, CP.6.3, CP.7.1, CP.7.2, CPS.1.2, CPS.1.3, CPS.1.4, CPS.1.5, CPS.1.6.1, CPS.1.6.2, CPS.1.6.3, CPS.1.6.4, CPS.1.7, CPS.1.7.1, CPS.1.7.2, CPS.1.7.3, CPS.2, CPS.2.1, CPS.2.4, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.10, CPS.4.1, CPS.4.3, CPS.7.1, CPS.8.1, CPS.9.2, CPS.9.6, AS.3.1, AS.4.2, AS.4.4, AS.7.2, AS.7.4, AS.7.5

Present situation

Assessment of health condition is conducted in all health services. In the present situation, the ability to capture and render information for achieving a cohrent picture of the patient's history, is time consuming and inefficient. There is various degrees of support (such as comparisons of health data over time) in the process of undertaking assessments for diagnosis, prioritisation, treatment, care and evaluation. The various units have local processes and use different templates, plans and checklists in their work. The existing EHR systems does not contain functionality for patients to contribute to their own treatment, using self-documentation and self-monitoring. Throughout the health services there is a need for a more user-friendly solution to contribute to better quality and safety among all the providers.

Purpose and expectations

The solution shall give an intelligent presentation of the patient history, including anamnestic information and results from clinical examinations as well as results from lab, radiology and other examinations. The information needs to be presented both in a short time perspective and give relevant information in a long term perspective. The same information shall be recorded only once, one place in the system, which will reduce time spent on documentation and search for health information for the health professionals. This will make the assessment of diagnosis and planning for medical treatment and care easier and more efficient with the purpose of giving higher treatment quality and improve patient safety. More patient involvement is also desired and expected e.g., in symptom registration executed by new technology.

For hospitals, the sub-capability Case history and examination will use the new solution, but the level of functionality is yet not decided and under consideration. The requirements under consideration for this capability covers functionality needed to replace current specialised systems, as described in *Chapter 4.13*. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Requirements related to Assessment of health condition

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18853	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18854	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Assessment of health condition are marked with Case history and examination, Assessment and diagnosis and/or Planning of treatment, nursing and care in *Chapter 5*.

2.2.3 Nursing, care and palliative care

Definition

The ability to care for and support patients and their representatives so they can achieve, maintain or restore optimal health and quality of life. This means supporting patients and representatives who lack ability, strength, knowledge or willingness to fulfil their own basic needs. Symptom relief and good terminal care for all patients should also be ensured.

Nursing and care

The ability to ensure that patient needs are taken care of, or to take care of these if the patient is not able to do so themselves. It involves performing active treatment and care based on the patient's health condition, and to initiate the appropriate treatment options. This involves the ability to prioritise problems, goal settings, choice of measures and drafting of plans, as well as the ability to prepare all the equipment and necessary resources for nursing and care activities. The physical, mental, social, spiritual and cultural needs must be attended to and the goal for nursing and care is to achieve the best possible quality of life for patients and their representatives.

Palliative care

The ability to deliver active treatment and care to patients with an incurable disease and short life expectancy. Limiting the patient's physical pain and other distressing symptoms are central, in addition to measures aimed at psychological, social and spiritual/existential problems. The goal of palliative care is to provide the best possible quality of life for patients and their representatives. Palliative care neither expedites death nor prolongs the death process, but looks at death as part of life. These principles are applicable to all patients with a life-threatening illness and may be used early in the pathway.

Managing deaths

The ability to handle the deceased, as well as the person's relatives. The ability to write a death certificate and report death to the national registers, such as *the Norwegian Cause of Death Registry* and the *National Registry*.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Maximum

Nursing, care and palliative care
- Palliative care
- Nursing and care
- Managing deaths

Nursing, care and palliative care
- Palliative care
- Nursing and care
- Managing deaths
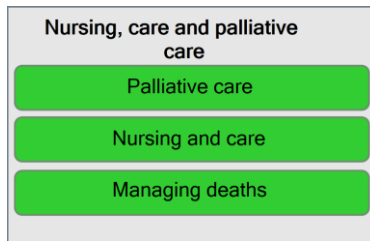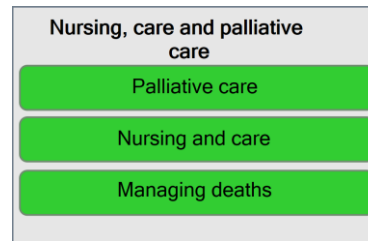
Pregnancy, childbirth and the puerperium is included in the sub-capability Nursing and care.

Integrations*	Options (see Chapter 6)

- Medical device
  - Clinical information
- National electronic health record for pregnant women
- National central health registry
  - Clinical and demographic information
- National medical quality registry
  - Clinical and demographic information

- Pregnancy follow-up information

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*

- Chapter 3.1.1 User scenario 1: Mental health
- Chapter 3.1.4 User scenario 4: Cancer surgery
- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning
- Chapter 3.1.6 User scenario 6: Palliative care

- Chapter 4.12 Continuous and comprehensive medical chart solution

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* The list is not exhaustive

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.11 User scenario 11: Child, head injury

Laws, regulations and guidelines (see Chapter 1.5)*

- Helsepersonelloven, in Table 3, ID L5- §36 and §37

- Dødsårsaksregisterforskriften, in Table 3, ID L49

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.1, CP.1.2, CP.1.4, CP.1.5, CP.1.7, CP.1.7, CP.1.8, CP.2.1, CP.2.2, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.3, CP.3.3, CP.3.4, CP.3.4, CP.4, CP.4, CP.4.1, CP.4.2.1, CP.4.2.4, CP.4.3, CP.4.4, CP.5, CP.6.1, CP.6.3, CP.7.1, CP.7.2, CP.7.2, CP.8.1, CP.9.1, CP.9.2, CP.9.2, CPS.1.1, CPS.1.2, CPS.1.6.1, CPS.1.7, CPS.1.7.1, CPS.1.7.2, CPS.1.7.2, CPS.1.7.2, CPS.1.7.3, CPS.1.7.3, CPS.2, CPS.2.2, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.3, CPS.3.4, CPS.3.4, CPS.3.9, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.1, CPS.4.2, CPS.4.2.2, CPS.4.3, CPS.5, CPS.6.1, CPS.8.4, CPS.8.5, CPS.9.1, CPS.9.2, CPS.9.2, CPS.9.2.2, CPS.9.2.2, CPS.9.5, CPS.9.6, AS.1.7, AS.2.4, AS.3.2.2, AS.3.2.2, AS.4.1, AS.4.2, AS.5.1, AS.5.1, AS.5.3, AS.5.4, AS.6.3, AS.6.4, AS.6.6, AS.7.2, AS.7.4, POP.1.1, POP.6.4, TI.1.1, TI.5.5

Present situation

In Norway, nursing and care are provided by both specialist services and municipalities and is offered across many different organisational units. Well-defined, cohesive and **standardised clinical pathways** that integrate municipality and specialist services are increasingly becoming a common frame of reference for all actors within the health services. The pathway approach helps to orient all systems and services towards assisting the patient to cope with life or restore functional abilities after illness. In order to make the clinical pathway approach more effective, improved coordination between the municipalities and hospitals is required. The current situation in the Central Norway Health Region is that there is no common or shared **EHR**, so information related to nursing and care does not automatically follow the patient between specialist and municipal health services. The various units have local routines and use different templates, plans and checklists in their work. The current ICT solutions have technical interfaces that allow some integration with medical equipment, however large amount of information registrations is carried out as a manual process which provides a risk for an incorrect registration.

Pregnancy follow-up is one of the health programmes in the Norwegian health sector where different actors needs to share information and collaborate to give the best possible care to pregnant women. The existing pregnancy records are a paper-based solution. This causes challenges concerning double registrations and poor interaction between actors, which may lead to reduced quality and safety in the follow-up and treatment of the pregnant woman.

Purpose and expectations

To ensure effective and appropriate care for patients and their representatives, the solution needs to give relevant information about the patient to every health professional who works with the patient. The information shall be correct, updated and easily accessible, independent of the

localisation of the health provider, e.g., for physicians, nurses and other personnel in hospitals and in different places in the municipality, such as in the patient's home, nursing home or the *GP's* office.

Treatment plans available in a shared EHR solution will facilitate better and safer interaction between all the members of a patient's multidisciplinary team. This will also contribute to a more patient-centric care model and more independent and self-reliant patients. Standardised treatment plans will be available and implemented and therefore ensure best practice patient treatment and care. Standardised treatment plans means an overall documentation for a clinical pathway where the patient often moves between different providers, such as pregnancy/birth/puerperium.

The Norwegian Directorate of E-Health is in the process of developing a national electronic health record for pregnant women. The timeframe is yet uncertain. When this is implemented, clinical information will be exchanged between the solution and the national electronic record for pregnant women through an integration.

When a patient has deceased, a clear visual presentation of death registration, independent of the place of the death, will enable clear information to be provided across all levels of care. The expectation is that the EHR solution will provide *process support* and guidelines for activities related to managing death (e.g., cancel further appointments and notify relevant users).

Requirements related to Nursing, care and palliative care

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18855	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18856	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Nursing, care and palliative care are marked with Palliative care, Nursing and care and/or Managing deaths in *Chapter 5*.

2.2.4 Medication treatment

Definition

The ability to solve or minimise health problems with medication treatment. Medication treatment in the patient's home and in institutions are included. The ability assumes that the medication management is a process that runs from a prescriber orders medication, via production and supply, dispensing and administration of the medication, until the evaluation of outcome.

Medication ordering

Medication ordering is the step of the medication management process where a prescriber decides which medication should be given to the patient. The medication *prescription* is the formal decision of the medication order to be dispatched. The prescriber has the ultimate

responsibility for which medications are ordered for the patient. This capability also includes the ability to alter, pause and terminate (withdraw) the medication order.

Dispensing

Dispensing is the step of the medication management process where medications are prepared for the individual patient, or where standard packages are prepared for e.g., an operation. This may be mixing a bag of medications for infusion, preparation of syringes etc.

Administration

Medication administration is the step of the medication management process which involves the patient receiving medication through various routes of administration. The administration of medication may be documented in detail per medication dose or more high-level. Health professionals, for instance in institutions or home care services, may carry out the administration of medication but, most commonly, the patient self-administers medications at home.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Medication treatment

Medication ordering

Administration

Dispensing

Maximum

Medication treatment

Medication ordering

Administration

Dispensing
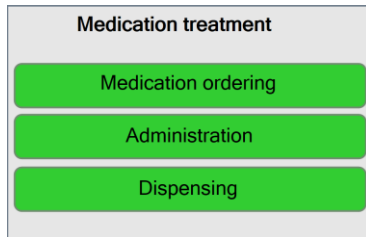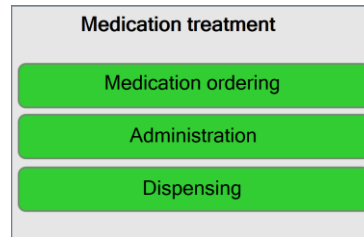
Integrations[*]

- Chemotherapy solution (cf. *Chapter 4.6*)

  - Order invoice

  - Demographics

  - Lab data

  - Order status

- National database of e-prescriptions

  - E-prescription/Prescription information

  - Consent

  - Withdraw of prescription

  - Mediation invoice data

Options (see Chapter 6)

- N/A

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[*] The list is not exhaustive

- Demographics

  - *FEST*

- Kjernejournal

  - Clinical and administrative information

- Ordering and stock keeping system

  - Medication invoice data

  - Order deliver and order invoice

  - Stock movement and stock reset

  - Application forms

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 4.3 Report generator and data retrieval
• Chapter 3.1.2 User scenario 2: Municipal home care service	• Chapter 4.5 Multimedia
• Chapter 3.1.3 User scenario 3: Assessment and diagnosis	• Chapter 4.6 Closed loop medication
• Chapter 3.1.4 User scenario 4: Cancer surgery	• Chapter 4.7 Knowledge and clinical decision support
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	• Chapter 4.8 Master data, reference data and terminologies
• Chapter 3.1.6 User scenario 6: Palliative care	• Chapter 4.9 Administrative procedures
	• Chapter 4.10 Paediatric care and child health
• Chapter 3.1.7 User scenario 7: An emergency scenario	• Chapter 4.11 Medical device integration
• Chapter 3.1.8 User scenario 8: Traffic accident	• Chapter 4.12 Continuous and comprehensive medical chart solution
	• Chapter 2.1.3 Quality and patient safety
• Chapter 3.1.9 User scenario 9: Pregnancy	• Chapter 2.2.1 Public health
	• Chapter 2.2.5 Invasive treatment

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 2.3.6 Medication supply and dispatching

- Chapter 2.3.7 Pharmaceutical guidance

Laws, regulations and guidelines (see Chapter 1.5)*

- Forskrift om legemiddelhåndtering, in Table 3, ID L60

- Reseptformidlerforskriften, in Table 3, ID L29

- Legemiddelforskriften, in Table 3, ID L69

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.6, CP.1.7, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.2, CP.4.2.1, CP.4.2.2, CP.4.2.3, CP.4.2.4, CP.6.1, CP.6.2, CP.6.3, CP.7.1, CP.7.2, CP.9.1, CPS.1.3, CPS.2, CPS.2.1, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.7, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.5, CPS.3.6, CPS.3.7, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.2, CPS.4.2.1, CPS.4.2.2, CPS.4.2.3, CPS.4.2.4, CPS.4.2.5, CPS.5, CPS.6.1, CPS.6.2, CPS.6.3, CPS.7.1, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2, CPS.9.2.3, CPS.9.4, CPS.9.5, CPS.9.6, AS.1.5, AS.2, AS.2.2, AS.4.1, AS.5.1, AS.5.2, AS.5.3, AS.5.4, AS.7.2, AS.7.3, AS.7.4, AS.9.2, POP.1.1, POP.1.2, POP.6.3, POP.9, TI.7

Present situation

The GPs have support in their current EHR systems for both medication orders, ***e-prescription*** (cf. *Chapter 2.3.6*) and ***medication reconciliation*** (cf. *Chapter 2.3.7*).

In the hospital, the documentation of medication orders, dispensing and administration are paper-based with a few discipline specific exceptions (e.g., chemotherapy and medication management in intensive care). Evaluation of medication treatment is documented in an unstructured form in the EHR. E-prescription (cf. *Chapter 2.3.6*) has been implemented for outpatient clinics.

In the municipal health service, there is support for medication orders in the EHR, but dispensing and administration are documented both on paper charts/paper forms and in various electronical systems. Electronic sharing of information is possible only within the municipality. E-prescription (cf. *Chapter 2.3.6*) is not supported. For patients in home care services, the patient is the owner of their medications and the home care service assists the patients to various degrees depending on the patient's need for assistance.

Because of non-existent integration between the EHRs in Central Norway Health Region the exchange of medication information between care levels is based on electronic messages, paper forms or other non-structured formats. Each care level operates with their own medication list and the medication reconciliation is a time-consuming task.

The health authorities has an ongoing process on developing a national electronic medication list, which provides updated information about the patient's medications. The concepts for the national medication list is not yet finished, but most probably, it will be one concept for short term (introduced during 3-5 years) and another concept for long term.

Purpose and expectations

The solution shall provide a shared and real-time medication list for patients in all levels of care. Changes in medications made by e.g., a GP, shall be accessible to other health professionals involved in handling the patient`s medications, as well as the patient him/herself. The updated medication list shall be available also for health personnel without access to the solution, through integration with the National database of e-prescriptions or the *Kjernejournal*.

A shared real-time medication list is vital to minimising the risk of potential errors when exchanging information in the chain of collaborative actors. This real-time sharing of information will save health personnel time and enable continuous treatment regimens without delays caused by lack of information. The *information views* shall be aggregated and organised to be meaningful, logic and relevant for different users in the different settings.

Ordering, dispensing and administration of medications are central steps in the medication management process involved in *closed loop medication (CLM)*. Purpose and expectations for CLM are described in *Chapter 4.6.*

Requirements related to Medication treatment

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18857	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18858	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Medication treatment are marked with *medication ordering*, administration and/or dispensing in *Chapter 5.*

2.2.5 Invasive treatment

Definition

The ability to cure or limit a health problem by surgery, in other ways perforating skin, or using special procedures such as catheterisation, endoscopy, laparoscopy. Treatment in the patient's home is also included.

Preparation for invasive treatment

The ability to ensure that all necessary equipment and resources are ready to use for invasive treatment. This includes the ability to ensure necessary materials are prepared and put in place in advance of the clinical procedure.

Performing invasive treatment

The ability to undertake invasive activities in the treatment plan agreed upon by the health professional and patient.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Invasive treatment

Preparation for invasive treatment

Performing invasive treatment

Maximum

Invasive treatment

Preparation for invasive treatment

Performing invasive treatment
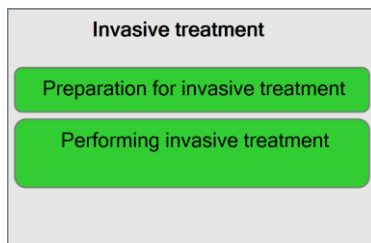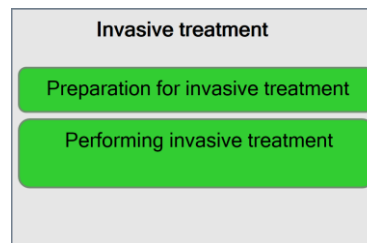
Intensive care treatment is included in the sub-capabilities "Prepare for invasive treatment" and "Perform invasive treatment".

Intensive care is the ability to systematically organise diagnostics, treatment and nursing of patients with acute life-threatening conditions recognised by potential reversible failure in vital organs.

Integrations*	Options (see Chapter 6)

- Sterile instrument traceability and asset management system

    - Order, availability and storage status, tracing of equipment

- Pathology Information system

    - Patient demographics, order, result (including images)

- N/A

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 2.2.3 Nursing, care and palliative care

- Chapter 4.4 Resource planning, scheduling and work lists

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 4.11 Medical device integration

- Chapter 4.12 Continuous and comprehensive medical chart solution

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* The list is not exhaustive

Laws, regulations and guidelines (see Chapter 1.5)*

- Samhandlingsreformen, in Table 4, ID SG11

- The Norwegian Patient Safety Programme - In Safe Hands, in Table 4, ID SG12

- National Quality Indicators, in Table 4, ID SG 10

- WHO Surgical Safety Checklist, in Table 4, ID SG 13

- NOIS-registerforskriften, in Table 3, ID L32

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.7, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.5, CP.6.1, CP.6.3, CP.7.1, CP.7.2, CP.9.1, CPS.1.3, CPS.2, CPS.2.1, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.6, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.2.2, CPS.4.3, CPS.5, CPS.6.3, CPS.6.4, CPS.7.1, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2, CPS.9.4, CPS.9.5, CPS.9.6, AS.1.5, AS.2, AS.2.2, AS.2.4, AS.4.1, AS.4.2, AS.4.3, AS.5.1, AS.5.3, AS.5.4, AS.6.3, AS.6.4, AS.7.1, AS.7.2, AS.7.4, AS.7.5, POP.6.3, POP.9, TI.7

Present situation

Invasive treatment is conducted in all organisations providing health services (e.g., hospitals, GP offices, nursing homes) – although **major surgery** is limited to the hospitals. There is increasing activity of invasive treatment in the municipality due to **Samhandlingsreformen**, and a process to de-centralise more of the tasks usually and previously performed by the hospitals. This is not only linked to the invasive treatment itself, but the necessary preparation and follow-up before/after surgical interventions. This requires close collaboration within the hospitals, between the hospitals and the municipality – and most importantly – collaboration with the patient.

In Central Norway Health Region, surgical interventions performed by surgeons are mainly done in the operation theatres or laboratories at the hospitals. In addition, specific diagnostic, therapeutic or invasive procedures are also performed by specialists from a variety of disciplines. Its main workload is derived from a host of surgical disciplines encompassing general surgery, obstetrical and gynaecological surgery, orthopaedic and trauma surgery, ophthalmic surgery, otorhinolaryngological surgery, urological surgery, neurosurgery, oral and maxillofacial surgery, plastic and reconstructive surgery, breast and endocrine surgery and cardiothoracic surgery. A national programme to promote patient safety "In Safe Hands" is ongoing to reduce **adverse events** related to surgical treatment in Norway.

Intensive care treatment is performed in **intensive care units (ICU)** and in **neonatal intensive care units (NICU)** at the hospitals in the Central Norway Health Region. The different ICU's in the region are organised and equipped based on the complexity of conditions they are supposed to handle.

Intensive care treatment involves the diagnosis and management of life-threatening conditions that require sophisticated organ support and invasive monitoring. Intensive care units have a higher level of staffing than regular/other units at the hospitals. A number of advance **medical devices** and equipment are available only in these areas and the staff are highly trained to care for the most severely ill and injured patients.

The patients at ICU have various levels of consciousness and suffer from conditions of different severity. Due to this, communication with the patient's representatives is an important part of the intensive care.

At present, the prescribing of medication, fluids, **treatment plans**/protocols and documentation in the ICU is carried out either in electronic critical care solutions in one part of the health region, or on paper charts in another part of the health region. Information is manually transferred between both electronic and paper based systems within the ICU and between the ICU and other departments in the hospitals. This causes a substantial risk concerning patient safety, and the workflows are time-consuming and inefficient.

Intensive care treatment and monitoring is dependent on automatic data capturing between the EHR and available medical devices to maintain patient safety. The intensive care unit has a need for daily communication with several different units in the same or other hospitals.

Purpose and expectations

The solution shall support **scheduling**, planning and performing of invasive treatment in an efficient and safe way for the complete perioperative process. This requires functionality that supports the scheduling and ordering of multiple resources as described in *Chapter 4.4*.

It is of great importance that the solution supports the processes necessary to plan and perform invasive treatment for all health personnel. This includes planning the procedure, equipment needed, documentation, ordering, results, clinical support and communication with other departments.

Elective (inpatient and daycare), emergency, **major surgeries** and **minor surgeries** needs to be supported by the functionality offered in the solution. Fundamental to the provision of optimal perioperative care is the consideration for patient safety during the administration of anaesthesia and the performance of the surgical procedure. In order to reduce adverse effects of procedures, cf. The Norwegian Patient Safety Programme: In Safe Hands (Table 4), checklists are a necessary tool for the personnel in charge.

Critical success factors in the safe and efficient delivery of perioperative care that is expected to be supported by the solution:

- Trained personnel

- Complete documentation of the procedures performed

- The availability of monitoring device

- The availability of procedure-specific instruments

- An environment where surgical asepsis is assured

- Best practices conforming to international standards

It is of great importance that the solution both gives an overview of the whole process for each individual patient, but also enables an overview of tasks and processes for the group of patients related to invasive procedures at a given time and place. If one or several components of the plan need to be adjusted, we want the EHR to support the rescheduling of the involved parts or the entire series of planned invasive treatment, if necessary. Rendering views adapted to the different

roles and users, that limits the need of switching to other applications or systems to get the full picture is essential.

The patients in ICU have life-threatening conditions and are in need of advanced support from specialists in this field as well as specialised monitoring and medical equipment. This demands an EHR that supports continuous data capture from medical device, also in acute situations and during transport and transfers.

The EHR needs to support this communication and cooperation, in addition to structured and coherent documentation of the activities in the ICU related to patient care and safety. The EHR also needs to give comprehensive and configurable, information overviews that increase situational awareness and clinical perception for the care team, enabling efficient planning and care for the patient(s). When the patient is required to leave the ICU in order to be examined (e.g., MRI) the solution needs to support the planning and transportation to/from ICU. Due to the severity and complexness of the ICU patient´s condition, the given treatment depends, more than in other situations, on multidisciplinary cooperation and communication between different specialists and decision support that assists care team in reaching conclusions. To help plan the logistics in and around the ICU in a hectic everyday situation, the need for good communication systems and overview of tasks and personnel are crucial.

Requirements related to Invasive treatment

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18859	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18860	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Invasive treatment are marked with Preparation for invasive treatment and/or Performing invasive treatment in *Chapter 5*.

2.2.6 Emergency preparedness and response

Definition
The ability to create emergency preparedness plans and respond to emergencies.

Dimensioning for emergency events
The ability to prepare the necessary emergency preparedness plans, as well as to dimension teams in the event of emergency and organisational continuity incidents. This includes both the national emergency preparedness plans and the organisation's own preparedness plans. In addition, this includes the continuous planning of response to incidents where emergency assistance (***out-of-hours emergency primary health care (OOH)***, ***emergency departments (ED)***) is required.

The chain of emergency care
The ability of providers of urgent and emergency care services to receive, investigate, treat or provide care to citizens who need this.

Level of functionality to be agreed upon in the dialogue phase
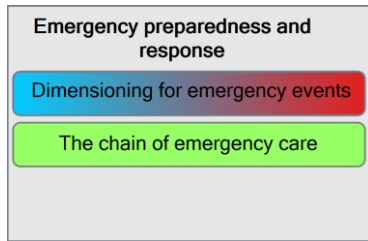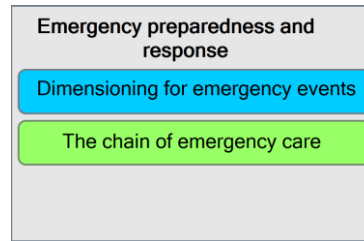
Minimum

Emergency preparedness and response

Dimensioning for emergency events

The chain of emergency care

Maximum

Emergency preparedness and response

Dimensioning for emergency events

The chain of emergency care

Integrations*

- National solution for professional crisis management for hospitals and for municipalities

  - patient demographic and incident information

- EMCC solution

  - available EHR solution for EMCC

  - Incident information

- LEMC solutions

  - available EHR solution for LEMC

  - incident information

- Ambulance multi monitor

  - clinical measurements (e.g., vital parameters and ECG-information)

- External ambulance system

  - patient demographic and clinical data, transportation data, assignment data and employee data

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.7 User scenario 7: An emergency scenario

Other chapters/annexes*

- Chapter 2.2.2 Assessment of health condition

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* The list is not exhaustive

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 2.2.4 Medication treatment

- Chapter 2.2.5 Invasive treatment

- Chapter 2.2.9 Other treatments

- Chapter 2.2.14 Administration of health care

Laws, regulations and guidelines (see Chapter 1.5)*

- Helseberedskapsloven, in Table 3, ID L19

- Forskrift om krav til beredskapsplanlegging, in Table 3, ID L38

- Forskrift om kommunal beredskapsplikt, in Table 3, ID L40

- National health preparedness plan, in Table 4, ID SG14

- Akuttmedisinforskriften, in Table 3, ID L62

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.2, CP.1.4, CP.1.5, CP.2.1, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.2, CP.4.2.1, CP.4.4, CP.4.5, CP.5, CP.6.1, CP.6.3, CP.7.1, CP.7.2, CPS.1.1, CPS.1.2, CPS.1.3, CPS.1.4, CPS.1.5, CPS.1.6.1, CPS.1.7.2, CPS.2, CPS.2.1, CPS.2.2, CPS.2.3, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.3, CPS.3.8, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.2.1, CPS.4.2.2, CPS.4.3, CPS.5, CPS.8.4, CPS.9.1, CPS.9.2, CPS.9.2.1, CPS.9.2.2, CPS.9.3, CPS.9.4, CPS.9.5, CPS.9.6, AS.1.1, AS.2, AS.2.1, AS.2.2, AS.2.3, AS.2.4, AS.4.1, AS.4.2, AS.5.1, AS.5.3, AS.5.4, AS.6.2, AS.6.3, AS.6.4, AS.6.5, AS.6.6, AS.7.1, AS.7.2, AS.7.3, AS.7.4, AS.7.5, AS.8.5, AS.9.5, POP.3, POP.6.3, TI.5.5, TI.7

Present situation

This Chapter covers municipalities and hospitals and they are both required to develop preparedness plans. In the current situation, there is considerable variation in these plans ranging from a small municipality with 950 residents to large hospitals with comprehensive plans for mass casualty events both locally and elsewhere. Experiences from large-scale mass casualty events and the annual coordination exercises show that communication and logistics are the major challenges. In 2014 the introduction of a new national communication tool called *Nødnett* commenced and this will be completed in 2016, however the tool will still not provide a common overview of a mass casualty event.

Today**, *general practioners (GP)*** and ambulance personnel preferably provide medical treatments for acute care or trauma outside of the hospital. Patient information and medical event information are recorded in several systems and documents. The main issue is that all communication is carried out by phone and/or radio and with paper-based documentation. This may lead to difficulties in terms of comparing medical results, there is a risk of losing the information and misunderstandings can occur.

In addition, one of the challenges in emergency care, especially in the ambulance services, is the availability of network connection. When a network signal is not available, the EHR information cannot be shared, sent or synchronised at that point in time.

HELSE MIDT-NORGE RHF (983 658 776)

Purpose and expectations

The main purpose of this capability is to ensure the organisation is prepared for and can respond to emergencies. This includes ensuring the hospitals and municipalities have capacity to prevent, protect against, respond to and recover from major disasters and other emergencies.

In an emergency, all actors and systems involved need to communicate closely, including sharing updated events. Not all actors will be users of the EHR, which means the solution must be prepared to exchange relevant information with other systems/actors involved, for instance police and fire department. Visual presentation of information such as a view from an accident site within a map, or capturing a video from a flying device would enhance the quality of the information and communication.

In the chain of emergency care (CEC) (see Figure 5), time and competence is very important. In order to give the patient the best possible treatment there is a need for shared and real-time information across all providers of care with a continuous and comprehensive EHR solution.

Akuttmedisinforskriften is the legislation for the CEC, which supplies emergency treatment across the administrative levels in Norwegian health services. This regulation describes, among other subjects, communication and interaction between actors, level of competence for ambulance personnel and out-of-hours service for GPs.
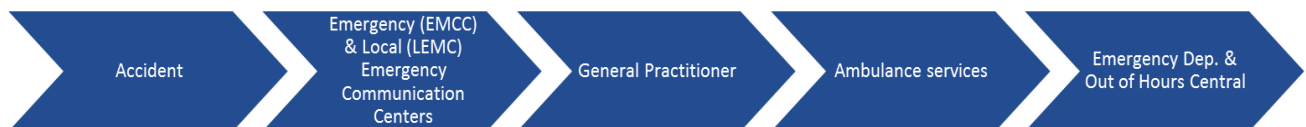
Figure 5 - The chain of emergency care

The desired requirement is a solution that makes sure that the EHR Information is available at all times for the health professionals within emergency care. Information downloaded whilst online shall stay available offline and any changes to the EHR shall be synchronised immediately after connecting to the network again.

The capability the chain of emergency care is within scope for both municipalities and hospital although the required level of functionality is uncertain. Requirements to be considered part of the solution covers Ambulance services with integrations:

- Integration emergency medical communication centre (EMCC) solution and ambulance system for demographic and incident information

- Integration local emergency medical communication centres (LEMCC) solutions and ambulance system for demographic and incident information

The level of functionality to be included in or integrated with the solution for the chain of emergency care capability will be decided during the dialogue phase.

Requirements related to Emergency preparedness and response

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18861	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18862	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Emergency preparedness and response are marked with Dimensioning for emergency events and/or The chain of emergency care in *Chapter 5.*

2.2.7 Additional examinations

Definition

The ability to request (refer, order, apply) for additional examinations by health professionals who are not part of the team that is responsible for the patient.

Request for additional examinations

The ability to refer, request or apply for additional examinations that are considered necessary in order to complete a final assessment and diagnosis.

Performing additional examinations

The ability to perform additional examinations. In many cases this involves a specialist who conducts their own examinations, but it may also involve capabilities within clinical support services.

Receiving results of additional examinations

The ability to receive results and ensure that all results are seen and potentially handled.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Additional examinations
Request for additional examinations
Performing additional examinations
Receiving results of additional examinations

Maximum

Additional examinations
Request for additional examinations
Performing additional examinations
Receiving results of additional examinations
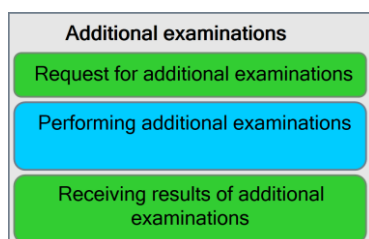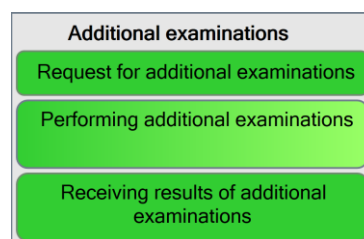
Integrations*	Options (see Chapter 6)
• Specialised systems for performing additional examinations - Patient demographics and relevant clinical data	• N/A

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health • Chapter 3.1.3 User scenario 3: Assessment and diagnosis • Chapter 3.1.4 User scenario 4: Cancer surgery • Chapter 3.1.6 User scenario 6: Palliative care • Chapter 3.1.7 User scenario 7: An emergency scenario • Chapter 3.1.9 User scenario 9: Pregnancy • Chapter 3.1.11 User scenario 11: Child, head injury	• Chapter 2.2.2 Assessment of health condition • Chapter 2.2.14 Administration of health care

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.2, CP.1.4, CP.1.7, CP.2, CP.2.1, CP.2.2, CP.2.4, CP.3.2, CP.3.3, CP.4, CP.4.1, CP.4.3, CP.4.4, CP.4.6, CP.5, CP.5.1, CPS.2, CPS.2.1, CPS.2.4, CPS.2.8, CPS.3.1, CPS.3.3, CPS.4.1, CPS.4.3, CPS.4.6.1, CPS.4.6.2, CPS.4.6.3, CPS.5, CPS.9.1, CPS.9.2, CPS.9.2.1, CPS.9.4, AS.3.1, AS.5.1, AS.6.5, AS.6.6, AS.7.4, AS.7.5, TI.3, TI.5.5

Present situation

The provision of care includes the need to order a variety of treatments and examinations using order sets, as appropriate, as well as reviewing the results. At present in Central Norway there is a variety of solutions and systems that clinicians have to depend on when managing additional examinations. This means that information is often registered in different systems, hence the same information has to be registered several times and/or the provider has to search through

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* The list is not exhaustive

the systems to find the information. In addition there is limited integration with the existing *EHR* solutions, and a complete lack of integration between the municipalities' and specialist health services' systems. Most results and reports are available electronically, but they are transmitted and displayed in many different systems and applications and health providers often have to look them up and waste time checking for results that are not yet ready. This causes delays in the logistics, as well as being hazardous in terms of patient safety.

Purpose and expectations

As described in the definition, additional examinations are the different examinations one health provider or team requires in order to undertake a complete assessment and make plans for the patient as a supplement to the examinations they can do themselves. What is considered as additional will therefore vary with time and location, e.g., an echocardiography performed by a cardiologist, will be considered an additional examination for a surgeon. It is expected that the EHR will provide a common interface for ordering all types of examinations that is easy and efficient. This should include an easily accessible summary of all executed examinations for a given patient, as well as easy access to requests with status and results of the examinations.

The level of functionality for the capability Performing additional examinations is yet undecided. For instance, the need to exchange patient demographics and relevant clinical data with external systems is expected to change with the new solution, as requirements under consideration for this capability covers functionality expected to replace some current specialised systems, as described in *Chapter 4.13*. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Requirements related to Additional examiniations

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18863	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18864	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Additional examiniations are marked with Request for additional examinations, Performing additional examinations and/or Receiving results from additional examinations in *Chapter 5*.

2.2.8 Habilitation and rehabilitation

Definition

The ability to provide planned services with clear targets and measures, where several providers of health services work together to ensure the patient receives necessary support to achieve the best possible abilities to function, independence and participation socially and in the community. The extent of patient participation should be optimal and adjusted based on individual requirements. Services from different disciplines and sectors must be seen in correlation to each other and help achieve the patient's goals.

The key activities within ***habilitation/rehabilitation*** will overlap with activities in the other treatment capabilities, and the nursing and care capability. The difference is the distinctive focus on the patient's personal activities and self care, as well as ***multidisciplinary care*** and support from other municipal services. In addition, habilitation and rehabilitation is a collective term for various services put together. A single service, even though it may aim to support a user to regain function, is therefore not to be considered rehabilitation.

Preparation of habilitation and rehabilitation services

The ability to ensure that the patient, and all required resources and equipment, are prepared and ready to undertake habilitation and rehabilitation services.

Undertaking habilitation and rehabilitation activities

The ability to participate in rehabilitation activities or habilitation activities according to a plan.

Level of functionality to be agreed upon in the dialogue phase
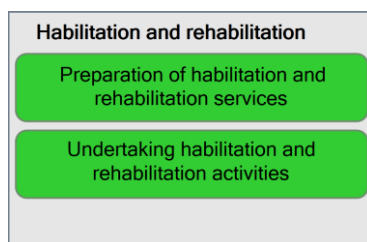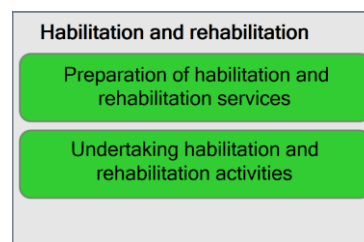
Minimum

Habilitation and rehabilitation
Preparation of habilitation and rehabilitation services
Undertaking habilitation and rehabilitation activities

Maximum

Habilitation and rehabilitation
Preparation of habilitation and rehabilitation services
Undertaking habilitation and rehabilitation activities

Integrations[*]

- N/A

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios[*]

- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

- Chapter 3.1.11 User scenario 11: Child, head injury

Other chapters/annexes[*]

- Chapter 2.2.2 Assessment of health condition

- Chapter 2.2.3 Nursing, care and palliative care

- Chapter 2.2.9 Other treatments

- Chapter 2.2.10 Patient communication

- Chapter 4.4 Resource planning, scheduling and work lists

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[*] The list is not exhaustive

Laws, regulations and guidelines (see Chapter 1.5)[*]

- Helse- og omsorgstjenesteloven, in Table 3, ID L15 - §3-2, §3-10 §7-1, §7-2, §7-3, kap 9.

- Spesialisthelsetjenesteloven, in Table 3, ID L7 - §2-5, §2-5a, §2-5b,

- Forskrift om habilitering og rehabilitering, in Table 3, ID L63

Related functions in HL7 EHR-System Functional Model, Release 2[*]

CP.1.1, CP.1.3, CP.1.4, CP.1.5, CP.1.7, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.6.3, CP.7.1, CP.7.2, CP.9.1, CPS.2, CPS.2.1, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.6, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.3, CPS.5, CPS.7.1, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2, CPS.9.4, CPS.9.5, CPS.9.6, AS.1.5, AS.2, AS.2.2, AS.4.1, AS.5.1, AS.5.3, AS.5.4, AS.6.3, AS.7.2, AS.7.4, AS.7.5, POP.6.3, POP.9, TI.7

Present situation

Different actors, from both public and private health sector in the Central Norway health region, offer rehabilitation and habilitation services. In acute health events, the hospitals will have the primary responsibility for patient care. At the completion of an acute health event, the responsibility for the rehabilitation and habilitation activities is transferred from the hospital to the municipality (or a private institution) where the patient will receive further training, care and guidance. Most frequently, and especially for patients in need of habilitation, the services will continue in the patient's home with support from the primary health services. In the present situation, actors in the Central Norway Health Region use several different **EHR** solutions, and this causes many challenges. It is especially difficult to share and transfer information about patients between health personnel who provide care for the same patients (e.g., communication and coordination of work, transfer of health treatments and **treatment plans**).

Purpose and expectations

For many patients this is a long term process and frequently requires multiple episodes of treatment and follow-up. The Customer expects a solution that supports the need for patient empowerment and coordinated plans across the different health providers and systems in this process. The EHR also needs to support mapping and execution of the needs of the patient, as well as the needs of the health providers, in the work with the patient in this process.

Requirements related to Habilitation and rehabilitation

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18865	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18866	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Habilitation and rehabilitation are marked with Preparation of habilitation and rehabilitation services and/or Undertaking habilitation and rehabilitation activities in *Chapter 5*.

2.2.9 Other treatments

Definition

The ability to cure or minimise health problems through non-medication, non-invasive treatment. Treatment at home is also included. Examples of other treatments are radiation therapy, milieu therapy, lifestyle changes, diet, physical therapy, psycho-therapy, cognitive therapy and occupational therapy.

Preparation for other treatment

The ability to ensure that all necessary equipment and all necessary resources are prepared and ready to use for treatment. This includes the ability to ensure that necessary resources and/or equipment are put in place in advance of the start of treatment.

Performing other treatments

The ability to perform other activities in the **treatment plan** agreed between the health professional and patient.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Other treatments
- Preparation for other treatments
- Performing other treatments

Maximum

Other treatments
- Preparation for other treatments
- Performing other treatments
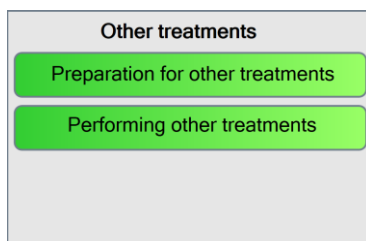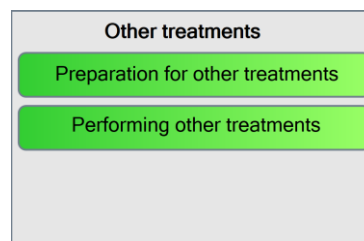
Integrations*

- National central health registry

  - Clinical and demographic information

- National medical quality registry

  - Clinical and demographic information

- Radiation oncology system(Clinical and demographic information, order, booking and planned treatment information)

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 2.2.2 Assessment of health condition
• Chapter 3.1.6 User scenario 6: Palliative care	• Chapter 2.2.3 Nursing, care and palliative care
	• Chapter 2.2.5 Invasive treatment
	• Chapter 2.2.8 Habilitation and rehabilitation
	• Chapter 2.2.14 Administration of health care
	• Chapter 2.3.3 Handling equipment and aids

Laws, regulations and guidelines (see Chapter 1.5)*

- Straffeprosessloven, in Table 3, ID L25

- Tverrfaglig spesialisert behandling av rusmiddelmisbruk, in Table 4, ID SG 4

- Strålevernloven, in Table 3, ID L22

- Strålevernforskriften, in Table 3, ID L64

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.5, CP.1.7, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.3, CP.4.5, CP.5, CP.6.3, CP.7.1, CP.7.2, CP.9.1, CPS.1.6.3, CPS.1.6.4, CPS.2, CPS.2.1, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.5, CPS.3.6, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.3, CPS.5, CPS.7.1, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2, CPS.9.4, CPS.9.5, CPS.9.6, AS.1.5, AS.2, AS.2.2, AS.2.4, AS.3.1, AS.4.1, AS.5.1, AS.5.3, AS.5.4, AS.6.3, AS.7.2, AS.7.4, AS.7.5, POP.6.3, POP.9, TI.1.8, TI.1.8.2, TI.5.5, TI.7

Present situation

The patient`s need for other treatment and resources is assessed by various professions, such as nutrition specialists, psychologists, psychiatrists, GP, nurses and occupational therapists. There is no support in the current systems to streamline the processes related to the preparation and performing of other treatments.

Purpose and expectations

This capability contains different aspects of medicine and includes different professions. Several health professionals, within the same or different profession, may have treatment or follow-up responsibility for a patient in the hospital, at home or in municipal institutions. The patient is expected to have the ability to get involved in preparing, implementing and evaluating treatment through the use of screening tests and new technology. Standardised tests supporting diagnosis and mapping of a patient's needs will be made available through the **EHR**. An EHR is expected to provide a user-friendly manner of documenting treatment effects, as well as providing other

health professionals with a quick overview of the actions performed through a patient's course of treatment. The level of functionality to be included in the solution for hospitals will be decided during the dialogue phase.

Requirements related to Other treatments

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18867	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18868	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Other treatments are marked with Preparation for other treatments and/or Performing other treatments in *Chapter 5*.

2.2.10 Patient communication

Definition

The ability to provide patients and their representatives with the information and knowledge necessary for them to contribute and take ownership of their own health, as well as to ensure a predictable and accessible relation with the providers of health services.

General information

The ability to provide citizens with access to quality assured and updated information about different diagnoses, their rights and how to deal with health services. This also includes the citizen's ability to manage their use of health services; *scheduling* appointments, choosing their place of treatment etc.

Individually customised communication

The ability to provide citizens with access to personalised information and services that are customised to the citizen's own situation. This also includes support to make their own decisions, as well as recording self-produced information.

Education of patients and their representatives

The ability to provide patients and their families with knowledge and skills to cope with long term conditions and health changes. Patients contribute with their experiences and understanding of their own situation and methods that stimulate increased independence and focus is placed on the patient's/citizen's resources.

The receiving and handling of complaints

The ability to provide citizens with the opportunity to submit a complaint about health services based on the rights set out in laws and regulations.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Patient communication
General information
Individually customised communication
Education of patients and their representatives
The receiving and handling of complaints

Maximum

Patient communication
General information
Individually customised communication
Education of patients and their representatives
The receiving and handling of complaints
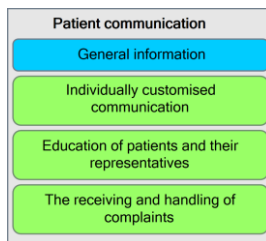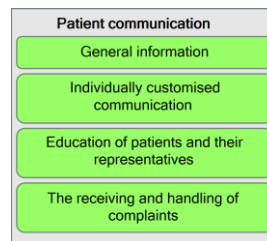
Integrations*

- Individual plan

- The national **patient portal** (on the website Helsenorge.no)

- Third party systems with map feature

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1 User scenarios – citizen's perspective

Other chapters/annexes*

- Chapter 4.5 Multimedia

- Chapter 4.4 Resource planning, scheduling and work lists

- Chapter 4.11 Medical device integration

Laws, regulations and guidelines (see Chapter 1.5)*

- Pasient- og brukerrettighetsloven, in Table 3, ID L4 - §2-5 and Chapter 7

- Helse- og omsorgstjenesteloven, in Table 3, ID L15 - §7-1

- Spesialisthelsetjenesteloven, in Table 3, ID L7 - §2-5

- Psykisk helsevernloven, in Table 3, ID L9 - §4-1

- Forskrift om habilitering og rehabilitering, in Table 3, ID L63 - Chapter 5

- Forvaltningsloven, in Table 3, ID L16

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* The list is not exhaustive

T Appendix 1B Functional Requirements v1.0

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.3, CP.1.4, CP.1.5, CP.1.6, CP.1.8, CP.1.9, CP.2.5, CP.3.2, CP.3.3, CP.4.2, CP.4.3, CP.5, CP.5.1, CP.6.1, CP.6.2, CP.6.3, CP.7.2, CP.8.1, CP.9.1, CPS.1.2, CPS.1.5, CPS.1.6.3, CPS.1.6.4, CPS.1.7, CPS.1.7.1, CPS.1.7.2, CPS.1.7.3, CPS.2, CPS.2.1, CPS.2.2, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.6, CPS.4.2.3, CPS.4.3, CPS.5, CPS.8.1, CPS.8.3, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2.1, AS.1.4, AS.1.7, AS.2, AS.2.5, AS.2.6, AS.3.1, AS.3.2.1, AS.3.2.2, AS.5.1, AS.5.2, AS.5.4, AS.6.3, AS.7.3, AS.7.4, AS.8.4, POP.1.1, POP.1.2, POP.2.1, POP.3, POP.6.2, POP.6.3, POP.9, RI.1.1.1, RI.1.1.4, TI.1.1, TI.1.4, TI.1.8, TI.1.8.1, TI.1.8.2, TI.7

Present situation

Citizen services are not digitally available today with exceptions of some general practitioners (GPs) and actors in private practice. Norway has a national website; www.helsenorge.no, that provides citizens with quality assured and updated information about different diagnoses, different quality indicators and citizens' rights to deal with health services. Citizens can through helsenorge.no get access to a patient portal called Min Helse/My Health by a secure login function. This portal offers some ***digital citizen services*** in the specialist health services, but the functions are presently not available to citizens in Central Norway. Min Helse/My Health provides a ***Kjernejournal*** where the most important health related information is gathered from public records, critical health data entered by a physician and basic registrations from citizens. Min Helse/My Health also contains a personal health archive system comparable to a ***Personal health record (PHR)*** where citizens can save personal collected data, store communication with providers and documentation from their EHR. The functions of this portal are being developed and it is a national goal that digital citizen services related to health will be available to all citizens through this portal.

Purpose and expectations

Patient communication and digital citizen services will be essential in order to reach several of the programme's effect goals, especially the goal 3:

Provide the citizens of Central Norway with easy access to their own health record and a higher degree of influence on their own course of treatment.

The offered solution shall contribute to patient empowerment with an active and participating role for patients and their representatives. Relevant quality assured health information shall be available and provide patients with decision support related to their health and treatment. It shall also provide an overview of plans and appointments, and support interaction with the health service. Digitisation is a tool to provide patients with an easier access to health related information and services. Digital solutions shall ensure that the use of paper will be limited to a minimum. Citizen services include solutions where citizens can perform tasks related to health services by using internet. Patients shall be able to have a secure dialogue with health personnel, access their ***Electronic health record (EHR)*** and record self-produced information. Information about a patient's health situation, treatment and health services shall be transparent, easily accessible and coherent for both patients and their representatives. Digital citizen services offered by the Contractor are expected to be made available through a patient portal solution, either the national solution Min Helse/MyHealth or a regional solution offered by the Contractor or a combination of both.

The level of functionality offered by the Contractor or through an integration with the national website helsenorge.no, will be decided during the dialogue phase. In addition, requirements under consideration for this capability covers ***individual plan***, a legal right for patients who need long-term, coordinated health services.

Requirements related to Patient communication

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18869	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18870	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Patient communication are marked with General information, Individually customised information, Education of patients and their families and/or The receiving and handling of complaints in *Chapter 5*.

2.2.11 Interaction with actors in other sectors

Definition

The ability to interact with actors in other sectors with regards to services rendered to an individual citizen. This includes for instance the *National Registry*, the *Cancer Registry of Norway*, *child welfare service*, schools, nurseries, educational and psychological services, the *Norwegian Labor* and *Norwegian Labour and Welfare Administration (NAV)* (including aids, sick leave, work ability assessment), employers, police, the Norwegian Directorate of Immigration and insurance companies.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Interaction with actors in other sectors

Maximum

Interaction with actors in other sectors
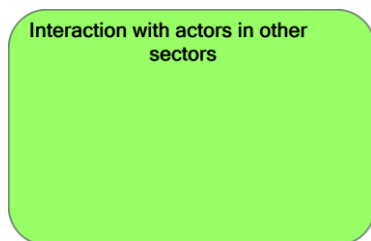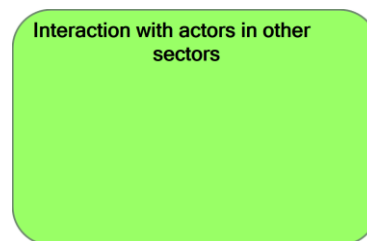
Integrations*

- Digital mail solutions (documents)

Options (Chapter 6)

- N/A

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* The list is not exhaustivev

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.2.5 The general practitioner (GP) • Chapter 3.3.2 Reporting to a new health registry	• Chapter 2.4.5 Information management • Chapter 4.3 Report generator and data retrieval

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CPS.9.1, CPS.9.2, CPS.9.2.2, CPS.9.4, CPS.9.5, AS.1.1, AS.2, AS.2.1, AS.4.1, AS.4.3, AS.4.4, AS.7.5, AS.8.3

Present situation

Interaction with actors in other sectors is mainly managed by standard message exchange and non-electronic means.

Standard message exchange with actors in other sectors is used for reporting and some level of communication with other national organisations, e.g., **NAV**, **Helfo**.

Other communication mainly consists of sending and receiving paper-based communication. Summaries, letters, referrals or notes are written in the EHR's text editor, and subsequently printed and sent to recipients by mail. Received paper-based communications are usually scanned into the patients' EHR as images or pdf files. This process is done manually, and may result in documents being scanned into the wrong patient's record. Scanned documents are usually not indexed or searchable.

The current situation is inefficient and time-consuming and causes unnecessary duplication of work processes, and is a hindrance to optimal information flow between organisational units.

Purpose and expectations

The main purpose of this capability is to improve the process of interacting with actors in other sectors through exchange of information. This includes capturing and rendering information from the EHR defined as relevant for the information exchange, in a manner that is time efficient and prevents duplication of information. There is a need for predefined templates or forms which may be populated, when possible automatically, by information stored in the EHR, in order to reduce duplication of data-entry tasks. Efficient electronic information exchange between sectors contributes to improve communication and coordination of services.

Requirements related to Interaction with actors in other sectors

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18871	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18872	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Interaction with actors in other sectors are marked with Interaction with actors in other sectors in *Chapter 5*.

2.2.12 Clinical and health research

Definition

The ability to generate new knowledge about health and diseases through scientific methodologies in order to improve patient diagnoses, treatment and care. This capability includes the ability to conduct research, including the recruitment of patients, blinding etc. The ability results in publications and PhDs.

This ability is important for quality improvement in health services, including the establishment of national medical quality registers, protection of biological materials (biobanks), the development of national and subject-specific quality indicators, as well as implementation of evidence-based practice.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Clinical and health research

Maximum

Clinical and health research
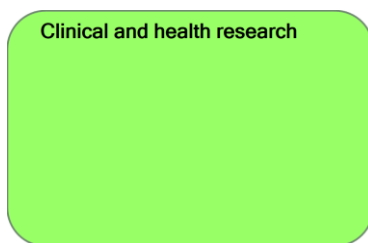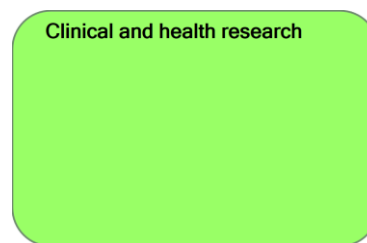
Integrations*

- Analytical software/statistical software solutions

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

- Tools/functionalities for patient self-reporting (if not included as part of the solution)

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.2.1 The researcher	• Chapter 4.3 Report generator and data retrieval
	• Chapter 2.2.10 Patient communication

Laws, regulations and guidelines (see Chapter 1.5)*

- Helseforskningsloven, in Table 3, ID L8

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.5, CP.2.5, CP.3.1, CP.3.3, CP.4, CP.4.1, CP.4.5, CP.5, CP.5.1, CP.6.3, CPS.1.7, CPS.1.7.3, CPS.2.2, CPS.2.5, CPS.2.8, CPS.3.5, CPS.4.1, CPS.8.1, CPS.8.4, CPS.9.3, CPS.9.4, CPS.9.5, AS.2.5, AS.4.1, POP.2.1, POP.2.2, POP.2.3, POP.8, POP.9, POP.10, RI.1.1.11, RI.1.1.13

Present situation

Much of the current clinical and health research in the Central Norway Health Region is undertaken in specialist health services and in collaboration with NTNU (Norges teknisk-naturvitenskapelige universitet, English: Norwegian University of Science and Technology), and includes research on humans, biological material and health information. Research is also conducted in municipal health services, sometimes in collaboration with university colleges, in the Central Norway Health Region.

Many of the current processes related to clinical and health research are manual and time-consuming. The current **EHR** systems do not have user-friendly functionalities for extracting data, and there is limited standardised data captured in the system. This means that researchers have limited opportunities to extract patient information from the existing systems and, in order to obtain data sets for research and analytical purposes, specified data sets have to be ordered through the ICT organisation.

There is no standard approach for recruiting participants to research projects. Thus, some projects can be difficult to recruit to which may particularly be an issue for time-constrained projects (e.g., phd studies). Participation in research projects normally requires participant consent (cf. *Helseforskningsloven*) and at present such consents are collected manually, using paper-based forms, and stored and archived by the person responsible for the project.

Some research studies require collection of additional information about the participants or additional tests. Information is often collected using custom-made or predefined electronic questionnaires using external systems. Ordering of blood tests or other assessments for research purposes has mainly been carried out using paper-based requisition forms as IT functionalities

have only supported the ordering of routine tests. However, more recently functionalities have been made available for ordering research study tests electronically with the opportunity to mark the test as a research test in order to ensure the costs are assigned to the relevant study rather than the patient's hospital department.

Purpose and expectations

The purpose is to procure a solution that supports the clinical and health research related processes in order to enable the development of new knowledge which can be applied e.g., as evidence-based practice and can support clinical decision-making.

The expectation is that a common solution with structured patient information for both municipalities and the specialist health services will provide researchers with access to data sets that are much more extensive and comprehensive than what they currently have. The expectation is that an authorised user will be able to export any data recorded in the solution in a format that can easily be used in analytical software/statistical software solutions.

In addition, it is expected that the solution will have some functionalities to enable more efficient administrative research processes e.g., to identify and recruit suitable patients for research studies, as well as collect patient consent electronically within the solution. The solution shall also have functionality for gathering additional patient information through patient self-reporting, e.g., surveys and questionnaires. Whether this should be enabled through tools incorporated in the solution or through integration with external systems, will have to be considered. In addition, the solution shall enable electronic ordering of additional tests and assessments for research purposes.

Requirements related to Clinical and health research

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18873	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18874	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Clinical and health research are marked with Clinical and health research in *Chapter 5*.

2.2.13 The education of health professionals

Definition

The ability to ensure that the need for health professional education and training for students, apprentices, interns and specialists is attended to. In addition, a health professional needs to receive the training and education required for the individual to carry out their work properly.

Level of functionality to be agreed upon in the dialogue phase

Minimum

The education of health
professionals

Maximum

The education of health
professionals
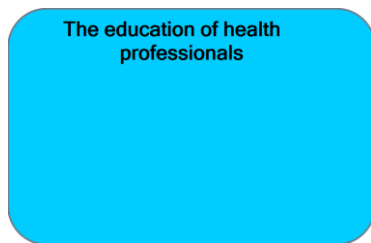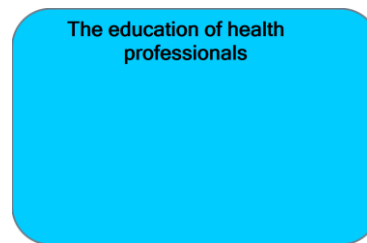
Integrations*

- Third party solution for education/competency/certification support (reports about conducted training, certification and education)

- Personnel system

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.2.2 Head of department

Other chapters/annexes*

- Chapter 2.1.3 Quality and patient safety

- Chapter 2.4.3 Human resource management

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

AS.5.1, AS.8.5

Present situation

Education of health personnel is documented in different systems across the municipal health service and specialist health services. Support in terms of tracking and supervising progress of education has some system support, but still requires a fair amount of manual data registration both for municipal and specialist health personnel. Rendering information regarding completed required procedures is extracted manually from the clinical applications.

Purpose and expectations

The solution must be able to submit information related to the education and skills of different health professionals, both as a group and as individuals, such as completed tasks or procedures and treatment of patients with certain diagnoses. The submitted information will become processed in an integrated solution for making a summary of required and executed training as a

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* The list is not exhaustive

part of certification systems for different health professionals, for planning staff to the different parts of the organisations and so on.

Requirements related to The education of health professionals

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18875	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18876	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to The education of health professionals are marked with The education of health professionals in *Chapter 5*.

2.2.14 Administration of health care

Definition

The ability to handle the administrative parts and activities of providing health services to the population. This includes handling all forms of contact, prioritisation and planning activities and resources related to determining a diagnosis, providing treatment and care in addition to managing health information, as well as establishing the basis for financial settlements and activity reporting.

The transfer of tasks and responsibilities

The ability of health professionals to efficiently transfer tasks and responsibilities between each other. This currently takes place through discharge summaries, summaries, referrals, requisitions, applications and subsequent proceedings and any ***individual decisions***, as well as other normal messages on various types of media.

Activity planning

The ability to plan an individual patient's care, including

- Appointments: date, time, place and health professionals to be involved in patient contact and consultation

- Examinations: date, time, place and necessary resources (staff, equipment, capacity) to carry out a specific examination

- Admission, transfer and discharge

- Home care services

- Treatment: date, time, place and necessary resources (staff, equipment, rooms, other equipment) necessary to carry out surgical or therapeutic treatment

- Coordination and communication with patients and their representatives

(For more detailed description, please see Chapter 4.4).

Resource planning

The ability to allocate staff, space and equipment based on planned levels of activity and capacity.

(For more detailed description, please see Chapter 4.4).

Coordination of transport

The ability to offer citizens, who are entitled, transportation to and from their home and between treatment sites, either by providing them with reimbursement of expenses or by assisting them with suitable transport. This capability involves ordering transport of the right kind to the right place. The transport services can be both internal and external, and it may involve a fair bit of coordination across different transport providers.

(For more detailed description, please see Chapter 4.4).

Prioritisation

The ability to prioritise based on urgency, rights and capacity. This also includes prioritising between patients and prioritising between different patient groups (types of conditions). This capability is an essential part of the process for evaluating applications, referrals and managing waiting list initiatives.

Coding and reconciliation

The ability to ensure correct coding and relevant information about diagnoses and activities undertaken, as well as the patient's out-of-pocket charge linked to medical procedures, treatment and care based on the patient's illness or injury. The information is used for reporting and billing, and the capability also covers the ability to identify, analyse and deal with discrepancies between planned and actual outcomes.

(For more detailed description, see Chapter 4.8).

Handling consumable supplies and equipment

The ability to order and supply consumable supplies and equipment, i.e., equipment that can only be used once, such as syringes, swabs, etc. Equipment that is made specifically for an individual patient is also regarded as a consumable supply, e.g., prosthesis. These can only be used once, by a single patient, but may still be in use by the patient for a long period.

(For more detailed description, see Chapter 4.4).

Level of functionality to be agreed upon in the dialogue phase

Minimum

HELSE MIDT-NORGE RHF (983 658 776)
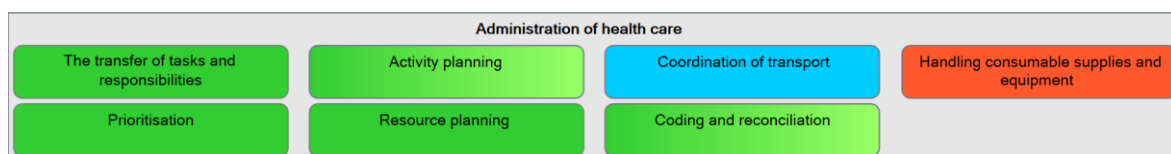
Maximum
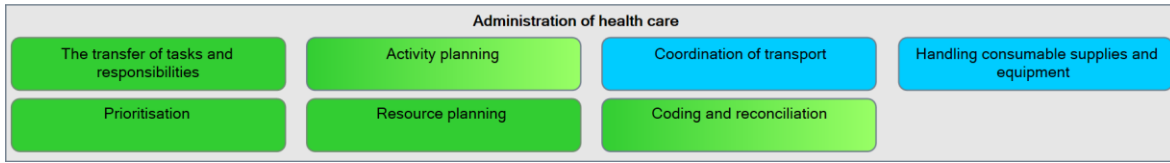
Administrative procedures (see Chapter 4.9) is in addition to the sub-capabilities listed above. *Administrative procedures is the mandatory documentation of the application process for services and implementation of services according to the health legislation.*

Integrations*	Options (see Chapter 6)

• Supply system for consumables and equipment
 	
    - Distribution and ordering of consumable resources
 	
 • Information system for patient travels
 	
    - Patient demographics and location
 	
    - Transport requisition
	• N/A

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health • Chapter 3.1.2 User scenario 2: Municipal home care service • Chapter 3.1.3 User scenario 3: Assessment and diagnosis • Chapter 3.1.4 User scenario 4: Cancer surgery • Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning • Chapter 3.1.6 User scenario 6: Palliative care	• Chapter 2.2.10 Patient communication • Chapter 4.4 Resource planning, scheduling and work lists • Chapter 4.8 Master data, reference data and terminologies • Chapter 4.9 Administrative procedures

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* The list is not exhaustive

- Chapter 3.1.7 User scenario 7: An
  emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic
  accident

- Chapter 3.1.9 User scenario 9:
  Pregnancy

- Chapter 3.1.11 User scenario 11:
  Child, head injury

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.4, CP.1.7, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.2, CP.4.3, CP.4.4, CP.4.6, CP.5, CP.6.3, CP.7.1, CP.7.2, CP.8.1, CP.9.1, CP.9.2, CPS.1.3, CPS.1.4, CPS.1.5, CPS.2, CPS.2.1, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.4.1, CPS.4.2.2, CPS.4.3, CPS.4.6.1, CPS.4.6.2, CPS.4.6.3, CPS.5, CPS.7.1, CPS.8.3, CPS.8.4, CPS.8.6, CPS.9.1, CPS.9.2, CPS.9.2.1, CPS.9.2.2, CPS.9.2.3, CPS.9.3, CPS.9.4, CPS.9.6, AS.1.1, AS.1.2, AS.1.3, AS.1.4, AS.1.5, AS.1.6, AS.1.7, AS.1.8, AS.2, AS.2.1, AS.2.2, AS.2.3, AS.2.4, AS.4.2, AS.4.3, AS.5.1, AS.5.2, AS.5.3, AS.5.4, AS.6.1, AS.6.2, AS.6.3, AS.6.4, AS.6.5, AS.6.6, AS.7.1, AS.7.2, AS.7.3, AS.7.4, AS.7.5, AS.8.1, AS.8.2, AS.9.3, AS.9.4, TI.3, TI.4, TI.4.1, TI.4.2, TI.4.3, TI.7

Present situation

Activities in relation to administration of health services are today handled by a variety of systems and solutions. These lack support for coordination and exchange of information between the municipality, GP and the specialist health services. Transfer of information and cooperation with regards to patient care is challenging and health providers often have to spend time searching for updated information about the patient. Electronic messaging and exchange of information is used, but is limited to, certain processes and services and do not cover all aspects of communication and transfer. This is also the situation with regards to internal communication within services, especially in the specialist health services.

In terms of planning and coordinating activities and resources, the situation is dominated by manual and time-consuming work processes. A variety of applications provide functionality for **work lists** and similar tools for coordination and overview, but there is little or no integration with the EHR and no **process support** for transfer between services.

The municipality provides services based on an administrative procedure individual decision or from national standards in relation to health services that should be provided. It is based on the rights a person has by jurisdictional laws and available resources. The tasks are becoming more and more complex and challenging and considerable time is spent on documentation since the systems do not fully support the work processes.

Today, in the Central Norway Health Region, as in the rest of Norway, clinical classification is mainly based on the ICD-family of classification. In municipal health services, the system of choice is the ICPC while in specialist health services it is the **ICD-10**. In addition, several other classification tools are in use and it is a challenge that different codes are used for the same

condition and illnesses. Codes and coding are an integral part of most reports required by the authorities.

Purpose and expectations

The purpose and expectations in relation to administration of health services is to increase efficiency in all administrative activities and improve cooperation across organisational units and health professionals, and in addition empower the patient and include the patient in the planning of his/her own health. There is a great potential for improvement on the present situation in the area of communication, especially in terms of how responsibility is transferred and shared in the clinical pathways across units/organisations/professions.

For the capability Handling consumable supplies and equipment, integration with external supply systems for consumables and equipment in both municipalities and hospitals is being considered. In addition, to support the capabilities Activity planning and Coding and reconciliation, the level of required functionality in the solution for distribution and ordering of consumable resources in hospitals are being considered. The level of functionality to be integrated with or included in, respectively, the solution will be decided during the dialogue phase.

Requirements related to Administration of health care

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18877	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18878	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Administration of health care are marked with The transfer of tasks and responsibilities, Prioritsation, Activity planning, Resource planning, Coordination of transport, Coding and reconciliation and/or Handling consumable supplies and equipment in *Chapter 5*.

2.3 SECTION "CLINICAL SUPPORT SERVICES"

Clinical support services contain capabilities that directly enable, and therefore are closely related to, the core services. These capabilities mainly operate behind the scenes of the patient treatment and care, e.g., providing diagnostic services, imaging and therapeutic support.

Each capability is described in further detail in subsequent chapters, along with reference to relevant chapter and sections of the HL7 EHR-S Functional Model that these requirements should be read in conjunction with.

Structure of this chapter:

Table 8 - Structure of Chapter 2.3 Section "Clinical support services"

2.3.1	**Radiological examinations**

2.3.2	**Laboratory tests**
2.3.3	**Handling equipment and aids**
2.3.4	**Communicable disease control and prevention**
2.3.5	**Donation of biological material**
2.3.6	**Medication supply and dispatching**
2.3.7	**Pharmaceutical guidance**

2.3.1 Radiological examinations

Definition

The ability to undertake, process and report clinical information through the use of imaging technology in order to obtain information about the health of a patient in connection with the determination of a diagnosis, treatment or prevention of a condition or injury. This includes the use of e.g., x-rays, ultrasound or magnetic resonance (MR) diagnostics and treatment.

*In this document the term radiological examinations includes **nuclear medicine**.*

Performing radiological examinations

The ability to record and save images of the human body, or parts of the human body, for clinical purposes, as well as processing and evaluating images in conjunction with other clinical information.

Reporting the results of radiological examinations

The ability to present and offer advice in relation to the outcome of the analysis of an image, with reference to the source and other clinical information, for health professionals and/or patients or relatives.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Radiological examinations

Performing radiological examinations

Reporting the results of radiological examinations

Maximum

Radiological examinations

Performing radiological examinations

Reporting the results of radiological examinations
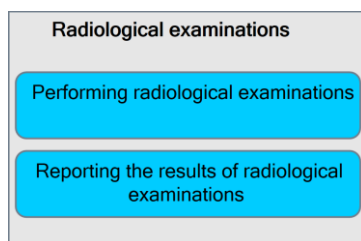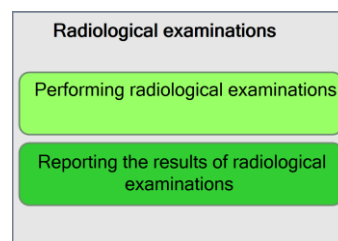
Integrations*

- Picture archiving and communication system (PACS)

  - Results (Images, video)

- Radiology information system (RIS)

Options (see Chapter 6)

- Radiology information system (RIS) functionality

---

* The list is not exhaustive

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- Order, schedule, result, patient
  demographics, patient lists,
  clinical data, lab/modality
  specifics, financial data

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*

User scenarios*

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.11 User scenario 11: Child, head injury

Other chapters/annexes*

- Chapter 2.2.7 Additional examinations

- Chapter 4.4 Resource planning, scheduling and work lists

- Chapter 4.5 Multimedia

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 4.12 Medical Device Integration

- Chapter 4.12 Continuous and comprehensive medical chart solution

Laws, regulations and guidelines (see Chapter 1.5)*

- Strålevernloven, in Table 3, ID L22 - §§ 13, 14

- Strålevernforskriften, in Table 3, ID L64 - Chapter VI

- Veileder om medisinsk bruk av røntgen- og MR-apparatur, in Table 4, ID SG9

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.2, CP.3.3, CP.4, CP.4.4, CP.5, CP.5.1, CPS.1.5, CPS.2, CPS.2.1, CPS.4.1, CPS.4.3, CPS.5, CPS.9.2, AS.2, AS.2.2, AS.4.2, AS.5.1, AS.5.4, AS.6.3

Present situation

Radiology is a diagnostic and therapeutic specialty that performs procedures by referral/request. The radiologists have responsibility for delivering high quality image interpretation. In collaboration with the referring physician, the radiologist has responsibility for providing a cost effective modality and procedure, and make sure that the patient is not exposed to unnecessary risk or adverse effects. Multidisciplinary cooperation between specialties is required to achieve the best outcomes for the patients.

The municipality refers to the hospital for radiological examinations, completed with an extensive use of private radiology institutes. Annual reports show an increasing demand for radiological examinations, and that it is continuously important for patient diagnostics, treatment and follow-up. Radiological examinations are very often an important step of standardised clinical pathways.

Radiology is a discipline in fast development with new challenges within both established and new modalities. New techniques and examination methods emerge and replace the old. This challenges the specialists, as well as the systems.

Today the hospitals in the Central Norway Health Region use a *picture archive and communication system (PACS)* and a *radiology information system (RIS)* separate to the EHR itself, and the current integration challenges the everyday use for both the requester and provider. The RIS reporting are integrated with the EHR, generating a radiology result document in EHR, and in this document there is a link to the image(s). By executing the link, it will open the PACS viewer to show the image study for the health personnel.

The *scheduling* of appointments is separated from other bookings, making it hard to plan e.g., outpatient appointments where the result from an examination is important. The contact with patients is mainly done using letters, but very often (due to time factor) the staff needs to call the patient on the telephone.

The Radiologist work in a close relationship with colleagues in other departments and medical specialities (e.g., cardiologists). Today's EHR does not support this collaboration e.g., when documenting.

Documentation of the provided care/treatment (e.g., coiling of aneurysm) is done in RIS, which is unavailable for many of the participants in the care team. There is a lack of support for electronic registration of medication given (e.g., contrast agents), laboratory results and critical information. This makes it necessary for the referring doctor to manually enter laboratory values, allergies etc. in the referral note. Radiology staff often spend time trying to find members of the care team when they are in need of additional information. Locating the admitted patient within the hospital can also be challenging, as the patient physical locations have been changed/left out on the referral note.

Purpose and expectations

Medicine is an advancing field of science, and health services are moving towards more minimally-invasive treatment methods, often performed by radiologists. When therapy and therapists are so interlinked between "silos" – the system needs to support the merge.

The Customer seeks functionality for making data available, allowing users in radiology departments and other health personnel to work in one system, regardless of the level of functionality offered. This means functionality traditionally supported by RIS, has to be closely integrated, or a part of Helseplattformen, allowing close collaboration within the solution.

Some of the functionality of today's vendor of RIS is about to be incorporated into PACS. The scale of this is not yet clarified and will be addressed in the dialogue phase.
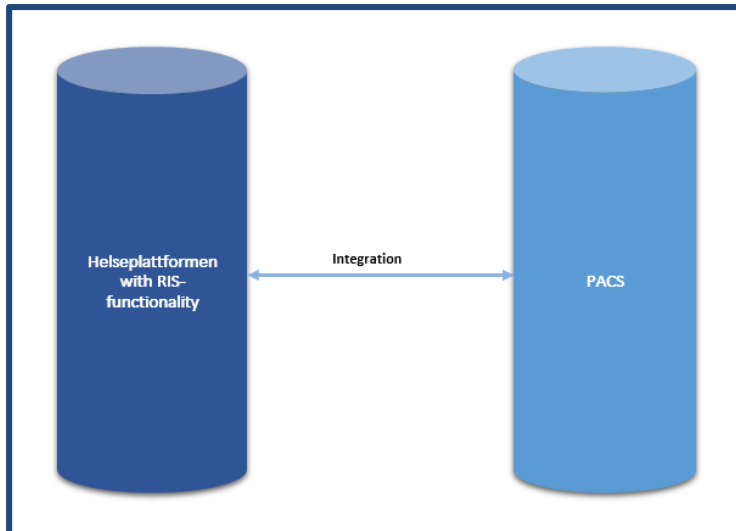
Figure 6 - Including RIS in the offered solution itself (Option)

The solution must support the management of orders and referrals to radiology, and give the users the ability to see the treatment plan (both historical and current) to be able to supplement the needs by supporting care coordination. The patient's schedule must allow a complete overview of the patient's orders and appointments, regardless of where the appointment is (e.g., radiology, lab or an outpatient appointment).

The clinical documentation needs to be accessible for relevant users of the solution, and support the future needs of documenting treatment performed in the radiology laboratories.

Workflow is an important part of the radiology department. This needs to be supported both in minimum and maximum level of functionality, where configurable tasks and series of tasks can be assigned to various teams and roles. Sharing of information between municipal and specialist health services will improve the possibilities for more effective and safer collaboration.

The results from radiological examinations needs to be shared with the clinicians in an efficient way, leaving no doubts about whether the result is preliminary or final. ***Notifications*** and ***alerts*** should ease the process of delivering results.

Requirements for the minimum level of functionality involves integration with both RIS and PACS. Requirements for the maximum level of functionality involves Radiology Information System functionality as a part of the solution, and is listed as an Option. The Option is described in detail in *Chapter 6*.
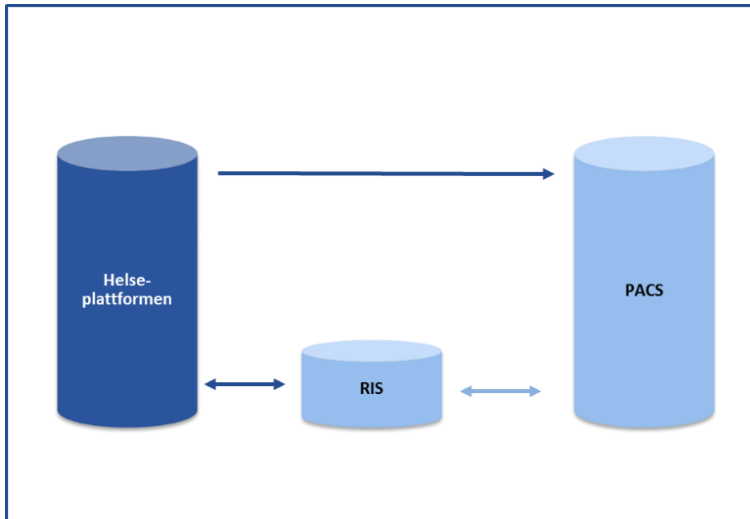
Figure 7 - A minimum solution for Helseplattformen – to closely integrate with the existing RIS

Chapter 6.1 describe RIS- functionality as a part of the solution, in optional requirements.

Requirements related to Radiological examinations

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18879	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18880	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Radiological examinations are marked with Performing radiological examinations and/or Reporting the results of radiological examinations in *Chapter 5*.

2.3.2 Laboratory tests

Definition

The ability to take samples and perform analysis on the samples in order to obtain information about the health of a patient with regards to establishing the diagnosis, treatment or prevention of disease or injury. This includes e.g., biochemical, pathology samples and microbiological tests.

Sampling

The ability to perform the collection of samples/tests in accordance with a defined process.

Sample analysis

The ability to undertake and evaluate analysis of tests in order to obtain information about a patient´s health using standardised methods.

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Test result reporting

The ability to present results of analysis and provide advice to health personnel and/or the patient or patient´s representatives so that these can be used appropriately to determine a patient´s diagnosis, monitor or provide treatment.

Level of functionality to be agreed upon in the dialogue phase

Minimum
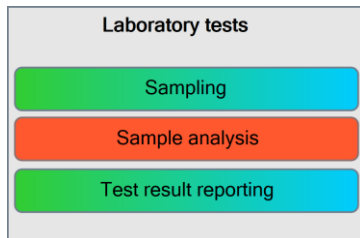
Maximum
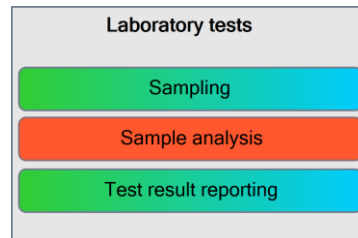
Integrations*

- Laboratory systems

  - Clinical, demographic, order and test results information

- Medical device

  - Clinical data

  - Device information

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 3.2.5 The general practitioner (GP)

Other chapters/annexes*

- Chapter 2.2.7 Additional examinations

- Chapter 4.4 Resource planning, scheduling and work lists

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* The list is not exhaustive

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.7, CP.2, CP.2.1, CP.2.4, CP.3.2, CP.3.3, CP.4, CP.4.4, CP.5, CP.5.1, CP.8.1, CPS.1.5, CPS.2, CPS.2.1, CPS.2.2, CPS.2.5, CPS.2.8, CPS.3.10, CPS.5, CPS.6.4, CPS.8.4, CPS.9.1, CPS.9.3, AS.3.1, AS.4.1, AS.5.1, AS.5.4, AS.7.4, AS.8.1, RI.1.1.4, TI.5.5, TI.7

Present situation

In the Central Norway Health Region, the laboratory tests taken in the hospitals are usually analysed in the hospital laboratories and the hospital laboratories have their own solution for receiving orders and handling test result reporting. Some samples (e.g., screenings and genetic tests) are sent to other hospitals outside the region for analyses.

GPs in the Central Norway Health Region use either private laboratories or the hospitals in the region. Laboratory samples taken in the municipality health services are most often analysed at the local hospitals. GPs also have their own small local laboratories for few simple tests e.g., INR, CRP, GLUCOSE, HB. Test analyses are directly registered from local laboratories in the GP's EHR. GPs receive these results and acknowledge them with a signature.

All major laboratories in Norway are accredited by the Norwegian accreditation. Accreditation is an official recognition that a laboratory is working under a documented quality system, and has adequate skills to perform relevant tasks. In the Central Norway Health Region, several laboratories are accredited.

There is no common access to laboratory results analysed in hospitals or in private laboratories, due to the use of a separate EHR. Different professionals, such as nurses, health secretaries and bioengineers, can perform the sampling.

Purpose and expectations

All medical data, including lab results, can only contribute to enabling ***clinical decision support*** if these are stored as structured and standardised data. To reduce the possible errors when recording results from the laboratory system in the EHR, the solution shall enable all results to be electronically integrated with the solution. It is also expected that the solution will have the ability to capture and store additional information on all laboratory test results, e.g., information on accreditation.

The Costumer expects a solution that makes it possible to order samples directly from the patient's EHR. This order interface should be the same, independently of what the health personnel order, and be based on ***knowledge support*** and an adaptable user interface according to the information required for the specific order to be made in the session. It must be possible to make several orders and referrals in the same task. The solution must be able to show an overview of previous and new orders, as well as all performed tests.

Knowledge support shall be accessible when ordering samples and in the assessment of test results. For the municipality and GP's office the solution has to support workflow and task management for performing the sample collection and test result reporting. All test results must be visible and accessible for health personnel and employees in hospitals, GP offices and municipalities, depending on their role. The solution must also provide support for extracting and rendering statistics on trends from laboratory results and support the ability to obtain data from test reports into discharge summaries or discharge messages.

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It is important that the solution can provide the patient with relevant preparatory information in advance of a scheduled laboratory test, so the patients will be prepared when arriving for the test. Also, the health personnel performing the lab tests shall have access to knowledge- and decision support (for instance regarding volume and test tube), and reduce the risk of health personnel taking duplicate samples when there is already a valid test result or sample available.
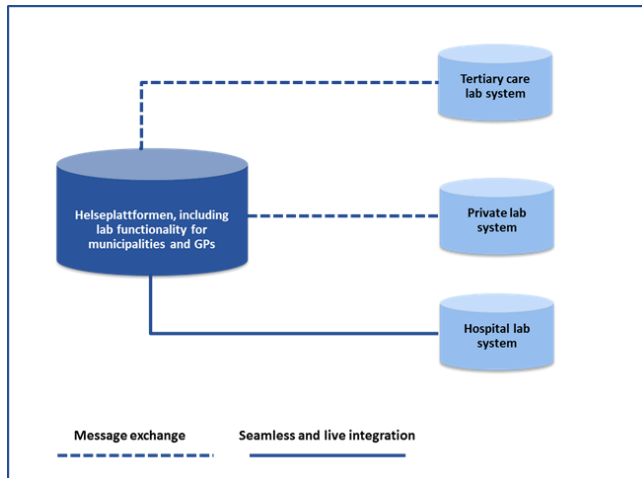
Figure 8 - Information exchange between the solution and laboratory system

Requirements related to Laboratory tests

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18881	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18882	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Laboratory tests Laboratory tests are marked with Sampling and/or Test result reporting in *Chapter 5*.

2.3.3 Handling equipment and aids

Definition

The ability to plan the procurement, identification, maintenance, testing and disposal of medical devices, medical and non-medical equipment and aids.

Management, operation and maintenance of equipment and aids

The ability to plan the procurement, controls, monitoring, testing, maintenance and disposal of medical devices, medical and non-medical equipment and aids.

Localisation and fleet management of equipment and aids

The ability to physically localise where medical devices, medical and non-medical equipment and aids are currently located.

Usage tracking of equipment and aids

The ability to track the use of medical devices, medical and non-medical equipment and aids, as well as retrieving information.

Modification of buildings

The ability to prepare a patient's home in order to offer the patient the best possible quality of life and safety.

Level of functionality to be agreed upon in the dialogue phase

Minimum
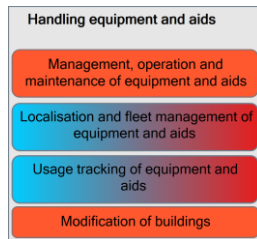
Maximum
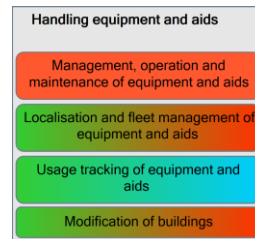
Integrations*

- System for localisation, tracking and ordering of equipment and aids in municipalities

- Management, Operation and Maintenance system (MOM) for medical device

    - Data about the device

    - User information

Options (see Chapter 6)

- Solution for handling equipment and aids

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.4 User scenario 4: Cancer surgery

Other chapters/annexes*

- Chapter 2.2.5 Invasive treatment

- Chapter 2.2.14 Administration of health care

- Chapter 4.4 Resource planning, scheduling and work lists

---

* The list is not exhaustive

- Chapter 4.11 Medical device integration

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.7, CPS.2.8, AS.6.3, AS.7.5

Present situation

Both the municipality and the specialist health services lack sufficient support for localisation and fleet management of equipment and aids as well as tracking the usage of such equipment. This means that health providers do not always have up-to-date and accessible information about available equipment and the physical location of the equipment. The use of the equipment is not coordinated with regards to physical location, and the availability and resource utilisation is not optimised. The result is that the process of ordering, reserving and coordinating equipment and aids is time-consuming and inefficient. In many cases, the lack of sufficient system support complicates the process with discharging and repatriation of admitted patients, and this will in worst case compromise patient safety.

Purpose and expectations

The solution needs to offer relevant support in the process of offering the patients the right equipment and aids, at the right time, in an efficient manner. The solution should also provide support for the process of making adaptions to people's homes. This enables us to provide health services at the lowest possible level, at the lowest cost, so patients can live in the comfort and safety of their own home as long as possible.

Using the information regarding availability of medical and non-medical equipment improve resource planning. It must be possible to reserve equipment when scheduling, and in case of lack of equipment availability, e.g., due to planned maintenance, it should prevent scheduling of the requested procedure or examination requiring this aid or equipment later.

The solution also needs to give an overview of the use and usage pattern of equipment by use of tracking information. This is to support the demand for equipment, and predict future demand for equipment.

In the municipality, the definition of non-medical equipment is quite wide; it includes a range of different aids and even housing capabilities. For this, it is important that the solution can give a stock overview, including support for main and local stock and functionality for "warehousing", so availability is kept up to date. To achieve this, the solution should be able to integrate with tracking and localisation systems (supplied by third parties) in order to capture relevant information.

The level of required functionality is different in the municipalities and the hospitals. For the municipalities the solution should provide functionality for localisation, fleet management and usage tracking of equipment and aids through integrations with existing or external systems, but we will consider solutions that provides the described functionality in the solution itself as described in detail in the Option "Solution for handling equipment and aids" in *Chapter 6.3*.

Requirements related to Handling equipment and aids

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18883	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18884	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Handling equipment and aids are marked with Localisation and fleet management of equipment and aids, Usage tracking of equipment and aids and/or Modification of buildings in *Chapter 5*.

2.3.4 Communicable disease control and prevention

Definition

The ability to prevent and limit the incidence of infectious diseases in health services.

Prevention of infectious diseases

Sterilisation of equipment: The ability to ensure that equipment and rooms do not contain microorganisms, including bacterial spores.

Handling isolation (preventing spread): The ability to prevent the spread of infectious diseases between a patient and other patients, health personnel or visitors.

Hygiene: The ability to establish and maintain practices that contribute to maintaining health and preventing infections.

Infection surveillance

The ability to report infectious diseases (as defined in the Infectious disease control act) to the Norwegian Institute for Public Health for statistical purposes.

Tracking infections

The ability to identify patients that may have been exposed to an infectious disease in order to control or treat, as well as identify the causes of outbreaks of infectious diseases, where applicable.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Maximum

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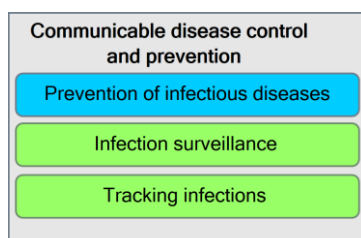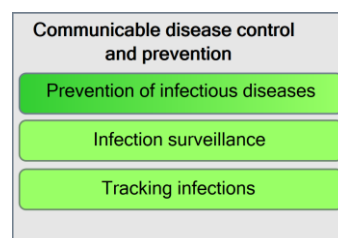
Integrations*	Options (see Chapter 6)

• National central health registry
    - Clinical and demographic information
 	
• National medical quality registry
    - Clinical and demographic information
 	
• System for ordering and executing cleaning of rooms
    - Demographics and information about infection, booking/ordering, acknowledgment
 	
• Management, Operation and Maintenance system (MOM) for medical device
    - Data about the device
    - User information
 	
• Laboratory system/Radiology system
    - Notification about infectious patients when ordering
 	
• Statistic/analytical software
    - Information on the incidence of infectious diseases
 	
• System for monitoring the spread of infectious diseases
    - Clinical and demographic information
	• N/A

---

* The list is not exhaustive

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• N/A	• Chapter 2.2.1 Public health
	• Chapter 2.2.4 Medication treatment
	• Chapter 4.3 Report generator and data retrieval
	• Chapter 4.6 Closed loop medication

Laws, regulations and guidelines (see Chapter 1.5)*

- Smittevernloven, in Table 3, ID L12

- MSIS-forskriften, in Table 3, ID L55

- NOIS-registerforskriften, in Table 3, ID L32

- Forskrift om smittevern i helsetjenesten, in Table 3, ID L34

- Resistensregisterforskriften, in Table 3, ID L65

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.4, CP.4.4, CP.5, CP.5.1, CP.6.1, CP.9.2, CPS.3.10, CPS.4.2.2, CPS.4.2.4, CPS.5, CPS.6.1, CPS.9.1, CPS.9.2, CPS.9.4, CPS.9.5, AS.2.4, AS.4.2, POP.2.1, POP.2.2, POP.2.3, POP.3, POP.4, POP.6.1, POP.9, TI.5.5

Present situation

The work relating to communicable diseases takes place on two levels: On an individual level, which includes tracking of infection and isolation measures, and at the community level through infection monitoring and surveillance.

The responsibility for organising the work of infection control lies with the municipal health services. The municipality has the overall responsibility for the establishment, adaptation and monitoring of infection control programmes in municipal institutions. The municipality needs to ensure that essential services are established and that health personnel get the opportunity and necessary training to keep themselves updated on subjects regarding communicable diseases. The Central Norway Regional Health Authority has an advisory function in terms of infection control in health services, hospital hygiene and medical microbiological expertise. This also includes providing an overview of infectious diseases in the local communities. The **Norwegian Institute of Public Health** has the primary responsibility for providing advice and assistance to local authorities with regards to infection surveillance and control. They are also responsible for the collection and processing of health data in the MSIS (message system for communicable diseases) registry.

There is no complete overview of the prevalence of infectious diseases in Norway, as the field is characterised by fragmented organisations and many actors. The registries for infectious diseases have been created at different times and in response to different needs, and the information contained within these registries is therefore not comprehensive, and cannot be accessed from

one shared/common repository. Reporting to the various registries is done mostly on paper forms and creates a considerable workload for the message providers and recipients. Electronic exchange of information has increased considerably in recent years. It is difficult to achieve desired results in terms of improved emergency preparedness, good basis for assessing the quality of health services and information regarding the health status of the population due to data not being up to date.

Purpose and expectations

It is expected that the offered solution will provide necessary knowledge support and clinical decision support for the capability Communicable diseases.

Prevention of infection diseases

The Customer seeks a solution that supports Prevention of infectious disease functionality:

- Handle sterilisation of equipment and rooms

    - Ensure that rooms and equipment are sterilised

    - Traceability – equipment and rooms are traceable back to patient

- Isolation management of potential disease carriers

    - Traceability – mange patient tracking and rooms/bed assignment.

- Hygiene management

    - Receive knowledge and clinical decision support for hygiene management

As a minimum, it is required that necessary and relevant information supporting this capability is exchanged between the new solution and external systems in both municipalities and specialist health service. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Infection surveillance

National authorities have established mandatory reporting to national registries to facilitate infection monitoring and surveillance. To support Infection surveillance, close integration between the solution and external system is required for municipalities and specialist health service. In addition, the Customer seeks a solution that supports internal reporting for quality assurance and quality improvement. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Tracking infections

To support the capability Tracking infections, the Customer seeks a solution that supports identification of individuals in the population with suspected exposure to infection or disease before or during outbreaks. The solution should also provide support for extracting information on the possible cause of infection, and also have the ability to monitor both individuals and population groups over time for both treatment and control. The level of functionality to be included in or integrated with the solution will be decided during the dialogue phase.

Finally, a common EHR should support the ongoing national work on reducing the use of antibiotics, seeking to decrease the current rise of antimicrobial drug resistance in all parts of the health system.

Requirements related to Communicable disease control and prevention

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18885	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18886	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Communicable disease control and prevention are marked with Prevention of infectious diseases, Infection surveillance and/or Tracking infections in *Chapter 5*.

2.3.5 Donation of biological material

Definition

The ability to handle the donation of biological material from a living or dead person to a living recipient. This includes documenting and tracking who has given what to whom, for instance by transferring blood or donating human milk, semen or organs.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Donation of biological material

Maximum

Donation of biological material
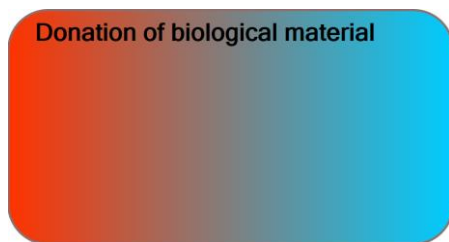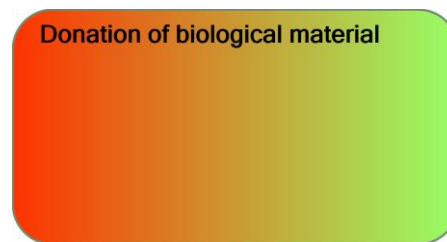
Integrations[*]

- Blood bank system

  - Patient demographics, order, results, laboratory data, authentication/authorisation, storage status, invoicing, transfusion reporting, transfusion registration

- IVF system

Options (see Chapter 6)

- Biological bank functionality

---

[*] The list is not exhaustive

- Patient demographics, order, results, laboratory data, authentication/authorisation, images

- Exchange information to/from donor team at Rikshospitalet/Oslo

  - Patient demographics, Clinical data, laboratory data, secure messaging, scheduling

- Laboratory system

  - Patient demographics, test order, status and result (Option)

- Financial systems

  - Reimbursement data, donor demographics (human milk) (Option)

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.4 User scenario 4: Cancer surgery • Chapter 3.1.6 User scenario 6: Palliative care • Chapter 3.1.8 User scenario 8: Traffic accident	• Chapter 2.2.5 Invasive treatment • Chapter 2.2.10 Patient communication

Laws, regulations and guidelines (see Chapter 1.5)*

- Forskrift om dødsdefinisjon ved donasjon, in Table 3, ID L50

- Forskrift om håndtering av humane celler og vev, in Table 3, ID L52

- Forskrift om humane organer til transplantasjon, in Table 3, ID L54

- Transplantasjonslova, in Table 3, ID L11

- Blodforskriften, in Table 3, ID L51

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.9, CP.3.3, CP.3.4, CP.4.5, CP.4.6, CP.5, CP.6.1, CPS.1.7.1, CPS.1.7.3, CPS.2.1, CPS.2.5, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.10, CPS.4.1, CPS.5, CPS.6.3, CPS.6.4, CPS.8.4, CPS.8.5, CPS.9.1, CPS.9.4, AS.1.8, AS.2.1, AS.3.2.1, AS.3.2.2, AS.4.3, AS.5.1

Present situation

There is a minimal or no support for this capability in the current EHR systems.

Organs are harvested at the different hospitals in the Central Norway Health Region, but the actual transplantations are performed at Rikshospitalet in Oslo. The donor must be categorised as brain dead before organs can be harvested, and there is a need for thorough screening and frequent communication with Rikshospitalet before harvesting. Human milk is donated in order to supply neonate intensive care units (NICU). There is no functionality in the current EHR systems that supports the order or administration of human milk. Documentation is found in ring binders and on paper. Blood transfusions are given in hospitals, and in the present situation, there is no electronic validation of patient or unit of blood. Blood is ordered through an integrated order dialogue in the EHR system.

Purpose and expectations

This capability is of great importance for the recipients of biological material and for the health providers who deal with the patient who has received the donation. It includes all biological material such as blood and blood components, human milk for babies, corneas, bone marrow/stem cells and body organs, sperm donation and in the future it might be egg donation also in Norway (currently not allowed). This is a hospital-only capability as the municipalities does not handle donation procedures.

In regards to biological materials, as a minimum, the solution needs to provide the ability to

- Exchange information regarding availability of the biological material (e.g., milk, blood)

- Support the ordering of biological material from bank

- Traceability - ensuring that the right patient has received the correct biological material and that it is traceable back to donor

- Support the reporting of biological materials given to patient

In regards to *IVF*, as a minimum, the solution needs to provide the ability to

- Integrate in order to exchange information about patients undergoing treatment

- Facilitate scheduling and sperm banking for e.g., cancer patients

In regards to organ donations, as a minimum, the solution needs to provide the ability to

- Support the exchange of information and communication with the donor team in Rikshospitalet in Oslo from the moment the donor is identified to organs are transported to Rikshospitalet in Oslo.

As mentioned above, blood bank system is not covered by this procurement process. As an Option, the Customer seeks enhanced functionality that supports the biological banks in activities such as

recruitment and donor management, eligibility screening, testing, storage and stock management and distribution of biological material. This Option is described in detail in *Chapter 6.4.*

Requirements related to Donation of biological material

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18887	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18888	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Donation of biological material are marked with Donation of biological material in *Chapter 5*.

2.3.6 Medication supply and dispatching

Definition

Medication supply and dispatching is the step of the medication management process where an order of medications is received and processed at the pharmacy or at the wholesale, and where medication is packaged, labelled and transported to the appropriate patient, hospital ward, nursing home, home care service or others. The most common scenario is that the patient him/herself purchases the medications at the pharmacy.

The capability includes control of the local stock, in order to have sufficient storage and handling the stockpile with regards to possible mass injuries or pandemics. It is mainly the pharmaceutical industry that produces medications, although some medications are produced locally in pharmacies. This capability includes both.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Medication supply and dispatching

Maximum

Medication supply and dispatching

Integrations*	Option (see Chapter 6)
• Chemotherapy solution (see Chapter 4.6)	• N/A

- Order invoice

- Demographics

- Lab data

- Order status

• National database of e-prescriptions

- E-prescription/Prescription information

- Consent

- Mediation invoice data

- Demographics

- Delivery status

• Ordering and stock keeping system

- Medication invoice data

- Order deliver and order invoice

- Stock movement and stock reset

- Order status

- Application forms

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.1.2 User scenario 2: Municipal home care service	• Chapter 4.3 Report generator and data retrieval
• Chapter 3.1.4 User scenario 4: Cancer surgery	• Chapter 4.6 Closed loop medication
• Chapter 3.1.6 User scenario 6: Palliative care	• Chapter 4.12 Continuous and comprehensive medical chart solution

* The list is not exhaustive

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- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 2.2.4 Medication treatment

- Chapter 2.3.7 Pharmaceutical guidance

Laws, regulations and guidelines (see Chapter 1.5)*

- Reseptformidlerforskriften, in Table 3, ID L29

- Forskrift om legemidler fra apotek, in Table 3, ID L66

- Legemiddelforskriften, in Table 3, ID L69

- Blåreseptforskriften, in Table 3, ID L72

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.3, CP.4, CP.4.2, CPS.2.7, CPS.2.8, CPS.4.1, CPS.4.2.3, CPS.9.2.3, AS.2.2, AS.6.3, TI.5.5

Present situation

Supply to institutions

The use of multi-dose medications are increasing in the municipality, while unit-dose medications and ID labelled medications are increasing in the hospitals. For some hospitals and institutions, manual dispensing from traditional medication packages to daily- or weekly pillboxes, is most common (dispensing of medications are described in *Chapter 2.2.4*).

The municipality health services receive medication supply from private pharmacies based on a tendering process. Today **medication ordering** and supply are performed manually due to lack of an integration and electronic stock keeping systems between the municipality and private pharmacy.

The hospitals receive their medication supply from the hospital pharmacies. There are hospital pharmacies at six different hospital locations in the region. An electronic ordering and stock keeping system is implemented in all hospitals. At St. Olavs Hospital the supply chain is automated between the pharmacy and the hospital. About 70 per cent of the medications are ID labelled, unit-dose medications that are re-packed at the hospital pharmacy. The rest are packages (traditional medication packages) that are ID labelled at the hospital pharmacy.

Supply to patients (E-prescription)

E-prescription is most frequently used by the GPs, and by all hospitals in the Central Norway Health Region. Most often, the patient obtains the medication him/herself at the local pharmacy and administrates the medication him/herself. Recently, online ordering of prescribed medications has been made possible. However, for patients living in their homes and in need of assistance in managing their medications, the home care service has an important role in ensuring the supply of medications from the pharmacy to the patient. Multi-dose medications are often ordered, and necessitates a close cooperation between the patients GP, the pharmacy and the home care service. The nursing homes use internal **medication orders** without prescriptions, but

several patients in municipal care alternate between institutions and home. The physician at the nursing home solves this by using his own GP system for prescribing. This situation is becoming increasingly relevant with the use of municipal emergency wards. Because the patient then alter between getting medication supply through e-prescription at home, and supply from local stock through internal ordering of medications at the institution.

For ordering of multi-dose, the prescription (medication list) is usually faxed to the pharmacy. However, there is an ongoing national project where some GP's order multi-dose medications through e-prescription.

Purpose and expectations

The processes for medication supply and dispatching are supported in a fully electronic medication management process; the *closed loop medication (CLM)*. To achieve this, close integration between the solution and the pharmacy systems is required. The CLM *process support*s the "five rights": the right patient, the right medication, the right dose, the right route, and the right time. CLM is described in detail in *Chapter 4.6.* Traceability of the medications in the supply chain from pharmacy to the local stock is desired. This to get an overview of the medication in the distribution chain, from the pharmacy to the local stock, and the possibility to revoke and redistribute medications, e.g., upon delivery failure.

The supply of medications to patients in their homes is provided through integration with the National database of e-prescriptions. E-prescription involve a variety of actores: The prescribers (e.g., in **Helseplattformen**), pharmacies (dispatch systems), the **Norwegian Health Economics Administration (Helfo)**, and the **Norwegian Medicines Agency** (**NoMA**) who is responsible for the **National prescription and dispatching support registry (FEST***)* and in charge of marketing authorisation (reseives application forms), as well as the patients (via Helsenorge.no) are among the most important (Figure 9).
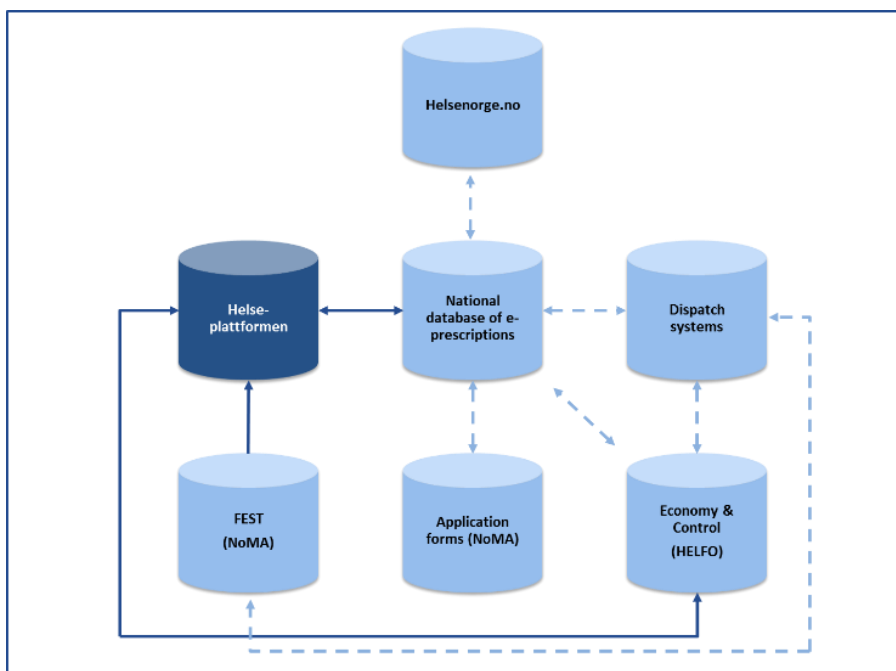
Figure 9 - The main components in E-prescription.

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Requirements related to Medication supply and dispatching

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18889	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18890	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Medication supply and dispatching are marked with Medication supply and dispatching in *Chapter 5*.

2.3.7 Pharmaceutical guidance

Definition

- The ability to provide advice and guidance to patients and health professionals concerning the use of medications in order to help improve patient safety by ensuring high quality in all aspects of medication management and treatments involving medications.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Pharmaceutical guidance

Maximum

Pharmaceutical guidance
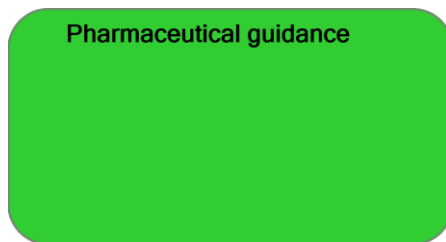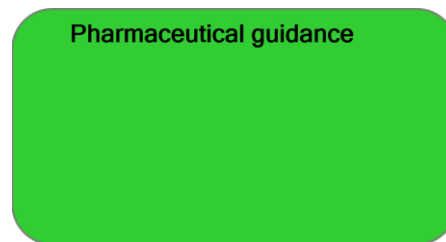
Integrations*

- Kjernejournal

  - Clinical and administrative information

- National database of e-prescriptions

  - E-prescription/Prescription information

  - Consent

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

- Withdraw of prescription

- Mediation invoice data

- Demographics

- *FEST*

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.4 User scenario 4: Cancer surgery

Other chapters/annexes*

- Chapter 4.6 Closed loop medication

- Chapter 4.12 Continuous and comprehensive medical chart solution

- Chapter 2.1.3 Quality and patient safety

- Chapter 2.2.4 Medication treatment

- Chapter 2.2.10 Patient communication

- Chapter 2.3.7 Pharmaceutical guidance

Laws, regulations and guidelines (see Chapter 1.5)*

- Veileder om legemiddelgjennomganger, in Table 4, ID SG15

- Forskrift om fastlegeordning i kommunene, in Table 3, ID L42 - §25

- Kjernejournalforskriften, in Table 3, ID L33

- Reseptformidlerforskriften, in Table 3, ID L29

- Legemiddelforskriften, in Table 3, ID L69

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.2, CP.1.3, CP.1.4, CP.1.5, CP.1.6, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.5, CP.3.1, CP.3.4, CP.4.2, CP.4.2.1, CP.5, CP.6.1, CP.6.2, CP.6.3, CP.7.1, CP.7.2, CP.8.1, CPS.1.1, CPS.2, CPS.2.1, CPS.2.2, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.6, CPS.3.7, CPS.3.9, CPS.3.10, CPS.4.2, CPS.4.2.1, CPS.4.2.2, CPS.4.2.3, CPS.4.2.4, CPS.4.2.5, CPS.6.2, CPS.8.5, AS.4.1, POP.1.1, POP.1.2

Present situation

Hospitals, *GPs* and municipalities have solutions for sending electronic messages e.g., medication lists, but the recipient must update their lists manually.

The GP has a coordinating responsibility for each patient's medication treatment and updates the medication list according to own changes made or receives notifications informing of changes made by other actors.

The patient may ask for an updated medication list (paper) for each consultation. In addition, the *Kjernejournal* in Helsenorge.no offers the patient an overview of prescriptions from the last three years. The patient cannot update this information him/herself.

The process of **medication reconciliation** is electronically supported in the GPs' EHR. In the municipality, the nurses do the process manually.

The GP should, for citizens who use four medications or more, conduct a **medication review** when deemed necessary based on a medical assessment. In nursing homes, medication reviews are conducted in various degree.

In the hospitals, several departments offer a multidisciplinary review of medications where clinical pharmacists participate in the process. These pharmacists participate in the reconciliation of patients' medication use and collect information from home care, nursing homes, GPs, kjernejournal and the patient's relatives. A medication reconciliation of the information available at admission is undertaken, to ensure a complete and updated list. The process of medication reconciliation is electronically supported. The next step is a medication review. The purpose of this is to identify potential Drug-related problems (DRP). When DRPs are identified by a pharmacist, the ward physician and/or ward nurse are consulted. The physician determines what interventions to implement.

Purpose and expectations

The processes of medication reconciliation and medication review shall be supported by the solution to safeguard structured and standardised performance and documentation. The results from the medication reconciliation and medication review shall be available for all actors involved in the medication treatment of the patient. This is important to safeguard the best medication treatment and continue to follow up the patient's treatment plan with regards to medications. The solution shall likewise support performance and documentation of advice and guidance given to patients. This is to help improve adherence and patient safety. Information about medication side effects shall both be documented in the EHR, and if required, reported to national register.

Requirements related to Pharmaceutical guidance

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18891	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18892	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Pharmaceutical guidance are marked with Pharmaceutical guidance in *Chapter 5*.

2.4 SECTION "FACILITATION"

Facilitation comprises the physical capabilities that have to be in place in order to operate a medical centre, a hospital, an outpatient clinic, a GP office, a health institution, or to provide care

in a patient's home or in a care home. In addition this area includes capabilities related to finance and staff management. These capabilities shall support the core services and ensure a stable and well-functioning operation of services.

Each capability is described in further detail in subsequent chapters, along with reference to relevant chapter and sections of the HL7 EHR-S Functional Model that these requirements should be read in conjunction with.

Table 9 - Structure of Chapter 2.4 Section "Facilitation"

2.4.1	Economy and finance
2.4.2	Welfare support
2.4.3	Human resource management
2.4.4	Emergency and preparedness management
2.4.5	Information management

2.4.1 Economy and finance

Definition

The ability to manage financial decisions through asset management, account management and financial reporting.

Asset management

The ability to actively manage the organisation's financial assets, including managing loans.

Accounting

The ability to record and post transactions, conduct internal audits and advice on tax matters. This includes managing accounts payable and accounts receivable.

Settlement

The ability to send refund claims with associated documentation and receive payment decisions. Claims for reimbursements can be created, altered and deleted.

Level of functionality to be agreed upon in the dialogue phase

Minimum
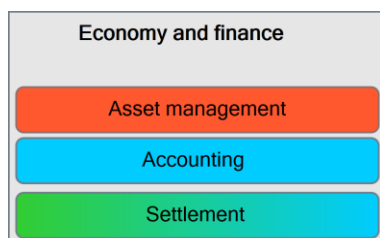
Maximum
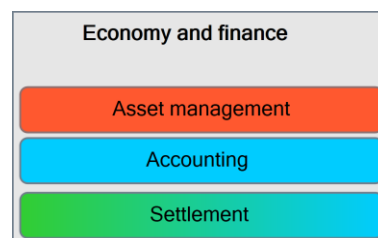
Integrations[*]

- National authorities (e.g., Helfo)

Options (see Chapter 6)

- N/A

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[*] The list is not exhaustive

- Specialised systems

- Financial systems

- National services (e.g., **NAV**)

  - Patient demographic information

  - Financial data

  - Administrative data

  - Clinical data

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.2.5 The general practitioner (GP)	• Chapter 4.4 Resource planning, scheduling and work lists
	• Chapter 4.8 Master data, reference data and terminologies
	• Chapter 4.9 Administrative procedures

Laws, regulations and guidelines (see Chapter 1.5)*

- Forskrift om kontantytelser fra folketrygden, in Table 3, ID L46

- Forskrift om egenandel for helse- og omsorgstjenester, in Table 3, ID L41 - Chapter 3

- Forskrift om prioritering av helsetjenester, rett til nødvendig helsehjelp fra spesialisthelsetjenesten, rett til behandling i utlandet og om klagenemnd, in Table 3, ID L48

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.9.2, CPS.1.2, CPS.1.6.2, CPS.1.6.3, CPS.1.6.4, CPS.1.7.3, CPS.2, CPS.2.6, CPS.9.2, CPS.9.3, CPS.9.4, CPS.9.5, AS.1.1, AS.2.1, AS.2.2, AS.2.3, AS.2.5, AS.7.3, AS.7.4, AS.8.1, AS.8.2, AS.8.3, AS.8.4, AS.9.1, AS.9.2, AS.9.3, AS.9.4, AS.9.5, TI.3, TI.5.5, TI.7

Present situation

The health sector in Norway is financed by different funding's. There is a distinction between the primary (municipalities) and secondary (hospitals/specialist) health care. The funding schemes are constantly changing to provide an optimal allocation for more accurate financing of the sector. This requires that Helseplattformen must at all times be updated with current funding system

Payment solutions at consultations (applies to hospitals, GPs and Out-of-hours emergency primary health care (OOH))

Financial data and patient demographic data generates the basis for a deductible to be paid by the patient. Consultations at outpatient clinics in hospitals, GPs and *OOH* are usually paid out-of-pocket using payment solutions such as credit card terminals or check-in terminals.

Reimbursements

The rates for treatments are decided based on the patient's condition or need for treatment. The rate consists of two parts, a deductible and a reimbursement. The deductible is paid by the patient, up to the limits defined by the healthcare exemption card (level 1 and 2). The reimbursement part of the rate is the amount the provider can claim to be reimbursed by Helfo. If the patient is covered by the healthcare exemption card, the care provider can claim a remuneration rate from Helfo – this is the sum of the deductible and the reimbursement.

The Central Norway Regional Health Authority

A new enterprise resource planning system (SAP) is currently being implemented in the Central Norway Regional Health Authority. The basis for invoices and patient demographics (master data) is transferred from the patient administrative system (PAS) to SAP. Some of the information transferred from PAS has been captured from other clinical systems connected to PAS, such as radiography and laboratory systems.

Municipalities

The three EHR systems for municipal health services provide functionality that support a range of administrative tasks, such as fee calculation, managing rates of municipal services, and patient bookkeeping. The EHR systems have the ability to request and receive tax assessment information and submit standard deduction claims to NAV, using messaging standards. These systems provide documentation of services rendered, and the information provided makes up the basis of invoices which is transmitted to the accounting system.

Figure 10 - Process for calculating Municipal services user fees. Basis for invoice – municipal services

The rate of municipal services is decided by municipal *individual decisions*, and is adjusted according to patient and/or patient household income in conjunction to the National insurance basic amount. For permanent stay and short stays in municipal institutions exceeding 60 days per calendar year, the individual citizens are billed by an individually calculated deductible. This deductible is based on the patient's financial situation, cf. *Forskrift om kontantytelser fra folketrygden.*

During long term stays in institutions or housing facilities, the municipality can assume responsibility for the citizen's finances, patient bookkeeping, in accordance with regulations, cf. *Forskrift om kontantytelser fra folketrygden*.

General practitioners and physical therapists:

The GPs have EHR systems that manage settlements after consultations and reimbursements.

Purpose and expectations

The main issue for this capability is to ensure that Norwegian laws and regulations concerning accounting and settlements are adhered to by the EHR. It must be possible to exchange information relevant for economic decisions, information should be easily accessible and the data should be presented in a structured manner and based on unified coding schemes. The solution

needs to be flexible to ensure the solution can easily be adapted based on new or updated laws, regulations and different rates.

In addition, Helseplattformen must have the ability to handle fee calculations, user fees for municipal services and patient accounting, and payment solutions at outpatient clinics and GP offices.

The need for functionality with regards to accounting and settlements could differ for different actors using the solution. Each actor should be able to choose the level of functionality and degree of integration. This will also be a topic in the Dialog phase.

Requirements related to Economy and finance

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18893	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18894	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Economy and finance are marked with Accounting and/or Settlement in *Chapter 5*.

2.4.2 Welfare support

Definition

The ability to offer patients and their representatives with cultural and welfare services in hospitals, nursing homes or in the patient's home to ensure the best possible quality of life. As well as providing advice and support to patients and their representatives concerning their rights in relation to their health-related circumstances.

Food supply

The ability to produce and serve food to patients, representatives and employees. This also includes ensuring food is appropriately adapted.

Laundry and cleaning

The ability to do laundry and clean buildings (nursing homes and hospitals) and the homes of the patients who need it. This includes washing linen, patient clothing, staff uniforms, duvets, pillows and curtains.

Cultural activities

The ability to offer cultural activities to patients and their representatives.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Welfare support

Food supply

Laundry and cleaning

Cultural activities

Maximum

Welfare support

Food supply

Laundry and cleaning

Cultural activities
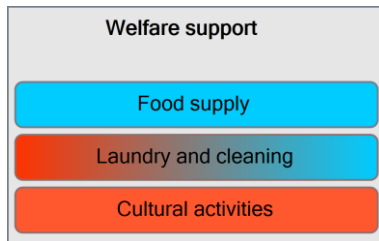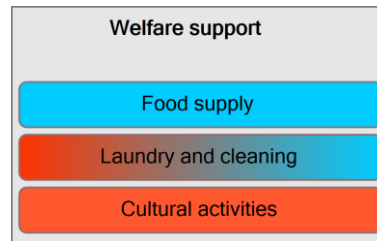
Integrations*

- Food supply systems

  - Patient demographic and relevant clinical information

  - Patient location

  - ***Episode of care***

- System for ordering and executing cleaning of rooms

  - Type of room

  - Cleaning status

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.1.2 User scenario 2: Municipal home care service

Other chapters/annexes*

- Chapter 4.4 Resource planning, scheduling and work lists

- Chapter 2.1.2 Operational management

- Chapter 2.2.10 Patient communication

- Chapter 2.3.3 Handling equipment and aids

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.3.3, CP.4.3

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* The list is not exhaustive

Present situation

Food supply

The kitchens at the hospitals have a specialised catering logistics system developed mainly for hospitals. In the municipalities there is variation in how the food supply function is organised; everything from central kitchen to on-site kitchen at each institution. In addition, in the municipalities patients may have prepared meals delivered at home if they are not able to prepare these themselves, based on an administrative procedure *individual decision*. An example of a system used in the municipalities, as a specialised catering logistics system, is AIVO.

Laundry and cleaning

Hospitals and most of the municipalities have agreements with private providers of laundry and cleaning services. In the municipal institutions, privately owned clothes are washed locally at the institution. Hospitals have to clean employee's clothing but are not responsible for cleaning privately owned clothes, the exception is clothes for long-term patients in mental health services.

Cleaning is performed either by hired personnel or through a contract with a private cleaning service. As of today, the hospitals and some institutions have system support for the cleaning process, but these are standalone systems with no integration to the EHR. In private homes, patients may be assigned service of practical assistance in the form of cleaning the house. This is based on an administrative procedure individual decision and is a service the patient will be charged for and it is documented in the patient's EHR in the same way as other practical help the patient receives as part of the health services.

Purpose and expectations

The customer expects that the solution would provide process support for ordering of food and cleaning to ensure timely delivery of these services, according to the need of the patients both individual and in a logistical context, e.g., for a department. The EHR must be prepared to exchange information with external systems for food supply, laundry and cleaning where this is appropriate. For food supply this would include adaption and support for managing specialised diets.

Requirements related to Welfare support

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18895	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18896	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Welfare support are marked with Food supply and/or Laundry and cleaning in *Chapter 5*.

2.4.3 Human resource management

Definition

The ability to recruit, ensure competence, follow up, evaluate and reward employees, develop an organisational culture, as well provide an overview of the organisational management and ensure compliance with laws and regulations for employers and employees.

Recruitment

The ability to attract, select and hire qualified staff.

Competency management

The ability to ensure that the organisation's employees, both individually and collectively, have the appropriate and sufficient skills and knowledge to meet the organisation's needs in relation to the tasks that must be carried out to reach the organisation's goal.

Work planning

The ability to plan work activity, staffing requirements and shift schedules in order to provide the best possible services to the patients, as well as take into account the employee's needs in the best possible way.

Handling salaries and remuneration

The ability to compensate employees for the services they perform for the employer.

Developing the work culture

The ability to influence employees' actions and decisions through establishing values, norms and perceptions of reality that characterise the organisation.

Level of functionality to be agreed upon in the dialogue phase

Minimum

Maximum

Integrations*

- Work planning systems

  - Employee, work planning and competency data, scheduling data.

- Competency management system

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

Areas to be read in conjunction with the capability

User scenarios*	Other chapters/annexes*
• Chapter 3.2.2 Head of department	• Chapter 4.4 Resource planning, scheduling and work lists
• Chapter 3.2.4 The caseworker in the municipal administration of health and welfare service	• Chapter 4.8 Master data, reference data and terminologies
	• Chapter 4.9 Administrative procedures
	• Chapter 2.2.13 The education of health professionals

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.2.2, CPS.2, AS.5.1, AS.6.3, AS.8.5, TI.3, TI.5.5, TI.6, TI.7

Present situation

Competency management and work planning have some system support. There is some information exchange between these two separate systems and with the EHR. The hospitals are currently implementing a new system for competency management which offers a greater extent of integration with the system for work planning. There is some integration between work planning, competency planning and the EHR with regards to surgery planning. Lack of proper integration between the systems results in keeping paper-based records and lists, as well as planning based on memory and individual knowledge.

Purpose and expectations

The purpose of competency management and work planning is to make sure that the right persons, with the right competency is available in the right location, at the right time.

Competency management and work planning must be based on actual and correct information.

Systems for competency management and work planning might be integrated with Helseplattformen, according to scope of practice and organisational policy.
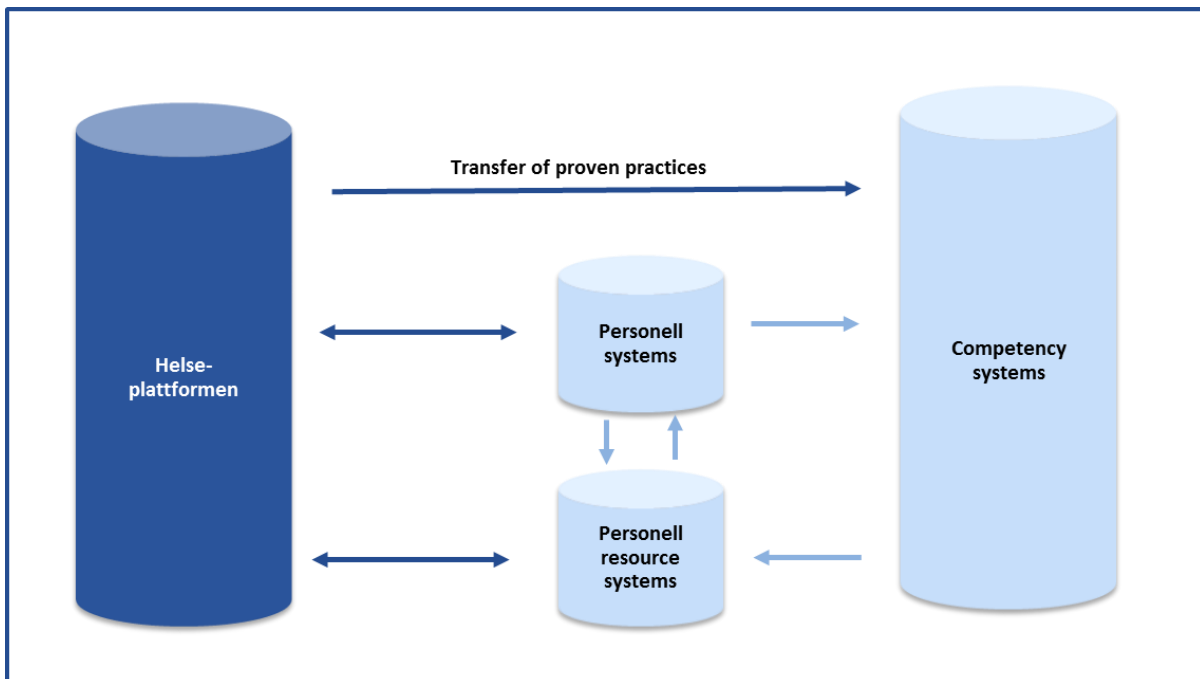
Figure 11 - This figure illustrates the information flow, in HMN, and can be related to some municipalities, but are not general. This must be seen in conjunction with Chapter 2.2.13 and Chapter 4.4.

Requirements related to Human resource management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18897	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18898	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Human resource management are marked with Competency management and/or Work planning in *Chapter 5*.

2.4.4 Emergency and preparedness management

Definition

The ability to ensure that the organisation's critical functions will either continue to function in spite of serious incidents or accidents that otherwise would have disturbed them, or will be restored to proper operating condition within a reasonable time.

Level of functionality to be agreed upon in the dialogue phase
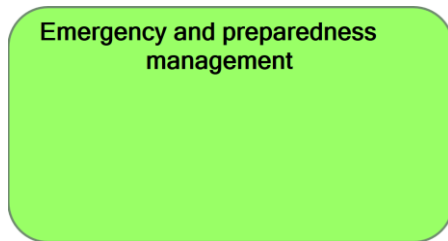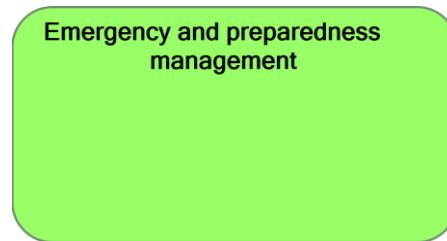
Minimum

Emergency and preparedness management

Maximum

Emergency and preparedness management

Integrations*

- N/A

Options (see Chapter 6)

- N/A

Areas to be read in conjunction with the capability

User scenarios*

- Chapter 3.2.3 Health professional

Other chapters/annexes*

- N/A

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

TI.1.9, TI.1.10

Present situation

At present, municipalities and hospitals in the Central Norway Health Region have different EHR systems with various maintenance agreements. The emergency procedures/back-ups for events with system failures also vary.

Purpose and expectations

Health personnel need to be able to provide adequate medical assistance in spite of serious incidents that affect the organisation's critical functions.

If the EHR is affected by serious incidents, it should still have the ability to support critical functions. An offline solution must be available for reading and recording of clinical documentation.

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* The list is not exhaustive

Requirements related to Emergency and preparedness management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18899	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18900	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Emergency and preparedness management are marked with Emergency and preparedness management in *Chapter 5*.

2.4.5 Information management

The ability to define decision-making powers and a framework to ensure appropriate behaviour in the valuation, creation, storage, use, archiving and deletion of information. It includes the processes, roles and guidelines, standards and measurements that ensure the effective use of information in the organisation to realise the organisation's goals. This includes the preparation of data for analysis and reporting. It also includes securing information (information security - availability, confidentiality and integrity).

Level of functionality to be agreed upon in the dialogue phase

Minimum

Information management

Maximum
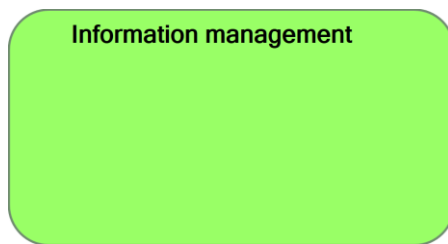
Information management
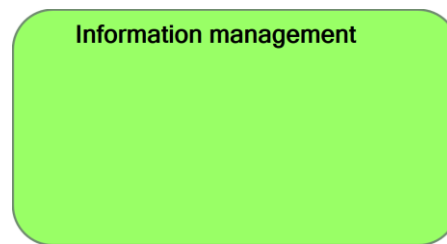
Integrations*

- Import of user information from *Identity access management (IAM)* solution

- Access to EHR information through integration with external EHR solutions

Options (see Chapter 6)

- N/A

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* The list is not exhaustive

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T Appendix 1B Functional Requirements v1.0

- Access from external EHR solutions to EHR information in the solution

- National registries

  - National FH numbers

  - HPR-numbers

  - Demographic information

- Import of demographic information from external registries and solutions (e.g., the **National Registry** and **Norwegian Health Network (NHN)**)

- Import of information regarding general practitioner and patient relationship from external registries

- Exchange of demographic, clinical and other information with **Kjernejournal**

- Export of information needed to detect deviations and abnormal use of access privileges

- External archives and archive depots

Areas to be read in conjunction with the capability	
User scenarios*	Other chapters/annexes*
- Chapter 3.1.1 User scenario 1: Mental health - Chapter 3.1.2 User scenario 2: Municipal home care service - Chapter 3.1.3 User scenario 3: Assessment and diagnosis - Chapter 3.1.4 User scenario 4: Cancer surgery - Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	- Chapter 4.1 Information security, privacy and access control - Chapter 4.9 Administrative procedures - All Chapters in T Appendix 1C

- Chapter 3.1.6 User scenario 6: Palliative care

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter3.2.1 The researcher

- Chapter3.2.3 Health professional

- Chapter 3.2.5 The general practitioner (GP)

- Chapter 3.3.1 Adding new type of process support concerning children as relatives of patients

- Chapter 3.3.3 Changes to the Norwegian national ID number

Laws, regulations and guidelines (see Chapter 1.5)*

- Helsepersonelloven, in Table 3, ID L5

- Pasientjournalloven, in Table 3, ID L1

- Forvaltningsloven, in Table 3, ID L16

- Helseregisterloven, in Table 3, ID L2

- Personopplysningsloven, in Table 3, ID L3

- Personopplysningsforskriften, in Table 3, ID L26

- Forskrift om pasientjournal, in Table 3, ID L24

- Arkivlova, in Table 3, ID L6

- Forskrift om offentlege arkiv, in Table 3, ID L67

- Helsearkivforskriften, in Table 3, ID L70

- Pasient- og brukerrettighetsloven, in Table 3, ID L4

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.8, CP.2.5, CP.3.3, CP.3.4, CP.3.5, CP.9.2, CPS.1.1, CPS.1.2, CPS.1.3, CPS.1.6.1, CPS.1.6.3, CPS.1.6.4, CPS.1.7, CPS.1.7.2, CPS.1.7.3, CPS.2.1, CPS.2.5, CPS.3.1, CPS.3.2, CPS.3.11, CPS.3.12, CPS.8.4, CPS.8.5, CPS.9.2.2, CPS.9.5, AS.1.1, AS.1.5, AS.1.7, AS.1.8, AS.2, AS.2.1, AS.2.2, AS.2.3, AS.2.6, AS.3.1, AS.3.2.1, AS.3.2.2, AS.4.1, AS.4.4, AS.5.1, AS.7.2, POP.2.1, POP.2.2, POP.2.3, RI.1.1, RI.1.1.1, RI.1.1.2, RI.1.1.3, RI.1.1.4, RI.1.1.5, RI.1.1.9, RI.1.1.10, RI.1.1.11, RI.1.1.12, RI.1.1.13, RI.1.1.14, RI.1.1.15, RI.1.1.16, RI.1.1.17, RI.1.1.18, RI.1.1.19, RI.1.1.20, RI.1.1.21, RI.1.1.22, RI.1.1.23, RI.1.1.24, RI.1.2.1, RI.1.2.2, RI.1.3.1, RI.1.3.2, RI.1.3.3, RI.1.3.4, RI.1.4, TI.1.1, TI.1.2, TI.1.3, TI.1.3.1, TI.1.4, TI.1.8, TI.1.8.1, TI.1.8.2, TI.6, TI.7

Present situation

Today, the hospitals and municipalities in the Central Norway Health Region have EHR systems where information to a large extent is stored in an unstructured form. Information is registered in many different systems, the same information is often registered many times and it is difficult to prepare data for analysis, reporting and archive deposit. Furthermore, there are many different solutions for **access control** across the Customer's systems, and these systems have various mechanisms implemented to protect the individual's right to **privacy**.

Additional relevant information about the present situation in the Central Norway Health Region is described in *Chapter 4.1*.

Purpose and expectations

The purpose is to ensure effective and appropriate use of information. It is important that information is efficiently and securely documented, and is accessible only to those users with the appropriate work needs. Furthermore, the Customer expects the solution to enable accurate and necessary information to be accessible at the right time, available across different levels of care, and be accessible for the citizen in a suitable and functional way, according to citizen preferences, scope of practice, organisational policy and jurisdictional law. Moreover, information shall be structured and only registered once, and easily prepared for analyses and reporting. This includes flexibility in extracting information and producing subsets, derivations, summaries or aggregations. Also, the Customer expects that authorised users are provided with the necessary flexibility in terms of managing business rules and set-up of information management in the solution (e.g., managing organisational structure and managing the business rules for access control).

Lastly, functionality for archiving is expected to include both archiving information as part of the solution, and exporting relevant information to external archives and archive depots. The solution is regulated by e.g., Arkivloven, Forskrift om offentlege arkiv and Helsearkivforskriften. This means that the Customer must meet national archiving requirements, covering both procedural and health record information.

The level of functionality to be included in the solution is still under consideration. It is yet undecided to what extent the new solution will support the capability with regards to functionality for detecting and managing deviations and abnormal use of access privileges in

existing or external systems. The level of functionality to be included in the solution will be decided during the dialogue phase.

	Requirements related to Information management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18901	**Support described purpose and expectations** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the purpose and expectations described above.	M	1	D	DC	C
F18902	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to completely fulfil the purpose and expectations.	M	1	D	DC	C

Detailed requirements related to Information management are marked with Information management in *Chapter 5*.

3   DESCRIPTION OF USER SCENARIOS

In this Chapter, the Customer seeks to gain an overview of how Helseplattformen will support organisation-wide processes by asking the Contractor to answer a set of defined ***user scenarios***. The scenarios provide examples of how the solution can be used to support the health services in the region and do not necessarily reflect how the health services in the region will be organised in the future.

The scenarios will include descriptions both of actions that need system support from Helseplattformen and in addition manual actions/actions taken in other systems.

When responding to these scenarios the Contractor should focus on how the offered solution can support the Customer to reach the overall ambition and objectives of Helseplattformen, as described in *Appendix C0, Chapter 2.*

Through the scenarios we give examples of desired ICT functionality specified in other parts of the requirement specification. The user scenarios reflect maximum level of ICT functionality. The maximum ensures high achievement of objectives and indicates the preferred level of ICT support.

(*All illustrations in Chapter 3: Colourbox.com*)

3.1   USER SCENARIOS – CITIZEN'S PERSPECTIVE

The user scenarios below are examples of situations where a citizen meets the region's health services. In each scenario we follow a citizen with a specific health problem.

Note before further reading:

In the scenarios, the Customer has assumed that the General Practitioners (***GPs)*** are users of Helseplattformen. Furthermore, the national health authorities are working on developing an electronic national medication list, which provides updated information about the patient's medications. The concepts of the national medication list is not yet finished, but most probably, it

will be one concept for short term (introduced during 3-5 years) and one other concept for long term. This needs to been taken into consideration when reading the scenarios related to medication treatment. Also, the Customer has assumed that the patient has one medication list in Helseplattformen, which is shared with actors outside Helseplattformen, through medication reconciliation with the national medication list in the **National database of E-prescription**.

Table 10 - Structure of Chapter 3.1 User scenarios - citizen's perspective

3.1.1	User scenario 1: Mental health
3.1.2	User scenario 2: Municipal home care service
3.1.3	User scenario 3: Assessment and diagnosis
3.1.4	User scenario 4: Cancer surgery
3.1.5	User scenario 5: Postoperative rehabilitation and discharge planning
3.1.6	User scenario 6: Palliative care
3.1.7	User scenario 7: An emergency scenario
3.1.8	User scenario 8: Traffic accident
3.1.9	User scenario 9: Pregnancy
3.1.10	User scenario 10: Public health centre – school medical services
3.1.11	User scenario 11: Child, head injury

3.1.1 User scenario 1: Mental health

Background

Finn is 18 years old and is struggling with his mental health. He has recently started to show aggressive behaviour and is isolating himself from others.

Step	Scenario
Contact health service	
Get information	Finn realises he has mental health problems and uses information sources in the **patient portal** to explore the opportunities for help. The interface is user-friendly and the information is easy to find. He decides to contact the **public health centre** using electronic dialogue.
Do a self-assessment	During the electronic dialogue with the public health centre he is asked to fill out a **self-assessment** form. Finn fills out the form. At this stage he finds it easier to express his problems answering questions on a form than speaking to someone in person.

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	When the assessment form has been completed, he consents to store the form in his health record where he can access it and update the assessment in new "versions".
Update patient information	He looks at the information recorded in the patient portal and updates information about his representatives. He gives consent to the health service, accepting that they can contact his mother if necessary in relation to his health condition. He is prompted to confirm that his registered contact information is correct.
Administer privacy	The self-assessment will become available for health personnel who need this information to assess or treat Finn. Finn's neighbour is a psychologist, and Finn is afraid that he will read the assessment. Finn therefore chooses to deny his neighbour access to this information. Finn feels the information he has provided is quite sensitive and wants to receive a message when someone accesses his health record. He can choose to get notified when someone reads this information, or get an update about who has accessed his health record e.g., every third day.
Schedule appointment	Based on the assessment, Finn is recommended to schedule an appointment with his regular GP. Helseplattformen assigns Finn an extended appointment as a result of the assessment. Finn gets an overview of available appointments to see his regular GP, and is able to schedule an appointment that suits his own health *calendar.* The reservation contains pre-generated information about the reason for the appointment.
Receive reminder	Finn receives a *reminder* the day before the appointment with his regular GP. On the day of the appointment, the GP is delayed by 45 minutes. Helseplattformen sends a notification to inform Finn about this.
Assess health condition	
Prepare for examination	The GP's appointment list displays information about the reason for Finn's visit. The GP can access the completed assessment to prepare for the appointment with Finn.
Arrive GP's office	When Finn arrives at the GP's office he registers his arrival. He is provided with information about the estimated waiting time.

Conduct examination	The GP examines Finn. He has access to ***clinical decision support*** in Helseplattformen during the examination, which provides him with suggestions for assessments relevant for the context. The GP wants to make use of ***peer support*** from a specialist on call during the examination, and uses the "***look over the shoulder***" functionality to ensure they both are viewing at the exact same data, when discussing the case. The specialist looks at Finn's assessment information and asks Finn some additional questions. They conclude that Finn is not psychotic, but he needs treatment for his depression. The GP records his assessment in Finn's health record and makes an order of blood tests. He gets ***process support*** with an overview of suggested tests, and supplements the list with a few additional tests.
Take blood tests	The health personnel at the GP's local lab receive a task about taking a blood test of Finn. On the screen in the waiting room, Finn can see the estimated waiting time for the lab. In the local lab, a label for laboratory tube is printed and attached to the tube. Helseplattformen determines and renders information about sampling equipment and performance of the sampling process. The health personnel performs the samples. For Point-of-care devices used in local lab, the result is transmitted to the patient's EHR. The remaining samples are sent to an external lab, and the results are later received and stored in Finn´s health record. The health personnel gets a task in their work lists to check the results, when the results are received. If the test results are outside the normal reference range, the results are highlighted so that the GP knows that these results needs extra attention.
Choose treatment	Finn gets information about various treatment options that are appropriate for him. Helseplattformen provides decision support for selecting a treatment. The GP and Finn decide what treatment option is most suitable for Finn. They decide that Finn needs to get a psychiatric assessment in the specialist health service.
Generate referral	When selecting a treatment option, the electronic referral to the hospital is generated with the relevant information from Finn's health record.
Pay for consultation	Finn pays for the consultation. He has not reached the limit for the healthcare exemption card yet. Helseplattformen supports the settlement process.

Find information	The information Finn received during the appointment is stored in Helseplattformen, so he can read it in the patient portal at a later point in time, when required. He can also receive information about the progress of the referral and find contact information if he has further questions.
Schedule appointment	When health personnel have assessed the referral and found that Finn is entitled to treatment, Finn receives an appointment. The patient portal provides an overview of currently available appointments at the outpatient clinic, and Finn can change the scheduled appointment if he wants to.
Resist treatment	
Miss appointment	Finn is getting worse. He receives a reminder about his appointment at the hospital, but ignores it. He isolates himself and does not talk to his parents.
Get information	Finn's parents did not know about Finn's appointment at the hospital. Since he is 18 years old they cannot access his health record without his permission. Nevertheless, they suspect that Finn is getting worse and are worried. Finn's parents feel the need to acquire verified information about psychological symptoms and conditions, and they read information provided in the patient portal. There they also receive information about legal rights and possible treatments.
Visit patient	Finn's regular GP is notified when Finn does not show up to his appointment at the hospital and therefore he tries to contact him. Finn does not answer the phone. The GP looks at the information about Finn's representatives in his health record, and contacts his mother. The GP and Finn's mother agree that something has to be done, and the GP suggests a home visit where he and an ambulatory team meet Finn at home. Finn lets them in but refuses to participate in any treatment. Finn is getting violent, and the police are called for. An ambulance is ordered in Helseplattformen, the order is transferred to the Ambulance system, and a booking receipt is received.
Make petition for compulsory treatment	The GP gets process support in Helseplattformen to make a petition according to Norwegian law, and creates a petition to admit Finn for compulsory treatment.

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Prepare hospitalisation	Helseplattformen provides the health personnel with support in choosing where Finn should be admitted and Finn is transported to the hospital.
Coercive treatment	
Make individual decision	Finn is admitted to hospital for further assessment and treatment. Health personnel make an assessment of Finn within 24 hours according to laws and regulations and concludes that the criteria for compulsory admission are met. The physician makes an *individual decision* for compulsory treatment at the hospital's psychiatric ward.
Coercive treatment	The health personnel at the hospital determine that Finn needs to be treated in a secluded area. Helseplattformen creates a task to assess the need for further seclusion; the task needs to be completed within 12 hours according to laws and regulations. Within the time limit, the health personnel perform the task and make an individual decision about seclusion. Finn refuses to take the prescribed medication, and the health personnel make an individual decision for forced medication. The medication administration follows the processes of a *closed loop medication*. In addition, the health personnel records in Helseplattformen if Finn takes the medication voluntarily or involuntarily. The hospital must report the individual decision and recorded information related to the individual decision *to the supervisory commission* as an enforcement protocol.
Write complaint	Finn is still resisting treatment. Health personnel help Finn with writing a complaint to the supervisory commission and the *county medical officer*. Finn is notified about the progress and outcome of the *administrative procedure* concerning his complaint.
Handle complaint	Personnel at the supervisory commission handles Finn's complaint. Personnel handling the complaint is provided access to all necessary information in Finn's health record. A virtual meeting is conducted where all involved parties can explain the background and reason behind the coercive treatment.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18903	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18904	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18905	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18906	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18907	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26727	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding ***access control*** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.2 User scenario 2: Municipal home care service

Background

Edith is 79 years old and lives at home. Her nearest family is her daughter Anna and her grandchild Johnny who live in the same town. Edith has a safety alarm, but except for this she does not use any other municipal health services. She has lately become more absent minded and forgets to take her medications at the right time, and she and her family therefore feel that she needs some help with medication administration.

Step	Scenario
Apply for health services	
Seek information	Edith and her family talk about her need for assistance with medication administration. Edith is not familiar with the use of internet and needs help. Her daughter Anna, and grandson Johnny read the information that they find in the ***patient portal*** about technology that can help her manage her medications. They find out that Edith wants to test the ***reminder*** functionality; "remember

	to take your medication". She gets help from Johnny and they access the patient portal to activate this reminder.
Receive medication reminder	Edith receives the reminders on her telephone, and she tries to take the medication at the correct time. After a week at home, she and her family realise that she is still not able to manage the administration of medications herself. In spite of the electronic reminders, she has problems understanding and remembering when and how to take her medications.
Apply for health services	Johnny helps Edith to access the patient portal to find information about municipal services and the application process. They register information about help needed and do a self-assessment. When doing the self-assessment, fields are pre-filled with information from her health record, so they do not have to provide information that is already registered. The form contains questions related to her living situation, what tasks she needs assistance in, and her current health condition. In the application she gives consent to the municipal health personnel in terms of collecting and using health information. She gets help from Johnny to sign the application using an electronic signature.
Give access to representative	Edith consents to giving her grandchild, Johnny, access to her health record, including communication with the health services.
Process application	A caseworker in the municipal administration of health and welfare service reads and handles Edith's application. The caseworker evaluates the information provided by Edith, Johnny and relevant information in her health record. She finds that she needs some additional information from Edith's regular GP, concerning her cognitive status. The caseworker routes a task to the GP. The GP follows up and have a consultation with Edith where he performs testing and records findings structured in EHR. The caseworker uses the updated information from the GP, registers the health services that Edith will be offered and makes the necessary individual decision. She creates a task regarding the first home visit to get a more detailed understanding of what the medication administration may involve. The municipal home care service receives the task and schedules the time for a home visit. The work lists for the health personnel that will conduct the visit are updated in Helseplattformen, with a task for the planned visit.

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Get information	Edith and Johnny both receive a **notification** about the time for the first visit. Edith can find information about the individual decision, her rights and the planned visit in the patient portal.
	Edith receives a reminder the day before the visit. At the day of the visit she gets a new reminder, telling her that the home care personnel is on the way to her house, along with pictures of the health personnel.

Receive health services	
Conduct home visit	The home care service uses Helseplattformen to find Edith's address. Her grandson Johnny is present at the first visit, to help Edith to receive and remember the given information.
	The health personnel, Edith and Johnny discuss what kind of assistance Edith needs regarding administration of medication. The health personnel registers additional information using a structured checklist. Her ADL (Activities of daily living) level and need for municipal health services, are registered according to **IPLOS**.
	The municipal health personnel collects the medication that Edith has in her home, and brings these to the office to dispense manually until they have received the first multi-dose dispensed medications delivery. The medication collected and the report from the visit are recorded in Edith's health record during the visit.
Perform medication review	A multidisciplinary team perform a **medication review** prior to initiating multi-dose dispensed medications. This is done in order to identify potential drug-related problems.
	The GP together with Edith, determines what interventions to implement based on the review, and the medication list is updated.
Order multi-dose dispensed medications	Multi-dose dispensed medications are ordered by the GP. Edith's medication list in Helseplattformen is used when the order is sent to the pharmacy via the **National database of e-prescription**. The medication list visualises the administration form of the medications and what medications are included in the multi-dose system.
Administrate medication	While waiting for the multi-dose provider to dispense and deliver the medications, the home care service manages the medication they received from Edith using an electronic pill dispenser.
	The pill dispenser gives Edith a reminder when it is time for intake of medications, and releases the correct dosage. Edith is not able to access a new dose of medication before the next time slot for intake of medications. When Edith has taken the medication, the EHR receives a message that administration of medication is performed

	through an external system in the Response centre, in order to support **CLM**.
Forget to take medication	The next afternoon Edith forgets her pill dispenser in the bathroom and does not hear the reminder. The pill dispenser first sends an **alert** to Edith through her chosen device. When she still does not take her medication, the pill dispenser sends an alert to an external system in the Response centre. Information about the event is, if applicable, transmitted from the Response centre to Helseplattformen and stored in Edith's' health record. The municipal health service personnel receiving the alarm, calls Edith to remind her about the medications, but she does not answer. They decide to send someone to Edith's home and creates a home visit task in the work list. Helseplattformen gives support to choose which health personnel should be assigned the task, based on each health personnel's location, work load and competence. The chosen health personnel receives information about the new task.
Start multidose	When the multi-dose dispensed medications are delivered, the medications retrieved from Edith's home are discarded and recorded as discarded in Edith's health record.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 15 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18908	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC;DT	C
F18909	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	DC;DT	C
F18910	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18911	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18912	**Integrations**	M	1	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.					
F26728	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding **access control** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.3 User scenario 3: Assessment and diagnosis

Background

Per is 63 years old. He lives alone and self-administrates his medications. Per contacts his GP after discovering black coloured faeces. He is not feeling well; he has lost weight, has stomach pain and feels bloated.

Conduct assessment at the GP's office → Conduct assessment in specialist health services

Step	Scenario
Conduct assessment at the GP' s office	
Contact health service	Per calls his regular GP's office and briefly describes his symptoms and urgency for an appointment. The health personnel at the GP's office record the patient's inquiry and determine the severity level with help of **clinical decision support**. The health personnel decide to schedule him for an appointment later the same day.
Conduct examination	The GP records Per's medical condition by asking him questions about his previous health condition and existing symptoms, and measuring his vital signs. The observations and results are recorded in Per's health record. **Medical devices** used during the consultation are integrated with Helseplattformen, so results are stored in Per's health record. The GP orders blood tests from the GP's lab. Helseplattformen identify and present recommendations for tests based on Per's symptoms. The GP asks Per to take a test at home to confirm the suspicion of occult blood in his faeces. Helseplattformen provides the GP with an overview of when the laboratory test results will be available, and the GP schedules a new appointment with Per in two days.
Take blood tests	Health personnel at the lab receive the test orders, and labels are printed. Helseplattformen determines and renders information about sampling equipment and performance of the sampling

	process. The blood tests are taken and the laboratory tubes are labelled. For point-of-care devices used in local lab, the result is transmitted to the patient's EHR . The remaining samples are sent to an external lab, and the results are later received and stored in Per´s health record. The health personnel gets a task in their work lists to check the results, when the results are received. If the test results are outside the normal reference range, the results are highlighted so that the GP knows that these results needs extra attention.
Select standardised clinical pathway	When Per sees his GP two days later, the GP has received the results from the blood tests, and the faeces test shows occult blood. Malignant disease of the stomach is one of the likely differential diagnoses after overall clinical health assessment of the patient. Helseplattformen supports the GP in his assessment through clinical decision support, and also helps him to determine a possible diagnosis. The GP select the most appropriate standardised clinical pathway, and Helseplattformen creates a referral. The GP can add additional information if required and confirms the referral.
Medication reconciliation	The GP does a *medication reconciliation* together with Per to ensure that the medication list is updated and in accordance to Per's current use of medications. Changes in the medication list is sent to *the National database of e-prescriptions*.
Get information	At the GP appointment, Per is informed about what the GP suspects and the planned events to follow when he is referred for further assessment in the hospital. The GP also explains to Per that he can follow the process of the referral through his personal access to the patient portal.
Conduct assessment in specialist health services	
Assess referral	The referral is assessed by the department at the hospital. The process of handling the referral is supported by Helseplattformen by updating health personnel's work lists with tasks and responsibilities from the assessment process. Per is assigned a pathway coordinator. Helseplattformen provides guidelines for selecting a care team of appropriate, available health personnel.
Plan examinations	According to the standardised clinical pathway Helseplattformen determine and render the appropriate order set. The health personnel can modify the order set if necessary. If there are relevant research protocols, they are presented for the health personnel.
Get information	Per's appointments are listed in the patient portal and are visible to Per as soon as appointments are confirmed. Per receives a

	reminder, telling him about the appointment schedule and advising him to check new information in the *patient portal*. Per can read about the planned examinations, any required preparations, and he can find his responsible physician's and patient coordinator's contact information. Per can see his treatment plan, including planned appointments visualised as a time line.
Conduct examination	Per meets the pathway coordinator and the responsible physician at the hospital. A clinical examination is undertaken. The outcome of the examinations are recorded in a structured way. Information about procedures and standardised clinical pathway is available in the health record to support the user, for patient safety and to ensure standardised treatment. Per undergoes several examinations, including clinical interviews, blood tests, gastroscopy and radiology examinations, to decide further treatment. Helseplattformen assures that data required for reporting to the *Norwegian Patient Registry (NPR)* is registered. Per has reached the limit for health exemption card. Helseplattformen assures that, data from the encounter needed to provide the basis for financial settlement and relevant claims and invoices are registered and transferred to the financial information system. Gastroscopy shows a tumour in the ventricle, several biopsies are taken. The responsible physician and GP get the answer from the pathologist; the biopsy shows cancer ventriculi. He is referred further in the hospital system and TNM staging (TNM Classification of Malignant Tumours) is assessed, according to the standardised clinical pathway. Per is informed about this, and the diagnosis is recorded in Per's health record. The physician can see in Per's health record that he satisfies the inclusion criteria for two ongoing research studies. The physician informs Per about the studies, and he is positive about participating. After additional information he provides an electronic consent in the patient portal to participate in one of the research studies. Per can see test results and additional information in his EHR. The information is accessible to Per when a health professional has accepted that the information is available to the patient and that results are final (e.g., not preliminary results).

Conduct multidisciplinary team meeting	A multidisciplinary team meeting is held to discuss Per's treatment plan. The meeting is held electronically and the health personnel have support in Helseplattformen to enable sharing of information during the meeting. The team conclude that surgery is the recommended treatment for Per. Per is informed about this decision.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 15 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18913	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC;DT	C
F18914	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	DC;DT	C
F18915	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18916	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18917	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26729	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.4 User scenario 4: Cancer surgery

Background

Per is diagnosed with cancer ventriculi and surgery is planned. For best possible patient treatment prior to, during and after surgery; good communication and cooperation between Per, both primary health services and the specialist health service are required.

| Planning surgery | Preoperative preparations | Performing surgery | Postoperative observations |

Step	Scenario
Planning surgery	
Plan intervention	Helseplattformen is able to capture health personnel's competence and availability information, needed to support health personnel in planning the intervention for Per. The common calendar for all resources is integrated with relevant external systems, to provide full overview and functionality for multiple resource scheduling.
	Based on experience from similar interventions and the information in the health record, Helseplattformen suggests the necessary resources, personnel, room and equipment, estimates perioperative duration etc. The health personnel considers the proposal for resources and decides to increase the planned surgical intervention time with 30 minutes since the case is more complex than normal.
	Helseplattformen offers advice according to the standardised **clinical pathway** for when the intervention should be conducted and the health personnel select an available time slot within these limits. All necessary resources are allocated when time is selected.
	Transportation to and from the hospital, both for the preoperative screening process and for the surgery, is ordered in Helseplattformen and the order is sent to an information system for patient travels.
Get information about intervention	Per has chosen SMS-reminder in the **patient portal**. He receives a SMS about the appointment for surgery, with a **notification** to check his inbox in the patient portal.
	Per accesses the patient portal to get information about the planned surgery. There he finds all information he needs about the intervention, need for preparation and convalescence. Per also has the possibility to contact his patient coordinator if he has questions about the intervention.
	The responsible physician gets a task in his work list to check the medication list that recently was reconciled and updated by Per and his GP, and assess whether medications has to be discontinued in conjunction with the surgery.
Change appointment time	Because of other unforeseen medical complications that have to be dealt with before Per can be cleared for surgery, the initial date has to be rescheduled.

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	The common calendar in Helseplattformen offers a suggestion for a new date within medically advised time limits. When the coordinator confirms the date, the resources on the earlier chosen surgery time are released, and the resources for the new time are scheduled. Work lists are updated according to the new schedule, including planned transportation in the information system for patient travels. Other planned examinations in the standardised pathway are also updated.
	Helseplattformen will send a notification to all involved health personnel who need to take action. Tasks linked to the scheduled surgery will appear in the work list related to the correct roles.
Plan services	Since Per will have a need for assistance from the home care service before and after surgery, the municipal administration of health and welfare services receives a request for needed assistance. The caseworker assesses Per's needs and rights to receive health services. An individual decision is made about the services needed in this period.
	A checklist for the preparations and information about how long the patient is expected to be at the hospital is a part of the request information.
	The home care service's work lists for the period before, during and after surgery are adjusted.
	Helseplattformen will optimise work lists for the home care service based on roles, competence and work load balance. The home care service evaluates the work lists daily and, if necessary, makes changes to the proposal, e.g., moving a task from one health personnel's work list to another.
Preoperative preparations	
Prepare	Both Per and the home care service have a common preoperative checklist. Per tries to follow the checklist and the home care service supports him in the preparation.
Preliminary examinations	Per arrives at the hospital to perform preliminary examinations some days ahead of the planned surgery. At the hospital Per registers his arrival and gets an ID mark for tracking and identification purposes.
	He visits several units for different tests, spirometry is taken at the lung section, and a pre-anaesthetic assessment is conducted. Helseplattformen provides support for the patient logistic, for example adjusting plans in case of delays. Per has access to information about the planned examinations and the location of these available.

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	All health personnel involved have access to the necessary information they need to perform their tasks available in Per's health record in Helseplattformen. The information is customised and structured according to the task that shall be done and provides health personnel with good support in their work. The same information does not need to be registered several times. All health personnel have access to procedures, checklists and *clinical decision support* needed to perform their task in Helseplattformen. Some extra examinations are ordered during the day and the patient's plan for the day is updated. Data from *medical devices* used in examinations are captured and stored as structured data in the patient's health record.
Complete surgery plan	After the preliminary examinations are done, the surgical team evaluates the results and completes the surgery plan. When the health personnel has completed the surgery plan, the work lists are updated for all personnel involved.
Prepare at home	The home care services receive an updated preoperative checklist in Helseplattformen and Per use the information in the Patient portal to do the necessary preparations.
Become hospitalised	Per arrives at the hospital. Per's identification is confirmed, and he is provided with an ID mark to ensure that health personnel can safely confirm the patient identification during the hospital stay. Per's medications in use are automatically ordered via the *ordering and stock keeping system*, dispensed at the hospital pharmacy and delivered at the ward where Per is located. Thus, the ward receives the medication Per needs ready for administration, based on the current, updated medication list. When health personnel in the home care service look in Per's health record, his status is altered to "hospitalised", and this generates an update of the municipal service work lists. During the first 24 hours, health personnel need to perform the following task: *The hospital shall give the caseworker at the municipal administration of health and welfare service information about Per's status, functional assessment, expected date for discharging and his need for help at the time of discharge*. If this task is not performed within pre-determined time limits, health personnel within the hospital get a notification about this.

	Preoperative preparations are accomplished and documented according to the preoperative task list workflow. Helseplattformen provide an overview of the completed and remaining tasks.
	The ward has a complete overview of the status in all operating theatres, with real-time information about the status including changes in surgery times.
Performing surgery	
Receive and verify patient	Per is transferred from the ward to the operating theatre. When he arrives at the surgery room, Per's ID mark is scanned and verified.
	Medical devices used are associated to the correct patient so data is captured and stored in the correct patients' health record.
Manage anaesthesia	Health personnel initiate anaesthesia and position the patient according to the planned procedure. Helseplattformen supports the complexity of the anaesthesia workflow with ***information views*** that contributes to increase the health personnel's situation awareness and clinical perception.
	Clinical decision support identify and present appropriate guidelines, protocols and order sets to the team, and thereby promote safe treatment. Effective and correct registration of e.g., assessments, tasks, events, procedures and invasive medical equipment are supported.
	Helseplattformen support safe ordering, dispensing, administration and documentation of administration of anaesthesia medications and fluids. The fluid balance are calculated and rendered.
	Trends indicating irregularities or emerging problems are identified by Helseplattformen, and the health providers are alerted.
Perform intervention	The surgery is conducted according to the guidelines and protocols available in Helseplattformen. Helseplattformen contain the WHO's surgical checklist as part of the operating theatre workflow. Helseplattformen provides workflow support for structured and time efficient documentation during the intervention.
	Pictures from the radiological examinations and relevant pictures/videos taken under the surgery, are available in Helseplattformen but are stored in PACS/VNA.
	Helseplattformen supports tracking of equipment and instruments.
	At the end of surgery a biopsy is taken from oesophageal edge to verify radical surgery. The biopsy is sent to the pathologist who has the assigned task, the pathologist receives the referral

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	electronically in the Pathology information system and assesses the biopsy. Electronic communication including live image and audio between the pathologist and the surgeon is established through Helseplattformen, and the surgeon gets support from the pathologist during the surgery. The biopsy container is marked with Per's identification. When the pathologist is finished with the assessment, an alert about the result is sent to the roles that need the result to take action. During the surgery something unexpected happens causing the intervention to take longer time than planned. This will affect both the further care process for Per, but also other scheduled patients. Affected resource scheduling and work lists are adjusted. If the delay causes a need to cancel surgeries, responsible health personnel receive a notification in order to consider what action to take. Helseplattformen captures skill building work, and exchanges information with system for competency management. Helseplattformen records which medical devices are used during the surgery, and these metadata is available through integration with MOM (Management, Operation and Maintenance system).
Postoperative observations	
Transfer to PACU	When surgery is completed and Per is woken from the anaesthesia, he is transferred from the operating theatre to the post anaesthesia care unit (PACU). Helseplattformen provides support for relevant information views and presentation to ensure a safe and efficient transition from the operating theatre to the PACU. Orders and a treatment plan for the postoperative lapse are presented for the PACU nurse. Data from medical devices are captured during transport to the PACU. He is then connected to the medical device in the PACU unit and Helseplattformen supports the continuity in data capturing despite the change of medical devices. Helseplattformen supports the PACU workflow, e.g., medication administration, continuous medications, vital signs assessment, pain assessment, calculation of fluid balance, safe blood transfusions and context-specific procedures and observations.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 15 pages of text. Screenshots or other illustration can be added as attachments.

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Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18918	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC;DT	C
F18919	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	DC;DT	C
F18920	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18921	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18922	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26730	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding **access control** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

Background

Per is transferred from the post anaesthesia care unit (PACU) to the surgical ward. The surgical ward is now responsible for the observation and early rehabilitation and discharge planning. The discharge planning has already started when Per was hospitalised. His home municipality was then informed about the planned procedure, the estimated progress after the surgical intervention and the date he was expected to be discharged.

Rehabilitate and plan discharge	Discharge from hospital

Step	Scenario
Rehabilitate and plan discharge	
Postoperative care	Per is transferred from the PACU to the surgical ward. Active orders initiated in the operation theatre or in the PACU, are rendered across the continuum of providers. There is no need for duplication of the same order when there is a change of acting provider. The treatment team easily gets an overview of active, closed and amended orders. Assessment forms, **problem lists** and

	treatment plans in Helseplattformen support the postoperative care. **Notifications** are provided about tasks that are due. Per gets epidural analgesia and patient controlled analgesia (PCA). Helseplattformen supports the safe ordering, dispensing, administration and evaluation of pain management. Per's pain is assessed regularly with standardised tools, and Per also can report his own pain assessment through the **patient portal**. Helseplattformen supports correct ordering and safe administration of medications and enteral and parenteral nutrition. Fluid output from catheters, drains and tubes are registered, and the fluid balance are calculated in Helseplattformen. The clinical dietitian contributes to the multidisciplinary treatment plan, and provides Per with education about his new life situation after the surgery. The education material is available in the patient portal and Per can access it there. Helseplattformen supports different types of scores and screenings, e.g., nutrition screening, early warning scores and decubitus ulcer screening.
Rehabilitate	In the surgical ward, a multidisciplinary team is involved in Per's rehabilitation. Common treatment goals are discussed and recorded in Per's treatment plan. Per's status and his need for assistance and his training programmes is recorded. The results are evaluated according to the treatment goals, and the treatment plan may be modified. Helseplattformen provides process support when there is a change in Per's status that can influence the discharge planning in his municipality. The health personnel in the hospital are reminded to do a functional assessment of Per, adjust the expected date of discharge and assess his need for help at the time of the discharge. The evaluation is recorded as structured information in Per's health record. The municipality is notified about the adjusted discharge information immediately.
Plan rehabilitation in municipality	In the municipality, the notification is received by the caseworker at the municipal administration of health and welfare services, responsible for coordinating the services for Per. The caseworker uses the information in Per's health record to plan the municipal rehabilitation. In order to give Per help that is customised to his needs, the caseworker wants to speak with health personnel at the hospital and with Per himself using electronic dialogue. They discuss Per's condition and how committed he is to contribute in the rehabilitation. In the meeting, a stay in the municipal rehabilitation centre is discussed. Per qualify for rehabilitation in a municipal

	rehabilitation centre and he gives his consent. An individual decision for the stay is made. Based on the expected date for discharge, the caseworker checks the capacity and makes a preliminary reservation for Per in the municipal rehabilitation centre. The rehabilitation centre personnel have an overview of reservations, but they do not have access to the patient identification/information before this is necessary. At the surgical ward the responsible nurse can see in Helseplattformen that the municipality has planned a stay at the rehabilitation centre.
Get ready for discharge	When the physician in the hospital has defined that Per has completed the treatment in the specialist health service, the expected date of discharge is updated, and 'ready for discharge' is registered in the health record. The responsible nurse makes an update of the functional assessment of Per. A summary of relevant information about the stay is created, using information captured in Helseplattformen. The municipal caseworker gets a notification about the "discharge-ready" patient and the associated tasks are transferred to his work list. According to the **IPLOS** registry the caseworker records the ADL level (Activities of daily living) and need of municipal health services of Per. The preliminary reservation of the rehabilitation stay is finalised.
Discharge from the hospital	
Get information	Per gets information about the individual decision and a welcome message (on his predefined media) with necessary information from the rehabilitation centre. He also receives an equipment list with the necessary items to bring with him.
Discharge	The surgical ward gets a notification with information about when Per can be sent to the rehabilitation centre. At the surgical ward the work list for responsible health personnel is updated with a new task: '*Order transportation for the patient to the rehabilitation centre.*' The health personnel use Helseplattformen to order transportation and is guided to choose the appropriate type of transportation. The order is sent to an information system for patient travels. When Per is leaving the surgical ward, health personnel discharge him. A notification about the discharge and an estimated time of arrival, is sent to the municipal rehabilitation centre so they can prepare for receiving Per. Active problem list, medication list, orders and care plans in Helseplattformen are continued at the rehabilitation centre.

	Helseplattformen can exchange needed information to report to the national registries and financial information systems about the stay of the patient at the specialist health services.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 15 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18923	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC;DT	C
F18924	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	DC;DT	C
F18925	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18926	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18927	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26731	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding **access control** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.6 User scenario 6: Palliative care
Background
Per was operated and treated for cancer ventriculi a year ago. He has a verified recurrence of metastasis from his earlier cancer. His cancer is incurable.

Give palliative treatment ➤ Handle death ➤

Step	Scenario
Give palliative treatment	

Record patient as palliative	Health personnel in the specialist health service have assessed Per's cancer to be incurable and record his status as palliative in the health record.
Discuss further treatment	Per gets information about his health situation and discusses further treatment with health personnel. Per still has a good performance status, and he is motivated for palliative anticancer treatment. The physician makes a plan for chemotherapy cycles and gives Per information about the chosen chemotherapy regime. Per can find this information in the ***patient portal*** when he is at home.
Give chemotherapy	Per has an appointment at the cancer day care unit for chemotherapy treatment. The chemotherapy is ordered, and delivered from the local hospital pharmacy. The compounded medication is code labelled and the nurse safeguards the chemotherapy administration, cf. *Chapter 4.6*. New blood tests are needed for safe treatment. Per returns to his home.
Treat neutropenic fever	Ten days after chemotherapy Per feels bad and has a fever. He calls the hospital. An ambulance is ordered to bring Per to the hospital. He stays in the hospital for four days for antibiotic treatment of neutropenic fever.
Plan next chemotherapy cycle	The next chemotherapy cycle is given at the correct time, but the physician adjusts the treatment plan, the chemotherapy dose is reduced to prevent further episodes of neutropenic fever.
Stop chemotherapy treatment	After a few chemotherapy cycles Per has a reduced performance status. A new CT evaluation shows stable disease, assessed by RECIST criteria (Response Evaluation Criteria of Solid Tumours Group). The overall assessment is that Per does not tolerate the given chemotherapy well, and the physician does not recommend further treatment with chemotherapy.
Document Advance directives	Advance directives are registered with planning for future health decisions for a time when Per might not be able to make his own health decisions any longer. His wishes include that he wants to be treated in the municipality, and does not want to be moved and hospitalised if his situation becomes worse. The advance directives also contain self-registered information such as Per's consent to cornea donation and medical research donation.
Dialogue about treatment	Per's health record contains information about the team of health personnel and their responsibility, both from the specialist health services and from the municipality. This makes it for example easy to find out who is in charge of the patient treatment at this point. The municipal home care service has a close dialogue with Per, they observe that Per has severe pain, and together they perform a pain screening. The results show that Per needs a higher dose of

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	analgesic medications and they contact the medical responsible via Helseplattformen. The medical responsible changes the dose in Helseplattformen. The medication list is updated in **the National database of e-prescriptions**. The home care service gets a notification about the dose change, and a new **e-prescription** is created by the physician. Thus, the additional medication may be picked up at the pharmacy.
Plan and give radiotherapy	One of the disease manifestations is tumour relapse of the site of the primary tumour. It makes the passage of food difficult and painful, and the physician decides to give radiotherapy. The radiotherapy is ordered in Helseplattformen and scheduled in the common **calendar** for all resources. Per gets the treatment as an inpatient at the oncologic unit at the hospital. After this he feels better and food passage is improving.
Health condition get worse	Two months after radiotherapy Per wakes up in the middle of the night. He has pain and feels insecure being alone in his home. He uses his safety alarm to get help. Information about the alarm incident is available in Helseplattformen, the information is received from an external system in the Response centre. Health personnel arrive and they have a conversation with Per.
Treat in terminal phase	Per does not want to stay at home any longer; he feels that his pain is increasing and that he does not have control over his health situation. Together with the municipal home services the decision is made that Per can be moved to the municipal ward. A new municipal individual decision is provided. Per's **treatment plan**, advance directives and a generic care pathway are the basis for his treatment and palliative care. When the need for an increased health service is recorded, Helseplattformen gives the responsible health personnel a notification about the need for more resources on duty at the municipal ward. In Per's health record a neighbour is registered as a representative. From the advance directives it is easy for the health personnel to see Per's wishes about information to the representatives: Per does not want his neighbour to be informed about his condition until he has passed away.
Handle death	
Handle death	With the municipal health personnel at his side, Per passes away. Health personnel records the time of death in the health record. A physician on call gets a notification and arrives to confirm the death. The physician records information regarding the death and the death certificate is transmitted to official registries. In the

	patient's health record it is visible to all users of Helseplattformen that Per is dead.

All future appointments and tasks that were planned for Per in the health service are cancelled. |
| **Inform representatives** | Health personnel make contact with the neighbour telling him about Per's death. The contact is recorded in Per's health record. |
| **Get donor information** | The responsible health personnel get a notification about current donors, and follow the decision support in Helseplattformen about the donation. |
| **Discharge** | The dead body is marked with a digital identification and it is easy to identify that the dead body is donated.

When the dead body is removed from the municipal ward, the health personnel discharge Per in Helseplattformen.

For the stay at the municipal ward, the patient pays a fee, and invoice information is sent to the economy system that sends the invoice to the patient's estate. |

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F18928	**Support described scenario**
The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18929	**Meet requirements regarding usability**
The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18930	**Functionality not supported**
The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18931	**Application, components, modules**
The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18932	**Integrations**
The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26732	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding **access control** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.7 User scenario 7: An emergency scenario

Background

Knut is 63 years old and married to Wenche. They are both healthy and do not receive any municipal health services. However, during the last few days Knut has not felt well. He has been breathing heavily, coughing up a lot of mucus and he has got a fever. He is feeling weak and he has not been able to get out of bed. He is eating and drinking very little.

Assess health condition	Start treatment	Transport patient	Intensive care

Step	Scenario
Assess health condition	
Contact health service	Knut fills out a form on his smart phone, where he describes his health condition. He chooses **electronic consultation** with the physician since he is weak and cannot go to the GP's office. He gets an overview adapted for his mobile device of available timeslots and schedules an available emergency appointment.
Conduct electronic consultation	The GP reads the information Knut has registered and contacts Knut via electronic consultation. The GP asks Knut additional questions about his symptoms and illness. The conversation is logged in Knut's electronic health record. Because of Knut's condition they decide that a home visit by health personnel is required.
Order a home visit	The GP assesses the severity level and orders a home visit from the municipal emergency team, through Helseplattformen.
Assess health condition	The municipal emergency team drives to Knut's home. The team has medical devices including Point of Care devices, so that they can identify the infection status and measure vital parameters. The **medical devices** used as part of the assessment are integrated with Helseplattformen and measurements are captured and stored in Knut's health record. The municipal emergency team have access to Knut`s health record through a mobile device. The health personnel receive alerts from the health record about results that are outside the normal

	reference range. Helseplattformen gives suggestions about additional measurements to perform based on the symptoms. The municipal emergency team records the outcome of the clinical examination in the health record.
Choose a treatment option	Based on the clinical information, Helseplattformen provides the municipal emergency care team with clinical decision support by suggesting the potential diagnosis and treatment option for Knut. The team contacts Knut's GP through electronic communication. The GP makes a medication order and creates a treatment plan for pneumoniae in the health record. Helseplattformen provides support for patient-specific dosing and warnings to medication-medication and medication-allergy interactions. The municipal emergency care team decides that Knut needs observation and treatment at the emergency municipal ward, because of suspected pneumoniae. The team checks the bed capacity at the emergency municipal ward through Helseplattformen. The health personnel at the emergency municipal ward who is responsible for planning arrivals, receive a task in Helseplattformen about the new patient that will arrive. The health personnel confirm that he has received the notification. He opens Knut's health record and is provided with customised information necessary to prepare the arrival. The municipal emergency care team records that the patient`s wife, Wenche, has been informed about the admission. Knut is provided with an ID mark, for tracking and identification purposes. Knut's identity is confirmed and the ID is linked to Knut's health record.
Start treatment	
Start treatment	Before Knut is transported to the emergency municipal ward, the team gives Knut his first dose of antibiotics and records this in the health record. Helseplattformen provides support for safe and accurate medication administration.
Register arrival	Knut arrives at the municipal ward and is met by health personnel. The health personnel register the patient's arrival by scanning his ID mark when the patient enters the room he is allocated.
Continue treatment	The health personnel continue the observation and treatment of the patient which was initiated by the GP. Knut receives antibiotics and intravenous rehydration treatment. Everything is recorded in the health record.

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| Health condition get worse | During the night Knut's health condition is getting worse, and the nurse suspects respiratory failure. A C-Reactive Protein (CRP) test is undertaken, and the health record shows that the CRP level has increased since the last test at Knut's home that morning.

The health personnel contact the physician on call at the ward electronically, for a consultation. The physician checks the results and observations recorded in health record on his mobile device at home, and he decides to contact the ***EMCC.***

The EMCC and the physician agree to transfer the patient to the nearest hospital. The health personnel at the emergency municipal ward receive a notification in Helseplattformen. The health personnel complete the necessary preparation to move the patient, and he calls the patient's wife, Wenche, to inform her about the situation and the planned transfer. |
|---|---|
| ***Transport patient*** | |
| Order ambulance | The EMCC personnel registers the urgency level and orders an ambulance in the EMCC solution. The ambulance personnel that are assigned the case receive information about the assignment through the EMCC solution and can find necessary information about the patient in Helseplattformen. The emergency department at the hospital gets information about estimated time of arrival, and information about Knut's severity level in Helseplattformen to prepare for the arrival. |
| Treat in ambulance | The ambulance personnel arrive at the emergency municipal ward and move Knut into the ambulance. When his ID mark is scanned in the ambulance the ambulance personnel are assigned the responsibility for the patient. He is connected to the patient monitoring equipment in the car, which logs observations and vital parameters in the patient's health record in real-time. The ambulance has the ability to transfer video recordings and enable video communication with the EMCC and the emergency department in the hospital. All data can be transferred to Helseplattformen.

Based on Knut's medical findings and urgency level, the internal medical emergency team are mobilised. The team members are notified via their mobile devices, and they can start to prepare for the arrival of the patient. The team gets access to the patient's health record, where they get a good overview of the situation, and standardised clinical pathways and order set templates for Knut's condition are available. The expected time of arrival is updated as the ambulance gets closer to the hospital.

The EMCC is in contact with the ambulance during the transportation, in case there is need for information/support/updates. The patient's health record in the car can also be used in places where there is no mobile- or internet |

	connection; the data is saved locally and uploaded immediately after the connection is re-established. In the ambulance the condition of the patient is worsening. ***Clinical decision support*** assists the personnel in identifying trends that indicates clinical deterioration and suggesting appropriate treatment. The EMCC orders an air ambulance for the patient. All communication via the emergency communication network is logged as text in the EMCC solution, and is transferred to the EHR.
Treat in air ambulance	The patient is transferred to the air ambulance. The patient's health record is accessible in the air ambulance. Monitoring of the patient from medical devices in the air ambulance is recorded in the patient's health record.
Intensive care	
Arrive emergency ward	The patient arrives at the hospital and is met by the internal medical emergency team. The arrival of the patient is recorded in the EHR by scanning the patient's ID mark. The team performs clinical assessments and treatments of the patient based on the emergency protocol. Lab tests and x-rays are ordered and conducted based on the workflow in the emergency protocol. Helseplattformen provides clinical decision support to the health personnel who are examining the patient selecting the relevant tests. Information from the assessments are used for decision support in Helseplattformen. Health personnel in the team changes the prescription of antibiotic and the order is sent to the National database of e-prescriptions and to ordering and stock keeping system. The new type of antibiotic needs therapeutic drug monitoring (of plasma concentrations), decision support helps the health personnel to remember to order this.
Transfer to intensive care unit	The emergency team decides that the patient should be admitted to the intensive care unit (ICU). Helseplattformen gives support in identifying the bed capacity in the intensive care units and communicate with the responsible health personnel. The patient is transferred to the intensive care unit. The health personnel from the medical emergency team meet the intensive care personnel, who take over the responsibility for the patient. The patient is connected to medical devices that are integrated with the health record. The coordinator at the intensive care unit has an overview of which personnel are available now and in the future. If there are any special treatment (e.g., renal replacement therapy) that they must

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	cover, Helseplattformen supports choosing team members with adequate competence.

The patient`s wife, Wenche, has arrived at the hospital. She asks for Knut in the reception. The receptionist can see from the location status that Knut is being transferred to the ICU. Wenche goes to the ICU to obtain more information there. Wenche is met by the personnel at the ICU and they take Wenche to the visitor's room for a talk while the intensive care personnel are stabilising Knut. |

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18933	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18934	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18935	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18936	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18937	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26733	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding ***access control*** (*cf. Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.8 User scenario 8: Traffic accident

Background

Sigrid (39 years old) and her son Olav (17 years old) are travelling home after Christmas vacation. Sigrid falls asleep while driving. Her car veers into the opposite lane and crashes into an articulated lorry in a tunnel. The lorry driver is physically unharmed. He gets out of his lorry to check the condition for the people in the car. When he sees Olav and Sigrid in the car wreck, he realises that they both need medical help. The lorry driver contacts the ***EMCC*** to get help.

| Give first aid at the place of the accident | Transport patients | Arrive hospital |

Step	Scenario
Give first aid at the place of the accident	
Order help	The EMCC personnel gets an overview of the situation and coordinates the emergency services. Based on the description of Olav and Sigrid's condition, they order an air ambulance and two ambulance cars in the EMCC solution. The EMCC also alerts the local GP, on call in the municipality. They all receive alarms in Helseplattformen and drive immediately to the place of the accident. EMCC operators use the EMCC solution for documentation regarding the incident, but some of the information will also be available in Helseplattformen.
Get overview and give first aid	When the land ambulance and the local GP arrives at the place of the accident, they start getting an overview of the injured and the situation. The health personnel give Sigrid and Olav first aid according to emergency protocols. They initially make a short verbal report to the EMCC. EMCC operators log this in the EMCC solution. This information will also be available in Helseplattformen. Later on, when the emergency services at the accident site create written documentation, they use Helseplattformen for documentation.
	Helseplattformen support rapid registration of observations and treatments of the patients in the accident site. Data from ***medical devices*** are captured in Helseplattformen. Since this is a severe injury, some of the documentation will be registered in Helseplattformen subsequent to the accident.
Use emergency identification	Sigrid and Olav's identity is unknown, so they have to use emergency identification in Helseplattformen.
	The emergency identification is quick and easy to use, and assures that no errors are made. The patients do receive the emergency number, and readings from medical devices are connected to the correct patients' temporary health records.
Transport patients	
Prepare	The health personnel in the air ambulance have access to Sigrid and Olav's temporary record so they can see the trends of vital parameters and prepare themselves before arriving at the place of the accident.

Transport in air ambulance	When the air ambulance arrives at the place of the accident the most severely injured patient, Olav, is moved to the air ambulance. His emergency ID is scanned and he is connected to medical devices in the air ambulance. The readings are transferred into the same emergency health record that was used at the place of the accident. Olav is then transported to the nearest hospital. The air ambulance has access to emergency blood. Due to the blood loss, Olav receives an emergency blood transfusion. Helseplattformen gives support to safe administration and registration of emergency blood to patients with emergency identification, and reports the transfusion to the blood bank solution.
Transportation in ambulance car	The ambulance car transports Sigrid to the hospital. Data from the medical devices used in the ambulance car is stored in Sigrid's emergency health record. Data will be available for health personnel receiving the patients. The emergency identity of the patients given at the place of the accident will also be used in the emergency department.
Notify trauma team	EMCC evaluate vital parameters and information from the emergency units and triage the patients. Based on this assessments, the trauma team will be mobilised. The health personnel that work as part of the trauma team receive a notification about the estimated time of arrival and about the patient's condition. The trauma team receive a new alert ten minutes before estimated arrival time of the air ambulance, and ten minutes before the estimated arrival time of the land ambulance
Arrive hospital	
Prepare to receive patients	The trauma team arrives at the emergency department. On their *status boards* they get access to vital information about the two patients arriving so they can prepare for receiving the patients.
Arrive emergency ward	Olav and Sigrid arrive at the hospital and are met by the trauma team. Their arrival is registered by confirming their emergency identity. Helseplattformen provides support to the complex workflow in the emergency unit with several work processes being conducted simultaneously by a large number of team members.
Merge health records	When the correct identification of the patients are confirmed, the data from the temporary health records is merged with Sigrid and Olav's health records. All integrated solutions/devices used with

	emergency identifications, must also be updated with the correct identification.
Reports	Information about the incident, the extent of injuries, medical findings, treatment and outcome are subsequently to be reported to national registers.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof:** Time of fulfilment (1/2/3/4), **D:** Describe (D/DX), **Doc:** Documentation (DC, SC, DT, A, I, O), **ToReq:** Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18938	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18939	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18940	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18941	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18942	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26734	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (cf. *Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.9 User scenario 9: Pregnancy

Background

Silje (25 years old) and her partner Espen (28 years old) live in an apartment in Trondheim. Silje works full time as a nurse in the municipal health services. Silje takes a pregnancy test and the result shows that she is pregnant. Based on her menstrual cycle she estimates that she is in the fifth week of her pregnancy.

Note: The scenario describes a future oriented pregnancy pathway and pregnancy care; this is not based on current situation and pathway. The Customer wants to see what functionality the

Contractor can suggest, in order to support home monitoring with *personal connected health and care (PCHC)* technology and patient-originated data.

Monitor first trimester	Monitor second trimester	Monitor third trimester	Give birth

Step	Scenario
Monitor first trimester	
Get general information	Silje uses the ***patient portal*** to obtain information about pregnancy and pregnancy services in her municipality. Silje and Espen read through the information about the pregnancy services in their district, and about the standardised pregnancy pathway and recommendations. In the patient portal Silje can see that a first prenatal visit in week 12 is suggested, and Silje confirms the appointment. They choose to use Silje's GP as the main point of contact during the pregnancy pathway. Silje registers her pregnancy in her ***PHR*** and starts filling out the required information, for example her weight, the date of her last menstruation and information about the father of the child, Espen.
Conduct prenatal visit	Silje is at her GP`s office for a consultation in week 12. She discusses the possibility for home monitoring with her GP. She feels no need to be followed up by health personnel at this point in time and chooses to monitor her pregnancy from home with support from her GP. Her GP creates a pregnancy record in Helseplattformen and defines what measurements Silje shall register with PCHC devices. Silje gives her GP access to measurements and relevant information in her PHR. The GP imports relevant information from the PHR to Silje's EHR in Helseplattformen. Helseplattformen stipulates the birth date. Through the patient portal she gets information about the recommended home monitoring equipment (PCHC devices). She buys an at-home foetal heart monitor and urine test kit for measuring protein and glucose. She already has a type of recommended personal equipment at home to measure her blood pressure. Silje registers the equipment she is using in the patient portal; she is choosing between the recommended, predefined PCHC devices.

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Home monitoring	During her pregnancy Silje and her GP use the registered data in the PHR to keep track of her health condition.
	Periodically, she gets a reminder from Helseplattformen to use her home monitoring equipment to record her health condition.
	She records her weight, measures her blood pressure and pulse, takes a urine test, and measures the fundal height and the foetal heart rate. The readings from the PCHC devices are stored as structured data in her PHR. She uploads the result of the urine test to her PHR. Silje can see that her tests are normal and see her weight in the weight curve.
Follow up home recordings	When a reminder is sent from Helseplattformen to Silje, it triggers a task, based on a set time, to the GP informing that he must check her recorded measurements.
	The test results is transferred from Silje`s PHR into Helseplattformen, where the GP can review them. He sends a message to Silje telling her that everything is fine.
Get standard appointment	Silje can see in the patient portal that an appointment to ultrasound diagnostics has been scheduled in week 18 of her pregnancy and a consultation with her GP in week 36.
	Silje knows that she has the opportunity to cancel or reschedule the appointments if she wants to, or schedule additional consultations.
Monitor second trimester	
Do ultrasound scan	During the ultrasound scan Silje gets information that the foetus has hydronephrosis. Pictures from the examination is viewable in Helseplattformen, stored in PACS/VNA. Information about the abnormalities are documented in the record of Silje, and will be transferred to the foetus' record after birth. Silje's GP receives information about the results.
	Health personnel select the ***standardised clinical pathway*** for hydronephrosis to make sure that standard follow-up activities are initiated both before and after the child is born.
Get information	After the ultrasound scan Silje and her partner Espen are worried about the result. They access the patient portal to find quality assured information about hydronephrosis and the plan for monitoring of the abnormalities.
	The specialist health service follows up the foetus when it comes to the hydronephrosis according to the guidelines and protocols.
Monitor third trimester	

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Conduct prenatal visit	In week 29, Silje schedules an appointment with her GP because of pain in her pelvis. Silje will not be able to work full time, and the GP applies for pregnancy allowance (working 50 per cent part time). The application for pregnancy allowance is auto populated with information stored in the EHR, and submitted as an electronic message to the **Norwegian Labour and Welfare Administration (NAV)**.
	The GP refers Silje to a physiotherapist because of the pelvic pain. The physiotherapist does not use Helseplattformen, and therefore receives the referral as an electronic message. When the treatment has been completed the GP receives in an electronic message a summary of the treatment and result from the physiotherapist.
Conduct after due date control	In week 41, Silje is scheduled for an after due date control at the specialist health service at her chosen birthplace.
	When Silje arrives at the hospital everything is normal. Her cervix is 2 cm dilated, and the physician at the birthplace believes that the birth will start spontaneous within the next few days.
	She receives information about what to do if anything happens and is informed that she will be contacted from the hospital if they do not hear from her before the 11th day overdue.
Give birth	
Register labour pains	The day after the control Silje gets labour pains. She registers the length of the labour pains in her PHR. The patient portal provides her with information about when to contact the hospital. She registers her arrival to the hospital in the reception area, with help from Espen.
Give birth	When Silje arrives, she gets an ID mark and is registered as a patient at the hospital. The health personnel do a check of Silje and the foetus; they check the cervical dilation and perform a cardiotocography (CTG) monitoring of the foetus's heart rate and Silje's contractions. Data from the CTG are captured and rendered in Helseplattformen. Now Silje is in active labour. The health personnel distinguish between normal labour and delivery and high risk labour and delivery by marking as green or red, respectively. Silje's expected labour and delivery is assessed to be a normal labour and delivery and is therefore marked as green.
	During the labour the health personnel use Doppler to monitor the foetus' heart rate. The health personnel perform assessments continuously during the labour, and have **clinical decision support** to help evaluate if the labour shall be moved from green to red group. Measurements and observations from the labour and delivery are captured and rendered in the partogram in Helseplattformen.

	Silje is exhausted by the labour pain, and the health personnel recommend her to get an epidural analgesia in labour. The health personnel orders epidural analgesia for Silje in Helseplattformen. The anaesthetist on duty gets a notification to perform the task. The analgesia is managed through a constant infusion pump and the administered analgesic is captured from the medical device and recorded in Siljes health record.
	A baby girl is delivered. Electronic information exchange with the The Norwegian Tax Administration ensures that the newborn baby is given a Norwegian national ***identity number*** from the ***National Registry***.
	A health record is created for the child. Data from the mother's health record relevant for the care and treatment of the child, is transferred to the child's health record.
Follow up the child	Helseplattformen provides workflow support, order sets, forms and templates to manage newborn screening like the newborn and infant physical examination, hearing screening and the newborn genetic screening programme.
	Silje and Espen have given consent in the patient portal to the Norwegian newborn genetic screening program. The order for the test is auto-populated with the relevant information from the health record, and a task is generated to collect the blood sample between 48-72 hours postpartum. The blood test is sent to Rikshospitalet in Oslo for analysis. If the analysis indicates a genetic disorder, Helseplattformen will receive the result from Rikshospitalet immediately, and the task will be assigned to the responsible paediatrician.
	Information about the birth is sent to ***the Medical Birth Registry of Norway***. The public health centre receives a notification about the newborn child.
	Because of the hydronephrosis, tasks, orders and referrals are generated based on the standardised clinical pathway when the child is born.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F18943	**Support described scenario**	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.					
F18944	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18945	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18946	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18947	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26735	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (cf. *Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.1.10 User scenario 10: Public health centre – school medical services

Background

Silje has given birth to her first child. The postnatal period at the hospital went well, and the newborn child and Silje can follow a standardised pathway for children after discharging from the hospital; follow-ups at the **public health centre**.

Public health centre (for child 0 - 5 years)	School medical services(6- 18 years)	Public health centre for youth (up to 20 years)

Step	Scenario
Follow up at Public health centre (for child 0 - 5 years)	
Book home visit	The **public health centre** and Silje's GP receive a notification about the birth and the planned discharge date, and a task is created for the public midwife and the public health nurse at the public health centre to schedule home visits. The public midwife aims to visit Silje in the course of three days after discharge, while the public health nurse aims to complete a visit within seven to ten days. Relevant information from the birth and stay at the postnatal ward is available to the public midwife and the public health nurse in Helseplattformen.

	The public midwife visits Silje the day after the discharge.
Prepare for home visit	The public health nurse prepares for the home visit with process support from Helseplattformen based on the standardised pathway for children. Silje gets information about the visit in the ***patient portal***. She can prepare for the visit, by answering a questionnaire. Silje has prepared a lot of questions to ask the public health nurse, and makes personal recordings in the patient portal.
Conduct home visit	During the home visit the public health nurse has a checklist with tasks, e.g., weight measurement of the child, provide information about a certain topic and show Silje where to find current information about the child's stage of development, breastfeeding, security measures in a home with children and so on. Silje uses the patient portal to assure that she remembers to ask all questions she has prepared.
Get information	Silje has an overview of the planned follow-ups for her newborn's first years of life in the patient portal and can also see there what checks and vaccines are included in the different consultations. She gives ***consent*** to follow the childhood immunisation programme.
Follow-up at the public health centre	At the first follow-up at the public health centre, Silje and her newborn child are going to see both the nurse and the physician. In Helseplattformen the public health nurse can see that Silje already has got information about the childhood immunisation programme in the home visit. And that she has given consent to follow it.
Vaccination	The newborn child gets the first vaccine. Vaccination information is transmitted to ***the Norwegian immunisation registry (SYSVAK).*** The public health nurse scans the barcode on the vaccine, to cross-check that it is the correct vaccine for the newborn child, verify the baby's identification and the public health nurse's own identification. Helseplattformen confirms that the correct vaccine is given to the right patient at the right time. Silje and her child have to stay for observation at the public health centre for 20 minutes after the vaccination. While they are under observation, the child gets an allergic reaction. Silje informs the public health nurse about it, and the public health nurse follows the protocol for the allergic reaction. The public health nurse records the side effect linked to the given vaccination in the allergy, intolerance and adverse reaction list in the child's health record. This information will also be exported to the child's ***Kjernejournal*** so that health personnel who do not use Helseplattformen can also access this information. She records the

	severity of the allergic reaction, and the side effects are reported to **the Norwegian Institute of Public Health**.
Get a name	Silje and Espen have now decided the name of the newborn child, Anne. The child's health record, is updated based on information registered by the child's parents in **the National Registry**.
Conduct group consultation	The health personnel at the public health centre schedule a group consultation for the next appointment, and sends out a notice about the appointment to all the parents are attending the group consultation. At the group consultation, the public health nurse records common information only once, and the recorded information is visible in all the attending children's health records. In addition, the public health nurse has the possibility to record information related to a specific child in that child`s health records.
Change appointment	Anne follows the **standardised pathway** for children, and she gets a new appointment at the public health centre. Silje and Espen can see that Anne is going to get a vaccination as part of the appointment. At the day of the appointment, Anne is sick. Silje cancels the appointment in the patient portal. When the cancellation is registered, the patient portal gives Silje available options for rescheduling.
Follow up at school medical services (6-18 years)	
Follow up school class	Anne is now 6 years old and starts school. The nurse at the school medical service, groups the children she is going to follow up into e.g., a school class.
Handle unexpected event	Anne falls and injuries her knee. The school nurse assesses the injured knee, and sees that it is only a scratch. She cleans the wound and puts a band-aid on and records the incident in Anne's health record. The school nurse notifies Silje and Espen about the incident using a **notification** functionally in Helseplattformen.
Follow childhood immunisation programme	For the school children that are included in the childhood immunisation programme, the school medical service sets up a schedule for vaccination. The vaccine to be given has the same medical active substance that earlier gave Anne an allergic reaction. Therefore the public health nurse excludes Anne from the vaccination schedule**.**
Conduct screening	When Anne is in 8th grade, the school nurse informs her class about a screening for children/parents. Anne has never been using the

	patient portal herself before. She gets the possibility to participate even if she does not have a secure ID yet.
	Both Anne and her parents answer the screening questions. Answers are connected to Anne's health record. Anne knows that her parents cannot access her screening answers although they have access to her health record. Otherwise, it would be difficult for her to answer honestly.
	The nurses at the school medical service can follow up screenings individually and look at trends in the group that has participated.

Follow-up at Public health centre for youth (up to 20 years)

Scheduling appointment	Anne has a boyfriend and now she has started to think about contraceptives. She has received information about contraceptives at the school, but needs additional information through a consultation. Anne schedules an appointment with the public health nurse at the public health centre for youth.
	Before the appointment Anne is asked to fill in an assessment in the patient portal.
Write prescription	Based on the assessment, the public health nurse suggests a contraceptive-pill for Anne. The public health nurse gets ***clinical decision support*** to do a health check and assesses if Anne have any contraindications to the contraceptive-pill. The public health nurse creates an electronic prescription.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F18953	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18954	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18955	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18956	**Application, components, modules**	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.					
F18957	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26736	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (cf. *Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C
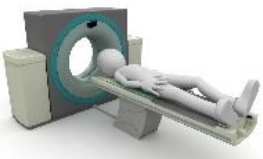
3.1.11 User scenario 11: Child, head injury

Background

Emma (9 years old) is hit by a car driving 60 km/h when she crosses the road outside her home. She acquires a traumatic head injury and has surgically evacuated an acute subdural hematoma. She is now treated at the paediatric intensive care unit (PICU) based on a *standardised clinical pathway* for children with acquired brain injury. A team coordinator has been selected.

Assess, treat and rehabilitate in paediatric intensive care unit	Treat and rehabilitate in ward	Rehabilitate in the municipal health service and follow-up in specialist health service

Step	Scenario
Assess, treat and rehabilitate in paediatric intensive care unit	
Provide intensive treatment	An initial care team of health personnel working close to Emma has been established. Emma is treated according to her ***treatment plan*** that is based on the protocols for moderate to severe brain injury, and the standardised clinical pathway for acquired brain injury. The continuous and comprehensive medical ***chart solution*** with appropriate, context-specific ***information views*** give the multidisciplinary team an excellent overview of Emma's situation. Helseplattformen integrates and render the clinical information in a way that increase the team member's situation awareness and clinical perception. Emma has evacuated an acute subdural hematoma. She is intubated and sedated, and her intracranial pressure is monitored. Her clinical measures are monitored closely, and data from the connected medical device such as the ventilator, monitoring devices and infusion pumps are captured and rendered in real-time in appropriate information views. Emma's level of

	consciousness and sedation is assessed based on a sedation score in the EHR.
	Helseplattformen determines and presents an alert if a value or result are outside of an age- and condition-specific normal value range. Trends that indicate clinical deterioration, are rapidly identified with help of Helseplattformen's clinical decision support system.
	The nurses in charge of Emma get support from Helseplattformen in the management of tasks and treatments related to the medical equipment attached to her. Helseplattformen capture, maintain and render details associated with the performed and planned tasks and treatments.
Manage examinations	An acute CT scan has to be performed in the middle of the night. The health personnel is able to check available timeslots in the common calendar in Helseplattformen and book an acute CT scan. The scheduling creates an immediate task in the radiology departments work lists.
	Emma is transported to the radiology department to perform the examination. Emma's care team has full access to Emma's EHR during the transportation and while she is at the radiology department. Data from *medical devices* are captured and rendered in real-time during the transportation. If network connection is lost during transportation, the data from medical devices and local EHR recordings are synchronised with the solution when network connection is available again.
	Results from point-of-care devices analysing arterial blood gas, other laboratory analysis, radiological examinations and other tests are presented to appropriate health personnel for review in Helseplattformen. Integrated information views allows providers to uncover trends in test results over time.
Manage medications, nutrition and fluids	Medications and fluids are managed according to Emma's treatment plan. Helseplattformen provide paediatric-specific decision support and safety checks during ordering, dispensing and administration of medications, fluids and nutrition. The clinical decision support are based on paediatric-specific drug dictionaries and formularies and provides weight-based dosing and dose range checks. Support related to compatibility check for continuous infusions that are to be administered in the same intravenous line are also provided.
	Helseplattformen support the estimation of Emma's need for calories, proteins, glucose, fat, minerals, vitamins electrolytes and fluid according to her age, weight and condition. Emma's needs are visualised during the ordering prossess, and compiled with the amount being ordered.

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	Fluid input from the smart infusion pumps and nutrition pumps and fluid output such as urine, perspiration, blood loss and spinal fluid loss are captured from the medical device if possible, and if not it is registered manually. The fluid balance is automatically accumulated and calculated down to the minute, and if ongoing medications, nutrition or fluids are changed, Helseplattformen calculates and render expected future results in the fluid balance or nutritional intake.
Establish extended care team	Emma extended care team is established. The new team members are registered in Emmas EHR. Tasks and responsibilities are assigned to the individuals and/or roles in Emma's care team. The new team members get role based access to Emma's health record in order to take part in the treatment as well as to prepare for the first team meeting. The coordinator checks the team member's availability in the common calendar in Helseplattformen and schedules the first team meeting, and the team members receives the task in their work list.
Interact with Emma's parents	Emma's parents can access their daughter's health record in ***the patient portal***. They can read and add comments, and patient-originated data are labelled as such. The parents have been informed about the extended care team that is established, and they are also invited to participate in the team meeting. They are asked to fill in a screening form in the ***patient portal*** that includes the living conditions, and how Emma`s functional level was before the accident. Emma's parents can also communicate with the care team and the coordinator in the patient portal. They can give feedback on the care and treatment. Information about help from psychologist and priest/spiritual service is available for the parents in the patient portal.
Conduct a team meeting	The first care team meeting is conducted. In the meeting, the common goals and strategy for Emma's treatment are discussed and the rehabilitation plan is modified. New tasks are created and assigned to the actual individuals or roles. Performed and planned activities can be visualised in a time line.

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Notify service providers	Emma's coordinator inform the service providers outside the hospital who needs information about Emma (for example the municipality services, Statped midt and **NAV**). Service providers in other sectors can receive this information through electronic information exchange. Helseplattformen finds the relevant service providers, for example the correct recipient in the municipal units that needs information in order to start prepare for providing care for Emma and her family.
Electronic intensive care diary and support services	Emma is undergoing intensive treatment for several days. Her days at the ***intensive care unit*** are documented in pictures, video and words in an electronic diary in Helseplattformen; her parents also have access to read and write in the electronic diary through the ***patient portal***.
Report to Intensive care registry	Emma's stay in the intensive care unit is reported to the ***Norwegian Intensive Care Registry (NIR)***. Helseplattformen extracts relevant data (e.g., demographic data, admission type, length of stay, time on ventilatory support, scores for severity and nursing activities) and generates a report that is transmitted to the national registry.
Treat and rehabilitate in ward	
Change members in team	Emma's condition is improving and she is moved from the intensive care unit to the paediatric ward for further treatment and rehabilitation. Helseplattformen supports the transition to the ward with relevant and context-specific summarised information. Emma gets a new coordinator, and some members of the initial care team are substituted. Changes in care team members is registered in Emma's health record. The new care team members gets access to Emma's health record, and responsibility for active orders, treatments and tasks are assigned to the new team members in the ward.
Collect information	The care team needs more information about how Emma functioned before the accident. The coordinator distributes electronically a standardised questionnaire to Emma's school using Helseplattformen.
Coordinate	Emma's coordinator contacts the children and family unit in the municipality and Emma's GP, in order to plan a joint meeting. The agenda is planning Emma's transfer from the specialist health service to the municipality of residence. They agree on a time for the meeting. The municipal coordinator and the specialist health service coordinator schedules the health personnel in their units that will participate in the meeting. The

	municipal coordinator sends the invitation to actual participants from other sectors through electronic information exchange.
	In the meeting, the participants discuss which kind of help and assistance Emma and her family probably will need.
	A transfer agreement containing tasks and the expected transfer date is recorded in Emma's health record as a result of the meeting.
	Ordering medical equipment and device is one example of a task that is necessary to make the home, family and their helpers well prepared for the homecoming of Emma. Applying for and ordering of necessary equipment and aids are done in Helseplattformen.
	The need for creating an **individual plan** is discussed in this meeting.
Make individual plan	Emma's municipal coordinator is responsible for making an individual plan with the parents' consent. The plan is available in Helseplattformen and the patient portal. Actors in other sectors can also get access to the individual plan.
	The individual plan gives Emma's parents an overview of activities and providers related to Emma's care.
Handle administrative procedures	The municipality is processing applications regarding municipal services for Emma. Helseplattformen gives the municipal caseworker support in **administrative procedures**, individual decisions and complaints according to Norwegian legislation and the municipal's procedures. Templates and process support are available.
Rehabilitate in the municipal health service and follow up in specialist health service	
Rehabilitate in primary health service	Emma is discharged from hospital. The municipality is now responsible for Emma's rehabilitation.
	Emma's parents can find information and application forms in the patient portal that are relevant for Emma and her family, for example contact information to peer support groups, information about the disease and treatment, relief assistance, rehabilitation camp and parent education.
Follow up in specialist health service	The standardised pathway includes periodical follow-ups at the specialist health service.
	When Emma is scheduled for a follow-up consultation, Emma's parents get preparation instructions in the patient portal.
	If the standardised pathway are modified in the organisation, the updated version will be accessible in Emma's health record.

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| Exchange information with actors outside of Helseplattformen | After the accident, Emma develops an epilepsy that is refractory to treatment. Emma is referred to the Special Hospital for Epilepsy in Oslo (SSE). Relevant and appropriate clinical information that is necessary for the care team at SSE to plan the visit, is extracted from Emma's EHR in Helseplattformen and added to the referral. The referral is transmitted to SSE.

When Emma's visit at SSE is finished, the summarised information from the visit is received in Helseplattformen and a task to review the information is assigned to Emmas's neurologist in Helseplattformen. |

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18948	**Support described scenario** The Contractor shall in T Appendix 2B1 describe how the offered solution supports the user scenario described above.	M	1	D	DC	C
F18949	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2*) are met in the user scenario described above.	H	1	D	A;DC	C
F18950	**Functionality not supported** The Contractor shall in T Appendix 2B1 describe functionality in the user scenario above that is not supported.	M	1	D	DC	C
F18951	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to complete the user scenario.	M	1	D	DC	C
F18952	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to complete the user scenario.	M	1	D	A;DC	C
F26737	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (cf. *Chapter 2.4.5*) are met in the scenario described above.	M	1	D	A;DC	C

3.2 USER SCENARIOS - HEALTH PERSONNEL'S PERSPECTIVE

This Chapter contains scenarios that give examples of health personnel's work situations and activities during a working day. The scenarios do not exhaustively describe all activities. The activities generate a need for ICT functionality and context-specific ***clinical decision support***.

Table 11 - Structure of Chapter 3.2 User scenarios - health personnel's perspective

3.2.1	**The researcher**
3.2.2	**Head of department**
3.2.3	**Health professional**
3.2.4	**The caseworker in the municipal administration of health and welfare service**
3.2.5	**The general practitioner (GP)**

3.2.1 The researcher

Lisa works as a researcher at St. Olavs Hospital and is currently leading a clinical research study. She has completed a pre-approval process and has registered the study in Clinical Trials. She has completed a research protocol that has been approved by the Clinical Lead and Regional Committees for Medical and Health Research Ethics (REK). She has now started working on the study, and during the first phase of the study she will undertake the following tasks and activities:

Activities
• Establish the research study as a new study in ***Helseplattformen***, which includes defining its inclusion and exclusion criteria for recruitment purposes.
• Screen for eligible patients already registered in Helseplattformen based on the inclusion and exclusion criteria.
• Activate ***notifications*** of potential participants, that fulfil the recruitment criteria when information about those specific citizens/patients is recorded in real-time, e.g., during a consultation.
• Define an order set of tests and other assessments specific to the research study.
• Send electronic consent requests to potential study participants, which the participants sign electronically from home. The consent is then stored in Helseplattformen with a link to the relevant project(s).
• Initiate an order set for the newly included study participant, e.g., blood samples needed for a specific study. If the participant is a patient and part of a clinical pathway, the study specific tests should be ordered in conjunction with other planned tests, in order to avoid the patient having to take multiple similar tests required for different purposes.
• Establish a study specific questionnaire to collect additional information about the participant. This is distributed electronically to the participants enrolled in the research study for completion.

Terje is a colleague of Lisa, and is currently undertaking a quantitative health registry-based study which requires large amounts of data. This study involves looking at patient flow across health services in the region and therefore requires data recorded in both the region's municipal and

specialist health services. Terje has obtained all necessary approvals and consents for the study and is now about to perform analysis. Terje will do the following activities:

Activities
• For a given cohort of approximately 500 patients, define a data set in terms of required variables registered both in municipal health services, specialist health services and at various GP offices in the region.
• De-identify and perform analytical and statistical analysis on the defined data set.
• Extract and transfer the data (including metadata) in de-identified form to an analytical software/statistical software solution to perform necessary analysis.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18958	**How the solution can support the researchers** The Contractor shall in T Appendix 2B1 describe how the solution can support the researchers in their work leading the health service closer to the overall goal and main objectives of Helseplattformen.	M	1	D	A;DC	C
F18959	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2 Usability*) are met in the user scenario described above.	H	1	D	A;DC	C

3.2.2 Head of department

Lars is the head of department of the medical section at Molde Hospital. He manages a section with sixty employees, has responsibility for the personnel and quality of the services and economy.

Activities
• Retrieve management information to follow up quality and efficiency trends.
• Analyse last month's *adverse events* and deviations in order to provide feedback to adjust processes and routines.

- Plan resources for the weekend based on the section's workload. Helseplattformen renders information about capacity, competency needs, expected discharges, incoming patients and the classification of existing patients in their treatment, supports in estimating the need of resources.

- Helseplattformen retrieves information from systems for competency management and work planning to support the planning of competence needs. Helseplattformen is integrated with relevant external systems, to provide full overview and functionality for resource planning.

- Plan need of competence development in his department. The head of department must be able to find information related to the education and skills of different health personnel, both as a group and as individuals, such as completed tasks or procedures and treatment of patients with certain diagnoses. Helseplattformen is integrated with a system for competency management to render this information.

- Schedule patients for the outpatient clinic next month. Helseplattformen is integrated with relevant external systems, to support the scheduling.

- Prepare for a board meeting about suggested changes to handle reported increase in waiting time for some groups of patients.

- Prepare his weekly report for the department that includes among other elements, patients treated and finance information. This is done by a few simple steps in Helseplattformen.

- All the time while Lars is doing his tasks, he has access to a **status board** that renders a realtime overview of the department in terms of workflow and patient logistics.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18960	**How the solution can support the head of department** The Contractor shall in T Appendix 2B1 describe how the solution can support the leader in his work leading the health service closer to the overall goal and main objectives of Helseplattformen.	M	1	D	A;DC	C
F18961	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2 Usability*) are met in the user scenario described above.	H	1	D	A;DC	C

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3.2.3 Health professional

Ole is a health professional at St. Olavs Hospital. During a week he has several roles and many different tasks. Every day is different.

Activities
• Starts a user session to begin his work day.
• He adjusts his personal dashboard in the solution to have an optimal overview of his tasks and patients according to his selected role.
• He leads the morning meeting, using an electronic status board with relevant and updated information of all the patients in the department and allocates todays tasks amongst his colleagues.
• At the ward, he conducts the care team meeting prior to the doctor's rounds. Patient data and status are reviewed by the team, and further care and treatment are planned.
• Follow-up visits to patients at the ward. At the ward he uses his mobile device where he can access relevant information in a format adjusted to the device.
• Manage referrals at the outpatient clinic. For one of these he needs additional information from the patient's GP.
• He has consultations with patients at the outpatient clinic. He has an overview of all relevant information about these patients and Helseplattformen allow him to handle more than one patients´ record simultaneously without the risk of making any documentation errors.
• Discharging patients; make discharge summaries, safeguard updated medication lists through *medication reconciliations*, and schedule follow-up appointments.
• Logs out for lunch, and continues working on the same task 35 minutes later.
• Acts on explanatory error messages, and is able to solve the occurred issue on his own.
• A colleague from another department comes into his office to get assistance with a patient. He needs to search for historic information about the patient. This patient is no longer his responsibility, but he still needs access to the record.
• He teaches a group of youths that recently became diagnosed with diabetes, supporting them in self-administration of medications and self care.
• He plans consultations with patients that participate in a health programme he is responsible for, and registers two new members in the programme. He can see summary data on all patients in the programme in a self-configurable view.

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Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)
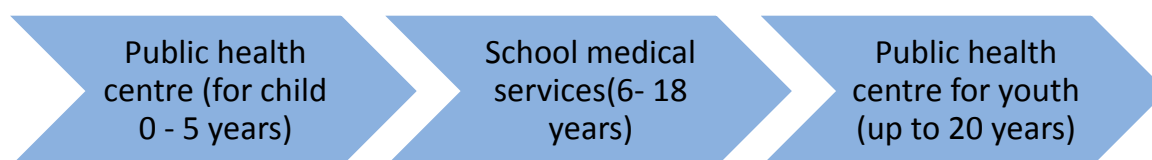
No.	Requirement	Imp	ToF	D	Doc	ToReq
F18962	**How the solution can support the health personnel** The Contractor shall in T Appendix 2B1 describe how the solution can support the health personnel in his work leading the health service closer to the overall goal and main objectives of Helseplattformen.	M	1	D	A;DC	C
F18963	**Access control** The Contractor shall in T Appendix 2B1 describe how the requirements regarding *access control* (cf. *Chapter 2.4.5 Information management*) are met in the scenario described above.	M	1	D	A;DC	C
F18964	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2 Usability*) are met in the user scenario described above.	H	1	D	A;DC	C

3.2.4 The caseworker in the municipal administration of health and welfare service

Kim works at the municipal administration of health and welfare services in Ålesund as a caseworker. His job is to process cases, prioritise scarce resources and provide citizens with the best possible services based on their needs and according to their legal rights.

Today Kim needs to:

Activities
• Allocate rooms at a nursing home.
• Assess information regarding five patients waiting for a permanent room at a nursing home. Undertake a prioritisation of them; discuss the patient list in a meeting with colleagues.
• Handle an appeal concerning an *individual decision*.
• Guide a citizen that wants to apply for food delivery from the municipality.
• Consider an immediate decision to offer a short term stay for a citizen with an increasing need for help.
• Handle information from Ålesund Hospital with functional assessment, expected treatment level and expected discharge time for patients   **-** retrieve and record additional information about the patients living and health situation

- plan the patient's needs for municipal health services

- finish necessary individual decisions for municipal health services according to the law

- using the solution to inform the hospital about when municipal services are ready to receive the patient

- Using Helseplattformen to inform health personnel about a new patient that shall receive services.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18965	**How the solution can support the caseworker** The Contractor shall in T Appendix 2B1 describe how the solution can support the caseworker in his work leading the health service closer to the overall goal and main objectives of Helseplattformen.	M	1	D	A;DC	M
F18966	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2 Usability*) are met in the user scenario described above.	H	1	D	A;DC	M

3.2.5 The general practitioner (GP)

Liv is a new regular GP in the region and have a list of 1,000 citizens that she is responsible for. She has not used Helseplattformen before and has no knowledge of the patients on her list. She has just completed training in Helseplattformen, and it is her third day at work after finishing the training.

Activities
• Liv starts her day by looking at her tasks and appointments in Helseplattformen.
• Meets patients at the office; some planned, and some emergency consultations
• Undertakes *electronic consultations* with patients
• Receives electronic *peer support* from specialist
• Conducts examinations (Ultrasound, EKG, spirometry)
• Sends a referral to the specialist health service
• Writes sick notes and health certificates

• Manage prescriptions	
• Answers electronic questions from the municipal health service	
• Orders laboratory tests	
• Assesses test results arriving	
• Plans follow-ups based on for example test results or discharge summaries from the specialist health services	
• Searches and find all her patients using more than four different types of medications at a regular basis in order to do an assessment of medications for these patients	
• Visits a patient at home, and has all needed information from Helseplattformen on a mobile device	
• Checks the financial account (activity based income)	
• Records her absence next Friday	

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18967	**How the solution can support the GP** The Contractor shall in T Appendix 2B1 describe how the solution can support the GP in her work leading the health service closer to the overall goal and main objectives of Helseplattformen.	M	1	D	A;DC	GP
F18968	**Meet requirements regarding usability** The Contractor shall in T Appendix 2B1 describe how the requirements regarding usability (cf. *Chapter 4.2 Usability*) are met in the user scenario described above.	H	1	D	A;DC	GP

3.3 SCENARIOS – THE SOLUTION'S FLEXIBILITY TO HANDLE CHANGE

The solution will be used in the region for a long period of time. In this period, the need for system support will change. There will be changes to the organisation of health services, to the laws and regulations and to the way we work to provide health services. It is imperative that the selected solution is flexible and adjustable when it comes to change and customisation. The goal is to acquire a proven, standard solution that includes the possibility for customisation and configuration to be done by the Customer. As an example, this can imply a solution where it is easy to update process support or add new information when needed and where functionality can be changed in order to better support the health services' need. The actual degree of customisation

done by the Customer in the solution will be discussed with the Contractor as a part of the dialogue. This shall be based on the Contractor's recommendations, as well as risk assessments.

When answering the requirements in this Chapter the Contractor should also consider

- the section regarding solution flexibility in *T Appendix 1A, Chapter 5*

- requirements regarding technical aspects concerning the scenarios in *T Appendix 1C, Chapter 3.6*

The scenarios below are fictive scenarios about changes that may occur, to focus on the solution's flexibility in terms of change and customisation.

Table 12 - Structure of Chapter 3.3 Scenarios - The solution's flexibility to handle change

3.3.1	Adding new type of process support concerning children as relatives of patients
3.3.2	Reporting to a new health registry
3.3.3	Changes to the Norwegian national ID number
3.3.4	Merge two or more municipalities
3.3.5	Transfer services from specialist health service to primary health service

3.3.1 Adding new type of process support concerning children as relatives of patients

In accordance with Helsepersonelloven § 10a, health personnel have a particular duty to meet the needs of children that are relatives of patients that meet specific criteria such as mental illness, drug addiction or serious somatic illness.

The Customer wants to add process support to Helseplattformen when one of the predefined diagnoses is determined for a patient

- a predefined role gets a notification about the new task to checking if a patient has responsibility for children

- if the patient has responsibility for children

  - provide process support for following up the children according to procedures

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18969	**Customisations done by the Contractor**	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe customisations that have to be made in the solution by the Contractor in order to add the process support described above.					
F18970	**Customisations done by the Customer** The Contractor shall in T Appendix 2B1 describe customisations that can be done in the solution by the Customer in order to add the process support described above. The following should be included in the description: • configuration tools/interfaces • how configuration can be conducted operationally from the personel responsible for the process - customisations that can be done by *administrator* (person working with configuration and setup of the solution in the user organisation) - customisations that need to be done by customer's *technical users* (system administrator, database administrator and other technical personnel)	M	1	D	DC	C
F18971	**Indicate how comprehensive the customisation will be** The Contractor shall in T Appendix 2B1 describe how comprehensive the customisation will be by indicating the amount of time spent by the Contractor/Customer to do the customisation.	M	1	D	DC	C

3.3.2 Reporting to a new health registry

After Helseplattformen has been in use for a while the Norwegian authorities establish a new health registry

- requiring the reporting to be done electronically

- the reporting requirements include some new data that has not been registered in Helseplattformen before

The Customer wants to make a customisation in Helseplattformen in order to comply with the changes to the regulations.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18972	**Customisations done by the Contractor** The Contractor shall in T Appendix 2B1 describe customisations that have to be made in the solution by the Contractor in order to comply with the new law/regulation described above.	M	1	D	DC	C
F18973	**Customisations done by the Customer**	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq

	The Contractor shall in T Appendix 2B1 describe customisations that can be done in the solution by the Customer in order to comply with the new law/regulation described above.
	
	The following should be included in the description:
	• configuration tools/interfaces
	• how configuration can be conducted operationally from the personel responsible for the report
	  - customisations that can be done by ***administrator*** (person working with configuration and setup of the solution in the user organisation)
	  - customisations that need to be done by customer's ***technical users*** (system administrator, database administrator and other technical personnel)					

F18974	**Indicate how comprehensive the customisation will be** The Contractor shall in T Appendix 2B1 describe how comprehensive the customisation will be by indicating the amount of time spent by the Contractor/Customer to do the customisation.	M	1	D	DC	C

3.3.3 Changes to the Norwegian national ID number

The Norwegian national ID number currently consist of eleven digits including the date of birth, the gender and control digits.

After Helseplattformen has been in use for some time in the region, the Norwegian authorities decide to introduce a change to this national ID number. The change includes increasing it to fifteen digits, removing the date of birth and gender from it and changing control digits.

In addition, another change is required, Norwegian authorities have decided to introduce a third gender, intersex (in addition to male and female).

The Customer wants to make changes to Helseplattformen in order to use the new national ID number and the new third gender.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 7 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)
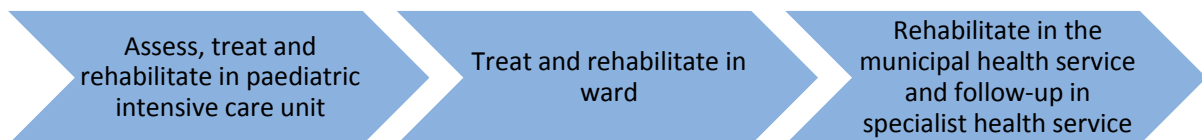
No.	Requirement	Imp	ToF	D	Doc	ToReq
F18975	**Customisation done by the Contractor** The Contractor shall in T Appendix 2B1 describe customisation that have to be done in the solution by the Contractor in order to use the new national ID number and introduce a third gender.	M	1	D	DC	C
F18976	**Customisation done by the Customer** The Contractor shall in T Appendix 2B1 describe customisation that can be done in the solution by the Customer in order to use the new national ID number and introduce a third gender.	M	1	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The following should be included in the description: • configuration tools/interfaces • how configuration can be conducted operationally from the personel responsible - customisations that can be done by **administrator** (person working with configuration and setup of the solution in the user organisation) - customisations that need to be done by customer's **technical users** (system administrator, database administrator and other technical personnel)					
F18977	**Indicate how comprehensive the customisation will be** The Contractor shall in T Appendix 2B1 describe how comprehensive the customisation will be by indicating the amount of time used by the Contractor/Customer to do the customisation.	M	1	D	DC	C

3.3.4 Merge two or more municipalities

The municipal councils in Fræna and Eide have decided that from the 01.01.2020 they will merge into one municipality, Frænaeide. Fræna has approximately 10 000 citizens and Eide has approximately 3 500 citizens. Both municipalities have decentralised health services with in total for institutions for the elderly, 3 care homes with a total of 32 residential care apartments for elderly and 10 care homes with 4-8 apartments for people with developmental disabilities. In addition to these nursing and care services, both municipalities own departments for physical therapy, occupational therapy, public health nurse, midwife etc. All these services will in connection with the municipal merger, undergo both structural and cultural organisational changes.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 10 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18978	**Customisations done by the Contractor** The Contractor shall in T Appendix 2B1 describe customisations that have to be made in the solution by the Contractor in order to complete the merger.	M	1	D	DC	C
F18979	**Customisations done by the Customer** The Contractor shall in T Appendix 2B1 describe customisations that can be done in the solution by the Customer in order to complete the merger. The following should be included in the description: • configuration tools/interfaces • how configuration can be conducted operationally from responsible personel in "Frænaeide"	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	- customisations that can be done by **administrator** (person working with configuration and setup of the solution in the user organisation) - customisations that need to be done by customer's **technical users** (system administrator, database administrator and other technical personnel)					
F18980	**Indicate how comprehensive the customisation will be** The Contractor shall in T Appendix 2B1 describe how comprehensive the customisation will be by indicating the amount of time spent by the Contractor/Customer to do the customisation.	M	1	D	DC	C

3.3.5 Transfer services from specialist health service to primary health service

The rehabilitation centres in the Central Norway Health Region are currently subject to the specialist health service. However, the operation of these centres are to be phased out from the specialist health service and transferred to the primary health service. The municipalities in the region have chosen different operational models for the new rehabilitation services. Some have chosen to resolve it with operations within the municipality, but the majority of the municipalities in the region have agreed on inter-municipal cooperation.

Limitation regarding the answers: The Contractors answers of the requirements regarding this user scenario, shall be limited in total to maximum 10 pages of text. Screenshots or other illustration can be added as attachments.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18981	**Customisations done by the Contractor** The Contractor shall in T Appendix 2B1 describe customisations that have to be made in the solution by the Contractor in order to complete the transfer.	M	1	D	DC	C
F18982	**Customisations done by the Customer** The Contractor shall in T Appendix 2B1 describe customisations that can be done in the solution by the Customer in order to complete the transfer. The following should be included in the description: • configuration tools/interfaces • how configuration can be conducted operationally from the personel responsible for the process - customisations that can be done by **administrator** (person working with configuration and setup of the solution in the user organisation) - customisations that need to be done by customer's **technical users** (system administrator, database administrator and other technical personnel)	M	1	D	DC	C
F18983	**Indicate how comprehensive the customisation will be** The Contractor shall in T Appendix 2B1 describe how comprehensive the customisation will be by indicating the amount of time spent by the Contractor/Customer to do the customisation.	M	1	D	DC	C

4 AREAS OF PARTICULAR FOCUS TO HELSEPLATTFORMEN

The Customer has identified a number of functional areas of particular focus. These areas are either cross-cutting, i.e., spanning a broad range of subjects and functionalities, or there are other factors which have made these areas particularly important. Some of these factors may be:

- The area is of high strategic importance to the Customer.

- Successfully handling the area is considered critical to the solution's ability to meet the overall ambitions of Helseplattformen.

- How to optimally handle the area must be explored further as part of the dialogue with the Contractors.

The Customer's expectations for how the solution should support the selected functional areas of particular focus are described and supported by a set of functional requirements. In each subchapter, references are made to the relevant chapters where these supporting functional requirements are described. Further, when applicable, a subchapter ends with additional functional requirements related to the area of particular focus.

Table 13 - Structure of Chapter 4 Areas of particular focus to Helsplattformen

4.1	Information security, privacy and access control
4.2	Usability
4.3	Report generator and data retrieval
4.4	Resource planning, scheduling and work lists
4.5	Multimedia
4.6	Closed loop medication
4.7	Knowledge and clinical decision support
4.8	Master data, reference data and terminologies
4.9	Administrative procedures
4.10	Paediatric care and child health
4.11	Medical device integration
4.12	Continuous and comprehensive medical chart solution
4.13	Specialities and specialised systems

4.1 INFORMATION SECURITY, PRIVACY AND ACCESS CONTROL

Description

The three terms ***information security***, ***privacy*** and ***access control*** have been combined into one "area of particular focus". The reason for combining these terms is that they are connected to, or dependent on, each other. To fulfil the jurisdictional requirements regarding privacy, one must have the functionality of both information security and access control. Furthermore, access control is essential for information security. Even though access control may be considered a part of the term information security, the subject is considered crucial to reach Helseplattformen's overall ambitions, and is therefore discussed on its own.

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Integrations*	Options (see Chapter 6)

- Identity access management (IAM) solution

- External EHR solutions

- Export of information needed to detect deviations and abnormal use of access privileges

- N/A

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*

- Chapter 3.1.1 User scenario 1: Mental health

- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 2.4.5 Information management

- T Appendix 1C Chapter 3.3 Information architecture

- T Appendix 1C Chapter 5 Security

Laws, regulations and guidelines (see Chapter 1.5)*

- Helsepersonelloven, in Table 3, ID L5

- Pasientjournalloven, in Table 3, ID L1

- Forvaltningsloven, in Table 3, ID L16

- Helseregisterloven, in Table 3, ID L2

- Personopplysningsloven, in Table 3, ID L3

- Personopplysningsforskriften, in Table 3, ID L26

- Forskrift om pasientjournal, in Table 3, ID L24

- Arkivlova, in Table 3, ID L6

- Forskrift om offentlege arkiv, in Table 3, ID L67

- Pasient- og brukerrettighetsloven, in Table 3, ID L4

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* The list is not exhaustive

- General data protection regulation (GDPR), in Table 3, ID L71

CPS.1.7, CPS.1.7.3, CPS.2.5, CPS.8.1, CPS.8.4, AS.1.1, AS.1.7, AS.1.8, AS.2.6, RI.1.1.4, RI.1.1.5, TI.1.1, TI.1.2, TI.1.3, TI.1.3.1, TI.1.4, TI.1.8, TI.1.8.1, TI.1.8.2

Present situation

Information security

There is great diversity with regards to information security in the Customer's existing systems, spanning from older systems with information security issues, to newer and more modern systems which are built with information security principles in mind (e.g., built-in encryption and validity checking).

Privacy

As the right for privacy is protected by law, all citizens can make contact with the responsible organisation and claim their rights with regards to privacy (e.g., access information from the health record or information about who has read the content of the health record, and request information to be masked/hidden from view). This right, however, is a tedious task to perform, for both the citizen and the organisation. From the initial request to the completion of the task, this process requires several manual steps to complete, due to lack of functional support, and a vast number of systems that are not synchronised. Furthermore, this operation must be performed in all organisations that store information about the citizen.

Access control

Today, information about citizens and patients are stored in a large number of different systems, and in different organisations. All of these systems have one or more separate access control mechanisms. Information sharing between the various systems and organisational levels is very limited.

Purpose and expectations

The purpose of this area of particular focus is to ensure that information registered in the solution is processed in accordance with jurisdictional law and regulations.

Information security

Data should be protected from tampering, unauthorised extraction and deletion on all levels. Starting from the hardware-, then transport-, database- and application level, appropriate security measures shall prevent deliberate and non-deliberate actions that may compromise information security in any way. Access requests and modifications on *administrator* levels shall be monitored.

Privacy

The citizen shall be able to access functionality regarding privacy and also see registered information about him/herself in accordance with jurisdictional law.

Norwegian legislation gives citizens extensive rights with regard to protecting information registered about themselves. Examples of such functionality is:

- Masking/hiding patient record information. The citizen may require detailed masking/hiding schemes, e.g., masking/hiding record information from one or more (groups) of personnel, or perhaps masking/hiding the complete patient record from a single person, or department. Helseplattformen expects flexible functionality in both specifying and configuring which information to mask/hide, and also which groups of personnel the masking/hiding shall be applied to.

- Viewing patient record information. In general, information registered in the patient record shall be directly accessible to the citizen. However, some information categories, forms or documents may be subject to "delayed publishing" or "shall not be published", and hence would not be accessible by the citizen directly. Whether *notification* about "unpublished" information should be seen by the citizen, should be configurable , depending on information category or reason for not publishing information.

- Requesting editing, deletion or correction of information. The citizen may request that information registered about him/herself should be modified or deleted, due to reason specified by the citizen. Such requests should generate work tasks in the system that will be assigned to the responsible personnel for consideration.

Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation), hereby GDPR, will be effective as of May 25, 2018. GDPR will also apply to Helseplattformen without exceptions or alterations as Norway is part of the European Economic Area (EEA) cooperation, which will include GDPR into national legislation.

The GDPR upholds "Privacy by design" as a requirement, specified in article 25 – "Data protection by design and by default." The customer expects that the offered solution adheres to the principles specified in this article and that functionality supporting privacy is available through a *patient portal* or similar.

Access control

Jurisdictional law prerequisite mechanisms to restrict access to confidential information stored in Helseplattformen.

- <u>Flexibility:</u> Only information relevant to the health personnels' work tasks are to be given access to. This means that the health personnel may be given access to information originating from a different organisation, but also that information created in their own organisation may be inaccessible. The Customer expects that the users' work role, work location and context together form the foundation for which information one is given access to, regardless of where the information was created.

- <u>Granularity of access control:</u> In order to ensure that a user is given access only to the information that is needed according to work needs, the solution must enable access to specific information categories or elements within the patient's health record.

- <u>Single user, multiple roles:</u> Health personnel shall only need to authenticate once to get access to all relevant information, based on their *authorisation.* As one single user may hold multiple roles, a user may need to switch between roles and acquire the rights according to the active role.

The Figure 12 below shows a common electronic health record, and also a common access control solution.
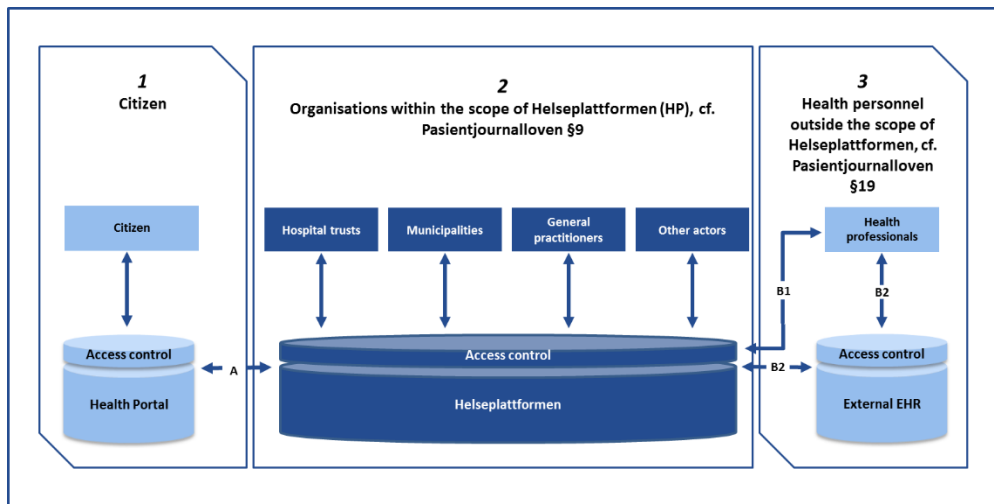
Figure 12 - The principles of access control in Helseplattformen.

<u>Box 1 (left):</u> The citizen authenticates using a national authentication mechanism. Arrow marked "A" illustrates federated authorisation and exchange of information between the patient portal and Helseplattformen. *Note that parts of the patient portal may be within Helseplattformen, depending on the offered solution.*

<u>Box 2 (middle):</u> All participants in Helseplattformen use the same access control mechanism to reach information in Helseplattformen. *Note that the access control mechanism is considered to be a part of Helseplattformen, even though it is placed on top of it in this illustration.*

<u>Box 3 (right):</u> Health personnel outside the scope of Helseplattformen may, if agreed upon by the parties, access Helseplattformen to gather needed and relevant information about patients. The illustration demonstrates two ways (B1 and B2) to get such access.

- B1 shows a direct communication between the health personnel and Helseplattformen as if the health personnel belonged to an organisation within the scope of Helseplattformen. Only the access control mechanism of Helseplattformen is used in this scenario.

- B2 describes access to Helseplattformen through the health personnel's local EHR, where an authorisation request from the local EHR is transmitted to Helseplattformen using federation. Information in Helseplattformen may then be accessed by the health personnel.

Requirements related to Information security, privacy and access control

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18984	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F18985	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18986	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F18987	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Information security, privacy and access control are marked with Information security, privacy and access control in *Chapter 5*.

4.2 USABILITY

Description

Usability is the extent to which a product can be used by specified users to achieve specified goals with effectiveness, efficiency and satisfaction in a specified context of use[4]. Moreover, the interaction between the user and the solution is affected by the graphical user interface.

Integrations[*]	Options (see Chapter 6)
• N/A	• N/A

Areas to be read in conjunction with the area of particular focus

User scenarios[*]	Other chapters/annexes[*]
• Chapter 3.1.1 User scenario 1: Mental health	• All Chapters in T Appendix 1A
• Chapter 3.1.2 User scenario 2: Municipal home care service	• All Chapters in T Appendix 1B
• Chapter 3.1.3 User scenario 3: Assessment and diagnosis	• All Chapters in T Appendix 1C
• Chapter 3.1.4 User scenario 4: Cancer surgery	
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	
• Chapter 3.1.6 User scenario 6: Palliative care	

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[4] ISO 9241-11:1998 Ergonomic requirements for office work with visual display terminals (VDTs) – Part 11: Guidance on usability

[*] The list is not exhaustive

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- Chapter 3.1.7 User scenario 7: An
  emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic
  accident

- Chapter 3.1.9 User scenario 9:
  Pregnancy

- Chapter 3.1.10 User scenario 10:
  Public health centre – school medical
  services

- Chapter 3.1.11 User scenario 11:
  Child, head injury

- Chapter 3.2.1 The researcher

- Chapter 3.2.2 Head of department

- Chapter 3.2.3 Health professional

- Chapter 3.2.4 The caseworker in the
  municipal administration of health
  and welfare service

- Chapter 3.2.5 The general
  practitioner (GP)

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CPS.1.2, CPS.3.8, CPS.9.2, CPS.9.5, CPS.9.6, CPS.10, AS.7.1, RI.1.1.3, TI.1.10, TI.5.1.1, TI.6, TI.7

Present situation

There are currently a number of issues concerning usability, although the issues vary in significance across the Customer's systems. Selected examples are listed below (the list is not exhaustive):

- The system is not adequately adapted to the individual user and it is difficult to maneuver between tasks.

- Login may be time consuming, and many users must cope with multiple logins.

- It may be difficult to identify needed information through search.

- Users are often not able to understand how to deal with an error due to inadequate error messages.

- Misregistrations may occur, e.g., because patients are not always easy to identify when health professionals maneuver in the solution.

- Important functionality is not always easily accessible to the user.

The following table introduces the present situation and the context in which Helseplattformen will be used, as usability must be considered in relation to these contexts.

Table 14 - The context of use and implications for usability

The users of Helseplattformen	The users of Helseplattformen will include users from specialist health services, municipalities, **GPs**, citizens and other, relevant authorised users in the Central Norway Health Region (see *Appendix C0, Chapter 4.2* for a full overview of actors within the scope of the solution).
The characteristics of the users or groups of users	As the users span a broad range of groups, the characteristics of the users vary, e.g., in terms of knowledge, skills, experience, education, training, physical abilities, preferences and capabilities. This variation in user characteristics is important to take into consideration for the offered solution's usability.
The goals and tasks of the users	The tasks to be performed in Helseplattformen is reflected by the scope of the functional requirements (see *Chapter 1.4.1*), while the goals will depend on the specific tasks to be performed. Due to the broad scope of Helseplattformen in terms of both functionality and users, the tasks and goals of the users will vary.
The environments of the solution	The Customer's technical environment is described in *Appendix C1*. Furthermore, multiple physical enviroments will apply to Helseplattformen's users, e.g., (the list is not exhaustive) • various office spaces • operation theatres • various mobile settings (such as transportation, patient visits) • patient rooms • various citizen settings (e.g., the citizen's residence)

Purpose and expectations

The importance of usability to the Customer is reflected by the overall objective of Helseplattformen: "*Helseplattformen shall improve the quality of patient care and safety, provide user-friendly solutions and thus enable health professionals to better and more efficiently perform their tasks*".

The customer seeks a solution that is designed for GPs, municipalities and specialist health services. The Customer expects a user interface that is customisable to support the individual needs for users and roles. Manoeuvring between work tasks should be easily performed in accordance with workflow and shall assist users to perform the correct actions. The most relevant information should be presented to the users according to work task, however search functionality will also be important.

Thus, acquiring a solution that meets the Customer's needs in terms of usability is critical in order to meet Helseplattformen's overall objective. In order to accomplish this, the Customer expects that the solution strives to achieve the following criteria:

T Appendix 1B Functional Requirements v1.0

1. **Effectiveness**: Ensuring that users can achieve their goals with accuracy and completeness.

2. **Efficiency**: Ensuring the desired level of resources spent (e.g., time spent on a task).

3. **Satisfaction**: Ensuring that users experience comfort, and have a positive attitude towards the use of the solution.

Requirements related to Usability

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18988	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F18989	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F18990	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F18991	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F24535	**User interface of the solution** The Contractor shall in T Appendix 2B1 describe how the user interface enables achievement of the criteria effectiveness, efficiency and satisfaction.	H	3	D	DC	C;P
F24550	**Minimise the amount of maneuvers** The Contractor shall in T Appendix 2B1 describe how the solution minimises the number of maneuvers (e.g., number of clicks with a computer mouse or keystrokes) a user must perform in order to perform a task.	H	2	D	DC	C;P
F24551	**Scale user interface to various screen resolutions and screen sizes** The Contractor confirms that the solution shall provide the ability to scale the user interface to various screen resolutions and screen sizes.	M	3	N/A	DC	C;P
F24552	**Rationale, reasoning and principles of the user interface** The Contractor shall in T Appendix 2B1 describe the rationale, reasoning and principles that drive the design of the user interface, including the standards and guidelines that are followed.	M	2	D	A;DC	C;P
F24553	**Documentation of the solution's proven usability performance**	M	1	D	A;DC;DT	C

T Appendix 1B Functional Requirements v1.0

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe the solution's proven usability performance (e.g., based on usability tests and/or objective, external reviews).					
F24554	**Consistent and seamless user interface** The Contractor shall in T Appendix 2B1 describe how the solution and offered sub-systems (if applicable) are perceived as one solution, with a consistent, seamless user interface.	H	3	D	DC	C;P
F24555	**Need for mobility when working on- and offline** The Contractor shall in T Appendix 2B1 describe how the solutions ensures access to data and functionality in situations where on- and offline mobility is required (e.g., through the use of mobile devices when health services are provided outside the Customer's physical buildings).	H	3	D	A;DC	C;P
F24558	**Starting user session** The Contractor shall in T Appendix 2B1 describe the solution's response time, when starting the user session, i.e., logging in.	H	2	D	DC	C
F24559	**The solution's response time when users are maneouvering in the solution** The Contractor shall in T Appendix 2B1 describe the solution's response time when users are maneuvering in the solution.	H	2	D	DC	C
F24561	**Response time when ending user session** The Contractor shall in T Appendix 2B1 describe the solution's response time, when ending the user session, i.e., logging out.	L	2	D	DC	C
F23476	**Error messages** The Contractor confirms that the solution shall provide explanatory error messages that are easy to understand and act on.	H	2	N/A	DC	C;P

Detailed requirements related to Usability are marked with Usability in *Chapter 5*.

4.3 REPORT GENERATOR AND DATA RETRIEVAL

Description

This topic involves the ability to retrieve data from the solution in order to e.g., undertake analyses, research, performance management and reporting. The scope has been defined to include three main categories:

Standard reports

A report generator which enables the authorised user to extract structured, static information, e.g., management information which can form the basis for quality improvement work in daily operations.

Running search queries to perform simple analyses

Search- or query functionalities that enable the user to render a set of results, e.g., data information related to the user's own patient list or patient cohorts with the purpose of improving quality of treatment and care, patient safety and efficiency. The solution functionalities shall also

enable the users to perform simple analyses for operational purposes, however the Customer's expectations to solution in terms of more advanced analysis/statistics for research purposes is covered in *Chapter 2.2.12*.

Export of data

Technical interfaces that allow data to be transferred to other systems or sources, e.g., a data warehouse, research database or analytical software/statistical software programmes. These interfaces shall also enable export of data to external/third party systems, e.g., **national health registries**, quality registries and other regulatory bodies.

Integrations*	Options (see Chapter 6)
- Research databases - Analytical/statistical software - Data warehouse - National central health registry - clinical and demographic information - National medical quality registry - clinical and demographic information	N/A

Areas to be read in conjunction with the area of particular focus	
User scenarios*	**Other chapters/annexes***
- Chapter 3.2.1 The researcher - Chapter 3.3.2 Reporting to a new health registry	- Chapter 2.1.2 Operational management - Chapter 2.1.3 Quality and patient safety - Chapter 2.2.12 Clinical and health research - T Appendix 1C Chapter 4 Integration

Laws, regulations and guidelines (see Chapter 1.5)*
Mandatory standards referred to in Referansekatalogen for E-helse, in Table 4, ID SG1

Related functions in HL7 EHR-System Functional Model, Release 2*
CP.9.1, CP.9.2, CPS.9.3, CPS.9.4, CPS.9.5, AS.4.1, POP.2.1, POP.2.2, POP.2.3, POP.6.1, POP.6.2, POP.6.3, POP.6.4, POP.7, RI.1.1.6, RI.1.1.8, RI.1.1.13, RI.1.1.14

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* The list is not exhaustive

T Appendix 1B Functional Requirements v1.0

Present situation

At present, the systems used by specialist health services, GPs and municipal health services contains information which, to a large extent, is captured as free-text and it is therefore often difficult to extract structured information from the electronic health record either as data sets or reports. The systems lack user-friendly functionalities for extracting data so when data from the system is required, e.g., for research purposes, the user has to order a specified data set from the IT organisations. The systems currently have limited functionalities for extracting reports and information in real-time.

The current IT solutions have technical interfaces that allow some integration with other external systems, however the expectation for a new solution is to integrate with more systems. Some reporting to external systems is currently done electronically, however the desired new solution should enable reporting to be done electronically to a greater extent. For instance, statutory submission of data to national quality registers is today largely carried out as a manual process, leading to data often needing to be double or triple-registered and posing a risk of human errors occurring. At present, there are a number of regulatory reporting requirements, e.g., national registries and other regulatory bodies, in the special health service, GPs and the municipal health service.

Purpose and expectations

The purpose of procuring a solution that supports report generation and retrieval of data is to

- realise benefits in terms of time-saving due to a reduction in manual processes, improved quality of analyses, and an improved database to support quality, patient safety and improvement work

- satisfy statutory reporting requirements

The Customer's expectation for the new solution is that the solution shall be flexible and configurable in order to enable the authorised user to render defined, standard reports, as well as functionalities that enable the user to configure and design own reports on all types of data included in the EHR. A pre-requisite to enable this is that information recorded in the solution is structured and extractable. The Customer also expects the solution to have functionalities to search and run queries on all types of data included in the EHR. The solution should also have technical interfaces that allow data to be transferred to data warehouses, analytical software/statistical software systems and external systems, such as national quality registries.

The Customer will not be acquiring a data warehouse solution as part of the EHR procurement. Functionalities related to congregating data from various sources/systems for reporting purposes are therefore not specified as part of this requirement specification.

Requirements related to Report generator and data retrieval

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18992	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18993	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F18994	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Report generator and data retrieval are marked with Report generator and data retrieval in *Chapter 5*.

4.4 RESOURCE PLANNING, SCHEDULING AND WORK LISTS

Description

Helseplattformen defines the area ***resource*** planning, ***scheduling*** and ***work lists*** as the advanced functionalities that support workflow processes including planning and coordinating all activities and resources involved in the delivery of health services. This involves a complete overview of and access to all applicable services and functional support to manage and deliver the services in an efficient and safe manner.

In order to have an accurate planning and coordination process, it is essential that this is supported with up-to-date information about the availability of resources. Important elements to achieve this is ***calendar*** transparency and ***multiple-resource-scheduling***.

Work lists are used to manage tasks and activities and may contain functionality to support scheduling and documentation. A variation of work lists shall provide the functionality to meet the need for advanced dashboards and interactive ***status boards*** that are required in a variety of contexts in the health service.

Integrations[*]	Options (see Chapter 6)
• External calendars	• N/A
- information about resources' availability	
• Work plan system	
- information about employers' competence, work schedule	
• External systems with scheduling functionality	
- patient demographics	

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[*] The list is not exhaustive

- Information about appointments

- Information system for patient travels

  - patient demographics and location

  - transport requisition

- Management, Operation and Maintenance system (MOM) for medical device

  - data about the device

  - user information

- Sterile instrument traceability and asset management system

  - order, availability and storage status, tracing of equipment

- System for ordering and executing cleaning of rooms

  - type of room

  - cleaning status

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 2.2.5 Invasive treatment
• Chapter 3.1.2 User scenario 2: Municipal home care service	• Chapter 2.2.7 Additional examinations
• Chapter 3.1.3 User scenario 3: Assessment and diagnosis	• Chapter 2.2.14 Administration of health care
• Chapter 3.1.4 User scenario 4: Cancer surgery	• Chapter 2.3.3 Handling equipment and aids
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	• Chapter 2.2.10 Patient communication

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.7, CP.3.4, CP.4, CP.4.3, CP.4.4, CP.6.3, CP.7.1, CP.7.2, CP.8.1, CPS.3.1, CPS.3.2, CPS.5, CPS.7.1, CPS.8.3, CPS.8.4, CPS.9.1, CPS.9.2, CPS.9.2.3, CPS.9.3, CPS.9.4, CPS.9.6, AS.1.1, AS.1.2, AS.1.3, AS.1.4, AS.1.5, AS.1.6, AS.1.7, AS.1.8, AS.2, AS.2.1, AS.2.2, AS.2.3, AS.2.4, AS.4.2, AS.4.3, AS.5.1, AS.5.2, AS.5.3, AS.5.4, AS.6.3, AS.6.4, AS.6.5, AS.6.6, AS.7.1, AS.7.2, AS.7.3, AS.7.5, TI.7

Present situation

Today the activities of resource planning, scheduling and work lists are managed by a variety of systems and solutions. There is a lack of support for coordination and exchange of information between the different solutions. The situation is dominated by time-consuming manual work processes. For example is there no integration between the main patient administrative system (PAS) and the radiology scheduling system (RIS) and this is a limiting factor for the planning and execution of clinical pathways. Guidelines given by the authorities are specific about how patients should be scheduled and informed about this and their rights within certain deadlines. Deadlines for receiving treatment varies according to diagnoses and are continually changed and updated. The patient administrative systems (PAS) are designed to handle these guidelines and considerable time and resources are necessary to implement changes.

Information to patients and their representatives about scheduling/planning is in the specialist health services communicated mainly through letters or telephone, while many GP offices offers digital communication.

A variety of applications provide functionality for work lists and similar tools for coordination and overview, but there is little or no integration with the current EHR system and no support for transfering between services or comprehensive ***patient logistics***.

Purpose and expectations

Resource planning and scheduling

The overall purpose is to achieve more efficient utilisation of necessary resources needed to provide health services at the right level and at the right time to every patient in the region. This

is important to avoid deviations due to failure to accommodate to the standards according to scope of practice, organisational policy, and/or jurisdictional law. The patient's perspective should be included to ensure compliance by taking the patient's availability and preferences into consideration in the design of scheduling tools.

The solution must include process support and functionalities to enable the execution of clinical pathways for patients and at the same time achieve optimal utilisation of the available resources. The solution should be able to suggest dates and times based on the information about the patient's condition and the availability of all resources needed and may even prompt most of the scheduling activities, based on business rules. In case of cancellation, postponements or any situation where there is a need to reschedule, this could be managed by the solution.

The solution will contribute to a more active and participating role for citizens and their representatives. Citizens and their representatives will have access to scheduling services and be able to perform selected scheduling tasks digitally themselves. A secure digital service simplifies contact between citizens/their representatives and health personnel and helps ensure that the citizens are experiencing health services as available and coherent. Citizens should find relevant information regarding their own situation and treatment options. Digitisation is a tool to provide citizens with an overview of and influence on their treatment. A predictable and accessible relation with the actors in the health services is essential.

Work lists and status boards

The purpose of work lists and status boards is to support coordination of work processes in a variety of situations. It should handle tasks and assignments, documentation of services and transfer of responsibilities by offering health personnel the essential information needed to perform their tasks. This provides an overview that helps health personnel to align their work and to coordinate with others. The information in the work lists and status boards will be a presentation of data that is already in the solution either internally sourced or gathered from e.g., medical devices through integration, and it should be up-to-date at all times. It is expected that work lists and interactive status boards will be available on all platforms and devices relevant to the solution, including for instance handheld devices and large screen displays (e.g., personal or public/interface or view). It should be possible, in certain situations and locations, to display interactive status boards on large screens, often referred to as electronic whiteboards (EW). The information displayed needs to be considered in relation to confidentiality at the same time as the EW provides information at a level where there is real value added to the work processes when it comes to awareness, alignment and coordination.

One important function of a status board is to provide overview to analyse the situation in terms of trends and further development regarding a single patient or a group of patients. The solution may even offer support to predict and foresee trends, as in "what-happens-next". A possible scenario could be that the status board offers a feed with present and upcoming events such as patient A is on his way up from recovery, patient B is expected to be called for a CT-scan in 15 minutes and laboratory results for patient C could be expected in 45 minutes.

Patient logistics

The overall purpose is to achieve a solution which supports the health service in the Central Norway Health Region in the handling of patient flow in a safe and efficient way. This includes advanced tools to plan and coordinate all scheduling, visualise patient flow across all relevant services and support for execution that utilises available resources in an optimal way. One example is the use of smart devices in the municipalities, where a health worker's phone is used to unlock a patient's electronic front door. This simultaneously logs the unlocking as arrival at patient's home and tracking of time spent with the patient for planning and dimensioning

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purposes. The Customer expects functionalities like this, where easy use of digital devices aids workers in their daily tasks and simplifies reporting, to be part of the health care future.

Requirements related to Resource planning, scheduling and work lists

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18995	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F18996	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F18997	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Resource planning, scheduling and work lists are marked with Resource planning, scheduling and work lists in *Chapter 5*.

4.5 MULTIMEDIA

Description

In Helseplattformen, ***multimedia*** means that computer information can be represented through audio, video, and animation in addition to traditional media (e.g., text, graphic drawings, images). The solution shall provide the ability to store and render multimedia data, across and within providers in the health service, and for the patient.

In addition, multimedia also includes live viewing of images and videos, to support ***peer support***, or as an electronic consultation, across and within providers of health services, and for the patient.

Integrations*	Options (see Chapter 6)
• PACS - Clinical images/video	• N/A

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 2.2.2 Assessment of health condition

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* The list is not exhaustive

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.2.5 The general practitioner (GP)

- Chapter 2.2.4 Medication treatment

- Chapter 2.2.8 Habilitation and rehabilitation

- Chapter 2.2.9 Other treatments

- Chapter 2.2.10 Patient communication

- Chapter 2.3.1 Radiological examinations

- Chapter 4.10 Paediatric care and child health

- Chapter 4.11 Medical device integration

- Chapter 4.12 Continuous and comprehensive medical chart solution

- Chapter 4.13 Specialities and specialised systems

- T Appendix 1C Chapter 6.3 Multimedia

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.5, CP.8.1, CPS.2.2, CPS.2.4, CPS.8.1, CPS.8.2, CPS.8.3, CPS.8.4, CPS.8.5, CPS.9.1, CPS.9.2, AS.5.1, AS.7.4, POP.1.1

Present situation

The use of multimedia in the health services in Central Norway Health Region is not supported by the existing EHR systems. The specialist health services may use e.g., Skype for business within the hospitals, but it is not in use across different health providers, such as GPs or municipalities. This application does not in all cases support the needed image quality. The health services in the Central Norway Health Region do not have systems supporting storage of images with access across providers. Personal devices are used for acquiring images, and images are stored on CD/DVDs, USB memory sticks, external discs etc. There is no support for peer support, or electronic consultation, across or within providers or for the patient.

Purpose and expectations

Including multimedia in Helseplattformen will enable the health services in the Central Norway Health Region to have a better way for conveying information. A solution with the following features will support the Customer's needs:

- Ability to store and render

  - images

- video

- audio files

- from different sources, across providers

- ***Virtual care*** with live audio and video for health personnel within the solution.

- Virtual care with live audio and video between patients and health personnel in the solution.

- The ability to render multimedia for the patient.

- Accessible mobile devices, also bring-your-own-device (BYOD), regardless of location.

With the ability to use multimedia, the solution will support improved patient empowerment, where the patient could have access to training material for self-management both for habilitation and rehabilitation. The use of electronic patient education, such as a video demonstration of how to handle glucose measurement, could make the patient able to self-manage this, and reduce the workload in municipal home care services. The use of multimedia supports the ability to conduct follow-up consultations electronically with patients in their own home environment. For example, for some psychiatric patients, the health service could be able to provide the treatment, even though the patient does not have the courage to get to the local clinic. Access to preoperative information material, such as information videos about treatment methods, could help patients to prepare them selves for their planned treatment, and may reduce patient stress and non-attendance appointments in the health services.

The solution will enable the opportunity for electronic consultation from the GP's office or the municipality health service, to the specialist health service and by this make it possible to undertake patient treatment at a lower level. This could reduce the cost for patient travel and appointments at the outpatient clinic.

Making ***electronic consultation*** and peer support possible will contribute to allow patients to receive treatment at their home or in district clinics, and reduce the patients' need to travel to a hospital for a face-to-face consultation. With the demographics in the Central Norway Health Region, peer support may enable local treatment and care when weather conditions make ambulance transportation impossible or too time-consuming. Another expression used for the same issue is ***virtual care***. This is a crosscutting issue for this Chapter, and *Chapter 4.11*. In terms of peer support, the Customer has need of functionality for users to have a *"**look over the shoulde**r"* session in the solution, so they can look at exact the same information when peer support is performed.

Requirements related to Multimedia

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18998	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F18999	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19000	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Multimedia are marked with Multimedia in *Chapter 5*.

4.6 CLOSED LOOP MEDICATION

Description

Closed loop medication (CLM) is a fully electronic medication management process, supporting medication ordering, dispatching, distribution, dispensing and administration of medication. Documentation of the management process is included in CLM and knowledge and clinical decision support in the solution are vital. A CLM process is the set of measures to ensure "the five rights": the right medication, with the right dosage, administered in the right way, at the right time, to the right patient. The process requires functionality in the EHR solution, i.e., medication ordering, dispensing, administration, including observation and evaluation of the intake of the medication and immediate effects, as well as functionality in the pharmacy systems, i.e., distribution and dispatching, in addition to dispensing of re-packed medications and compounded medications (e.g., cytostatic and antibiotic) (Figure 13).
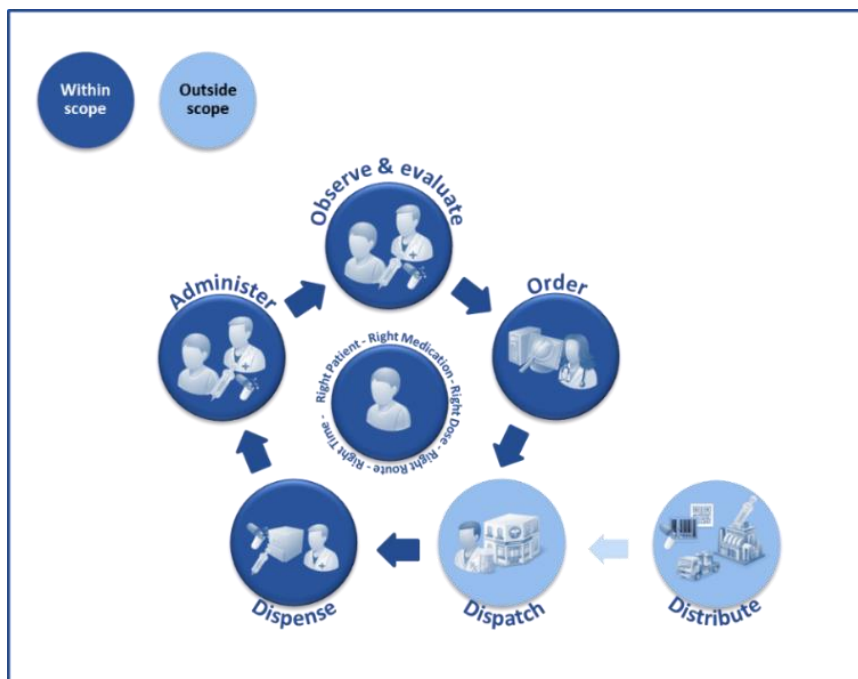
Figure 13 - Closed loop medication supports the "five rights".

Integrations*	Options (see Chapter 6)
• Chemotherapy solution	• N/A

- Order invoice

- Demographics

- Lab data

- Order status

• National database of e-prescriptions

- E-prescription/Prescription information

- Consent

- Withdraw of prescription

- Mediation invoice data

- Demographics

- *FEST*

• Ordering and stock keeping system

- Medication invoice data

- Order deliver and order invoice

- Stock movement and stock reset

- Application forms

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 2.1.3 Quality and patient safety
	• Chapter 2.2.4 Medication treatment
• Chapter 3.1.10 User scenario 10: Public health centre – school medical services	• Chapter 2.3.6 Medication supply and dispatching
	• Chapter 2.3.7 Pharmaceutical guidance

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* The list is not exhaustive

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 4.11 Medical device integration

- Chapter 4.12 Continuous and comprehensive medical chart solution

Laws, regulations and guidelines (see Chapter 1.5)*

- Forskrift om legemiddelhåndtering, in Table 3, ID L60

- Reseptformidlerforskriften, in Table 3, ID L29

- Forskrift om tilgang til helseopplysninger, in Table 3, ID L28

- Forskrift om legemidler fra apotek, in Table 3, ID L66

- Legemiddelforskriften, in Table 3, ID L69

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.3, CP.1.6, CP.4.2, CP.6.1, CP.6.2, CP.6.3, CPS.1.1, CPS.1.2, CPS.2.8, CPS.3.7, CPS.4.1, CPS.4.2, CPS.4.2.1, CPS.4.2.2, CPS.4.2.3, CPS.4.2.4, CPS.4.2.5, CPS.6.1, CPS.6.2, CPS.9.2.3, CPS.9.6, AS.2.2, AS.5.1, AS.5.4

Present situation

The present situation regarding medication treatment (i.e., medication ordering, dispensing and administration) is described in *Chapter 2.2.4*, while medication supply and dispatching are described in *Chapter 2.3.6*.

In the hospitals in the Central Norway Health Region, the process of CLM is not fulfilled. One of the reasons for this is the missing functionality for electronic medication ordering. Exceptions are ordering of chemotherapy for infusion and for medication in intensive care.

Another important condition to be fulfilled in a CLM is available electronic identifiable medications. Today electronic identifications are possible only for medications re-packed or serialised at the hospital pharmacy. In the municipalities, there is an increase in the use of multi-dose dispensed medications. The barcode on the multi-dose packages is for quality control during dispensing (at the multi-dose provider) only, and not usable for electronic control in the other steps of the medication management process.

The **Norwegian Medicines Agency (NoMA)** is responsible for all aspects of medication information and delivery via the **national prescription and dispatching support registry (FEST).** FEST was established to support the national e-prescription system, but does not fulfil the requirements in hospital and nursing homes, such as required information about nutrition products and barcode identification of medication. The national projects SAFEST have addressed the requirements for specialist EHR systems to NoMA. However, much of the development work

regarding contents and standardisation of medication information is dependent on European projects, like SPOR[5].

Purpose and expectations

The new EHR solution shall enable and support the CLM process for both the specialist, **GPs** (serving patients with assistance in medication management from home care services) and the municipal health services (both institutions and home care services). A complete electronic management chain shall include all medications, including compounding antibiotics, chemotherapy, pain relief mixtures and parenteral nutrition.

The implementation of the CLM processes has to be done in several steps to finally obtain a complete electronic management chain (Table 15). The concept of CLM will not be suitable for all health services, e.g., small institutions with few and less hazardous medications. However, also for these services the solution shall support the medication management process in a fitting manner.

CLM matches the overall objectives for Helseplattformen and especially the following

- "increased treatment quality and fewer patient injuries"

- "increased efficiency and better use of resources"

- "reduced time spent on documentation and search for health information"

CLM requires an EHR solution that enables:

A. Medication ordering with clinical decision support

B. Prescription ordering (e-prescription)

C. Electronic (and manual) patient identification option

D. Electronically (and manually) identifiable medications

E. Practical scanning equipment (hardware and software)

F. Automated documentation of the process, including identification of health personnel

G. Communication with pharmacy through integration with the ordering and stock keeping system

Some of the functionalities needed for obtaining CLM are sought within the new EHR solution, while others must be integrated with the solution (Table 15).

Table 15 - The dependencies of functionality to improve closing of the loop of medication, if the functionality is managed within or outside/integrated with the EHR solution, and the supposed time of fulfilment.

Functionality	Dependencies	Within the solution	Time of fulfilment
(A) Medication order with	Electronic medication ordering	Yes	At time of implementation

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[5] http://www.ema.europa.eu/docs/en_GB/document_library/Other/2015/04/WC500186290.pdf

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clinical decision support	Clinical decision and process support in the solution	Yes	At any time in or after the implementation
	Medication information (register data)	No	At time of implementation
(B) Prescription order	Integration with the national database of e-prescriptions	Yes	At time of implementation
(C) Electronically (and manually) patient identification option	Electronic identification of patient by ID mark and scanning device	Yes	At time of implementation
	Electronic identification of patient by *medical device integration*, e.g., pill dispenser	Yes	At any time in or after the implementation
(D) Electronic (and manually) identifiable medications	Model 1: re-packing of medications at the pharmacy	No	At time of implementation
	Model 2: electronic identifiable medications from the pharmaceutical industry	No	At time of implementation
	Electronically (and manually) identifiable compounded medications from the pharmacy	No	At any time in or after the implementation
	Electronically (and manually) identifiable medication preparations done at the care unit	Yes	At time of implementation
(E) Practical scanning equipment (hardware and software) for identification of medications	Integration of suitable (standardised) hardware and software-equipment for scanning	Yes	At time of implementation
	Electronic identification of medication by medical device integration, e.g. pill dispenser	Yes	At any time in or after the implementation
(F) Automated documentation in the process	Identification of health personnel	Yes	At time of implementation
	Identification of time for completion of task	Yes	At time of implementation
(G) Communication with pharmacy	Ordering and stock keeping system integration in hospital/hospital pharmacy	Yes	At time of implementation

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through the ordering and stock keeping system - Traceability of medications	Ordering and stock keeping system integration in nursing homes/private pharmacy	Yes	At any time in or after the implementation

There are currently two main models for achieving the functionality for electronically (and manually) identifiable medications **(D)**:

1. Re-packing of medications at the pharmacy
   a) Patient restricted medications where medications are dispensed by machine according to the medication order, labelled with patient-ID, distributed to the health services where the individual patient resides.
   b) Each medication unit has an electronically identifiable code to be controlled against medication order through distribution and during administration.
2. Electronically and manually identifiable medications from the pharmaceutical industry. Each medication unit has an electronically identifiable label to be controlled against the medication order through distribution and during administration.

In addition, equipment and functionality for internal code labelling of medication preparations made at the services are needed. There must be standardisation of code labelling of compounded medications from the pharmacy as well.

Model 1a) is the one chosen for St. Olavs Hospital. It is also the model to be supported by the multi-dose medications used in the municipal health services (both home care services and nursing homes).

As electronically identifiable medications from the pharmaceutical industry become available in the Norwegian market, Model 2. will be the preferred model for units in the region without access to re-packaged medication and for medications not suitable for re-packaging, for example infusion bags. A combination of Model 2. and 1b) is the most relevant in the future, when extended with internal labelling of medications.

The area of chemotherapy is of special interest to Central Norway Health Region regarding CLM, because this class of medication is particularly toxic (both for patients and health personnel), and extra caution/attention is needed in all steps of the medication management process. Since a system to digitally support the chemotherapy management process is already in use in both hospital and in hospital pharmacy, Central Norway Health Region's expectation is a new EHR solution with better or at least equal level of functionality and support in the hospitals as the existing system. Otherwise, integration with the existing system will be a possibility. The level of chemotherapy functionality to be included in, or integrated with the solution, will be decided during the dialogue phase.

Requirements related to Closed loop medication

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19001	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19002	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19003	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F23130	**Medication information data model** The Contractor shall in T Appendix 2B1 describe the kind of medication data elements needed to obtain a complete electronic medication management chain.	H	1	D	A;DC	C
F23131	**Medication information sources** The Contractor shall in T Appendix 2B1 describe the kind of medication data sources needed to obtain a complete electronic medication management chain.	H	1	D	DC	C

Detailed requirements related to are Closed loop medication marked with Closed loop medication in Chapter *5*.

4.7 KNOWLEDGE AND CLINICAL DECISION SUPPORT

Description

The purpose of knowledge support and clinical decision support (CDS) is to collect, share and effectively apply knowledge to support clinicians with determining a patient's diagnosis, treatment or care.

Electronic knowledge support is an IT-tool that provides health professionals with access to research-based knowledge or other knowledge content from reliable sources. Knowledge support involves rendering information relevant to a specific incident/situation; however it does not adapt the information or select the information based on specific patient data. The term "knowledge" is widely used in policy documents for health services in Norway. The concept of knowledge is in this context used as a collective term for evidence- and experience-based knowledge. There are several knowledge sources in use today. These include national guidelines, local protocols, clinical procedures, medication information, research bases and best practice knowledge bases.

Electronic CDS is an IT-tool that combines knowledge with individual or aggregated patient data in order to drive optimal problem solving and decision making to support health professionals in the assessment, treatment and care of patients. The CDS solution requires knowledge- and patient information which is structured and computer-interpretable. Based on defined and configured

rules and algorithms, the CDS solution is able to connect knowledge to a specific patient problem. In order for such a process to be initiated, a rule in the CDS rules engine must first be triggered, e.g. by new patient information being recorded in the patients' health records or new knowledge being added to the knowledge base. The output of the CDS solution is an implicit or explicit recommendation, e.g., an *alert*, action, suggested order set of relevant tests or documentation templates.

A prerequisite for an effective CDS solution is that the knowledge base and rules engine are continuously managed and maintained. There may be different models for knowledge content and decision support management, e.g., undertaken by the Contractor, by the Customer in collaboration with the Contractor or by the Customer alone (either through a local or national arrangement). In order to establish and maintain an effective solution, the Customer has defined four main processes that need to be supported by the solution. These are outlined and described in the figure below, however the four processes are intersecting and interacting and do not necessarily follow this exact flow process.
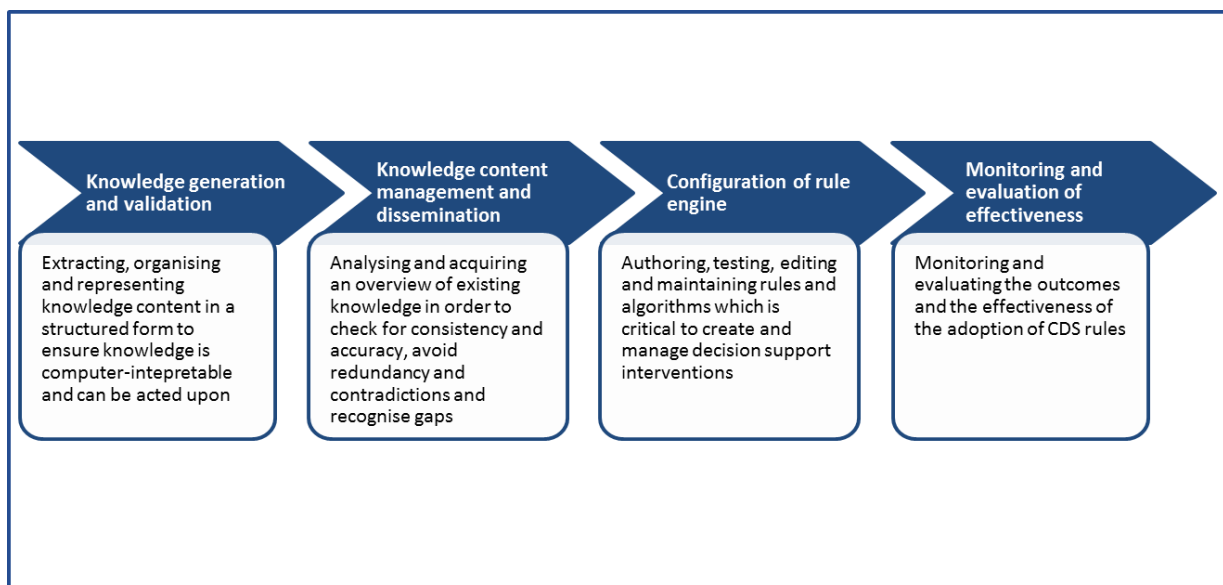
Figure 14 - Four processes necessary to establish and maintain a well-functioning CDS solution

The need for maintenance and management of knowledge content and CDS rules depends on the size of the solution in terms of the number of artefacts, e.g., the extent of incorporated knowledge and the number and intricacy of rules. In order to illustrate a wide spectrum of the potential complexity of CDS rules, the table below describes a model of five categories of CDS from a 2014 report from an expert group engaged by the Norwegian Directorate of Health. In all of the following categories, knowledge content is linked to patient information; however the number of aspects that need to be taken into account increases for each category.

Table 16 - Five categories of Clinical decision support

Category 1 is the simplest category of CDS which provides an insight into the patient's condition or situation, but without suggesting any initiatives, for instance by

- Indicating whether a measurement is as expected/normal, or not

- Using characteristic terms from the patient information to make a relevant lookup in a knowledge source

- Using knowledge to select appropriate patient information most relevant for a given situation

Category 2 provides a specific suggestion as to what the user of the CDS system should do:

- The recommendation is based on a simple rule or limit for a given property or measurement

- The recommendation is well documented, but it does not take into account any contraindications or conflicting considerations

- The user must put the recommendation into a context and evaluate the proposed recommendation against other considerations

Category 3 also provides an isolated recommendation, but the recommendation consists of a set of simultaneous or sequential initiatives:

- The CDS is based on simple rules or limits, but the resulting recommendations are complex.

- This requires more underlying documentation compared to category 2. Also the maintenance and management of the CDS system become more demanding.

- Category 3 also requires the user to put the recommendation into context and to evaluate possible contradictions.

Category 4 advances to integrated recommendations of a set of simultaneous or sequential initiatives:

- The preceding categories have provided recommendations in isolation of the context and other considerations than the specific premise that triggers the recommendation. Category 4 attempts to integrate the recommendation with more of the patient's context.

- This means that the CDS system uses more of the patient information from the EHR, for example the patient's other conditions, treatments and plans. Also, the context and local conditions in which the health service is provided in is taken into account.

- There is still need for critical thinking by users of the CDS system, but the recommendation is better adapted to the patient's situation as a whole compared to the former categories.

Category 5 is diagnostics and hypothesis generation. While the preceding categories have been based on predefined, explicit rules evolved from clear documentation, category 5 is based on generation of new hypotheses and possibly new knowledge using known algorithms for existing patient information. Unlike the other categories there is not a limit to what information which can be included in the algorithm:

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- The purpose may be to infer the most likely explanation for the patient's condition based on all the available information, or it can be to identify factors that affect treatment outcomes for a patient cohort.

Knowledge and CDS is closely linked to process support. Process support involves using information about plans, patients, context and resources to support and coordinate workflow processes, particularly when transferring tasks and responsibilities. Process support is based on protocols and standardised pathways that impart knowledge about best practice clinical guidance. CDS may involve supporting a health professional to select a protocol or clinical pathway, whilst process support involves ensuring the patient receives a scheduled plan and that the plan is executed. See *Chapter 2.2.14* and *Chapter 4.4* for descriptions of the areas where the solution's functionalities for supporting workflow processes are of particular relevance.

Integrations*	Options (see Chapter 6)
• External sources for knowledge content, rules and algorithms	• N/A

Areas to be read in conjunction with the area of particular focus	
User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health • Chapter 3.1.3 User scenario 3: Assessment and diagnosis **User** scenario 4: Cancer surgeryChapter 3.1.4 User scenario 4: Cancer surgery • Chapter 3.1.6 User scenario 6: Palliative care • Chapter 3.1.7 User scenario 7: An emergency scenario • Chapter 3.1.8 User scenario 8: Traffic accident • Chapter 3.1.9 User scenario 9: Pregnancy • Chapter 3.1.10 User scenario 10: Public health centre – school medical services	• Chapter 2.1.3 Quality and patient safety • Chapter 2.2.2 Assessment of health condition • Chapter 2.2.3 Nursing, care and palliative care • Chapter 2.2.10 Patient communication • Chapter 2.2.14 Administration of health care • Chapter 4.4 Resource planning, scheduling and work lists • Chapter 4.6 Closed loop medication • Chapter 4.8 Master data, reference data and terminologies

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* The list is not exhaustive

- Chapter 3.1.11 User scenario 11:
  Child, head injury

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.2, CP.1.4, CP.1.5, CP.3.2, CP.3.4, CP.4.2.1, CP.4.2.2, CP.4.2.4, CP.5.1, CP.6.3, CP.7.1, CPS.1.7.1, CPS.2.1, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.6, CPS.3.7, CPS.3.8, CPS.3.9, CPS.3.10, CPS.4.1, CPS.4.2.2, CPS.4.2.4, CPS.4.3, CPS.5, CPS.6.1, CPS.6.2, CPS.7.1, CPS.8.1, CPS.8.2, CPS.8.3, CPS.9.6, AS.1.1, POP.1.1, POP.1.2, POP.2.1, POP.3, POP.4, POP.9, TI.4, TI.6

Present situation

In the Central Norway Health Region today, health professionals have access to various sources of knowledge including national databases with guidelines, local protocols, processes, medication information, research-based knowledge, best-practice knowledge etc. For instance, in the specialist health services the Extend Quality System (EQS) provides health professionals with knowledge in form of guidelines, processes, manuals, checklists etc. However, the system lacks a user-friendly search functionality and the knowledge content is not continuously updated. Norsk elektronisk legehåndbok (NEL), a medical encyclopedia which contains continuously updated articles on symptoms, diseases, treatments etc., is widely used by GPs, nurses and other health professionals. Additionally, the majority of the knowledge content is currently only available in an unstructured form.

With regards to CDS, the specialist health services and GPs have a few, very basic CDS functionalities. Lab results are for instance evaluated against reference values. All hospitals in Central Norway and most GPs use e-prescription for medication prescribing, which for instance has functionalities for alerting the user in case of a drug-drug interaction. A pre-requisite for e-prescription to prompt warnings for medication-allergy incidents is that information about allergies has to be recorded in the patient health record as critical information, something which at present often is not done or done incorrectly. Specialist health services also use the PICIS clinical solution in anaesthesia and intensive care which has some CDS (and process support) functionalities such as automated notifications. However, in order to enable such support, information about the clinical pathway and processes must be manually incorporated into the solution.

Purpose and expectations

The purpose of the CDS functionality is to increase patient safety, to reduce variation in treatment across organisational units and health professionals, and to enable proactive care through *population health management*. The need for knowledge-based treatment and care and decision support is, to an increasing extent, emphasised in national policy documents, guidelines, and health organisations' strategic plans.

The Customer expect the solution to be both flexible and configurable, and enable incorporation of international, national and local knowledge content and guidelines, as well as build on existing quality improvement and patient safety work. The solution shall enable knowledge content, such as best practice clinical guidance, to be presented in a computer-interpretable form e.g., to enable local adaption such as creation of clinical pathways.

In terms of specific CDS functionality provided in the solution, the expectation is that there shall be tools to support each of the four CDS work processes described in Figure 14:

1. Tools for incorporating existing knowledge into the solution. This includes representation of knowledge in a structured computer-interpretable form.

2. Tools for management and dissemination of knowledge content in order to check for consistency and accuracy and to avoid redundancy and contradictions.

3. Tools for configuration of CDS rules and algorithms in terms of authoring, testing, editing and maintenance.

4. Tools for monitoring and evaluation of effectiveness of the CDS solution.

Furthermore, an expectation is a CDS solution where increasingly more advanced rules can be incorporated at later stage, as the organisations mature. The organisations already have some simple CDS functionality and expect to also today be able to handle slightly more advanced CDS, however the expectation is that even more complex support can be included when the organisations are ready.

Requirements related to Knowledge and clinical decision support

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19004	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19005	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19006	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F24540	**Knowledge content provided by the Contractor** The Contractor shall in T Appendix 2B1 describe the level/type of knowledge content that will be provided as part of the initial version of the solution. This may contain medication prescribing data, drug interaction data, order set libraries, guidelines and other knowledge content (e.g., for user look-up and documentation templates). The Contractor shall, in the response, include information about the source of the knowledge content.	M	1	D	DC;I	C
F24541	**Rules and algorithms included in the solution** The Contractor shall in T Appendix 2B1 describe the rule and algorithm content that will be provided by the Contractor in the initial version of the CDS solution.	M	1	D	DC;I	C
F24547	**Visualisation of notifications** The Contractor shall in T Appendix 2B1 describe how CDS will be visualised for the user at the front-end (e.g., relevant information	M	1	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	display, pop-up notifications/alerts, recommendation of an initiative).					
F24613	**Visualisation of underlying information** The Contractor shall in T Appendix 2B1 describe how the underlying information for a proposed clinical decision will be visualised for the user at the front end (e.g., information displayed graphically, decision trees).	M	1	D	DC	C
F24548	**Further development of CDS** The Contractor shall in T Appendix 2B1 describe their strategic plan for further developing and improving their CDS offerings in the next three to five years.	M	1	D	DC;I	C

Detailed requirements related to Knowledge and clinical decision support are marked with Knowledge and clinical decision support in *Chapter 5*.

4.8 MASTER DATA, REFERENCE DATA AND TERMINOLOGIES

Description

This Chapter describes requirements regarding the use of **master data**, **reference data**, and **terminologies** in the solution. To achieve integrated care in the Central Norway Health Region and one, seamless and coordinated service across all health providers the use of common master data, reference data and terminologies will be needed. Use of reference data and terminologies are also important to achieve the goals of automated processes and clinical decision support in the solution.

Integrations*   Options (see Chapter 6)

- National registry   - N/A

- RESH

- CCR

- Register for health personnel

- FEST

- NPR

- BKM

- IPLOS

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* The list is not exhaustive

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*
• Chapter 3.1.3 User scenario 3: Assessment and diagnosis	• T Appendix 1C Chapter 3.3 Information architecture
• Chapter 3.1.4 User scenario 4: Cancer surgery	• T Appendix 1C Chapter 3.6 Scenarios and reporting examples
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	• T Appendix 1C Chapter 3.3.1 Master data
• Chapter 3.1.6 User scenario 6: Palliative care	• T Appendix 1C Chapter 3.3.2 Terminologies and reference data
• Chapter 3.3.2 Reporting to a new health registry	• T Appendix 3 Project and Progress Plan
• Chapter 3.3.4 Merge two or more municipalit	
• Chapter 3.3.5 Transfer services from specialist health service to primary health service	

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

CPS.7.1, AS.8.1, AS.8.2, TI.3, TI.4, TI.4.1, TI.4.2, TI.4.3

Present situation

The present situation is characterised as diverse due to different solutions and size of the health services. Both the degree to which structured information is used, including the use of standard terminologies and reference data vary across the region, as well as the standards that are actually in use.

Master data

Today each organisation manages their own master data, and data is mostly managed in each specific system. Master data management solutions are not in use. Some national registries exist with the purpose of standardising master data across the health service, but most of these registries are not integrated in the current EHR systems. Some of the most relevant national master data registers are listed below (the list is not exhaustive).

Table 17 - Relevant national directories

National Registry	Folkeregisteret/ Personregisteret	National population register

The Register of Entities in Specialist Health Services	Register over enheter i spesialisthelse-tjeneste (RESH)	Organisational units in the specialist health service
The Register for Health Personnel	Helsepersonell-registeret (HPR)	This is a national register of authorised health personnel
National Register of Electronic Addresses	Adresseregistret	Electronical addresses for health services in Norway
National prescription and dispatching support registry (FEST)	FEST	List of prescription medication
List of Registered Medical Practitioners (LSR)	Legestillingsregistret	The health authorities' register of employed medical practitioners and medical practitioner positions in the primary and specialist health services.
The Central Coordinating Register for legal entities (CCR)	Enhetsregistret	Official register for legal entities in Norway.
The Regular GP Registry	Fastlegeregistret	The Regular GP register provides an overview of all the country's regular GPs and shows the association between regular GPs and citizens.

Reference data

National standardised reference data is used in financial and statistical reporting to the authorities. When capturing information used as a base for financial and statistical reporting in the current EHR systems, the national reference data is used. The reference data can be found at the health authority's web site; www.volven.no

For municipal health services, local reference data with deviations from the national reference data is used to some degree due to variations in the services provided, and variations in the cost of services. This means the solution has to cover local variations of reference data in addition to the national standards.

Terminologies

In the current solutions information about clinical assessments and treatments are mostly captured in unstructured free text. Some information, like diagnoses, laboratory tests and performed procedures are managed using standard terminologies at a national level. The relevant national terminologies the solution should support can be found on the government's website

"Helsefaglige kodeverk"[6]. Clinical documentation is in general recorded in an unstructured form and without the use of a common standardised terminology.

Some clinical reporting to national authorities is done based on captured structured information, but this is often done by capturing this information in a separate system, in addition to the EHR.

Purpose and expectations

With the new solution in place, the expectation is a flexible solution for master data, reference data and terminologies. The use is expected to change over time. It is also an expectation to standardise across the Central Norway Health Region.

Master data

The solution has to be prepared for managing master data for all health service providers in the Central Norway Health Region. The solution should be able to use existing systems and national registries as the source of master data. In addition, systems in the Central Norway Health Region, including systems in the municipalities, should be used as source of master data. This is relevant for personnel information that should use HR systems as a source of employee data, and financial systems as a source of account data.

The solution will cover several organisations, and these organisations have separate HR and financial systems. This means the solution needs to handle several information sources for the same type of master data. To do this a large effort to standardise or harmonise the data in the source systems should be expected. Common harmonised structures covering all organisations need to be developed as a complete organisational structure, complete location structure, a complete provider directory and so on.

Reference data

The existing national reference data should be used where data is the basis for national reporting. This is mandatory for much of the reporting to national authorities, and also necessary to get the reimbursement from the government for the delivered health services. There are three main reporting channels for financial reporting. These areas are listed below, including link to relevant reference data.

Table 18 - Financial reporting

Norsk Pasient Register (NPR)	Reporting from the specialist health services for diagnosis-related group (DRG) reimbursement.	NPR Samlingen https://volven.no/produkt.asp?id=283822&catID=3&subID=74&oid=
Behandler-krav melding (BKM)	Rate based claims for reimbursement for outpatient appointments in health services and at GPs.	Behandler krav melding https://ehelse.no/behandlerkravmelding-bkm
IPLOS	Reporting to national authorities of production for the municipal care services.	Pleie og Omsorg https://volven.no/produkt.asp?id=283993&catID=3&subID=74&oid=

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[6] Helsefaglige kodeverk: https://ehelse.no/Sider/Helsefaglige-kodeverk.aspx

Terminologies

When documenting clinical assessment, problems and treatments the expectations is to gradually move from unstructured clinical information towards structured documentation using standard terminologies like SNOMED CT. The Contractor's contribution in this process will be important so the Central Norway Health Region can learn from the Contractor's experience in other regions. Information stored in a structured fashion should be reused to cover today's national reporting without re-entering the information in other systems.

Requirements related to Master data, refernce data and terminologies

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19007	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19008	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19009	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Masterdata, reference data and terminologies are marked with Masterdata, reference data and terminologies in *Chapter 5*.

4.9 ADMINISTRATIVE PROCEDURES

Description

Administrative procedures are used to ensure that citizens and patients' need for health services are assessed based on a set or system of rules. The assessment is directly linked to a patient and results in an ***individual decision***. The given decision reflects his/her right for help and support from the municipal and/or specialist health- and welfare services, based on the patient's level of functioning, need for care and legislation. Individual decisions shall be communicated to the patient or designated representative of the patient.

Administrative procedures are conducted at various services by virtue of different legislation. In addition, these legislations and associated regulations will also be important in the case assessment in terms of rejection, partially granting, distribution, reassessments and in case of complaints. The final individual decision is distributed electronically or by letter.

In Norway, there is a standardised requirement specification, ***IPLOS***. IPLOS will primarily cover the needs related to the processing of services by the law of municipal health service, but the functionality described can also apply to the non-mandatory case assessments and other more general parts of the services.

IPLOS includes mandatory documentation of the application process for services and implementation of services according to the health legislation and the IPLOS provision in Norway[7]. Some of the laws and standards referred to in these specifications are replaced by new legislations (e.g., IPLOS requirements[8]). The Contractor must consider this and apply the current laws and standards in their provided answers to the requirements listed below. This standardised requirement specification safeguards the health services' need for structured documentation. The documentation has to include observations, evaluations, individual decisions and actions taken in the ongoing provision of services. Furthermore, jurisdictional law regulates archiving of administrative procedures information (cf. *Chapter 2.4.5*, **NOARK5** Standards for records management[9] and Report KS FOU 144017[10] (Mars 2015), for more information).

As part of the conduction of health services, it may be necessary to use coercion and restraint on patients. When necessary, these situations are regulated in several legislations and require a administrative procedure with a subsequent individual decisions and the possibility of a complaint. These situations are mainly regulated by the following acts, cf. *Pasient- og brukerrettighetsloven, Helse- og omsorgstjenesteloven* and *Psykisk helsevernloven*.

Examples of situations involving case assessments are described in the **user scenario** in *Chapter 3.1* and 3.2.

Integrations*	Options (see Chapter 6)
• Electronic public record	• N/A

Areas to be read in conjunction with the area of particular focus	
User scenarios*	Other chapters/annexes*
• Chapter 3.1.1 User scenario 1: Mental health	• Chapter 2.2.10 Patient communication
• Chapter 3.1.2 User scenario 2: Municipal home care service	• Chapter 2.4.5 Information management
• Chapter 3.1.4 User scenario 4: Cancer surgery	
• Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning	
• Chapter 3.1.11 User scenario 11: Child, head injury	

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[7] Cf. Chapter 3 in the document https://ehelse.no/kravspesifikasjon-elektronisk-dokumentasjonssystem-for-pleie-og-omsorgstjenesten-his-803152004

[8] https://ehelse.no/iplos-funksjonell-kravspesifikasjon

[9] https://arkivverket.no/arkivverket/Offentleg-forvalting/Noark/Noark-5/English-version

[10] http://www.ks.no/fagomrader/utvikling/fou/fou-rapporter/arkivering-av-dokumentasjon-i-pleie--og-omsorgstjenesten/

* The list is not exhaustive

- Chapter 3.2.4 The caseworker in the municipal administration of health and welfare service

Laws, regulations and guidelines (see Chapter 1.5)[*]

- Pasient- og brukerrettighetsloven, in Table 3, ID L4

- Arkivlova, in Table 3, ID L6

- Spesialisthelsetjenesteloven, in Table 3, ID L7

- Psykisk helsevernloven, in Table 3, ID L9

- Psykisk helsevernforskriften, in Table 3, ID L10

- Helse- og omsorgstjenesteloven, in Table 3, ID L15

- Forvaltningsloven, in Table 3, ID L16

- Internkontrollforskrift i helsetjenesten, in Table 3, ID L35

- Kvalitetsforskrift for pleie- og omsorgstjenestene, in Table 3, ID L37

- Forskrift om egenandel for helse- og omsorgstjenester, in Table 3, ID L41

- Forskrift om IPLOS-registeret, in Table 3, ID L43

- Vedtak etter psykisk helsevernloven, in Table 4, ID SG3

- Tverrfaglig spesialisert behandling av rusmiddelmisbruk, in Table 4, ID SG4

- Noark 5 Standard for Records Management, in Table 4, ID SG5

Related functions in HL7 EHR-System Functional Model, Release 2[*]

CP.3.3, CP.3.4, CP.3.5, CP.4.3, CP.4.4, CP.7.1, CP.7.2, CP.9.1, CP.9.2, CPS.3.1, CPS.3.3, CPS.3.4, CPS.3.6, CPS.3.7, CPS.3.9, CPS.3.10, CPS.3.11, CPS.4.3, CPS.4.6.1, CPS.7.1, CPS.8.3, CPS.8.4, CPS.9.3, CPS.9.4, AS.1.7, AS.2.1, AS.2.2, AS.2.3, AS.2.4, AS.2.5, AS.2.6, AS.4.1, AS.4.2, AS.4.3, AS.4.4, AS.5.1, AS.5.2, AS.5.3, AS.5.4, AS.7.5, AS.9.4

Present situation

In the municipalities the administrative procedures are managed in the current **EHR** system. There is variation between the municipalities in the Central Norway Health Region in terms of how the process is organised and who is responsible for the case assessments. The case assessment process can be centralised to an office, a dedicated role in the organisation or assigned to a service department. The administrative procedure process can be visualised as follows:

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[*] The list is not exhaustive

*Figure 15 - Main features of administrative procedures, and each participant in **Helseplattformen** has its internal detailed procedures*

The administrative procedures within the specialist health service are managed in different specialist systems, depending on the type of case. There is also a clear distinction between the case/archive system and the EHR. This means that parts of the administrative procedures are performed in case management systems such as ESA or Ephorte, and in the current situation the link between the administrative and the EHR system is unfavorable.

Purpose and expectations

The administrative procedure must adhere to a number of considerations towards the patient and the patient's representatives. It is particularly important that:

- Cases are adequately examined

- The patient is given the opportunity to contribute in own case assessment

- The patient's legal rights are safeguarded

- The procedure takes into account applicable laws and regulations

These considerations have to be evaluated against the need for an effective case assessment and the proper use of public funds.

The specialist health service uses several applications for case assessments, and some cases are registered in multiple systems. This may lead to some challenges with keeping track of a case. The result is that important patient information is saved in several places. The EHR solution is expected to collect relevant information related to the patient, and the solution must be able to provide a logical structure of the case assessment, including documentation of the entire process. The documentation of the administrative procedure should be clearly linked to the documentation of the corresponding health services. In addition, the solution needs to provide functionality which ensures that the services adhere to the requirements for documentation and reporting to local and national authorities.

The municipalities are responsible for providing proper health services to its citizens. The patient or the patient's representative expects an appropriate case assessment. The solution must support the administrative procedure process and contribute to ensureing that the patient receives the right service, at the right place, at the right time, and that this service will be readily available for the patient.

Requirements related to Administrative procedures

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19010	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F19011	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19012	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Administrative procedures are marked with Administrative procedures in *Chapter 5*.

4.10 PAEDIATRIC CARE AND CHILD HEALTH

Description

Paediatric care and child health in the Central Norway Health Region include children and adolescents from birth up to the age of 18 years. EHR systems used in treatment and care of children requires specific functionalities to promote paediatric quality improvement and patient safety. Children and infants are a vulnerable population because of age-specific physiological and developmental variances that may not be adequately addressed in adult-oriented EHR solutions[11]. This Chapter highlights paediatric EHR functionalities that are important to ensure the solution meets the Customer's needs pertaining to the paediatric population in the Central Norway Health Region.

Integrations*

- External sources for paediatric-specific knowledge content

    - Import paediatric data elements

    - Import paediatric rules and algorithms

- National central health registry

    - Clinical and demographic information

- National medical quality registry

    - Clinical and demographic information

Options (see Chapter 6)

- N/A

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[11] Pediatric Aspects of Inpatient Health Information Technology Systems. Christoph U. Lehmann, COUNCIL ON CLINICAL INFORMATION TECHNOLOGY. Pediatrics. Mar 2015, 135 (3) e756-e768.
http://pediatrics.aappublications.org/content/135/3/e756.short

* The list is not exhaustive

Areas to be read in conjunction with the area of particular focus

User scenarios*

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.10 User scenario 10: Public health centre – school medical services

- Chapter 3.1.11 User scenario 11: Child, head injury

Other chapters/annexes*

- Chapter 2.2.1 Public health

- Chapter 2.2.3 Nursing, care and palliative care

- Chapter 2.2.4 Medication treatment

- Chapter 2.2.5 Invasive treatment

- Chapter 2.2.8 Habilitation and rehabilitation

- Chapter 2.3.1 Radiological examinations

- Chapter 2.3.2 Laboratory tests

- Chapter 2.3.5 Donation of biological material

- Chapter 4.1 Information security, privacy and access control

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 4.11 Medical device integration

- Chapter 4.12 Continuous and comprehensive medical chart solution

Laws, regulations and guidelines (see Chapter 1.5)*

- Pasient- og brukerrettighetsloven, in Table 3, ID L4 - §3-4, §4-4, §4-5

- Forskrift om barns opphold i helseinstitusjon, in Table 3, ID L56

- Forskrift om helsestasjons- og skolehelsetj. , in Table 3, ID L44

- Forskrift om nasjonalt vaksinasjonsprogram, in Table 3, ID L47

- Forskrift om genetisk masseundersøkelse, in Table 3, ID L59

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.5, CP.1.6, CP.1.7, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.2, CP.4.2.2, CP.4.2.3, CP.4.2.4, CP.4.4, CP.4.5, CP.5, CP.6.1, CP.6.2, CP.6.3, CP.7.1, CP.8.1, CP.9.1, CP.9.2, CPS.1.1, CPS.1.2, CPS.1.3, CPS.1.5, CPS.1.6.1, CPS.1.7, CPS.1.7.1, CPS.1.7.2, CPS.1.7.3, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.5, CPS.3.7, CPS.3.8, CPS.3.9, CPS.3.10, CPS.4.1, CPS.4.2, CPS.4.2.1, CPS.4.2.2, CPS.4.2.3, CPS.4.2.4, CPS.4.3, CPS.4.6.1, CPS.5, CPS.6.1, CPS.6.2, CPS.6.3, CPS.6.4, CPS.7.1, CPS.8.1, CPS.8.3, CPS.8.4, CPS.8.5, CPS.8.6, CPS.9.1, CPS.9.2,

CPS.9.2.2, CPS.9.3, CPS.9.4, CPS.9.5, AS.6.3, AS.7.1, AS.7.2, AS.7.4, AS.7.5, AS.8.1, POP.1.1, POP.1.2, POP.3, POP.4, POP.6.1, POP.6.3, POP.9, TI.1.8

Present situation

Paediatric care in the Central Norway Health Region includes inpatient wards and outpatient clinics covering most paediatric and surgical specialties. This also includes neonatal and paediatric intensive care units, a paediatric emergency unit and units for children and adolescent mental health services. Even though children are mainly treated in paediatric units, some are also treated in adult units or in collaboration with adult units. The paediatric units work closely with actors in other sectors, such as the **child welfare service** and **educational and psychological counseling services (PPT)**.

The municipal health services provide care for children with special health needs in their homes or in paediatric **respite care** centres in collaboration with the child's representatives and the specialist health services. Ambulatory specialist health services in the child's home are available for some paediatric patient groups. Children are also treated by GPs, and the **public health centres** are responsible for immunisations and well-child care.

Today various health providers use different systems, both paper-based and electronic in the treatment and care of children. This leads to extensive duplication of the same information, and increases the risk of medical errors. The time-consuming and cumbersome workflows complicate efficient collaboration between the providers.

Purpose and expectations

The purpose is an EHR solution that supports paediatric EHR functionalities and thereby promotes quality improvement and patient safety for neonates, children and adolescents.

The Customer expect that updated paediatric international- and national best practice standards and guidelines will be efficiently implemented in the solution. Paediatric-specific data standards, normal values and reference material have to be applicable in all departments where children are treated. The solution shall manage meaningful age- and weight-specific units. As an example, age for newborns have to be rendered in days, weeks or months, while age for adolescents have to be rendered in years. Appropriate evidence-based and disease-specific orders and order sets for paediatric specialties will contribute to efficiency and increased quality of treatment. Data options relevant for neonates and children are essential when data has to be registered in a structured manner. Efficient and accurate documentation of developmental- and growth data is fundamental in the care of children.

Relevant drug information has to be ensured through paediatric-specific dictionaries, formularies and decision rules. The solution is expected to facilitate weight-based (and body-surface area based) dose calculations and dose range checks based on patient data, and to support advanced and complex prescribing of medications and age-appropriate nutrition.

Support for increasing autonomy and privacy for adolescents shall be handled according to Norwegian law. The solution has to support safe and accurate care transitions by facilitating **information views** with relevant paediatric data during hand-overs. Efficient exchange of information with actors in other sectors, like the child welfare service, is essential for the safety of children. The Customer expect a solution that provides support for multidisciplinary collaboration between providers, and also supports information exchange with the child's representatives.

Even though this Chapter mainly considers EHR functionalities essential in the care for children, adult health care may also benefit from this perspective due to similarities between for instance paediatric and geriatric care (e.g., extreme ages, altering physiology, different symptoms of disease and the need for guardians).

Requirements related to Paediatric care and child health

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19013	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19014	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19015	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Paediatric care and child health are marked with Paediatric care and child health in *Chapter 5*.

4.11 MEDICAL DEVICE INTEGRATION

Description

Medical device integration (MDI) is the establishment and maintenance of a connection through which data is transferred between a *medical device*, such as a patient monitor, and an information system. By eliminating the need for manual data entry, potential benefits include faster and more frequent data updates, reduced chances of human errors occurring, and improved workflow efficiency.

Integrations*	Options (see Chapter 6)
• Medical device	• N/A

- Medical device
  - Clinical data
- Third party alarm-centrals
  - Event triggers
- Personal connected health and care (PCHC)

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* The list is not exhaustive

  - Clinical data

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*

User scenarios*

- Chapter 3.1.1 User scenario 1: Mental health

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.4 User scenario 4: Cancer surgery

- Chapter 3.1.7 User scenario 7: An emergency scenario

- Chapter 3.1.8 User scenario 8: Traffic accident

- Chapter 3.1.9 User scenario 9: Pregnancy

- Chapter 3.1.11 User scenario 11: Child, head injury

Other chapters/annexes*

- Chapter 2.2.2 Assessment of health condition

- Chapter 2.2.4 Medication treatment

- Chapter 2.2.5 Invasive treatment

- Chapter 2.2.6 Emergency preparedness and response

- Chapter 2.2.7 Additional examinations

- Chapter 2.2.9 Other treatments

- Chapter 2.2.10 Patient communication

- Chapter 2.2.14 Administration of health care

- Chapter 2.3.1 Radiological examinations

- Chapter 2.3.2 Laboratory tests

- Chapter 2.3.3 Handling equipment and aids

- Chapter 4.6 Closed loop medication

- Chapter 4.10 Paediatric care and child health

- Chapter 4.12 Continuous and comprehensive medical chart solution

- Chapter 4.13 Specialities and specialised systems

- T Appendix 1C Chapter 4.3 Medical device

Laws, regulations and guidelines (see Chapter 1.5)*

- Lov om medisinsk utstyr, in Table 3, ID L13

- Forskrift om håndtering av medisinsk utstyr, in Table 3, ID L30

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.7, CP.2.1, CP.2.2, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.5, CP.6.1, CP.6.3, CPS.1.3, CPS.2, CPS.2.1, CPS.2.2, CPS.2.3, CPS.2.4, CPS.2.5, CPS.2.8, AS.2, AS.3.1, AS.5.4, AS.6.3, AS.7.4, RI.1.1.19

Present situation

The MDI in the health services in the Central Norway Health Region is partial and inconsequent today. The hospitals in the Central Norway have full integration for medical devices with the radiology systems, RIS and PACS, and partial integration with systems generating clinical data (e.g., vital signs, ventilator data, smart infusion pumps) in the emergency-, intensive- and operating departments. There is a lot of work ongoing to integrate other medical images in the PACS system, and there is a regional ECG database solution, integrated with the EHR. In the municipalities and at the GPs' offices there is a certain level of integration with medical devices. The integrations may differ from site to site and different medical devices.

Purpose and expectations

Integration of medical devices in the solution is essential to reduce workload and ensure high data quality in the documentation of the medical condition for the patient. Manual entering of data from one system to another may result in human errors. One of the main purposes with the new solution is to improve clinical workflow and patient safety. Performing the clinical documentation by automatic data capturing from medical devices to the patient's health record may reduce human errors and workload associated with manual documentation. An important purpose of getting medical data integrated with the solution is the ability to give immediate *clinical decision support* to the users, and provide the same information for different users and groups of users.

The Customer will use an extended understanding of the term MDI. It does not only apply to medical devices measuring clinical data (e.g., vital signs, ventilator data, smart infusion pumps) in the emergency-, intensive- and operating departments, but also other medical devices and *software as medical device* solutions. The expectation for MDI is the ability to record all clinical data, as structured and standardised data, directly in the patient's health record. In order to be able to contribute to clinical decision support, the data needs to be stored as structured data in the solution.

The amount of medical devices is rapidly increasing in the Central Norway Health Region, with a great variation in technology and complexity. Medical devices have been developed from standalone units to network integrated solutions, transferring data to, or between, clinical information systems.

The need for associating the patient to the device is essential to the MDI, as the medical devices are mobile units and will follow the patient, rather than being stationed at a certain location. Medical devices could also be used between departments in the hospital, and organisational units within the home care services. Software as a medical device without standardised integration interfaces also needs the correct association of the patient in order to ensure the medical data will be captured in the clinical documentation of the correct patient.

For the medical devices monitoring clinical data, it is essential to have a configurable polling interval for the storage of data. All medical device data (also continuous data such as EEG, CTG etc.) has to be stored in a structured and standardised way, so the data can be used both for clinical documentation, trending and clinical decision support. These data will be essential to present in different ways for the users, based on different roles, need for live data or historical views/trends/charts.

Due to the growth of the older population and a shortage of resources in Norwegian health services in general, more of the patient treatment will have to be performed decentralised from the hospitals in the future. Also the development in medical devices, sensors and PCHC products seems to bring treatment out of the hospitals and into the patient's home environments. This means that more of the medical devices, as well as sensors and PCHC, will be in the patients' home and in the municipal health services and facilities.

PCHC data could be a part of the patients' self-registration, but also a part of the municipalities' care programme. The use of PCHC among the population is expected to increase the following years. Data gathered from citizens' own acquired PCHC will not be a part of the EHR, but can be stored by the citizen in various PHR systems. The patient may have the possibility to share these data with their GP or other health personnel. If the GP or other health personnel find this data useful for their diagnostic work, it must be possible to import them in as a part of the patient's health record. Sensor-technology placed in the citizens and patients' homes could be fall-sensors, door-sensors, water-sensors, night camera, GPS-tracking etc. This technology is already in use in the municipalities and it is expected that the use will increase in future health services, to provide more treatment and care with less use of human resources. The solution shall not integrate directly with the sensors, but with third party software managing the alarms from the sensors. The third party alarm-centrals in the municipal health services should also be integrated with the solution, so the needed documentation for alarms will be gathered in EHR, and action taken as a result of the alarm are also documented. The integrations shall not differ despending on the localisation of the devices.

Requirements related to Medical device integration

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19016	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19017	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19018	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F25806	**Plan to implement managing and rendering of PCHC data** The Contractor shall in T Appendix 2B1 describe the Contractor's plan to implement managing and rendering of PCHC data (e.g., from an external PHR system) in the solution.	M	2	D	DC;I	C
F22293	**List sites where PCHC data already is implemented** The Contractor shall in T Appendix 2B1 list sites where PCHC data already is implemented with the solution.	M	1	D	DC;I	C

Detailed requirements related to Medical device integration are marked with Medical device integration in *Chapter 5*.

4.12 CONTINUOUS AND COMPREHENSIVE MEDICAL CHART SOLUTION

Description

A continuous and comprehensive medical *chart solution* potentially covers all structured clinical patient information. Free text fields are not excluded, assuming these are appropriately structured with for example dimensions such as time, responsible information handler and information category.

Various *information views* and *specialised views* complete the chart solution.

Integrations*	Options (see Chapter 6)

• National database of e-prescriptions
 	
  - E-prescription/prescription information
 	
• Ordering and stock keeping system
 	
  - Medication invoice data
 	
  - Order deliver and order invoice
 	
• Laboratory
 	
  - Laboratory data (e.g., results)
 	
• Radiology
 	
  - Radiology data (e.g., results)
 	
• Medical device
 	
  - Clinical data
 	
  - Device information
	• N/A

Areas to be read in conjunction with the area of particular focus

User scenarios*	Other chapters/annexes*
• Chapter 3.1.3 User scenario 3: Assessment and diagnosis • Chapter 3.1.4 User scenario 4: Cancer surgery • Chapter 3.1.7 User scenario 7: An emergency scenario	• Chapter 2.2.3 Nursing, care and palliative care • Chapter 2.2.4 Medication treatment • Chapter 2.2.5 Invasive treatment • Chapter 2.2.6 Emergency preparedness and response

* The list is not exhaustive

- Chapter 3.1.11 User scenario 11: Child, head injury

- Chapter 4.7 Knowledge and clinical decision support

- Chapter 4.10 Paediatric care and child health

- Chapter 4.11 Medical device integration

Laws, regulations and guidelines (see Chapter 1.5)*

- Pasientjournalloven, in Table 3, ID L1 - § 9

- Helsepersonelloven, in Table 3, ID L5 - § 25, § 45

Related functions in HL7 EHR-System Functional Model, Release 2*

CP.1.1, CP.1.2, CP.1.3, CP.1.4, CP.1.5, CP.1.6, CP.1.7, CP.1.8, CP.1.9, CP.2, CP.2.1, CP.2.2, CP.2.3, CP.2.4, CP.2.5, CP.3.1, CP.3.2, CP.3.3, CP.3.4, CP.4, CP.4.1, CP.4.2, CP.4.2.1, CP.4.2.2, CP.4.2.3, CP.4.2.4, CP.4.3, CP.4.5, CP.4.6, CP.5, CP.5.1, CP.6.1, CP.6.2, CP.6.3, CP.9.1, CPS.1.1, CPS.1.2, CPS.1.3, CPS.1.4, CPS.1.5, CPS.1.7.1, CPS.2, CPS.2.1, CPS.2.2, CPS.2.3, CPS.2.4, CPS.2.5, CPS.2.8, CPS.3.1, CPS.3.2, CPS.3.3, CPS.3.4, CPS.3.10, CPS.3.11, CPS.4.1, CPS.4.2, CPS.4.2.1, CPS.4.2.2, CPS.4.2.3, CPS.4.2.4, CPS.4.2.5, CPS.4.3, CPS.4.6.1, CPS.5, CPS.6.1, CPS.6.2, CPS.6.3, CPS.9.1, CPS.9.5, CPS.9.6, AS.4.2, AS.4.3, AS.5.1, AS.5.4, AS.7.1, AS.7.2, AS.7.4, AS.7.5

Present situation

Today a combination of paper forms and electronic systems are used for documentation and visualisation of clinical patient information (e.g., allergy, intolerance and adverse reaction list, advance directive, coercive treatment, vital signs observations, measurements, medication, fluid input/output, nutritional intake, medical equipment, procedures, orders, results, treatment plan).

Traditionally in the specialist health service, the term "chart" is used for this type of documentation and visualisation. A large number of overlapping paper forms and some electronic systems cover the needs in a sub-optimal way. This leads to time consuming workflows and extensive duplication of information during care transitions, increasing the risk of medical errors. The *chain of emergency care (CEC)* is facing similar challenges with a large number of overlapping paper forms.

The municipal health services and the GPs have their own information views and graphical representations of clinical patient information, especially for medication, critical patient information and test results. The complexity of treatment and care is increasing for patients in the municipal health services, and the need for advanced representation increases accordingly.

The visualisation of clinical patient information in the various paper forms has been restructured, reformulated and refined over the years to improve quality and efficiency of health services. Unfortunately, this does not help the fact that paper forms have their absolute limitation according to access, distribution and presentation of information.

Purpose and expectations

The purpose of a continuous and comprehensive medical chart solution, with context and role based information views, is to support the continuity of care across settings and providers.

The Customer expects a continuous and uninterrupted medical chart solution that will be accessible and usable for all actors, and covers clinical disciplines that constitute both GPs, municipal and specialist health services. Information views should be adaptable to the health personnel's role and context. The solution should support clinical workflows by presenting relevant information in real-time at the point of treatment or care.

The medical chart solution should offer information views, which aggregate and organise the information in a meaningful, logic and relevant way to various health personnel. The Customer expects configurable, integrated information views that increases health personnel's situation awareness and clinical perception, and thereby allow them to react fast and adequate to patient and citizens clinical needs.

The information views should be scalable with the ability to zoom in and out and adapt timeframes and granularity. Different types of graphical visualisation should be supported and the views should be appropriate to e.g., mobile devices. The solution should also support efficient task performance directly from the information view.

Requirements related to Continuous and comprehensive medical chart solution

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19019	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19020	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19021	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C

Detailed requirements related to Continuous and comprehensive medical chart solution are marked with Continuous and comprehensive medical chart solution in *Chapter 5*.

4.13 SPECIALITIES AND SPECIALISED SYSTEMS

Description

Specialised systems are systems offering specialised functionality, either for a specific disease or medical speciality, or offering specialised functionality not available in the existing EHR.

Integrations*	Options (see Chapter 6)
• N/A	• N/A

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* The list is not exhaustive

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Areas to be read in conjunction with the area of particular focus

User scenarios*

- Chapter 3.1.1 User scenario 1: Mental health

- Chapter 3.1.3 User scenario 3: Assessment and diagnosis

- Chapter 3.1.5 User scenario 5: Postoperative rehabilitation and discharge planning

- Chapter 3.1.11 User scenario 11: Child, head injury

Other chapters/annexes*

- Chapter 2.2.2 Assessment of health condition

- Chapter 2.2.7 Additional examinations

- Chapter 2.2.9 Other treatments

- Chapter 2.2.14 Administration of health care

- Chapter 2.4.2 Welfare support

- Chapter 4.4 Resource planning, scheduling and work lists

- Chapter 4.11 Medical device integration

Laws, regulations and guidelines (see Chapter 1.5)*

No special legislation apply to this Chapter. Please refer to *Chapter 1.5* for an overview of legislation, regulations and guidelines that apply to the solution in general.

Related functions in HL7 EHR-System Functional Model, Release 2*

No specific HL7 functions are listed in this Chapter.

Present situation

Due to the lack of functionality in the current EHR solutions or because the functionality is highly needed, many additional specialised systems are in use to provide the required functionality. Several minor or major systems are currently in use by different specialties, such as cardiology, ophthalmology, rheumatology, physical medicine and rehabilitation. The functionalities provided and in use vary between the different systems and support several capabilities, including but not limited to, Assessment of health condition, Performing other treatments and Additional examinations. Some of these systems have separate registrations of patient demographic information, appointment administration and scheduling. This often results in duplication of information or erroneous registrations, due to manual input or lack of information exchange between systems.

Some of the specialised systems are information systems connected to medical devices and some offer assessment tools or questionnaires. Other systems offer specialised functionalities not necessarily involving health personnel, such as ordering of food or transport.

Purpose and expectations

Many specialised systems are identified, of which some may be replaced by the solution and others are considered as necessary to retain and integrate. Most of the systems considered necessary to retain are connected to **medical devices**.

The Customer expect the new EHR solution to support as many specialities as possible. In addition, the solution must integrate with the retained systems, giving a high level of integration in the new application portfolio. *Appendix C7* gives an overview of the existing application

portfolio's relation to the new EHR solution. Which applications to be replaced and which applications to be integrated are listed.

Requirements related to Specialities and specialised systems

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F19022	**Constraints and restrictions to the solution** The Contractor shall in T Appendix 2B1 describe any constraints and restrictions to the solution that may have an impact on the Customer's outlined expectations.	M	1	D	DC	C
F19023	**Solution that conforms to the Customer's expectations** The Contractor shall in T Appendix 2B1 describe, in summary, how the solution will conform to the Customer's expectations as outlined in the introduction to the topic.	M	1	D	DC	C
F19024	**Application, components, modules** The Contractor shall in T Appendix 2B1 describe which application/components/modules that need to be used in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F25814	**Integrations** The Contractor shall in T Appendix 2B1 describe the integrations with other systems that will be necessary in order to fulfil the purpose and expectations described above.	M	1	D	DC	C
F22370	**Specialties and ancillaries supported in the solution** The Contractor shall in T Appendix 2B1 describe which specialties and ancillaries are supported in the solution (e.g., ophthalmology, psychiatry, cardiology, physiotherapy). The description shall include the functionalities supporting the specialties and ancillaries.	M	2	D	A;DC	C

5 FUNCTIONAL REQUIREMENTS

This Chapter contains the general functional requirements for the EHR solution. Most of the functional requirements are references to the HL7 EHR-S Functional Model. The Customer has added Helseplattformen requirements when the model does not cover the functional scope that is being addressed.

This Chapter is structured according to the six sections of the HL7 EHR-S Functional Model, as outlined in the figure below.
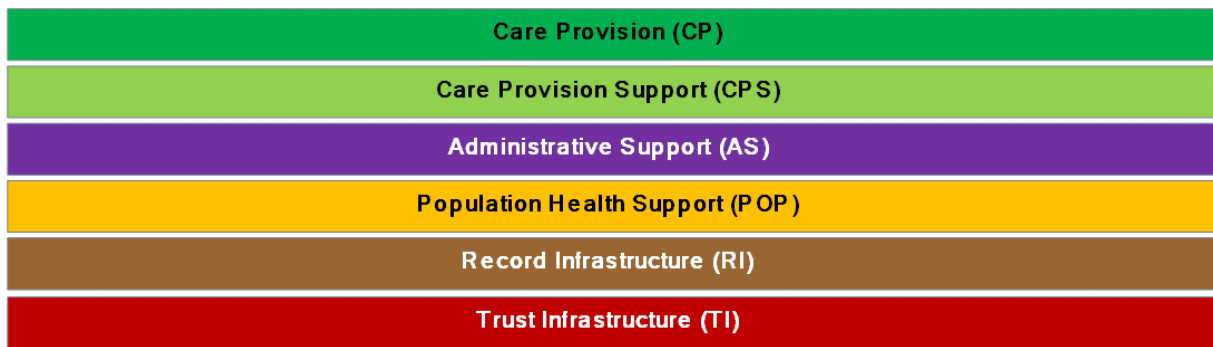
Figure 16 - HL7 EHR-S Functional Model - Function list sections

For the entire HL7 EHR-S Functional Model, see *Appendix C5*. A disclaimer for how the Customer has used the model is included in *Appendix C5, Chapter 1.* For a more detailed overview of the functionality in the EHR solution and how the Customer has used the HL7 EHR-S Functional Model, see *Appendix C0, Chapter 4.4.*

For an explanation of the requirement tables used in the subsequent sub-chapters, see *Chapter 1.3*.

5.1 FUNCTIONAL REQUIREMENTS: CARE PROVISION (CP)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer related to care provision. These requirements are general functionalities and are in most cases not limited to specific settings, professions or providers.
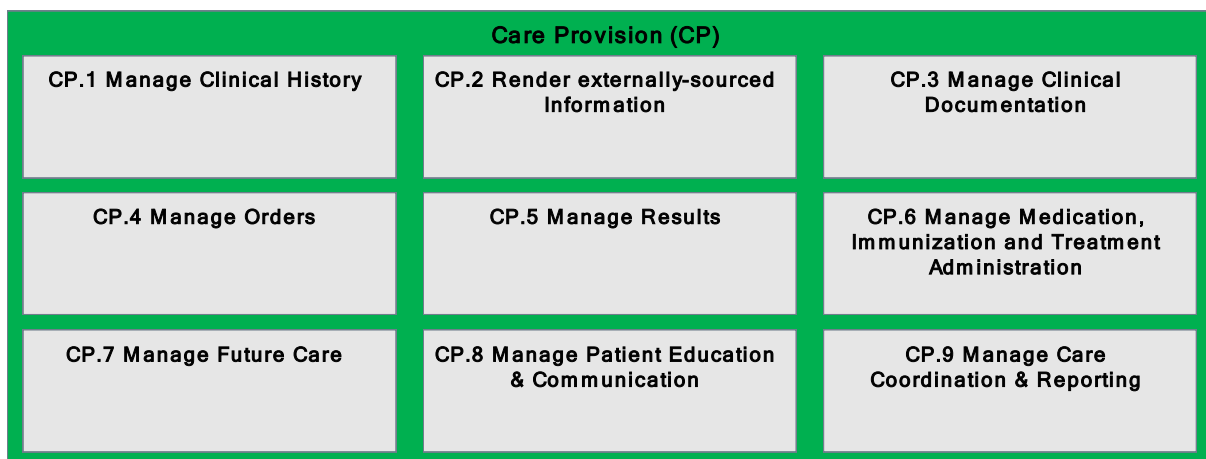
Figure 17 - HL7 EHR-S Functional Model - Section Care Provision (CP)

5.1.1 CP.1 Manage clinical history

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22104	**Manage patient history** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.1 in EHR-S FM.	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Administration • Assessment and diagnosis • Case history and examination • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medication ordering • Nursing and care • Paediatric care and child health • Palliative care • Performing other treatments • Preparation for invasive treatment • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities **To be considered:** • Health promotion (TBC) • Prevention (TBC)					
F22113	**Manage current patient history** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22114	**Identity of clinicians involved** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.1 in EHR-S FM.	H	3	N/A	DC	C
F22115	**Conform to function CPS.2.1 Support externally-sourced clinical documents (CP.1.1)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.1 in EHR-S FM.	H	3	N/A	DC	C;P
F22116	**Conform to function CPS.2.2 Support externally-sourced clinical data (CP.1.1)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.1 in EHR-S FM.	H	3	N/A	DC	C;P
F22117	**Capture family history** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22118	**Capture social history** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22119	**Capture patient's relationships** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22120	**Capture structured data in the patient history** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.1 in EHR-S FM.	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22121	**Maintain and render documentation** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22122	**Present multiple levels of data** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.1 in EHR-S FM.	M	1	N/A	DC	C;P
F22123	**Capture patient history to a standard-based form or template** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.1 in EHR-S FM.	M	3	N/A	DC	C;P
F22124	**Capture indication of receipt of social subsidies** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.1.1 in EHR-S FM.	M	1	N/A	DC	C;P
F22125	**Capture investigational product** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.1.1 in EHR-S FM.	M	1	N/A	DC	C;P
F22126	**Manage information regarding living situations or environmental factors** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.1.1 in EHR-S FM.	M	3	N/A	DC	C;P
F22127	**Manage information regarding nutrition and diet** The Contractor confirms that the solution shall provide the ability to capture, maintain and render information regarding nutrition and diet. Addition to CP.1.1 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Food supply • Nursing and care • Palliative care • Performing other treatments • Undertaking habilitation and rehabilitation activities	M	2	N/A	DC	C;P
F22105	**Manage allergy, intolerance and adverse reaction list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.2 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Continuous and comprehensive medical chart solution • Continuous quality improvement • Distribution of knowledge • Handling errors/discrepancies • Knowledge and clinical decision support • Medication ordering • Nursing and care	H	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Paediatric care and child health • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Request for additional examinations • The chain of emergency care					
F22131	**Adverse reaction and allergy** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22132	**Reason for the capture, update or removal of the allergy** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22133	**Reaction type as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22134	**Reaction type as coded data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22135	**Severity of allergic or adverse reaction** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22136	**No known allergies (NKA)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.2 in EHR-S FM.	M	2	N/A	DC	C
F22137	**No known food allergies (NKFA)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.2 in EHR-S FM.	M	2	N/A	DC	C
F22138	**Source of allergy, intolerance and adverse reaction** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22139	**Tag as deactivated** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22140	**Reason for deactivation** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22141	**Render deactivated allergies** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22142	**Render the list of allergies** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.1.2 in EHR-S FM.	M	2	N/A	DC	C
F22143	**Restrict the ability to render the list of allergies** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.1.2 in EHR-S FM.	L	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22144	**Tag list of allergies reviewed** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22145	**Date for allergy entered** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22146	**Date for allergy occurrence** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22147	**Allergy information as standard-based coded data** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22148	**Allergy information prior to completion of the medication order** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22149	**Unknown or unable to assess allergies** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22150	**Reason for unknown or unable to assess allergies** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22151	**Tag and render to providers that allergies need update** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22152	**Free text allergies** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22153	**No allergy interaction checking for free text entries** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22154	**Historical allergy information** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22155	**Link allergy with diagnostic results** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.1.2 in EHR-S FM.	L	3	N/A	DC	C
F22156	**Conform to function CPS.4.2.1 Support for medication interaction and allergy (CP.1.2)** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22157	**Capture interaction notification** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F23528	**Critical information accessible** The Contractor confirms that the solution shall provide the ability to render critical information (e.g., allergies, infections	H	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	and bleeding disorders) accessible to all units in contact with the patient. Addition to CP.1.2 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Continuous quality improvement • Nursing and care • Resource planning, scheduling and work lists • The chain of emergency care					
F22106	**Manage medication list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.3 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medication ordering • Medication supply and dispatching • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities	H	1	D	A;DC	C;P
F22158	**Manage patient-specific medication list** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C;P
F22159	**Medication details** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22160	**Study treatment/investigational products** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22161	**Medication timeline** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C
F22162	**Current and historical medication list** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C;P

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F22163	**Non-prescription medications** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22164	**Render medication history** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C;P
F22165	**Tagging medication as 'erroneously captured'** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22166	**Medication list excluding 'erroneously captured' medications** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22167	**Indicator for 'erroneously captured' medications** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22168	**Medication list for patient use** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C;P
F22169	**Filling information** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C
F22170	**Notification when prescription cannot be filled** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C
F22171	**Notification when prescription cannot be dispensed** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C
F22172	**Medication list from external source** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22173	**Medication history not available/incomplete** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.1.3 in EHR-S FM.	M	1	N/A	DC	C
F22174	**Description and reason for unknown medications** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22175	**Use of private medicine while hospitalised** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	H;M;P
F22176	**Pharmacist verification** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C
F22177	**Manage historical medication rationale** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.1.3 in EHR-S FM.	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22178	**Updating orders from medication list** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22179	**Conform to function CPS.4.2.1 Support for medication interaction and allergy checking (CP.1.3)** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.1.3 in EHR-S FM.	H	1	N/A	DC	C
F22180	**Free text prescriptions** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22181	**No interaction checking for free text entries** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22182	**Render side effects from medication list** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22183	**Render potential side effects from medication list** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.1.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22184	**No medications indicator** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.1.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22185	**Active medications** The Contractor confirms that the solution shall comply with conformance criteria 28 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22186	**Non-active medications** The Contractor confirms that the solution shall comply with conformance criteria 29 of function CP.1.3 in EHR-S FM.	M	1	N/A	DC	C
F22187	**Capture self-administration details** The Contractor confirms that the solution shall comply with conformance criteria 30 of function CP.1.3 in EHR-S FM.	L	1	N/A	DC	C;P
F22188	**Pre-admission medications** The Contractor confirms that the solution shall comply with conformance criteria 31 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22189	**Pre-admission medications at the time of discharge** The Contractor confirms that the solution shall comply with conformance criteria 32 of function CP.1.3 in EHR-S FM.	H	3	N/A	DC	C
F23127	**Preferred content in medication list** The Contractor confirms that the solution shall provide the ability for citizens to view their medication list after preferred content information (e.g., "blood pressure medication" instead of product name). Addition to CP.1.3 **Dedicated area/function:**	M	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Continuous and comprehensive medical chart solution • Individually customised communication • Pharmaceutical guidance					
F22107	**Manage problem list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.4 in EHR-S FM. **Dedicated area/function:** • Assessment and diagnosis • Case history and examination • Coding and reconciliation • Continuous and comprehensive medical chart solution • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Paediatric care and child health • Palliative care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prevention of infectious diseases • Request for additional examinations • The chain of emergency care • Tracking infections • Undertaking habilitation and rehabilitation activities **To be considered:** • Health promotion (TBC) • Prevention (TBC) • Prevention of infectious diseases (TBC)	H	1	D	A;DC	C;P
F22191	**Manage, as discrete data, all active problems** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.4 in EHR-S FM.	H	1	N/A	DC	C;P
F22192	**Manage history of all problems** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.4 in EHR-S FM.	H	1	N/A	DC	C
F22193	**Manage status of each problem** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.4 in EHR-S FM.	H	1	N/A	DC	C;P
F22194	**Manage dates for problem status change** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22195	**Manage chronicity duration of a problem** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22196	**Manage information source of the problem** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22197	**Conform to function RI.1.1.17 Deprecate/retract record entries (CP.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22198	**Re-activate an inactive problem** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.4 in EHR-S FM.	L	1	N/A	DC	C;P
F22199	**User-defined sort order** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22200	**Active problems** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.4 in EHR-S FM.	H	1	N/A	DC	C;P
F22201	**Link problems to encounters** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22202	**Link problems to medications** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22203	**Link problems to orders** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22204	**Link problems to medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22205	**Link problems to prosthetic/orthotic devices** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22206	**Link problems to notes** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22207	**Links to codified problems** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22208	**Free text problems** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C;P
F22209	**No interaction checking for free text problems** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22210	**Capture problem using standardised coding schemas** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22211	**Manage free text comments associated with a problem** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.1.4 in EHR-S FM.	H	2	N/A	DC	C;P
F22212	**Manage the severity of a problem** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.1.4 in EHR-S FM.	L	1	N/A	DC	C
F22213	**Link action taken and outcomes** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22214	**Manage problems for known genetically based illnesses** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.1.4 in EHR-S FM.	L	3	N/A	DC	C
F22215	**Manage a known single allele carrier status** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.1.4 in EHR-S FM.	L	3	N/A	DC	C
F22216	**Manage the linking of problems** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22217	**Render problem list** The Contractor confirms that the solution shall provide the ability to render a problem list to patients (e.g., diagnoses, chronic condition, allergies). Addition to CP.1.4 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Individually customised communication	M	1	N/A	DC	C;P
F22218	**Updates to the problem list** The Contractor confirms that the solution shall provide the ability to render the source, date and time of all updates to the problem list to patients. Addition to CP.1.4 **Dedicated area/function:** • Individually customised communication	M	1	N/A	DC	C;P
F22219	**Ability to render inactive or resolved problems** The Contractor confirms that the solution shall provide the ability to render to patients inactive or resolved problems (e.g., a list of childhood earaches that are no longer problematic for the adult can be viewed quickly). Addition to CP.1.4	M	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Continuous and comprehensive medical chart solution • Individually customised communication					
F24478	**Differentiate between tentative and confirmed classification of disease** The Contractor shall in T Appendix 2B1 describe how the solution manages differentiation between tentative and confirmed classification of disease (diagnose codes). Addition to CP.1.4 **Dedicated area/function:** • Coding and reconciliation	H	2	DX	DC	C
F24159	**Support registration of infectious and contagious diseases** The Contractor confirms that the solution shall support the registration of infectious and contagious diseases on a single patient or on a group of patients. Addition to CP.1.4 **Dedicated area/function:** • Tracking infections	H	1	N/A	DC	C
F22108	**Manage health-related factors list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.5 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Nursing and care • Paediatric care and child health • Performing other treatments • Pharmaceutical guidance • The chain of emergency care • Undertaking habilation and rehabilitation activities **To be considered:** • Health promotion (TBC) • Prevention (TBC)	H	2	D	DC	C;P
F22220	**Patient-specific health-related factors** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.5 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22221	**Source of information regarding patient-specific health-related factors** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.5 in EHR-S FM.	H	2	N/A	DC	C
F22222	**Conform to function RI.1.1.17 Deprecate/retract record entries (CP.1.5)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22223	**Update or re-activate a patient-specific health-related factor** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.5 in EHR-S FM.	L	1	N/A	DC	C
F22224	**Links to patient-specific health-related factors** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22225	**Health related factors and schemes** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.5 in EHR-S FM.	M	2	N/A	DC	C
F22226	**Free text patient-specific health-related factor** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22227	**No allergy Interaction checking for free text health-related factors** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22228	**Free text comments - patient-specific health-related factor** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C;P
F22229	**Link action taken** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22130	**Patient's timeline of important events** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to view a patient's timeline of important events (e.g., important events could be trauma, loss of function or close relatives). Addition to CP.1.5 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Performing other treatments • The chain of emergency care • Undertaking habilitation and rehabilitation activities	L	2	DX	DC	C;P
F22109	**Manage immunisation list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.6 in EHR-S FM.	M	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Administration • Case history and examination • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medication ordering • Paediatric care and child health • Pharmaceutical guidance • Prevention **To be considered:** • Prevention (TBC)					
F22230	**Manage immunisations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.6 in EHR-S FM.	H	3	N/A	DC	C
F22231	**Maintain immunisation details** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.6 in EHR-S FM.	M	3	N/A	DC	C
F22232	**Manage data associated with immunisation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.6 in EHR-S FM.	H	1	N/A	DC	C
F22233	**Immunisation history** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.6 in EHR-S FM.	H	3	N/A	DC	C;P
F22234	**Date for companion immunisation** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.6 in EHR-S FM.	H	2	N/A	DC	C;P
F22235	**Population-based immunisation schedules** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.6 in EHR-S FM.	H	3	N/A	DC	C
F22110	**Manage medical equipment, prosthetic/orthotic, device list** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.7 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Case history and examination • Continuous and comprehensive medical chart solution • Handling consumable supplies and equipment • Managing deaths • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health	H	2	D	DC;DT	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Request for additional examinations • Resource planning • Resource planning, scheduling and work lists • Sampling • Undertaking habilitation and rehabilitation activities • Usage tracking of equipment and aids **Integration**					
F22236	**Discrete data, a patient-specific list of specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F22237	**Description of each instance of use of specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F22238	**Reason for each instance of use** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.7 in EHR-S FM.	M	3	N/A	DC	C
F22239	**Specific type of medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F22240	**No known specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.7 in EHR-S FM.	H	2	N/A	DC	C
F22241	**Identify and track the equipment/device** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.7 in EHR-S FM.	M	3	N/A	DC	C
F22242	**Tag as deactivated and capture reason** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.7 in EHR-S FM.	M	1	N/A	DC	C
F22243	**Re-activate** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.7 in EHR-S FM.	L	1	N/A	DC	C
F22244	**List of deactivated equipment** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.7 in EHR-S FM.	H	2	N/A	DC	C
F22245	**Date of the next scheduled equipment maintenance** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.7 in EHR-S FM.	L	3	N/A	DC	C
F22246	**Maintenance instructions**	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.7 in EHR-S FM.					
F22247	**Manual registration of traceability information** The Contractor confirms that the solution shall support manual registration of traceability information for **medical devices** and/or PCHC devices. Addition to CP.1.7 **Dedicated area/function:** • Medical device integration	M	2	N/A	DC	C
F22248	**Invasive equipment on a deceased** The Contractor confirms that the solution shall provide the ability to render alerts and/or notifications on equipment which must be removed from the deceased (e.g., pacemaker). Addition to CP.1.7 **Dedicated area/function:** • Managing deaths	L	2	N/A	DC	H;M
F22252	**Capture and render the reason for use of aids** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and render the reason for each instance of use of aids through integrations with external systems. Addition to CP.1.7 **Dedicated area/function:** • Usage tracking of equipment and aids **Integration**	L	3	DX	DC	H;M
F22253	**Manage tracking data** The Contractor shall in T Appendix 2B1 describe how the solution is able to capture, maintain and render tracking data from external systems. Addition to CP.1.7 **Dedicated area/function:** • Performing invasive treatment • Usage tracking of equipment and aids **Integration**	H	2	DX	A;DC	H
F22371	**Support registration** The Contractor shall in T Appendix 2B1 describe how the solution supports perioperative registration of medical procedures, materials, time stamps of activities, surgeons, anaesthetist and operation theatre team.	H	2	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CP.1.7 **Dedicated area/function:** • Preparation for invasive treatment					
F22372	**Registration of activity in operation theatre** The Contractor shall in T Appendix 2B1 describe how the solution supports registration that conforms to the following scenario: multiple surgeries can be performed during one operating theatre session and multiple procedures can be performed during one surgery. Addition to CP.1.7 **Dedicated area/function:** • Preparation for invasive treatment	H	2	DX	DC	H
F22111	**Manage patient and family preferences** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.8 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Individually customised communication • Information management • Palliative care	H	1	D	A;DC	C;P
F22254	**Preferences - patient** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.8 in EHR-S FM.	H	1	N/A	DC	C;P
F22255	**Preferences - family** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.8 in EHR-S FM.	H	1	N/A	DC	C;P
F22256	**Preferences - business rules** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.8 in EHR-S FM.	M	1	N/A	DC	C
F22257	**Preferences – treatment plans and orders** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.8 in EHR-S FM.	M	1	N/A	DC	C;P
F22258	**Preferences – health education materials** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.8 in EHR-S FM.	M	1	N/A	DC	C;P
F22259	**Conform to function CPS.1.7.1 Support for patient and family preferences (CP.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.8 in EHR-S FM.	M	2	N/A	DC	C;P
F22260	**Manage patient and family decisions and preferences** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for patients to capture, view and	H	2	DX	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	maintain preferences related to receipt of treatment or immunisation, language, religion, spiritual practices, culture or others according to organisational policy and/or jurisdictional law. Addition to CP.1.8 **Dedicated area/function:** • Individually customised communication					
F22112	**Manage adverse events** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.1.9 in EHR-S FM. **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Continuous quality improvement • Control and compliance • Donation of biological material • Handling errors/discrepancies • Individually customised communication • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Undertaking habilitation and rehabilitation activities	H	3	D	A;DC	C;P
F22263	**Manage adverse events associate with a patient** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.9 in EHR-S FM.	H	2	N/A	DC	C
F22264	**Capture and maintain as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.9 in EHR-S FM.	H	3	N/A	DC	C;P
F22265	**Serious adverse events (SAE) report** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.9 in EHR-S FM.	H	3	N/A	DC	C
F22266	**Serious adverse events (SAE) data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.9 in EHR-S FM.	L	3	N/A	DC	C
F22267	**Report without exiting tasks** The Contractor confirms that the solution shall provide the ability to report errors, discrepancies or adverse events without exiting a patient's health record or current work processes. Addition to CP.1.9 **Dedicated area/function:** • Handling errors/discrepancies	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22268	**Assigning error, discrepancy or adverse event to internal recipient** The Contractor confirms that the solution shall provide the ability to manage an error, discrepancy or adverse event to internal recipient (e.g., manager, health supervision). Addition to CP.1.9 **Dedicated area/function:** • Handling errors/discrepancies	M	2	N/A	DC	C
F22269	**Work-related injuries to health professionals** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for the health professionals to capture a notice of work related injury or threat in relation to the treatment of patients, including an option to link the notice to a patient while ensuring the patient's anonymity. Addition to CP.1.9 **Dedicated area/function:** • Handling errors/discrepancies	M	3	DX	DC	C
F22270	**Export of work-related notice** The Contractor confirms that the solution shall provide the ability to capture and transmit a notice of work-related injuries to a personnel system/HR system. Addition to CP.1.9 **Dedicated area/function:** • Handling errors/discrepancies **Integration**	M	3	N/A	DC	C
F26062	**Interaction with an external quality system** The Contractor confirms that the solution shall provide the ability to exchange data regarding errors, discrepancies or *adverse events* with an external quality system according to scope of practice, organisational policy and/or jurisdictional law. Addition to CP.1.9 **Dedicated area/function:** • Handling errors/discrepancies **Integration**	M	3	N/A	DC	C

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5.1.2 CP.2 Render externally-sourced information

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22273	**Render externally-sourced Information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Reporting the results of radiological examinations • Sampling • Undertaking habilitation and rehabilitation activities **Integration**	H	3	D	A;DC	C
F22274	**Render a tag for externally sourced information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2 in EHR-S FM.	M	3	N/A	DC	C
F22275	**Render externally-sourced clinical documents** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Medical device integration • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Test result reporting • The chain of emergency care	H	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Undertaking habilitation and rehabilitation activities **Integration**					
F22280	**Render externally-sourced clinical documents if the system confirms to CPS.2.1** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2.1 in EHR-S FM.	H	3	N/A	DC	C
F22276	**Render externally-sourced data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2.2 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Medical device integration • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Undertaking habilitation and rehabilitation activities • Work planning **Integration**	H	3	D	DC	C
F22282	**Render externally-sourced clinical data if the system confirms to CPS.2.2** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2.2 in EHR-S FM.	H	3	N/A	DC	C
F22277	**Render emergency medical system originated data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2.3 in EHR-S FM. **Dedicated area/function:** • Assessment and diagnosis • Case history and examination • Continuous and comprehensive medical chart solution • Medication ordering • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation of habilitation and rehabilitation services • The chain of emergency care • Undertaking habilitation and rehabilitation activities	H	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F22283	**Render emergency medical System originated data if the system confirms to CPS.2.3** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2.3 in EHR-S FM.	H	3	N/A	DC	C
F22278	**Render externally-sourced clinical images** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2.4 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Medical device integration • Medication ordering • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Test result reporting • The chain of emergency care **Integration**	H	3	D	DC	C
F22284	**Render externally-sourced clinical images if the system confirms to CPS.2.4** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2.4 in EHR-S FM.	H	2	N/A	DC	C
F22279	**Manage patient-originated data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.2.5 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Individually customised communication • Information management • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments	H	2	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F22285	**Capture patient-originated data and tag that data as such** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.2.5 in EHR-S FM.	H	2	N/A	DC	C;P
F22286	**Tag the data as patient captured** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.2.5 in EHR-S FM.	H	2	N/A	DC	C;P
F22287	**Render patient-originated data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.2.5 in EHR-S FM.	H	2	N/A	DC	C;P
F22288	**Annotate patient-originated data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.2.5 in EHR-S FM.	M	2	N/A	DC	C
F22289	**Patient-originated annotations on provider-sourced data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.2.5 in EHR-S FM.	M	2	N/A	DC	C;P
F22290	**Render externally-sourced clinical documents if the system confirms to CPS.2.1** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.2.5 in EHR-S FM.	H	3	N/A	DC	C
F22291	**Warning and alert management, PCHC devices** The Contractor shall in T Appendix 2B1 describe how the solution supports integration with third party software for warning and alert management from *PCHC* devices, initiated by health services. Addition to CP.2.5 **Dedicated area/function:** • Medical device integration • Nursing and care **Integration**	M	2	DX	A;DC	M;H
F22292	**Confirm ability to manage and render PCHC data** The Contractor confirms that the solution shall provide the ability to manage and render PCHC data (e.g., from an external PHR system). Addition to CP.2.5 **Dedicated area/function:** • Medical device integration • Nursing and care **Integration**	M	2	N/A	DC	C

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5.1.3 CP.3 Manage clinical documentation

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22298	**Conduct assessments** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.3.1 in EHR-S FM. **Dedicated area/function:** • Assessment and diagnosis • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • The chain of emergency care • Undertaking habilitation and rehabilitation activities	H	1	D	DC	C
F22303	**Manage assessment information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.3.1 in EHR-S FM.	H	3	N/A	DC	C
F22304	**Manage patient information using recognised-standard, and/or locally-defined assessments** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.3.1 in EHR-S FM.	H	3	N/A	DC	C
F22305	**Manage additional assessment information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C
F22306	**Link assessment information to a problem list** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.3.1 in EHR-S FM.	H	3	N/A	DC	C
F22307	**Transmit assessment information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.3.1 in EHR-S FM.	H	3	N/A	DC	C
F22308	**Receive assessment information from external sources** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.3.1 in EHR-S FM.	H	3	N/A	DC	C
F22309	**Analyse and render assessment data compared with standardised curves** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.3.1 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22310	**Assessment information as trends** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.3.1 in EHR-S FM.	M	2	N/A	DC	C
F22311	**Exchange data between an assessment and a medication list.** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C
F22312	**Analyse assessment information using clinical prediction rules** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.3.1 in EHR-S FM.	M	1	N/A	DC	C
F22313	**Conform to function CPS.3.1 Support for standard assessments (CP.3.1)** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22314	**Conform to function CPS.3.2 Support for patient context-driven assessments (CP.3.1)** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22315	**Render prior versions of assessment info** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C
F22316	**Analyse schedule of assessment** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.3.1 in EHR-S FM.	H	2	N/A	DC	C
F22317	**List of assessments based on context-related information** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.3.1 in EHR-S FM.	M	2	N/A	DC	C
F22318	**Assessment information and the final score as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.3.1 in EHR-S FM.	M	2	N/A	DC	C
F22319	**Compare assessment with best practice** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.3.1 in EHR-S FM.	M	1	N/A	DC	C
F22323	**Interaction with external systems for additional examinations** The Contractor shall in T Appendix 2B1 describe how the solution is able to interact with external systems in the execution and documentation of additional examinations. The interaction should include sending patient identification and an order for examination and receiving significant clinical variables (e.g., results or examination report). Addition to CP.3.1 **Dedicated area/function:** • Medical device integration • The chain of emergency care	H	3	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F22344	**Neonatal and paediatric scoring tools** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture, maintain, determine and render neonatal and paediatric-specific scores, e.g., APGAR Score, paediatric early warning scores, paediatric/neonatal pain assessment scores, mental health assessment scoring tools. Addition to CP.3.1 **Dedicated area/function:** • Paediatric care and child health	H	3	DX	DC	C
F22299	**Manage patient clinical measurements** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.3.2 in EHR-S FM. **Dedicated area/function:** • Administration • Assessment and diagnosis • Case history and examination • Continuous and comprehensive medical chart solution • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Receiving results of additional examinations • Test result reporting • The chain of emergency care • Undertaking habilitation and rehabilitation activities	H	1	D	DC	C;P
F22325	**Capture vital signs as discrete elements** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.3.2 in EHR-S FM.	H	1	N/A	DC	C;P
F22326	**Capture other clinical measures** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.3.2 in EHR-S FM.	H	1	N/A	DC	C;P
F22327	**Determine additional values** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.3.2 in EHR-S FM.	M	1	N/A	DC	C
F22328	**Import or receive clinical measurements** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.3.2 in EHR-S FM.	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22329	**Capture mood, behavior and daily functioning** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22330	**Determine percentile values when data are entered** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22331	**Determine based on normal ranges for numeric and normal values for non-numeric data** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22332	**Render target clinical measurement values** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.3.2 in EHR-S FM.	L	3	N/A	DC	C
F22333	**Time for measurement taken** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.3.2 in EHR-S FM.	H	1	N/A	DC	C
F22334	**Contextual information reg.** clinical measurement The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22335	**Render trends of clinical measurements** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22336	**Growth charts** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22337	**Number of standard deviations from the mean** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.3.2 in EHR-S FM.	M	1	N/A	DC	C
F22338	**Different units of measurement** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22339	**Context for each data point** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22340	**Maturity level measurements** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.3.2 in EHR-S FM.	M	1	N/A	DC	C
F22341	**Post conceptional age** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.3.2 in EHR-S FM.	H	2	N/A	DC	C
F22345	**Growth charts percentiles and curves** The Contractor confirms that the solution shall provide the ability to capture, determine and render national and international growth chart percentiles including growth velocity curves. Growth charts for premature infants and children with different syndromes should be included. Addition to CP.3.2	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Paediatric care and child health					
F22281	**Monitoring the delivery** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render data during delivery in a partogram to provide a graphical illustration of the progress of labour (e.g., monitoring values from CTG external, internal CTG and STAN, blood pressure and pulse appears along with documentation of events during labour and drug delivery). Addition to CP.3.2 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Medical device integration • Nursing and care	H	2	D	A;DC	C
F22321	**Gestational age** The Contractor confirms that the solution shall provide the ability to calculate gestational age of the foetus and expected time of birth. Addition to CP.3.2 **Dedicated area/function:** • Nursing and care	M	1	N/A	DC	C
F26431	**Staging of cancer according to TNM classification** The Contractor confirms that the solution shall provide the ability to determine and render TNM status in cancer staging of solid tumours when data with normative distributions are entered. Addition to CP.3.2 **Dedicated area/function:** • Assessment and diagnosis	M	2	N/A	DC	H
F26432	**Staging of lymphomas according to Ann Arbor classification** The Contractor confirms that the solution shall provide the ability to determine and render Ann Arbor staging for lymphomas when data with normative distributions are entered. Addition to CP.3.2 **Dedicated area/function:** • Assessment and diagnosis	M	2	N/A	DC	H
F22300	**Manage Clinical Documents and Notes** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.3.3 in EHR-S FM.	H	1	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Administration • Administrative procedures • Assessment and diagnosis • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Dispensing • Donation of biological material • Food supply • Individually customised communication • Information management • Managing deaths • Medication ordering • Nursing and care • Paediatric care and child health • Palliative care • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Reporting the results of radiological examinations • Request for additional examinations • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities					
F22346	**Capture and render clinical documentation as structured or unstructured** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.3.3 in EHR-S FM.	H	1	N/A	DC	C;P
F22347	**Templates to facilitate documentation** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.3.3 in EHR-S FM.	H	1	N/A	DC	C;P
F22348	**Present existing documentation while creating new documentation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.3.3 in EHR-S FM.	H	1	N/A	DC	C;P
F22349	**Link documentation with specific patient encounter/event** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22350	**Render list in user-defined sort order** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22351	**Link clinical documents and notes to problems**	H	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.3.3 in EHR-S FM.					
F22352	**Update documentation prior to finalising it** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22353	**Tag as final** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.3.3 in EHR-S FM.	H	3	N/A	DC	C
F22354	**Authors and authenticators** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.3.3 in EHR-S FM.	H	1	N/A	DC	C
F22355	**Metadata search and filter** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22356	**Standard choices** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.3.3 in EHR-S FM.	M	3	N/A	DC	C
F22357	**Clinician's differential diagnosis and list of diagnoses in evaluation** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22358	**Integrated charting or documentation tool for clinical documentation** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22359	**Integrated charting or documentation tool for patient-specific requirements** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22360	**Transition-of-care related information** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.3.3 in EHR-S FM.	M	3	N/A	DC	C
F22361	**Tag status of clinical documentation** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.3.3 in EHR-S FM.	H	1	N/A	DC	C
F22362	**Tag and render patients requiring follow up contact** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22363	**Patient follow-up contact activities** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22364	**Save partially completed clinical documentation** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22365	**Render partially completed clinical documentation only to authorised users**	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.3.3 in EHR-S FM.					
F22366	**Tag unsigned documentation if partially completed** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22367	**Render a notification at specified intervals to the author if documentation is partially completed** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.3.3 in EHR-S FM.	H	2	N/A	DC	C
F22373	**Register that the patient is discussed in multidisciplinary meetings** The Contractor confirms that the solution shall provide the ability to register that a patient has been discussed in a multidisciplinary meeting according to scope of practice and organisational policy. Addition to CP.3.3 **Dedicated area/function:** • Nursing and care • Palliative care • Performing other treatments • The chain of emergency care • Undertaking habilitation and rehabilitation activities	M	1	N/A	DC	C
F25808	**Render and manage food diary** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render and manage food diary for patients. Addition to CP.3.3 **Dedicated area/function:** • Food supply • Nursing and care	M	2	DX	DC	C;P
F23921	**Documentation after death** The Contractor confirms that the solution shall provide the ability to manage documentation after a patient's death (e.g., conversation with representative, removal of medical equipment, autopsy or genetic studies). Addition to CP.3.3 **Dedicated area/function:** • Donation of biological material • Managing deaths • The chain of emergency care	H	1	N/A	DC	C
F22550	**Capture structured clinical documentation in partogram** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture structured clinical	H	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	documentation in partogram (e.g. illustrates fontanelle placement, and presentation, including head, breech, face, feet, breech/foot and divergent head presentation). Addition to CP.3.3 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Nursing and care					
F23164	**Diary for ICU patient** The Contractor confirms that the solution shall support the ability of writing a diary for the intensive care patient (e.g., events, visitors, images/pictures, weather, news) while the patient is unconscious. Addition to CP.3.3 **Dedicated area/function:** • Nursing and care • Performing invasive treatment	M	2	N/A	DC	H;P
F22301	**Manage patient-specific care and treatment plans** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.3.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Administrative procedures • Continuous and comprehensive medical chart solution • Control and compliance • Distribution of knowledge • Donation of biological material • Handling errors/discrepancies • Information management • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Palliative care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • The chain of emergency care	H	3	D	DC;DT	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Undertaking habilitation and rehabilitation activities					
F22374	**Manage patient-specific plans of care and treatment** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.3.4 in EHR-S FM.	H	1	N/A	DC	C
F22375	**Conform to function CP.7.1 Present guidelines and protocols for planning care (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22376	**Capture metadata regarding patient's plan of care or treatment** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.3.4 in EHR-S FM.	H	3	N/A	DC	C
F22377	**Link order sets with care plans** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22378	**Link care plan with conditions** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22379	**Determine and render order sets from care plans** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22380	**Care plans from order sets** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.3.4 in EHR-S FM.	M	1	N/A	DC	C
F22381	**Transmit care plans and treatment plans to other care providers** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.3.4 in EHR-S FM.	H	1	N/A	DC	C
F22382	**Conform to function AS.5.1 Clinical task creation, assignment and routing (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22383	**Conform to function AS.5.3 Clinical task linking (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22384	**Conform to function AS.5.4 Clinical task status tracking (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22385	**Conform to function CPS.4.2.2 Support for patient-specific dosing and warnings (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22386	**Conform to function CPS.1.7.1 Support for patient and family preferences (CP.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.3.4 in EHR-S FM.	M	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22387	**Care plan review schedule or conference schedule** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.3.4 in EHR-S FM.	M	1	N/A	DC	C
F22388	**Manage, as discrete data, the reason for variation from rule-based clinical message** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22389	**Patient should not be on a generally recommended care plan and the reason why** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.3.4 in EHR-S FM.	H	2	N/A	DC	C
F22390	**Capture care processes** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.3.4 in EHR-S FM.	H	3	N/A	DC	C
F22391	**Render care processes** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.3.4 in EHR-S FM.	H	3	N/A	DC	C
F22392	**Render internal care plans, guidelines and protocols** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.3.4 in EHR-S FM.	H	1	N/A	DC	C
F22393	**Render external care plans, guidelines and protocols** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.3.4 in EHR-S FM.	H	3	N/A	DC	C
F22394	**Continuity of care** The Contractor shall in T Appendix 2B1 describe how the solution supports the continuity of care throughout the clinical pathway by securing that all relevant clinical information is available at all times and in all locations and situations (e.g., GP > ED > Operating theatre > PACU > nursing ward > municipal home care services). Addition to CP.3.4 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Nursing and care • Undertaking habilitation and rehabilitation activities	H	2	D	DT;DC	C
F22395	**Render data from treatment plans as a defined timeline** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render data from the treatment plan as a defined timeline. Addition to CP.3.4 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Nursing and care • Planning of treatment, nursing and care	H	2	DX	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22396	**Assign activity to the relevant goals and measures** The Contractor confirms that the solution shall provide the ability to assign activity, in a week plan/timeline, to the relevant goals and measures according to scope of practice, and/or organisational policy. Addition to CP.3.4 **Dedicated area/function:** • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • Undertaking habilitation and rehabilitation activities	M	2	N/A	DT;DC	C;P
F22397	**Treatment plan that can be shared across health personnel groups** The Contractor confirms that the solution shall provide the ability to support use of treatment plan that can be shared across health personnel (multidisciplinary), health services and providers. Addition to CP.3.4 **Dedicated area/function:** • Planning of treatment, nursing and care • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities	H	2	N/A	DC	C
F22398	**Render plan in different periods of time** The Contractor confirms that the solution shall provide the ability to render a treatment plan in different views (e.g., from divided into hours in a day to several years at a time). Addition to CP.3.4 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Planning of treatment, nursing and care • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • Undertaking habilitation and rehabilitation activities	H	2	N/A	DC	C
F22399	**Ability to handle dependencies between the different clinical pathways in a treatment plan** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to handle any dependencies between the different clinical pathways. A treatment plan may be a part of multiple clinical pathways. Addition to CP.3.4 **Dedicated area/function:** • Continuous and comprehensive medical chart solution	H	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Planning of treatment, nursing and care • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities					
F22400	**Manage the patients goals and targets** The Contractor confirms that the solution shall provide the ability to manage patient's goals and targets using a standard based classification scheme (e.g., SMART goals: Specific, Measurable, Achievable, Relevant and Time-bound). Addition to CP.3.4 **Dedicated area/function:** • Planning of treatment, nursing and care • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities	H	2	N/A	DC	C
F22402	**Support management of chronic disorders** The Contractor shall in T Appendix 2B1 describe how the solution support the multidisciplinary and long-term management of children and adolescents with chronic disorders. Addition to CP.3.4 **Dedicated area/function:** • Paediatric care and child health	H	2	DX	DC	C
F26050	**Support management of mental health disorders** The Contractor shall in T Appendix 2B1 describe how the solution support the multidisciplinary management of children with mental health issues. Addition to CP.3.4 **Dedicated area/function:** • Paediatric care and child health	H	2	DX	DC	C
F24614	**Capture references between organisational units** The Contractor confirms that the solution shall provide the ability to capture various references between organisational units. Addition to CP.3.4 **Dedicated area/function:** • Information management	H	3	N/A	DC	C
F22690	**Render standard plans for the infant based on the mother** The Contractor confirms that the solution shall provide the ability to render standard plans for the infant based on the mothers test results (e.g., medical measures if the mother is rhesus negative or prolonged rupture of amniotic membranes).	H	2	N/A	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CP.3.4 **Dedicated area/function:** • Nursing and care					
F22302	**Acknowledge/amend other provider documentation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.3.5 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Information management	M	1	D	DC	C
F22403	**Tag documentation as read** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.3.5 in EHR-S FM.	M	2	N/A	DC	C
F22404	**Tag agreement or disagreement with documentation** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.3.5 in EHR-S FM.	M	2	N/A	DC	C
F22405	**Annotate advice and provide direct care** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.3.5 in EHR-S FM.	M	3	N/A	DC	C
F22406	**Capture and render co-signature of documentation** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.3.5 in EHR-S FM.	H	3	N/A	DC	C
F22407	**Capture approval of documentation that was captured by another user** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.3.5 in EHR-S FM.	M	2	N/A	DC	C

5.1.4 CP.4 Manage orders

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22408	**Manage orders** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4 in EHR-S FM. **Dedicated area/function:** • Administration • Assessment and diagnosis • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Medication supply and dispatching	H	1	D	DC;DT	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Nursing and care • Paediatric care and child health • Palliative care • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Request for additional examinations • Resource planning, scheduling and work lists • Sampling • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities					
F22409	**Manage role-, context- or user-based order entry** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22410	**Manage the creation, renewal, modification and discontinuation of orders** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4 in EHR-S FM.	H	1	N/A	DC	C
F22411	**Render relevant laboratory test results when entering an order** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4 in EHR-S FM.	H	3	N/A	DC	C
F22412	**Manage status of order** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4 in EHR-S FM.	H	1	N/A	DC	C
F22413	**Manage and render order entry when the identity of the patient is unknown or in an urgent situation** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C
F22414	**Manage standing orders by providers other than licensed providers** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4 in EHR-S FM.	L	3	N/A	DC	C
F22415	**Capture and render problem/diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4 in EHR-S FM.	H	1	N/A	DC	C
F22416	**Manage diagnosis/problem code as dicrete data** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4 in EHR-S FM.	M	2	N/A	DC	C
F22417	**Link an order with a related clinical problem** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4 in EHR-S FM.	M	2	N/A	DC	C
F22418	**Render comments and instructions with an order** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22419	**Annotate and render free text comments with an order** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22420	**Tag frequently used order sets as favorites** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22421	**Manage orders from external organisations** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.4 in EHR-S FM.	M	3	N/A	DC	C
F22422	**Patient identifying information on all order screens** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.4 in EHR-S FM.	H	3	N/A	DC	C
F22423	**Manage an indication of oral verification** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C
F22424	**Degree of urgency** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C
F22425	**Render order history** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22426	**Required field for a complete order** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C
F22427	**Tag orders to be activated at a future date and time** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22428	**Conditional orders** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.4 in EHR-S FM.	M	2	N/A	DC	C
F22429	**Manage the identity of all providers who signed an order** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.4 in EHR-S FM.	H	1	N/A	DC	C
F22430	**Render a list of active orders** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22431	**Render list of orders by similar or comparable type** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C
F22432	**Render outstanding orders for multiple patients** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.4 in EHR-S FM.	H	2	N/A	DC	C
F22433	**Capture and transmit the order cancellation request** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.4 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22434	**Conform to function CPS.8.4 Support for communication between provider and patient, and/or the patient representative (CP.4)** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.4 in EHR-S FM.	H	3	N/A	DC	C;P
F22435	**Co-signatures** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.4 in EHR-S FM.	H	3	N/A	DC	M;H
F22436	**Link order to specific research projects** The Contractor confirms that the solution shall provide the ability to enable a test/assessment order to be linked to a specific research study (e.g., for cost-sharing/financial purposes and reporting). Addition to CP.4 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C
F23469	**Support for choosing the preferred generic medication** The Contractor confirms that the solution shall support the user to choose the preferred generic medication according to local policy when ordering medications. Addition to CP.4 **Dedicated area/function:** • Medication supply and dispatching	M	1	N/A	DC	C
F22700	**Open/direct admission** The Contractor confirms that the solution shall provide the ability to capture and render agreements of open admissions (e.g., patients with serious diseases who require frequent hospitalisations do not need to be referred from the GP. Patients or their representatives have an agreement with the hospital and have the possibility to be admitted directly to the ward). Addition to CP.4 **Dedicated area/function:** • Nursing and care • Palliative care • Resource planning, scheduling and work lists	M	1	N/A	DC	C;P
F26061	**Computerised provider order entry** The Contractor shall in T Appendix 2B1 describe how the solution is able to provide a unified workflow for all clinical ordering. Addition to CP.4 **Dedicated area/function:** • Request for additional examinations	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22440	**Use order sets** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Request for additional examinations • The transfer of tasks and responsibilities	H	1	D	DC	C
F22442	**Order sets** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.1 in EHR-S FM.	H	1	N/A	DC	C
F22443	**Maintain a patient's orders as an order set** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.1 in EHR-S FM.	H	2	N/A	DC	C
F22444	**Render a patient's orders as an order set** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.1 in EHR-S FM.	M	1	N/A	DC	C
F22445	**Orders based on patient characteristics** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.1 in EHR-S FM.	M	2	N/A	DC	C
F22446	**Conform to function CPS.4.1 Manage order set templates (CP.4.1)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.1 in EHR-S FM.	H	2	N/A	DC	C
F22447	**Render the appropriate order set template based on disease** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.1 in EHR-S FM.	M	2	N/A	DC	C
F22448	**Integrate in an order set, various types of orders** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.1 in EHR-S FM.	H	2	N/A	DC	C
F22449	**Delete individual orders from an order set** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.1 in EHR-S FM.	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22450	**Delete an individual order from order set** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.1 in EHR-S FM.	M	3	N/A	DC	C
F22451	**Integrate multiple order set templates** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4.1 in EHR-S FM.	H	3	N/A	DC	C
F22452	**Link order sets with condition(s)** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4.1 in EHR-S FM.	M	2	N/A	DC	C
F22453	**Order set templates for radiotherapy** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to combine patient information and order set templates to determine appropriate radiotherapy treatment. Addition to CP.4.1 **Dedicated area/function:** • Preparation for other treatments	H	2	DX	DC	H
F22454	**Support for ordering nutrition** The Contractor shall in T Appendix 2B1 describe how the solution supports the creation and modification of complex and high precision enteral and parenteral nutrition orders for neonates and children. Addition to CP.4.1 **Dedicated area/function:** • Medication ordering • Paediatric care and child health	H	3	DX	DC	H
F22441	**Manage medication orders** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Case history and examination • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medication ordering • Medication supply and dispatching • Paediatric care and child health • Pharmaceutical guidance • The chain of emergency care	H	1	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22455	**Conform to function CP.4.2.1 Medication interaction and allergy checking (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22456	**Conform to function CP.4.2.2 Patient-specific medication dosing and warnings (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22457	**Conform to function CP.4.2.3 Medication order efficiencies (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22458	**Conform to function CP.4.2.4 Medication alert overrides (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22459	**Capture medication order details as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.2 in EHR-S FM.	H	1	N/A	DC	C
F22460	**Maintain and render medication order details as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.2 in EHR-S FM.	H	1	N/A	DC	C
F22461	**Capture medication order details as free text** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22462	**Free text as part of prescription** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22463	**Render fixed text as part of medication order** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.2 in EHR-S FM.	M	3	N/A	DC	C
F22464	**Notify the provider that information required to compute a dose is missing or invalid** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22465	**Patient's preferences for medication usage** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C;P
F22466	**Fractional units of medication** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22467	**Document patients' weight before entering medication orders** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.4.2 in EHR-S FM.	H	1	N/A	DC	C
F22468	**Capture administrative or clinical reasons/indications/rationale**	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.4.2 in EHR-S FM.					
F22469	**Determine and render the status of medication order** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22470	**Determine and render status of medication dispensing** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.4.2 in EHR-S FM.	L	1	N/A	DC	C
F22471	**Conform to function CP.1.3 Manage medication list (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22472	**Enter and maintain medication information supplied by the patient** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.4.2 in EHR-S FM.	H	1	N/A	DC	C;P
F22473	**Electronically capture medication information brought in by the patient** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.4.2 in EHR-S FM.	L	1	N/A	DC	C;P
F22474	**Conform to function CPS.4.2.4 Support for medication recommendations (CP.4.2)** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.4.2 in EHR-S FM.	M	2	N/A	DC	C
F22475	**Enter and maintain prescription information from an external source** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.4.2 in EHR-S FM.	M	2	N/A	DC	C
F22476	**Receive and maintain prescription information from an external source** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.4.2 in EHR-S FM.	M	3	N/A	DC	C
F22477	**Manage medication orders for uncoded medications** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22478	**Manage medication orders for non-formulary medications** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22479	**Receive current medication list from pharmacy** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.4.2 in EHR-S FM.	M	3	N/A	DC	C
F22480	**Order supplies associated with medication orders** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.4.2 in EHR-S FM.	H	3	N/A	DC	C
F22481	**Render a list of administration instructions for frequently-used patient medications** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22482	**Capture the ordering clinician's selection of frequently-used medication administration instructions** The Contractor confirms that the solution shall comply with conformance criteria 28 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22483	**Render a list of administration instructions common to multiple orders** The Contractor confirms that the solution shall comply with conformance criteria 29 of function CP.4.2 in EHR-S FM.	L	1	N/A	DC	C
F22484	**Capture the ordering clinician's selection of medication administration instructions common to multiple orders** The Contractor confirms that the solution shall comply with conformance criteria 30 of function CP.4.2 in EHR-S FM.	L	1	N/A	DC	C
F22485	**Render patient instructions linked to an ordered medication** The Contractor confirms that the solution shall comply with conformance criteria 31 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C;P
F22486	**Conform to function AS.9.2 Support financial eligibility verification (CP.4.2 CC32)** The Contractor confirms that the solution shall comply with conformance criteria 32 of function CP.4.2 in EHR-S FM.	H	3	N/A	DC	C
F22487	**Conform to function AS.9.2 Support financial eligibility verification (CP.4.2 CC33)** The Contractor confirms that the solution shall comply with conformance criteria 33 of function CP.4.2 in EHR-S FM.	H	3	N/A	DC	C
F22489	**Manage orders that contain discrete medication components** The Contractor confirms that the solution shall comply with conformance criteria 35 of function CP.4.2 in EHR-S FM.	H	2	N/A	DC	C
F22490	**Maintain a constraint for prescriptions** The Contractor confirms that the solution shall comply with conformance criteria 36 of function CP.4.2 in EHR-S FM.	H	3	N/A	DC	C
F22491	**Track the number of times a prescription was transmitted** The Contractor confirms that the solution shall comply with conformance criteria 37 of function CP.4.2 in EHR-S FM.	M	3	N/A	DC	C
F22492	**Render prescription for printing/reprinting** The Contractor confirms that the solution shall comply with conformance criteria 38 of function CP.4.2 in EHR-S FM.	L	3	N/A	DC	C
F22493	**Render prescriptions for faxing** The Contractor confirms that the solution shall comply with conformance criteria 39 of function CP.4.2 in EHR-S FM.	L	3	N/A	DC	C
F22494	**Render associated problem, diagnosis or condition** The Contractor confirms that the solution shall comply with conformance criteria 40 of function CP.4.2 in EHR-S FM.	L	3	N/A	DC	C;P
F22495	**Render a list of transmission options for a prescription/ medication order** The Contractor confirms that the solution shall comply with conformance criteria 41 of function CP.4.2 in EHR-S FM.	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22496	**Capture, maintain and present patient's consent to have restricted medications administered** The Contractor confirms that the solution shall comply with conformance criteria 42 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22497	**Present information received through health plan/payer formulary checking** The Contractor confirms that the solution shall comply with conformance criteria 43 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22498	**Capture and render an indicator for an explicit route during the ordering process** The Contractor confirms that the solution shall comply with conformance criteria 44 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F22499	**Render available alternate routes during the medication ordering process** The Contractor confirms that the solution shall comply with conformance criteria 45 of function CP.4.2 in EHR-S FM.	M	1	N/A	DC	C
F26063	**Ordering a medication in liquid formulations** The Contractor confirms that the solution shall provide the ability to calculate and render the volume of the liquid medication along with the medication concentration, when ordering a medication in liquid formulations. Addition to CP.4.2 **Dedicated area/function:** • Administration • Medication ordering • Paediatric care and child health	H	1	N/A	DC	C
F26064	**Dose escalation and reduction** The Contractor confirms that the solution shall provide the ability to order dose escalation when introducing a medication and to order a gradual dose reduction when discontinuing a medication. Addition to CP.4.2 **Dedicated area/function:** • Medication ordering	H	1	N/A	DC	C
F26065	**Order irregular doses and intervals of medications** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to order irregular doses and intervals of medications (e.g., 1 tablet at 8 am and ½ tablet at 6 pm). Addition to CP.4.2 **Dedicated area/function:** • Medication ordering • Paediatric care and child health	H	1	DX	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22504	**Medication interaction and allergy checking** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.2.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Nursing and care • Pharmaceutical guidance • The chain of emergency care	H	1	D	DC	C
F22732	**Conform to function CPS.4.2.1 Support for medication interaction and allergy checking (CP.4.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.2.1 in EHR-S FM.	H	1	N/A	DC	C
F22733	**Conform to function CP.1.2 Manage allergy, intolerance and adverse reaction list (CP.4.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.2.1 in EHR-S FM.	H	1	N/A	DC	C
F22734	**Alert when prescribing that checking not includes uncoded medications** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.2.1 in EHR-S FM.	L	1	N/A	DC	C
F22735	**Notify when prescribing uncoded medication that checking will not occur** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.2.1 in EHR-S FM.	L	3	N/A	DC	C
F22736	**Render and tag inactive medication** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.2.1 in EHR-S FM.	H	3	N/A	DC	C
F22505	**Patient-specific medication dosing and warnings** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.2.2 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Paediatric care and child health	H	1	D	DC	C
F22737	**Conform to function CPS.4.2.2 Support for patient-specific dosing and warnings (CP.4.2.2)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.2.2 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22738	**Determine weight-specific dose suggestions** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22739	**Alternative patient dosing weights** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.2.2 in EHR-S FM.	L	1	N/A	DC	C
F22740	**Alternative dosing weight – determine recommendation** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.2.2 in EHR-S FM.	L	1	N/A	DC	C
F22741	**Age and weight/body surface area** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22742	**Medication dosing recommendations based on previous patient experience** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.2.2 in EHR-S FM.	L	1	N/A	DC	C
F22743	**Determine doses based on weight (mg/kg)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F22744	**Target therapeutic index** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22745	**Request for paramenters required to calculate body surface area** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22746	**Determine and present dose based on age** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4.2.2 in EHR-S FM.	L	1	N/A	DC	C
F22747	**Dosing based on physical status or laboratory values** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22748	**Present drug dosing based on custom compounded medication components** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22749	**Manage medication orders with patient-specific dose calculations** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F22506	**Medication order efficiencies** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.2.3 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Medication ordering	H	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Paediatric care and child health					
F22750	**Present list of medications based on a medication attribute** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.2.3 in EHR-S FM.	M	1	N/A	DC	C
F22751	**Present list of medications based on a patient attribute** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.2.3 in EHR-S FM.	M	1	N/A	DC	C
F22752	**Edit administration instructions** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F22753	**Reordering prescription without re-entering previous data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F22754	**Prescription reorder with edited details** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F22755	**Prescription renewal with edited details** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F22756	**Conform to function CP.4.1 Use order sets** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.2.3 in EHR-S FM.	H	1	N/A	DC	C
F22757	**Extract and render medications by generic and/or brand name** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.2.3 in EHR-S FM.	H	1	N/A	DC	C
F22507	**Medication alert overrides** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.2.4 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Continuous and comprehensive medical chart solution • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health	H	1	D	DC	C
F22758	**Edit medication order by overriding** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.2.4 in EHR-S FM.	H	2	N/A	DC	C
F22759	**Capture reason for overriding a drug alert or warning** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.2.4 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22760	**Tag and render an indication of an override** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.2.4 in EHR-S FM.	M	1	N/A	DC	C
F22514	**Manage non-medication patient care orders** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Case history and examination • Continuous and comprehensive medical chart solution • Food supply • Individually customised communication • Nursing and care • Planning of treatment, nursing and care • Preparation for other treatments • Request for additional examinations • Resource planning, scheduling and work lists	H	1	D	A;DC	C;P
F22761	**Manage non-medication orders for an action or item** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.3 in EHR-S FM.	H	1	N/A	DC	C
F22762	**Capture and render order detail for fulfilment** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.3 in EHR-S FM.	H	1	N/A	DC	C
F22763	**Manage status for ordered action or item** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.3 in EHR-S FM.	H	1	N/A	DC	C
F22764	**Capture future date for an ordered action or item** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.3 in EHR-S FM.	M	1	N/A	DC	C
F22765	**Capture and render patient instructions** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22766	**Transmit the order for fulfilment** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.3 in EHR-S FM.	H	2	N/A	DC	C
F22767	**Link non-medication orders to a medication order** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.3 in EHR-S FM.	M	1	N/A	DC	C
F22768	**Store a task to be recurrent at a defined interval** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.3 in EHR-S FM.	M	1	N/A	DC	C
F22769	**Conform to function CPS.4.3 Support for non-medication ordering (CP.4.3)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.3 in EHR-S FM.	H	3	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22770	**Ordering radiotherapy** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to exchange order and clinical information to a radiation oncology system when ordering radiotherapy. Addition to CP.4.3 **Dedicated area/function:** • Preparation for other treatments **Integration**	H	2	DX	DC	H
F22771	**Ordering of food** The Contractor shall in T Appendix 2B1 describe how the solution, through integration with food supply systems, can facilitate ordering of food to patients. Addition to CP.4.3 **Dedicated area/function:** • Food supply **Integration**	M	3	DX	DC	C
F22772	**Support specialised diets** The Contractors shall in T Appendix 2B1 describe how the solution provides the ability to facilitate specialised diet for patients, including changes. Addition to CP.4.3 **Dedicated area/function:** • Food supply	M	3	DX	DC	C
F22515	**Manage orders for diagnostic/ screening tests** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Case history and examination • Infection surveillance • Nursing and care • Paediatric care and child health • Performing radiological examinations • Prevention • Request for additional examinations • Resource planning • Resource planning, scheduling and work lists	H	3	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Sampling • The chain of emergency care					
F22774	**Manage orders for diagnostic tests** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.4 in EHR-S FM.	H	1	N/A	DC	C
F22775	**Diagnostic test order fulfilment** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.4 in EHR-S FM.	H	1	N/A	DC	C
F22776	**Capture and render instructions to order** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.4 in EHR-S FM.	M	1	N/A	DC	C
F22777	**Manage order status** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.4 in EHR-S FM.	H	2	N/A	DC	C
F22778	**Capture and render patient instructions to order** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.4 in EHR-S FM.	M	1	N/A	DC	C
F22779	**Transmit orders to the recipients for order fulfilment** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.4 in EHR-S FM.	H	2	N/A	DC	C
F22780	**Transmit supporting detailed documentation for order fulfilment** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.4 in EHR-S FM.	M	1	N/A	DC	C
F22781	**Conform to function CPS.4.3 Support for non-medication ordering (CP.4.4)** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.4 in EHR-S FM.	H	3	N/A	DC	C;P
F22782	**Transmit order activity to public health authorities** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.4 in EHR-S FM.	M	3	N/A	DC	C
F22783	**Render prior diagnostic results for a given patient** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4.4 in EHR-S FM.	M	1	N/A	DC	C
F22784	**Capture and render complete patient demographic information for diagnostic orders** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4.4 in EHR-S FM.	M	3	N/A	DC	C
F22785	**Include an indication for ordering the test** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.4.4 in EHR-S FM.	M	1	N/A	DC	C
F22786	**Link an order to medication, dosage and last dose** The Contractor confirms that the solution shall provide the ability to capture and render details from medication list (e.g., last dose) and attach this information to an order for diagnostic test. Addition to CP.4.4	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Request for additional examinations					
F22789	**Support newborn screening programmes** The Contractor shall in T Appendix 2B1 describe how the solution provides reminders, order set templates, workflow support and task status tracking for newborn screening programmes, e.g., the Norwegian Newborn Genetic Screening Programme, standardised newborn physical examination and newborn hearing screening programme. Addition to CP.4.4 **Dedicated area/function:** • Paediatric care and child health	H	3	DX	DC	C
F22438	**Integration RIS – orders** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with RIS, enabling efficient ordering of radiological examinations. Addition to CP.4.4 **Dedicated area/function:** • Performing radiological examinations • The chain of emergency care **Integration**	H	3	DX	DC	C
F24492	**Exchange information about patient and order with existing laboratory system** The Contractor confirms that the solution shall provide the ability to operate seamlessly with existing, external laboratory systems when sending information about patient and order. Addition to CP.4.4 **Dedicated area/function:** • Sampling **Integration**	H	3	N/A	DC	C
F22516	**Manage orders for blood products and other biologics** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.5 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Donation of biological material • Paediatric care and child health	H	3	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Performing invasive treatment • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • The chain of emergency care **Integration**					
F22790	**Manage orders for blood products and biological products** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F22791	**Manage status** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F22792	**Manage storage request orders** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F22793	**Manage status of storage request orders** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F22794	**Conform to function CPS.9.2 Support for inter-provider communication (CP.4.5)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F22795	**Manage use of blood products and biologics** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F22796	**Manage information associated with the collection and administration** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F22517	**Manage orders for referral** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.4.6 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Donation of biological material • Prioritisation • Request for additional examinations • The transfer of tasks and responsibilities **Integration**	H	1	D	A;DC	C
F22810	**Manage outbound referral(s)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.6 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22811	**Capture clinical details for the referral** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.6 in EHR-S FM.	H	2	N/A	DC	C
F22812	**Link clinical details necessary for referral** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.6 in EHR-S FM.	H	2	N/A	DC	C
F22813	**Render clinical details as appropriate for the referral** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.6 in EHR-S FM.	H	2	N/A	DC	C
F22814	**Capture administrative details as necessary for the referral** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.4.6 in EHR-S FM.	M	1	N/A	DC	C
F22815	**Link to administrative details as necessary for the referral** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.4.6 in EHR-S FM.	M	2	N/A	DC	C
F22816	**Render administrative details as necessary for the referral** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.6 in EHR-S FM.	M	2	N/A	DC	C
F22817	**Capture, store, and render inbound referral responses** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.4.6 in EHR-S FM.	H	1	N/A	DC	C
F22818	**Determine and render recommended actions based on an inbound referral response** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.4.6 in EHR-S FM.	H	2	N/A	DC	C
F22819	**Capture a notification that the patient fulfiled a referred appointment** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.4.6 in EHR-S FM.	L	1	N/A	DC	C
F22820	**Determine and render diagnosis-based clinical guidelines for making a referral** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.4.6 in EHR-S FM.	M	2	N/A	DC	C
F22821	**Rendering order sets for review by the provider** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.4.6 in EHR-S FM.	M	1	N/A	DC	C

5.1.5 CP.5 Manage results

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22513	**Manage results** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.5 in EHR-S FM.	H	1	D	DC;DT	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Activity planning • Assessment and diagnosis • Case history and examination • Clinical and health research • Continuous and comprehensive medical chart solution • Donation of biological material • Education of patients and their representatives • Individually customised communication • Medical device integration • Multimedia • Nursing and care • Paediatric care and child health • Performing radiological examinations • Pharmaceutical guidance • Preparation for other treatments • Prevention • Receiving results of additional examinations • Reporting the results of radiological examinations • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities **To be considered:** • Prevention of infectious diseases (TBC)					
F22518	**Manage test results** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.5 in EHR-S FM.	H	3	N/A	DC	C
F22519	**Render historical test results** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.5 in EHR-S FM.	H	1	N/A	DC	C;P
F22520	**Render test results** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22521	**Render results by factors** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22522	**Normal and abnormal indicators for results** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22523	**Show results in flow sheets or graphical form** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22524	**Render results by date/time** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.5 in EHR-S FM.	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22525	**Tagging of received results** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22526	**Indicator for acknowledged results** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C;P
F22527	**Transmit test results** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22528	**Transmit results to patients** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.5 in EHR-S FM.	L	1	N/A	DC	C;P
F22529	**Transmit results to an automated callback system** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.5 in EHR-S FM.	L	1	N/A	DC	H;M
F22530	**Capture and transmit a request for action to another provider(s)** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22531	**Inter-provider communication** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22532	**Transmit an acknowledgement of the receipt** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22533	**Render results in clinically logical sections** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.5 in EHR-S FM.	L	1	N/A	DC	C
F22534	**Link results to the electronic order** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22535	**Annotate results** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22536	**Link and render the results report to other data** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22537	**Import and receive preliminary and final result reports from ancillary systems** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.5 in EHR-S FM.	H	3	N/A	DC	C
F22538	**Import or receive preliminary and final results as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.5 in EHR-S FM.	H	3	N/A	DC	C
F22539	**Manage preliminary (e.g., 'wet read') and final result**	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.5 in EHR-S FM.					
F22540	**Tag and render a notification to the appropriate health team** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22541	**Link results to a specific medical condition** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22542	**Render non-diagnostic quality images** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.5 in EHR-S FM.	H	1	N/A	DC	C
F22543	**Link with RIS or PACS** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.5 in EHR-S FM.	H	3	N/A	DC	C
F22544	**Link images to result report** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.5 in EHR-S FM.	H	1	N/A	DC	C
F22545	**Render the annotation with subsequent views of a result** The Contractor confirms that the solution shall comply with conformance criteria 28 of function CP.5 in EHR-S FM.	M	1	N/A	DC	C
F22546	**Capture an annotation from the patient on a result** The Contractor confirms that the solution shall comply with conformance criteria 29 of function CP.5 in EHR-S FM.	M	2	N/A	DC	C;P
F22547	**Patient who is no longer under the care of the ordering provider** The Contractor confirms that the solution shall comply with conformance criteria 30 of function CP.5 in EHR-S FM.	H	3	N/A	DC	C
F22548	**Manage results of genetic tests** The Contractor confirms that the solution shall comply with conformance criteria 31 of function CP.5 in EHR-S FM.	H	2	N/A	DC	C
F22549	**Foetus screening** The Contractor confirms that the solution shall support the ability to document results from foetus screenings (e.g., estimated date of delivery based on ultrasound screening). Addition to CP.5 **Dedicated area/function:** • Medical device integration • Nursing and care	M	1	N/A	DC	C
F22551	**Integration PACS** The Contractor shall in T Appendix 2B1 describe how the solution supports interaction with PACS, enabling presentation of diagnostic quality images for providers of health services. Addition to CP.5	H	3	DX	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Performing radiological examinations **Integration**					
F22552	**Integration RIS – results** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with RIS, where preliminary and final results are presented in the EHR. Addition to CP.5 **Dedicated area/function:** • Reporting the results of radiological examinations **Integration**	H	3	DX	A;DC	C
F22553	**Integration RIS – documentation** The Contractor shall in T Appendix 2B1 describe how the solution supports interaction with RIS, enabling documentation from radiology department to be integrated with the solution (e.g., note from invasive procedure performed by radiologist). Addition to CP.5 **Dedicated area/function:** • Reporting the results of radiological examinations	H	3	DX	DC	C
F22556	**Manage results of diagnostic tests** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.5.1 in EHR-S FM. **Dedicated area/function:** • Assessment and diagnosis • Clinical and health research • Continuous and comprehensive medical chart solution • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Prevention of infectious diseases • Receiving results of additional examinations • Reporting the results of radiological examinations • Test result reporting	H	3	D	DC	C
F22557	**Manage results, including preliminary** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.5.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22558	**Manage microorganism information from laboratory results as free-text** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.5.1 in EHR-S FM.	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22559	**Manage microbiology laboratory results using standard coding methodology** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.5.1 in EHR-S FM.	M	1	N/A	DC	C
F22560	**Manage laboratory results that identify new and emerging laboratory procedures** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.5.1 in EHR-S FM.	M	3	N/A	DC	C
F22561	**Manage discrete diagnostic results** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.5.1 in EHR-S FM.	M	1	N/A	DC	C
F22562	**Indicators of normal and abnormal diagnostic results** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.5.1 in EHR-S FM.	H	1	N/A	DC	C
F22563	**Manage request for review meeting** The Contractor shall in T Appendix 2B1 describe how the solution enables the user to capture, manage and render requests for review meetings of radiological images/results. Addition to CP.5.1 **Dedicated area/function:** • Reporting the results of radiological examinations	H	1	DX	DC	H
F22564	**Manage request for review meeting from other hospitals** The Contractor confirms that the solution shall enable the user to capture, manage and render requests for review meetings of radiological images/results from another hospitals (e.g., Molde Hospital needs to review a result from St.Olavs hospital). Addition to CP.5.1 **Dedicated area/function:** • Reporting the results of radiological examinations	H	3	N/A	DC	H
F24494	**Exchange information about analysed test results with existing laboratory system** The Contractor confirms that the solution shall provide the ability to operate seamlessly with existing, external laboratory systems when continually receiving information about analysed test results. Addition to CP.5.1 **Dedicated area/function:** • Test result reporting **Integration**	H	3	N/A	DC	C

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5.1.6 CP.6 Manage medication, immunisation and treatment administration

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22566	**Manage medication administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.6.1 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Donation of biological material • Individually customised communication • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment • Prevention of infectious diseases • The chain of emergency care	H	1	D	A;DC	C;P
F22569	**Render list of medications that are to be administered** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.6.1 in EHR-S FM.	H	1	N/A	DC	C
F22570	**Render the list of medications that are to be administered including administration instructions** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.6.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22571	**Render medications as dispensed** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22572	**Tag medications for self-administration** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C;P
F22573	**Render the drug, dose, route, time and frequency of desired administration for all scheduled medications** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.6.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22574	**Render a notification to the clinician when specific doses are due** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22575	**Notification for medication related activities** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22576	**Conform to function CPS.4.2.1 Support for medication interaction and allergy checking (CP.6.1)** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22577	**Conform to function CPS.4.2.2 Support for patient-specific dosing and warnings (CP.6.1)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22578	**Capture and maintain medication identification number of drug administrated to patient** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22579	**Manage medication administration details as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.6.1 in EHR-S FM.	H	3	N/A	DC	C
F22580	**Capture the effectiveness of PRN or 'as needed' doses after they have been administered** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22581	**Render any clinical interventions or assessments required prior to medication administration** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22582	**Render any clinical interventions or assessments required subsequent to medication administration** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22583	**Link medication-related activities to the unique identity of the patient** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22584	**Capture the identification of medication samples dispensed** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22585	**Support integrated point of care devices for patient and medication identification** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22586	**Render medication orders that have not been dispensed** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22587	**Render medication orders that have not been administered** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22588	**Render alert if maximum individual or daily dose would be exceeded** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22589	**Render medications to be administered over a selectable date/time range** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22590	**Render the medication administration history** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.6.1 in EHR-S FM.	H	1	N/A	DC	C;P
F22591	**Distinguish continuous infusions from other discrete-dose medications** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22592	**Distinguish PRN medication from other medications** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22593	**Annotate scheduled medication dose and include annotation in the legal medical record** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22594	**Render medication order as written** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22595	**Patient-specific instruction related to administration of the medication** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22596	**Manage information regarding second provider witness to co-document administration** The Contractor confirms that the solution shall comply with conformance criteria 28 of function CP.6.1 in EHR-S FM.	H	1	N/A	DC	C
F22597	**Capture medication documentation using barcode or image scanner** The Contractor confirms that the solution shall comply with conformance criteria 29 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22598	**Alert when electronic identification device registrates error** The Contractor confirms that the solution shall comply with conformance criteria 30 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22599	**Manage medication administration schedules on the record of medication administration** The Contractor confirms that the solution shall comply with conformance criteria 31 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22600	**Render notification to associated systems of changes in medication schedule** The Contractor confirms that the solution shall comply with conformance criteria 32 of function CP.6.1 in EHR-S FM.	M	3	N/A	DC	C
F22601	**Capture an acknowledgement from a user that medication order has been reviewed** The Contractor confirms that the solution shall comply with conformance criteria 33 of function CP.6.1 in EHR-S FM.	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22602	**Capture documentation of medication administration prior to pharmacy review** The Contractor confirms that the solution shall comply with conformance criteria 34 of function CP.6.1 in EHR-S FM.	M	3	N/A	DC	C
F22603	**Manage actual date, time and modifications related to administrating infusions** The Contractor confirms that the solution shall comply with conformance criteria 35 of function CP.6.1 in EHR-S FM.	H	3	N/A	DC	C
F22604	**Manage patient's consent to have restricted medications administered** The Contractor confirms that the solution shall comply with conformance criteria 36 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22605	**Auto-populate the medication administration record as a by-product of vertification** The Contractor confirms that the solution shall comply with conformance criteria 37 of function CP.6.1 in EHR-S FM.	M	3	N/A	DC	C
F22606	**Capture, maintain and present physiological paramenters or task completion** The Contractor confirms that the solution shall comply with conformance criteria 38 of function CP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F22607	**Safe administration (5 R's)** The Contractor confirms that the solution shall comply with conformance criteria 39 of function CP.6.1 in EHR-S FM.	H	2	N/A	DC	C
F22608	**Render a medication unique identifier** The Contractor confirms that the solution shall comply with conformance criteria 40 of function CP.6.1 in EHR-S FM.	L	3	N/A	DC	C
F22613	**Support for administration of medications, nutrition and fluids** The Contractor shall in T Appendix 2B1 describe how the solution support the dispensing and administration of medications, enteral and parenteral nutrition and fluids to neonates and children. This includes but are not limited to administration of human milk and special infant formulas with different additives, and also support for age-appropriate reconstitution and dilution of medications and parenteral nutrition. Addition to CP.6.1 **Dedicated area/function:** • Administration • Dispensing • Medication ordering • Paediatric care and child health • The chain of emergency care	M	3	DX	DC	C
F22616	**Changes in continuous fluid intake** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to immediately present the changes to the ongoing infusions (fluids, medications, nutrition) and	M	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	recalculate and render expected future results in the fluid balance. Addition to CP.6.1 **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Medical device integration • Medication ordering • Nursing and care					
F22295	**Medication pill dispenser** The Contractor confirms that the solution shall provide the ability to integrate with third party software for medication pill dispenser initiated by health services, regardless of location. The integration shall contribute to *closed loop medication*. Addition to CP.6.1 **Dedicated area/function:** • Administration • Closed loop medication • Medical device integration **Integration**	M	3	N/A	DC	M;H
F22555	**Render relevant laboratory results** The Contractor confirms that the solution shall provide the ability to render relevant laboratory results in flow sheets, graphical form or other views that allow comparison of results during antibiotic administration. Addition to CP.6.1 **Dedicated area/function:** • Prevention of infectious diseases	M	2	N/A	DC	C
F26066	**Support for dispensing and reconstitution of medications** The Contractor confirms that the solution shall provide the ability to support dispensing of medications, included reconstitution of medication for intravenous administration (e.g., antibiotics). Addition to CP.6.1 **Dedicated area/function:** • Administration • Closed loop medication • Dispensing	H	2	N/A	DC	C
F22567	**Manage immunisation administration**	H	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.6.2 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Health promotion • Individually customised communication • Medication ordering • Paediatric care and child health • Pharmaceutical guidance • Prevention **To be considered:** • Prevention (TBC) **Integration**					
F22617	**Capture immunisation administration details** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22618	**Auto-populate the immunisation administration record as a by-product of vertification** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22619	**Render required immunisations** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22620	**Capture allergy reaction to a specific immunisation** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22621	**Conform to function CP.3.2 Manage patient clinical measurements (CP.6.2)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22622	**Link standard codes** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.6.2 in EHR-S FM.	L	2	N/A	DC	C
F22623	**Maintain immunisation schedule** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C
F22624	**Render patients immunisation history to authorities** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C
F22625	**Conform to function CP.1.2 Manage allergy, intolerance and adverse reaction list (CP.6.2)**	H	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.6.2 in EHR-S FM.					
F22626	**Transmit immunisation information to a public health immunisation registry** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22627	**Exchange immunisation histories with public health immunisation registries** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22628	**Harmonise immunisation histories with a public health immunisation registry** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22629	**Render immunisation histories from a public health immunisation registry** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F22630	**Conform to function CP.1.6 Manage immunization list (CP.6.2)** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.6.2 in EHR-S FM.	H	1	N/A	DC	C
F22631	**Update immunisation histories** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.6.2 in EHR-S FM.	M	1	N/A	DC	C
F22632	**Render an immunisation order as written** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C
F22633	**Determine due and overdue ordered immunisations** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.6.2 in EHR-S FM.	H	3	N/A	DC	C
F22634	**Render a patient educational information** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22635	**Capture that patient educational information** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.6.2 in EHR-S FM.	H	2	N/A	DC	C
F22636	**Capture details about information that was provided** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.6.2 in EHR-S FM.	M	1	N/A	DC	C
F22637	**Manage immunisation refusal reasons** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.6.2 in EHR-S FM.	M	1	N/A	DC	C
F22638	**Capture patient preferences regarding receipt of immunisation** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.6.2 in EHR-S FM.	M	1	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22568	**Manage treatment administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.6.3 in EHR-S FM. **Dedicated area/function:** • Administration • Clinical and health research • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care • Undertaking habilitation and rehabilitation activities **To be considered:** • Health promotion (TBC) • Prevention (TBC)	H	1	D	A;DC	C;P
F22639	**Render the list of treatments** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22640	**Conform to function CP.6.1 Medication administration (CP.6.3)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22641	**Render all medications given or administred** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22642	**Tag the treatments that are to be administred by the patient** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22643	**Information necessary to administer the treatment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22644	**Document multiple body sites** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22645	**To render a notification when treatments are due** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22646	**Manage details associated with the treatment** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.6.3 in EHR-S FM.	H	3	N/A	DC	C
F22647	**Details associated with continuous treatments** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22648	**Details to distinguishing treatments from each other** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.6.3 in EHR-S FM.	H	3	N/A	DC	C
F22649	**Effectivness of treatment** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22650	**Render interventions or assessments prior to treatment** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22651	**Interventions or assessments required subsequent to treatment** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22652	**Patient identity prior to administration** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C
F22653	**Verification of patient identity (barcode)** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22654	**Render treatment orders not administred** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22655	**Treatments administred over a selectable date/time range** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22656	**Treatment administration history and provider** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C
F22657	**Prior treatment history** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C
F22658	**Annotate an individual scheduled treatment** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22659	**Render treatment order as written** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C
F22660	**Patient-specific instructions related to treatment** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CP.6.3 in EHR-S FM.	H	1	N/A	DC	C;P
F22661	**Second provider witness to co-document treatment** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22662	**Capture documentation of treatment administration using barcode scanner (or similar)** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22663	**Provide the ability to render an alert to the administering provider** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22664	**Manage treatment schedules** The Contractor confirms that the solution shall comply with conformance criteria 26 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22665	**Render a notification of a change in the treatment schedule** The Contractor confirms that the solution shall comply with conformance criteria 27 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C;P
F22666	**Auto-populate details associated with the treatment administration from treatment order** The Contractor confirms that the solution shall comply with conformance criteria 28 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22667	**Conform to function CP.1.2 Manage allergy, intolerance and adverse reaction list (CP.6.3)** The Contractor confirms that the solution shall comply with conformance criteria 29 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22668	**Patient educational information provided** The Contractor confirms that the solution shall comply with conformance criteria 30 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22669	**Conform to function CP.3.2 Manage patient clinical measurements (CP.6.3)** The Contractor confirms that the solution shall comply with conformance criteria 31 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F22670	**Treatment not administered including reason** The Contractor confirms that the solution shall comply with conformance criteria 32 of function CP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F22671	**Exchange treatment information with related system** The Contractor confirms that the solution shall comply with conformance criteria 33 of function CP.6.3 in EHR-S FM.	H	3	N/A	DC	C
F22672	**Conform to function CPS.1.7 Preferences, directives, consents and authorizations (CP.6.3)** The Contractor confirms that the solution shall comply with conformance criteria 34 of function CP.6.3 in EHR-S FM.	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22673	**User preferences in list of treatment** The Contractor confirms that the solution shall comply with conformance criteria 35 of function CP.6.3 in EHR-S FM.	M	2	N/A	DC	C
F22674	**Support for advanced treatments** The Contractor shall in T Appendix 2B1 describe how the solution offers specific support for advanced treatments such as renal replacement therapy, perfusion and ECMO treatment (extra-corporeal support using a heart-lung machine) and coherent display of this data in relation to other clinical data, including anaesthesia data. Addition to CP.6.3 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Performing invasive treatment • Preparation for invasive treatment	M	2	DX	DC	H
F22675	**Support for calculation of fluid balance** The Contractor shall in T Appendix 2B1 describe how the solution provide support for the continuous and real-time calculation of fluid balance appropriate for the different care settings and scope of practice. This include how the solution support the ability to determine which type of fluid that will be calculated in the total fluid balance according to the scope of practice. Addition to CP.6.3 **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Medication ordering • Nursing and care • Paediatric care and child health	H	1	DX	DC	C
F22677	**Monitoring and documentation of complications of chronic diseases** The Contractor shall in T Appendix 2B1 describe how the solution supports monitoring and documentation of complications of chronic diseases (e.g., diabetes, multiple sclerosis, chronic obstructive pulmonary disease). Addition to CP.6.3 **Dedicated area/function:** • Nursing and care	H	1	D	DC	C
F22678	**Alternative to wristband** The Contractor shall in T Appendix 2B1 describe how the solution supports alternatives to ID-wristbands (e.g., band-aid, RFID) in order to verify patient identity. The Contractor is asked to list alternatives in T Appendix 2B1.	M	2	DX	DC	H;M

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CP.6.3 **Dedicated area/function:** • Administration • Closed loop medication • Performing invasive treatment • The chain of emergency care					
F22679	**Recognise preformed patient identification for unknown patient** The Contractor shall in T Appendix 2B1 describe how the solution synchronise preformed patient identification and performed scanning linked to unknown patient. Addition to CP.6.3 **Dedicated area/function:** • The chain of emergency care	M	2	D	DC	C
F22680	**Body site location of planned procedure** The Contractor confirms that the solution shall provide the ability to (graphically and text-based) determine, capture, render body site (e.g., left/right extremities) for planned procedure. Addition to CP.6.3 **Dedicated area/function:** • Preparation for invasive treatment	H	1	N/A	DT;DC	C
F22369	**Effective registration of ICU procedures and events** The Contractor confirms that the solution shall provide the ability to capture predefined and ad hoc **ICU** procedures, tasks and events efficiently, both as structured and/or unstructured data. Addition to CP.6.3 **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Performing invasive treatment • Preparation for invasive treatment	H	2	N/A	DC	H
F22503	**Support for complex fluid therapy** The Contractor confirms that the solution shall support dispensing and administration of intravenous fluid therapy with multiple parallel infusions (e.g., with intravenous drug compatibility check).	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CP.6.3 **Dedicated area/function:** • Administration • Dispensing • Medication ordering • Nursing and care					
F22614	**Capture fluid input and output** The Contractor shall in T Appendix 2B1 describe how the solution support that fluid input and output can be captured from medical device or registered manually according to the scope of practice. Addition to CP.6.3 **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Medical device integration • Nursing and care	H	1	DX	DC	C
F22249	**Facilitate counting of swabs and instruments** The Contractor shall in T Appendix 2B1 describe how the solution supports counting of swabs and instruments used during invasive treatment in order to detect discrepancy (e.g., swabs and instruments are counted at the start of surgery, before closure of body cavities and before skin closure). The counts are documented and signed upon completion of surgery. Addition to CP.6.3 **Dedicated area/function:** • Performing invasive treatment	H	2	DX	DC	H
F22368	**Support for patients in transit** The Contractor confirms that the solution shall support rendering and registration of information when patients are in transit, including maintenance of life support and scheduled and continuous care (e.g. during transport of an ICU patient to a radiology examination). Addition to CP.6.3 **Dedicated area/function:** • Administration • Closed loop medication	M	2	N/A	DC	H

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5.1.7 CP.7 Manage future care

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22683	**Present guidelines and protocols for planning care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.7.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Control and compliance • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • The chain of emergency care	H	2	D	DC	C
F22685	**Present current guidelines and protocols to providers who are creating plans for treatment and care** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.7.1 in EHR-S FM.	H	2	N/A	DC	C
F22686	**Render guideline/protocol based on criteria** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.7.1 in EHR-S FM.	M	2	N/A	DC	C
F22687	**Render previously used guidelines/protocols** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.7.1 in EHR-S FM.	H	2	N/A	DC	C
F22688	**Confirm to CPS.3.8 if decision support prompts are used to support a specific clinical guideline or protocol** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.7.1 in EHR-S FM.	M	2	N/A	DC	C
F22689	**Confirm to CPS.3.4 if the system supports context sensitive care plans, guidelines and protocols** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.7.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22692	**Advice nutrition to specific diseases** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to give advice concerning nutrition to specific diseases.	M	3	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Additional information: • Kosthåndboken – Veileder i ernæringsarbeid i helse- og omsorgstjenesten, (IS-1972). https://helsedirektoratet.no/retningslinjer/kosthandboken-veileder-i-erneringsarbeid-i-helse-og-omsorgstjenesten Addition to CP.7.1 **Dedicated area/function:** • Performing other treatments					
F22684	**Manage recommendations for future care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.7.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Control and compliance • Education of patients and their representatives • Managing deaths • Medication ordering • Nursing and care • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care	H	1	D	A;DC	C;P
F22693	**Capture recommendations for future care as descrete data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.7.2 in EHR-S FM.	H	2	N/A	DC	C
F22694	**Maintain recommendations and associated recommendation meta-data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.7.2 in EHR-S FM.	H	2	N/A	DC	C
F22695	**Render an alert of the recommendation based on the date associated with the recommendation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.7.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22696	**Capture recommendations for future care or post-encounter** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.7.2 in EHR-S FM.	H	1	N/A	DC	C
F22697	**Capture recommended actions for future care** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.7.2 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22698	**Link recommendation for future care with original documentation** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.7.2 in EHR-S FM.	M	1	N/A	DC	C
F22699	**Link recommendation with condition on the problem list** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.7.2 in EHR-S FM.	M	1	N/A	DC	C

5.1.8 CP.8 Manage patient education & communication

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22702	**Generate, record and distribute patient-specific instructions** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.8.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Education of patients and their representatives • General information • Individually customised communication • Multimedia • Nursing and care • Paediatric care and child health • Pharmaceutical guidance • Resource planning • Resource planning, scheduling and work lists • Sampling	H	1	D	DC	C;P
F22703	**Standardised instruction sets** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.8.1 in EHR-S FM.	H	2	N/A	DC	C
F22704	**Render instructions selected by the provider** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.8.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22705	**Transmit instruction information electronically** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.8.1 in EHR-S FM.	M	1	N/A	DC	C;P
F22706	**Render details on further care** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.8.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22707	**Indication that instruction were given** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.8.1 in EHR-S FM.	H	2	N/A	DC	C
F22708	**To capture the actual instructions given to the patient**	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.8.1 in EHR-S FM.					
F22709	**The ability to annotate patient-specific instructions** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.8.1 in EHR-S FM.	M	1	N/A	DC	C
F22710	**Capture and maintain reason for variation from rule-based clinical messages and patient information** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.8.1 in EHR-S FM.	M	1	N/A	DC	C
F22711	**Patient instructions in multiple languages** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.8.1 in EHR-S FM.	M	1	N/A	DC	C
F22712	**Patient instructions based on age** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.8.1 in EHR-S FM.	L	1	N/A	DC	C
F22713	**Patient instructions based on gender** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.8.1 in EHR-S FM.	L	1	N/A	DC	C
F22714	**Patient instructions based on diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CP.8.1 in EHR-S FM.	L	1	N/A	DC	C
F22715	**Patient instructions based on reading level** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CP.8.1 in EHR-S FM.	L	1	N/A	DC	C
F22716	**Render educational materials using alternative modes** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CP.8.1 in EHR-S FM.	M	1	N/A	DC	C
F22717	**Information related to appointments** The Contractor shall in T Appendix 2B1 describe how the solution provides patients with practical information related to appointments (e.g., time, patient rights, place and providers). Addition to CP.8.1 **Dedicated area/function:** • General information	H	2	DX	DC	C;P

5.1.9 CP.9 Manage care coordination & reporting

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22720	**Produce a summary record of care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.9.1 in EHR-S FM.	H	3	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Administrative procedures • Continuous and comprehensive medical chart solution • Individually customised communication • Medication ordering • Nursing and care • Paediatric care and child health • Performance management and reporting • Performing invasive treatment • Performing other treatments • Report generator and data retrieval • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities					
F22722	**Render patient summaries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.9.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22128	**Personal health history** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render a summarised overview of personal health history to citizens (e.g., log, prescriptions, diagnoses). Addition to CP.9.1 **Dedicated area/function:** • Individually customised communication	H	2	DX	DC	C;P
F22129	**History of health services and treatment** The Contractor confirms that the solution shall provide the ability to render a coherent history of completed health services and treatment to citizens. Addition to CP.9.1 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F22721	**Capture health service report information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CP.9.2 in EHR-S FM. **Dedicated area/function:** • Accounting • Administrative procedures • Continuous quality improvement • Infection surveillance • Information management • Managing deaths • Nursing and care • Paediatric care and child health • Performance management and reporting	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Prevention of infectious diseases • Report generator and data retrieval • Settlement • The transfer of tasks and responsibilities **To be considered:** • Health promotion (TBC) • Prevention (TBC)					
F22723	**Render a notification that prompts providers on the data needed for end of encounter reporting** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.9.2 in EHR-S FM.	M	3	N/A	DC	C
F22724	**Render service reports at the completion of an episode of care** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.9.2 in EHR-S FM.	M	1	N/A	DC	C
F22725	**Capture and render the collection of death certificate data if tagged as deceased** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.9.2 in EHR-S FM.	M	1	N/A	DC	C
F22726	**Capture and render the acknowledgement that health service reports have been received** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.9.2 in EHR-S FM.	M	1	N/A	DC	C
F22727	**Conform to function CP.9.1 Produce a summary record of care (CP.9.2)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.9.2 in EHR-S FM.	H	2	N/A	DC	C
F22728	**Render a notification on the information needed for regulatory safety reporting** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.9.2 in EHR-S FM.	M	1	N/A	DC	C
F22729	**Report deaths to official registries** The Contractor confirms that the solution shall provide the ability to report deaths to official registries (e.g., the Norwegian Cause of Death Registry/Norwegian Institute of Public Health, National Registry/the Norwegian Tax Administration). Additional information: • Helsepersonelloven §36.§37, https://lovdata.no/lov/1999-07-02-64 • Dødsårsaksregisterforskriften, https://lovdata.no/forskrift/2001-12-21-1476 Addition to CP.9.2 **Dedicated area/function:** • Managing deaths	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					

5.2 FUNCTIONAL REQUIREMENTS: CARE PROVISION SUPPORT (CPS)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer requiring support functionalities related to care provision. These requirements are general functionalities and are in most cases not limited to specific settings, professions or providers.
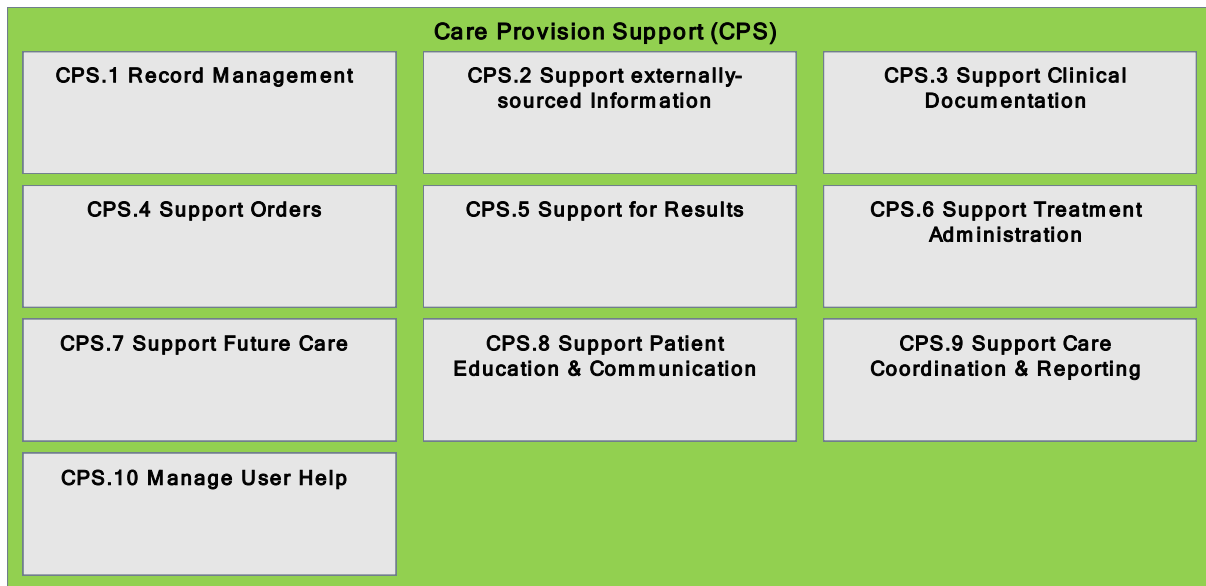
Figure 18 - HL7 EHR-S Functional Model - Section Care Provision Support (CPS)

5.2.1 CPS.1 Record management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22825	**Manage a patient record** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.1 in EHR-S FM. **Dedicated area/function:** • Closed loop medication • Continuous and comprehensive medical chart solution • Information management • Nursing and care • Paediatric care and child health • Pharmaceutical guidance • The chain of emergency care	H	1	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	To be considered: • Prevention (TBC)					
F22831	**Single record for each patient** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.1 in EHR-S FM.	H	1	N/A	DC	C
F22832	**Determine unique identity of a patient** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.1 in EHR-S FM.	H	1	N/A	DC	C
F22833	**Identity unknown** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.1 in EHR-S FM.	H	1	N/A	DC	C
F22834	**Tag a record when unknown identity** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22835	**More than one identifier for each patient record** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22836	**Link key patient identifier with record** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22837	**Determine and render a patient by alias** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22838	**Integrate/merge patient record with the record used when identiy was unknown** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22839	**Tag information as errorous when documented in wrong record** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.1.1 in EHR-S FM.	H	1	N/A	DC	C
F22840	**Link information with the correct patient and tag as errorous in wrong patient record** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22841	**Render appropriate information** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.1.1 in EHR-S FM.	M	1	N/A	DC	C
F22842	**Several identifiers or combination of information** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22843	**Tag as obsolete, inactivated or nullified** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22844	**Auto-populate identical data** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.1.1 in EHR-S FM.	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22845	**Capture anonymised patient registration** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22846	**Link mother's and neonate's record** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F22847	**Render patient records based on previous names** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.1.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22848	**Link several patients** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.1.1 in EHR-S FM.	M	2	N/A	DC	C
F22849	**Support information transfer from the mother's to the infant's EHR** The Contractor shall in T Appendix 2B1 describe how the solution supports efficient and accurate transfer of pertinent maternal and obstetrical information to the infant's EHR (e.g., pregnancy complications, fetal ultrasounds, prenatal laboratory tests, pregnancy interventions like amniotic fluid sampling or fetal surgery). Addition to CPS.1.1 **Dedicated area/function:** • Nursing and care • Paediatric care and child health	H	2	DX	A;DC	C
F22851	**Capture unique identifiers of patients in accordance with national standards** The Contractor confirms that the solution shall provide the ability to capture unique identifiers of patients in accordance with national standards and jurisdictional law (including, but not limited to, *national identity number*, *D number*, *H number*, *DUF number*). Additional information: • Identifikatorer for personer – Syntaks for fødselsnummer, hjelpenummer mv. (HIS 1001:2010) Addition to CPS.1.1 **Dedicated area/function:** • Information management	H	2	N/A	DC	C
F22852	**National FH numbers** The Contractor confirms that the solution shall enable a national FH number ("Felles Hjelpenummer") to be imported from external registries and assigned to persons without a national identity number or D number. Additional information:	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Identifikatorer for personer – Syntaks for fødselsnummer, hjelpenummer mv. (HIS 1001:2010) Addition to CPS.1.1 **Dedicated area/function:** • Information management • The chain of emergency care **Integration**					
F22853	**Capturing solution specific patient identifier** The Contractor confirms that the solution shall enable a specific patient identifier to be assigned to persons without a ***national identity number*** or ***D number***, in situations where national ***FH numbers*** are unavailable. Additional information: • Identifikatorer for personer – Syntaks for fødselsnummer, hjelpenummer mv. (HIS 1001:2010) Addition to CPS.1.1 **Dedicated area/function:** • Information management • The chain of emergency care	L	3	N/A	DC	C
F22854	**Render all identifiers that are being used** The Contractor confirms that the solution shall provide the ability to render all identifiers (e.g., ***FH numbers***, ***D numbers***, solutions specific patient identifier, unique patient identifier) that currently being used or have been used on a patient. Addition to CPS.1.1 **Dedicated area/function:** • Information management	L	3	N/A	DC	C
F22855	**Search for former identification of patients** The Contractor shall in T Appendix 2B1 describe how the solution provides users with the ability to search for former identification of patients (e.g., name, H number, D number, misregistered personal identification number). Addition to CPS.1.1 **Dedicated area/function:** • Information management	M	2	DX	DC	C
F22826	**Manage patient demographics** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.2 in EHR-S FM.	H	1	D	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Accounting • Case history and examination • Closed loop medication • Continuous and comprehensive medical chart solution • Individually customised communication • Information management • Managing deaths • Paediatric care and child health • Performance management and reporting • The chain of emergency care • Usability **To be considered:** • Prevention (TBC)					
F22857	**Capture demographic information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22858	**Maintain demographic information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22859	**Render demographic information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22860	**Manage historic information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22861	**Render a set of patient identifying information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22862	**Store demographic information** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.2 in EHR-S FM.	L	2	N/A	DC	C
F22863	**Capture valid date and time values** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22864	**Enter a partial date and time** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22865	**Capture the patient's gender** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22866	**Manage multiple active addresses** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22867	**Manage multiple active phone numbers**	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.1.2 in EHR-S FM.					
F22868	**Contact information** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C;P
F22869	**Date/time of birth** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22870	**Capture patient demographics through integration** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22871	**Ability to annotate demographic data** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.1.2 in EHR-S FM.	M	3	N/A	DC	C;P
F22872	**Age for any given date** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22873	**Analyse and render merge matches for registrations** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.1.2 in EHR-S FM.	L	2	N/A	DC	C
F22874	**Multiple patient names** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.1.2 in EHR-S FM.	H	1	N/A	DC	C
F22875	**Manage patient names (special characters)** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CPS.1.2 in EHR-S FM.	H	2	N/A	DC	C
F22876	**Ability to link family or group members** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CPS.1.2 in EHR-S FM.	M	1	N/A	DC	C
F22880	**Manage information that is valid for a limited time period** The Contractor confirms that the solution shall provide the ability to capture and manage information that is valid for a limited time period (e.g., temporary address or time-limited care function). Addition to CPS.1.2 **Dedicated area/function:** • Information management	M	2	N/A	DC	C
F22882	**Provide a clear sign that the patient is deceased** The Contractor confirms that the solution shall provide the ability to render a clear sign that the patient is deceased when entering a patient's health record (e.g., patient's health record watermarked with MORS). Addition to CPS.1.2 **Dedicated area/function:**	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Managing deaths					
F22827	**Capture quick registration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Case history and examination • Continuous and comprehensive medical chart solution • Information management • Medical device integration • Medication ordering • Paediatric care and child health • Performing invasive treatment • Preparation for invasive treatment • Resource planning • The chain of emergency care **Integration**	H	1	D	DC	C
F22883	**Expedited registration situation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22884	**Capture registration through integration** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.3 in EHR-S FM.	H	3	N/A	DC	C
F22885	**Harmonise information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.3 in EHR-S FM.	H	2	N/A	DC	C
F22828	**Capture referral request** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Assessment and diagnosis • Case history and examination • Continuous and comprehensive medical chart solution • The chain of emergency care • The transfer of tasks and responsibilities	H	2	D	A;DC	C
F22886	**Capture referrals** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22887	**Source and reason for referral** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22888	**Import or receive a referral** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22889	**Conform to function CPS.2.1 Support externally-sourced clinical documents (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22890	**Conform to function CPS.2.2 Support externally-sourced clinical data (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22891	**Conform to function CPS.2.3 Support emergency medical system originated data (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22892	**Conform to function CPS.2.4 Support externally-sourced clinical Images (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.4 in EHR-S FM.	H	3	N/A	DC	C;P
F22893	**Analyse and present recommendations for potential matches** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C;P
F22894	**Receive an e-referral for a patient that did not previously exist in the system** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22895	**Define a minimum set of required information that must be included in an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22896	**Capture administrative details from a referral** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.1.4 in EHR-S FM.	L	2	N/A	DC	C
F22897	**Capture clinical details from a referral** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.1.4 in EHR-S FM.	L	2	N/A	DC	C
F22898	**Present received e-referrals to a user for triage and approval** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22899	**Conform to function AS.9.2 Support financial eligibility verification (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.1.4 in EHR-S FM.	L	1	N/A	DC	C
F22900	**Define diagnosis-based requirements for accepting an e-referral to enable system triage** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22901	**Define clinical requirements for accepting an e-referral to enable system triage of referrals** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22902	**Ability to create a patient record from information in the referral** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.1.4 in EHR-S FM.	L	1	N/A	DC	C
F22903	**Ability to reject a e-referral request** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22904	**Ability to capture the reason for an e-referral acceptance or rejection** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22905	**Ability to transmit to the referring provider the acceptance or rejection, including the reason, of the e-referral request** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22906	**Ability to transmit a request for additional information of e-referral request** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CPS.1.4 in EHR-S FM.	L	2	N/A	DC	C
F22907	**Capture the documentation of transfer of care in referral** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CPS.1.4 in EHR-S FM.	H	2	N/A	DC	C
F22908	**Electronically receive and render location data for patients** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CPS.1.4 in EHR-S FM.	L	1	N/A	DC	C
F22909	**Conform to function AS.6.2 Manage healthcare resource availability information (CPS.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22910	**Attendance notification** The Contractor confirms that the solution shall comply with conformance criteria 25 of function CPS.1.4 in EHR-S FM.	M	1	N/A	DC	C
F22829	**Manage patient encounter** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.5 in EHR-S FM. **Dedicated area/function:** • Activity planning • Case history and examination • Continuous and comprehensive medical chart solution • General information • Individually customised communication • Paediatric care and child health • Reporting the results of radiological examinations	H	1	D	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Sampling • The chain of emergency care					
F22911	**Manage information regarding a patient encounter** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.5 in EHR-S FM.	H	1	N/A	DC	C
F22912	**Determine and render a notification** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.5 in EHR-S FM.	M	1	N/A	DC	C
F22913	**Determine or capture administrative information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C
F22914	**Maintain and render administrative information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C
F22915	**Determine or capture clinical information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C
F22916	**Manage a patient tele-health encounter** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C;P
F22917	**Capture one or more complaints** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C
F22918	**Capture the primary reason for visit or encounter** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.5 in EHR-S FM.	H	2	N/A	DC	C;P
F22919	**Render an indication for the visit or encounter** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.1.5 in EHR-S FM.	M	1	N/A	DC	C
F23381	**Log of communication between citizens and providers** The Contractor confirms that the solution shall provide the ability to present to citizens a log containing documentation of communication between citizens and providers. Addition to CPS.1.5 **Dedicated area/function:** • Individually customised communication	M	1	N/A	DC	C;P
F22921	**Related by genealogy** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.6.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Information management • Nursing and care • Paediatric care and child health	M	1	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• The chain of emergency care **To be considered:** • Prevention (TBC)					
F23529	**Genealogical relationship information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23530	**Extract the identity of persons** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23531	**Manage consents for family medical history** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23532	**Transmit family history entries to PHR`s** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.6.1 in EHR-S FM.	L	3	N/A	DC	C
F22878	**Documentation of information regarding children as relatives of patients** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to structure registration of information regarding *children as relatives of patients*. Addition to CPS.1.6.1 **Dedicated area/function:** • Information management • The chain of emergency care	H	2	DX	DC	C;P
F22922	**Related by insurance** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.6.2 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Settlement	L	1	D	DC	C
F23533	**Patients who are related by insurance plan** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.6.2 in EHR-S FM.	L	1	N/A	DC	C
F22923	**Related by living situation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.6.3 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Individually customised communication • Information management • Performing other treatments • Settlement	M	1	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23534	**Living situation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F22924	**Related by other means** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.6.4 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Individually customised communication • Information management • Performance management and reporting • Performing other treatments • Settlement **To be considered:** • Health promotion (TBC) • Prevention (TBC)	M	1	D	DC	C;P
F22926	**Render information regarding patients related by employer and work location** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.6.4 in EHR-S FM.	M	1	N/A	DC	C;P
F22927	**Authority to make medical decisions on behalf of the patient** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.6.4 in EHR-S FM.	H	2	N/A	DC	C;P
F22928	**Information related to the patient other than by genealogy, insurance, and/or living situation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.6.4 in EHR-S FM.	M	1	N/A	DC	C;P
F23535	**Network map** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to generate a network map describing the importance of members in the network and how often they meet (frequency). Addition to CPS.1.6.4 **Dedicated area/function:** • Performing other treatments	L	3	DX	DC	C;P
F22925	**Preferences, directives, consents and authorisations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.7 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Individually customised communication • Information management • Information security, privacy and access control	H	1	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Paediatric care and child health • Palliative care • Planning of treatment, nursing and care					
F22929	**Conform to function CPS.1.7.1 Support for patient and family preferences (CPS.1.7)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.7 in EHR-S FM.	H	1	N/A	DC	C
F22930	**Support for patient and family preferences** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.7.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Donation of biological material • Individually customised communication • Knowledge and clinical decision support • Nursing and care • Paediatric care and child health • Planning of treatment, nursing and care	M	2	D	DC	C;P
F23536	**Patient and family preferences** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C;P
F23537	**Update guidelines relating to documented patient preferences** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23538	**Analyse care guidelines and options relating to documented patient and family preferences** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23539	**Prompts for testing and treatment options** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23540	**Comparison between standard and options** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23541	**External materials based on patient preferences** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23542	**Integrate necessary documentation of patient and family preferences** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.7.1 in EHR-S FM.	M	2	N/A	DC	C;P
F22931	**Manage patient advance directives** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.7.2 in EHR-S FM.	H	1	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Case history and examination • Control and compliance • Individually customised communication • Information management • Managing deaths • Nursing and care • Paediatric care and child health • Palliative care • Planning of treatment, nursing and care • The chain of emergency care					
F23544	**Manage advance directive information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.7.2 in EHR-S FM.	H	1	N/A	DC	C
F23545	**Capture of advance directive(s)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.7.2 in EHR-S FM.	H	1	N/A	DC	C
F23546	**Render types of advance directives** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.7.2 in EHR-S FM.	H	1	N/A	DC	C
F23547	**Manage 'do not resuscitate' orders** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.7.2 in EHR-S FM.	H	1	N/A	DC	C;P
F23548	**Conform to function CPS.2.4 Support externally-sourced clinical images (CPS.1.7.2)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.7.2 in EHR-S FM.	H	2	N/A	DC	C
F23549	**Date and circumstances of the recent review** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.7.2 in EHR-S FM.	H	2	N/A	DC	C
F23550	**Manage the identity and role of the principal acting on behalf of provider** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.7.2 in EHR-S FM.	H	2	N/A	DC	C
F23551	**Manage signing/completion details for advance directives on paper** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.7.2 in EHR-S FM.	H	2	N/A	DC	C
F22262	**Autopsy** The Contractor confirms that the solution shall give notice if patient and/or representatives oppose the ordering of an autopsy. Addition to CPS.1.7.2 **Dedicated area/function:** • Managing deaths	M	2	N/A	DC	H;M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22932	**Manage consents and authorisations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.1.7.3 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Clinical and health research • Donation of biological material • Individually customised communication • Information management • Information security, privacy and access control • Nursing and care • Paediatric care and child health • Palliative care • Planning of treatment, nursing and care • Settlement	H	1	D	A;DC	C;P
F22937	**Capture and render an indication that a patient has completed a consent and authorisation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.1.7.3 in EHR-S FM.	H	1	N/A	DC	C
F22938	**Capture and render an indication that a patient has withdrawn consents and/or authorisations** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.1.7.3 in EHR-S FM.	H	1	N/A	DC	C
F22939	**Conform to function CPS.2.1 Support externally-sourced clinical documents (CPS.1.7.3)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.1.7.3 in EHR-S FM.	M	3	N/A	DC	C
F22940	**Conform to function CPS.2.2 Support externally-sourced clinical data (CPS.1.7.3)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.1.7.3 in EHR-S FM.	M	3	N/A	DC	C
F22941	**Capture scanned consent and authorisation paper documents** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.1.7.3 in EHR-S FM.	H	1	N/A	DC	C
F22942	**Present consent and authorisation forms on-line** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.1.7.3 in EHR-S FM.	M	2	N/A	DC	C;P
F22943	**Enter consent and authorisation forms on-line** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.1.7.3 in EHR-S FM.	M	2	N/A	DC	C;P
F22944	**Render printable consent and authorisation templates** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.1.7.3 in EHR-S FM.	M	1	N/A	DC	C
F22945	**Render the consents and authorisations as part of the patient's record**	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.1.7.3 in EHR-S FM.					
F22946	**Consents and authorisations sorting** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.1.7.3 in EHR-S FM.	M	2	N/A	DC	C
F22947	**Capture assent** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.1.7.3 in EHR-S FM.	H	2	N/A	DC	C
F22948	**Capture the source of each consent** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.1.7.3 in EHR-S FM.	H	2	N/A	DC	C
F22949	**Manage information regarding the patient's personal representative** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.1.7.3 in EHR-S FM.	H	2	N/A	DC	C
F22950	**Create and incorporate consent templates and information material** The Contractor shall in T Appendix 2B1 describe how the solution provides functionalities for creating consent templates and incorporating externally developed consent templates and other relevant information material linked to a consent form. Addition to CPS.1.7.3 **Dedicated area/function:** • Clinical and health research	M	1	DX	DC	C
F22952	**Electronic consent linked to relevant research study/studies** The Contractor confirms that the solution shall provide functionality, which enables the electronic consents related to research studies to be linked to the relevant research study/studies alongside the study specific information received by the citizen. Addition to CPS.1.7.3 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C
F22953	**Co-signing functionality** The Contractor confirms that the solution shall provide co-signing functionality that enables an authorised user (e.g., research responsible) to sign the consent form to confirm that the citizen has received relevant information about the study and consent. Addition to CPS.1.7.3 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22955	**Withdrawal of electronic consent by citizen** The Contractor confirms that the solution shall provide citizens with the ability to electronically withdraw a completed consent and authorisation, e.g., concerning the participation in a research study/studies. Addition to CPS.1.7.3 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C;P
F22957	**Patients that are legally unable to consent** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture, manage and withdraw the decision that a patient is legally unable to consent. Examples of information to be captured, managed and withdrawn: 1: The reason for this decision 2: Whether the situation is presumed to be permanent or temporary 3: Whether the lack of competence to consent only regards specific elements 4: Patient representative(s) Additional information: • Pasient- og brukerrettighetsloven, Chapter 4, https://lovdata.no/lov/1999-07-02-63 Addition to CPS.1.7.3 **Dedicated area/function:** • Information management • Information security, privacy and access control	H	3	D	DC	C;P
F23685	**Informing patients about their rights** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and manage that the patient is informed about his/her rights (e.g., regarding privacy and health decisions). Addition to CPS.1.7.3 **Dedicated area/function:** • Administrative procedures • Information management • Information security, privacy and access control	H	2	DX	DC	C;P

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5.2.2 CPS.2 Support externally-sourced information

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22936	**Support externally-sourced information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medical device integration • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Receiving results of additional examinations • Reporting the results of radiological examinations • Request for additional examinations • Settlement • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilation and rehabilitation activities • Work planning **Integration**	H	3	D	A;DC	C;P
F22958	**Reference to externally-sourced information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2 in EHR-S FM.	H	3	N/A	DC	C
F22959	**Capture and store references** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2 in EHR-S FM.	H	3	N/A	DC	C
F22960	**Tagged patient health information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2 in EHR-S FM.	H	3	N/A	DC	C
F22962	**Support externally-sourced clinical documents** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination	H	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Individually customised communication • Information management • Knowledge and clinical decision support • Medical device integration • Medication ordering • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Receiving results of additional examinations • Reporting the results of radiological examinations • Request for additional examinations • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities **Integration**					
F22970	**Capture, store and render external documents** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.1 in EHR-S FM.	H	3	N/A	DC	C
F22971	**Capture, store and render scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F22972	**Capture, store and render computable documents** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F22973	**Store imaged documents** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.2.1 in EHR-S FM.	M	2	N/A	DC	C
F22974	**Receive unstructured, text-based documents and reports** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22975	**Receive structured, text-based documents and reports** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22976	**Uniquely tag and render scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C
F22977	**Link documentation and annotations with structured content** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22978	**Conform to function TI.1.5 Non-repudiation and TI.1.6 Secure data exchange (CPS.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C
F22979	**Render a notification or alert** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C;P
F22980	**Identify the external source of information** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C
F22799	**Interact with in vitro fertilisation (IVF) software - documentation** The Contractor shall in T Appendix 2B1 describe how the solution interacts with **in vitro fertilisation (IVF)** software, enabling seamless documentation. Addition to CPS.2.1 **Dedicated area/function:** • Donation of biological material **Integration**	H	3	DX	DC	H
F22963	**Support externally-sourced clinical data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.2 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Continuous and comprehensive medical chart solution • Individually customised communication • Medical device integration • Medication ordering • Multimedia • Nursing and care • Palliative care • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Test result reporting • The chain of emergency care • Undertaking habilitation and rehabilitation activities **Integration**	H	3	D	DC	C;P
F22987	**Capture and store computable data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.2 in EHR-S FM.	H	3	N/A	DC	C
F22988	**Reference to external data**	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.2 in EHR-S FM.					
F22989	**Externally-sourced computable data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.2 in EHR-S FM. **Integration**	H	3	N/A	DC	C
F22990	**Externally-sourced standards-based structured, codified data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.2.2 in EHR-S FM.	H	3	N/A	DC	C
F22991	**Laboratory test data as discrete data elements** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.2.2 in EHR-S FM.	H	3	N/A	DC	C
F22992	**Externally-sourced clinical documentation as structured data** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.2.2 in EHR-S FM.	H	3	N/A	DC	C;P
F22993	**Health-related data from non-medical devices** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.2.2 in EHR-S FM.	M	3	N/A	DC	C
F22994	**Capture the original requisition ID number** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.2.2 in EHR-S FM.	H	2	N/A	DC	C
F22997	**Capture, store and render of events/parameters from external systems** The Contractor shall in T Appendix 2B1 describe how the solution support the capturing, storing and rendering of events/parameters from external systems (e.g., third party software for sensors, video surveillance/night camera, GPS tracking system, alarm central) initiated by health services, regardless of location, or used in hospital. Addition to CPS.2.2 **Dedicated area/function:** • Medical device integration • The chain of emergency care **Integration**	M	3	DX	DC	H;M
F22982	**Therapeutic games and internet based treatment/guidance** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to manage and render documentation from therapeutic games and internet based treatment or guidance (e.g., social skills training for schizophrenia through games). Addition to CPS.2.2 **Dedicated area/function:**	L	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Medical device integration **Integration**					
F22983	**E-health treatment programmes** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to manage and render documentation from e-health treatment programmes to treat health disorders. Addition to CPS.2.2 **Dedicated area/function:** • Medical device integration **Integration**	L	2	DX	DC	C
F22984	**Virtual reality exposure** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to manage and render documentation from virtual reality exposure therapy. Addition to CPS.2.2 **Dedicated area/function:** • Medical device integration **Integration**	L	3	DX	DC	C
F22961	**Capture different codes while working with radiation oncology systems** The Contractor confirms that the solution shall capture different codes specific to oncology while working with radiation oncology systems. Addition to CPS.2.2 **Dedicated area/function:** • Coding and reconciliation • Performing other treatments **Integration**	H	3	N/A	DC	H
F22343	**Enter results data from analysed samples manually** The Contractor confirms that the solution shall provide the ability to enter results data from analysed samples manually (e.g., CRP, Glucose, HB, INR). Addition to CPS.2.2 **Dedicated area/function:** • Test result reporting	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22964	**Support Emergency medical system originated data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.3 in EHR-S FM. **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Medical device integration • The chain of emergency care **To be considered:** • The chain of emergency care (TBC) **Integration**	H	3	D	DC	C
F22999	**Capture and store from EMS** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23000	**Capture and store audio files from EMS** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.3 in EHR-S FM.	L	3	N/A	DC	C
F23001	**Display information from an ambulance multi-monitor** The Contractor shall in T Appendix 2B1 describe how the solution displays electronic data, provided by clinical measurements (e.g., vital parameters and ECG-information) from a multi-monitor in the *ambulance services*. Addition to CPS.2.3 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Medical device integration • The chain of emergency care **Integration**	H	3	DX	A;DC	H
F23002	**Information flow between medical emergency communications centers and ambulance services** The Contractor shall in T Appendix 2B1 describe how the solution captures and renders demographic and incident information between *EMCC* or *LEMC* and ambulance services. Addition to CPS.2.3 **To be considered:** • The chain of emergency care (TBC) **Integration**	H	3	DX	DC	C
F23003	**Receive and transmit information to an external ambulance system** The Contractor shall in T Appendix 2B1 describe how the solution receives and transmits patient demographic and clinical data,	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	transportation data, assignment data and employee data to an external ambulance system. Addition to CPS.2.3 **Dedicated area/function:** • The chain of emergency care **Integration**					
F23736	**Receive and render incident information to the solution from the EMCC or the LEMC record** The Contractor shall in T Appendix 2B1 describe how the solution receives and renders *incident information* from the EMCC/LEMC-record to the solution regarding the emergency/urgent calls. Addition to CPS.2.3 **Dedicated area/function:** • The chain of emergency care **Integration**	H	3	DX	DC	C
F22965	**Support externally-sourced clinical images** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.4 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Individually customised communication • Medical device integration • Medication ordering • Multimedia • Nursing and care • Performing invasive treatment • Performing other treatments • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • The chain of emergency care **Integration**	H	3	D	DC	C;P
F23004	**Capture, store and render clinical images received from external sources** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.4 in EHR-S FM.	M	3	N/A	DC	C
F23005	**Receive from an external source clinical result images**	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.4 in EHR-S FM.					
F23006	**Receive from an external source other forms of clinical results** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.4 in EHR-S FM.	M	3	N/A	DC	C
F23007	**Capture, manage and render images, videos and audio files** The Contractor confirms that the solution shall provide the ability to capture, manage and render images, videos and audio files received from external sources (e.g., patients own device). Addition to CPS.2.4 **Dedicated area/function:** • Multimedia • The chain of emergency care **Integration**	H	1	N/A	A;DC	C
F22966	**Support patient-originated data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.5 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Continuous and comprehensive medical chart solution • Donation of biological material • Handling errors/discrepancies • Individually customised communication • Information management • Information security, privacy and access control • Medical device integration • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Test result reporting • The chain of emergency care • Undertaking habilitation and rehabilitation activities **Integration**	H	2	D	DC	C;P
F23010	**Capture the source of clinical data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.5 in EHR-S FM.	H	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23011	**To tag as accurate and verified patient-originated data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.5 in EHR-S FM.	H	2	N/A	DC	C
F23012	**Capture patient-sourced data distinctly from provider-sourced data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.5 in EHR-S FM.	H	2	N/A	DC	C
F23013	**Capture structured and unstructured data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.2.5 in EHR-S FM.	H	2	N/A	DC	C;P
F23014	**Send notifications to consumer health solutions** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.2.5 in EHR-S FM.	H	3	N/A	DC	C;P
F23015	**Receive notifications from consumer health solutions** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.2.5 in EHR-S FM.	H	3	N/A	DC	C;P
F23017	**Self-reporting functionality** The Contractor shall in T Appendix 2B1 describe how the solution provides self-reporting functions for patients to be included in their EHR. This includes both structured and unstructured data, reporting of health status and observations related to physical and mental health and may also include information from home monitoring devices. Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	H	2	DX	A;DC	C;P
F23018	**Capture information regarding lifestyle, wellness and personal health** The Contractor shall in T Appendix 2B1 describe how the solution provide patients with the ability to capture information regarding lifestyle, wellness and personal health (e.g., exercise information, nutrition and diet information). Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	M	2	DX	DC	C;P
F23019	**Enter information related to a specific encounter** The Contractor confirms that the solution shall provide patients with the ability to enter information related to a specific encounter (e.g., the regular GP initiate that more information about a subject is requested before a consultation). Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23020	**Render information related to a specific encounter** If the Contractor confirms that the solution provides patients with the ability to enter information related to a specific encounter, then the Contractor confirms that the solution shall provide the ability to render this information to patients and providers before, during and after the encounter. Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23021	**Enter or update demographic data** The Contractor confirms that the solution shall provide the ability for citizens to enter or update demographic data that is erroneous or out-of-sync with other source systems. Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F23022	**Annotate demographic data with text comments** The Contractor confirms that the solution shall provide the ability for citizens to annotate demographic data with text comments. Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F23023	**Annotation to medication list** The Contractor confirms that the solution shall provide the ability for patients to add annotations to their medication list (e.g., document effects or questions regarding a medication). Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication • Pharmaceutical guidance	M	3	N/A	DC	C;P
F22294	**Support warning and alert management integrated with external systems** The Contractor shall in T Appendix 2B1 describe how the solution supports warning and alert management integrated with external systems (e.g., third party software for sensors, video surveillance/night camera, GPS tracking system, alarm central) initiated by health services, regardless of location, or used in hospital. Addition to CPS.2.5 **Dedicated area/function:**	M	3	DX	A;DC	H;M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Medical device integration • Nursing and care **Integration**					
F24393	**Tracking of patient-originated data** The Contractor confirms that the solution shall provide citizens with the ability to track patient-originated data to control the intended use of the data. Addition to CPS.2.5 **Dedicated area/function:** • Individually customised communication • Information security, privacy and access control	H	3	N/A	DC	C;P
F22967	**Support patient health data derived from administrative and financial data and documentation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.6 in EHR-S FM. **Dedicated area/function:** • Settlement **Integration**	H	2	D	DC	C
F23026	**Patient health data derived from administrative or financial data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.6 in EHR-S FM.	H	2	N/A	DC	C
F23027	**The source of patient health data derived from administrative and financial data.** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.6 in EHR-S FM.	H	2	N/A	DC	C
F23028	**Annotate patient health information derived from administrative or financial data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.6 in EHR-S FM.	H	2	N/A	DC	C
F22968	**Support patient data derived from eligibility, formulary and benefit documentation for electronic prescribing** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.7 in EHR-S FM. **Dedicated area/function:** • Medication ordering • Medication supply and dispatching	H	2	D	DC	C
F23029	**Manage patient data derived from eligibility, formulary and benefit information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.7 in EHR-S FM.	H	2	N/A	DC	C
F23030	**Capture the source of patient data derived from eligibility, formulary and benefit information**	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.7 in EHR-S FM.					
F22969	**Support medical device originated data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.2.8 in EHR-S FM. **Dedicated area/function:** • Administration • Case history and examination • Clinical and health research • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Handling errors/discrepancies • Individually customised communication • Medical device integration • Medication ordering • Medication supply and dispatching • Nursing and care • Paediatric care and child health • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Test result reporting • The chain of emergency care • Usage tracking of equipment and aids **Integration**	H	3	D	A;DC	C;P
F23031	**Capture electronic data from medical devices** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C;P
F23032	**Render information collected from medical devices** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.8 in EHR-S FM.	H	1	N/A	DC	C
F23033	**Information of a device when it is suspected as the cause of serious adverse event** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C;P
F23034	**Present data for verification** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C
F23035	**Link originating medical device as identified by original device ID** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23036	**Date/time from medical device** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C
F23037	**Manually capture data from medical device** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.2.8 in EHR-S FM.	H	2	N/A	DC	C;P
F22981	**Import of result, stand-alone medical device** The Contractor shall in T Appendix 2B1 describe how the solutions can import result from a stand-alone medical device. E.g., • CRP • Glucose • Spirometry Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration • Test result reporting **Integration**	M	3	DX	A;DC	C
F22986	**Import of result, medical device not supporting standards** The Contractor shall in T Appendix 2B1 describe how the solutions imports results from software, as a medical device, which from the producer is made without support for any international standard for integration. E.g., • Ambulatory blood pressure monitoring, using SunTech Medical application AccuWin Pro. • Sleep diagnostics, using Nox Medical application Noxturnal • Reflux Test, using Given Imaging Ltd. Application AccuView Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration • Test result reporting **Integration**	M	3	DX	A;DC	C
F22995	**Capture medical data from medical devices to be visible in real-time** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to capture electronic data from medical devices to be visible in real-time (with minimum time delay) in the EHR. Addition to CPS.2.8 **Dedicated area/function:**	H	2	DX	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Medical device integration • Performing invasive treatment • Preparation for invasive treatment • The chain of emergency care **Integration**					
F22996	**Capture medical data from medical devices without the loss of data** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to capture data from medical devices without loss of data even if the data connection is lost during patient transportation. Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration • Performing invasive treatment • Preparation for invasive treatment • The chain of emergency care **Integration**	H	2	DX	DC	C
F22998	**Radiation dose** The Contractor confirms that the solution shall provide the ability to capture and render information from medical devices delivering X-ray regarding the radiation dose the patient have been exposed for. Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration **Integration**	H	2	N/A	DC	C
F23008	**Radiation summary** The Contractor confirms that the solution shall provide the ability to manage and render patient specific radiation summary. Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration • Preparation for other treatments **Integration**	H	2	N/A	DC	C
F23642	**Examination status** The Contractor confirms that the solution shall provide the ability to capture and render information from ***medical devices***	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	regarding examination status (e.g., examination start, examination end). Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration • The chain of emergency care **Integration**					
F26069	**Integration with medication dispensing system** The Contractor confirms that the solution shall provide the ability to integrate with a dispensing system/storage device or cabinets for dispensing of medications according to the ***closed loop medication*** definition. Addition to CPS.2.8 **Dedicated area/function:** • Administration • Closed loop medication • Dispensing • Medical device integration • Medication supply and dispatching **Integration**	H	3	N/A	DC	C
F26433	**Extended understanding of the term MDI** The Contractor shall in T Appendix 2B1 describe how the solution will support integration of medical devices to reach an extended understanding of the term MDI, including more medical devices than given in the examples in HL7 function CPS.2.8. Addition to CPS.2.8 **Dedicated area/function:** • Medical device integration **Integration**	M	3	DX	A;DC	C

5.2.3 CPS.3 Support clinical documentation

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23039	**Support for standard assessments** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.1 in EHR-S FM.	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Activity planning • Administration • Administrative procedures • Assessment and diagnosis • Balancing health and care services • Case history and examination • Continuous and comprehensive medical chart solution • Dispensing • Distribution of knowledge • Handling errors/discrepancies • Individually customised communication • Information management • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing additional examinations • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F23051	**Manage recognised-standard assessment information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.1 in EHR-S FM.	H	1	N/A	DC	C
F23052	**Capture supplemental assessment data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.1 in EHR-S FM.	M	1	N/A	DC	C
F23053	**Prompts based on practice standards** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.1 in EHR-S FM.	H	2	N/A	DC	C
F23054	**Capture the configuration of prompts** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.1 in EHR-S FM.	L	2	N/A	DC	C
F23055	**Conform to function CP.1.4 Manage problem list (CPS.3.1)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.1 in EHR-S FM.	H	2	N/A	DC	C
F23056	**Recognised-standard and/or locally defined assessment information for problems on the patient's problem list**	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.1 in EHR-S FM.					
F23057	**Audit modifications** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.1 in EHR-S FM.	M	1	N/A	DC	C
F23058	**Link the value of the assessment responses** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.1 in EHR-S FM.	M	1	N/A	DC	C
F23059	**Assessment templates** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.1 in EHR-S FM.	H	2	N/A	DC	C
F23060	**Recognised-standard and/or locally-defined assessment templates** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.3.1 in EHR-S FM.	H	2	N/A	DC	C
F23061	**Licensed diagnostic tools** The Contractor confirms that the solution shall provide the ability to offer licensed diagnostic and functional mapping tools. Addition to CPS.3.1 **Dedicated area/function:** • Preparation for other treatments	M	3	N/A	DC	C
F23062	**Diagnostic tools and mappings** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to import diagnostic tests or mapping tools, either from the EHR or an external repository (e.g., helsenorge.no, helsebiblioteket.no), and make these accessible to a patient or a patient's representative as an assigned task. Addition to CPS.3.1 **Dedicated area/function:** • Preparation for other treatments **Integration**	M	3	D	DC	C;P
F23063	**Diagnostic tools and mappings in the solution** The Contractor shall in T Appendix 2B1 describe which diagnostic tests and mapping tools are offered as part of the solution. Addition to CPS.3.1 **Dedicated area/function:** • Preparation for other treatments	H	2	D	DC;I	C
F23064	**Implementation of national guideline for suicide prevention** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to implement guidelines on suicide prevention in a structured EHR. The mapping, assessment and	H	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	measures shall be documented in a simple process and meet the requirements of the national guideline. Additional information: • ICE-1511-Nasjonale retningslinjer for forebygging av selvmord i psykisk helsevern Addition to CPS.3.1 **Dedicated area/function:** • Performing other treatments					
F22324	**Multidisciplinary assessment tool** The Contractor shall in T Appendix 2B1 describe how the solution supports the documentation of functioning and disability in an assessment tool (e.g., International Classification of Functioning (ICF), Disability and Health). Addition to CPS.3.1 **Dedicated area/function:** • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities	H	2	D	DC	C
F23040	**Support for patient context-driven assessments** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Assessment and diagnosis • Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Individually customised communication • Information management • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • Undertaking habilitation and rehabilitation activities	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23065	**Analyse assessment data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.2 in EHR-S FM.	H	2	N/A	DC	C
F23066	**Analyse assessment and render notifications** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.2 in EHR-S FM.	H	2	N/A	DC	C
F23067	**Analyse assessment data against data in problem list** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.2 in EHR-S FM.	H	2	N/A	DC	C
F23068	**Manage care setting specific templates** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.2 in EHR-S FM.	H	2	N/A	DC	C
F23069	**Render alerts based on patient-specific clinical data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.2 in EHR-S FM.	H	2	N/A	DC	C
F23070	**Complaint driven documentation templates.** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.2 in EHR-S FM.	M	1	N/A	DC	C
F23071	**Diagnosis driven documentation templates** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.2 in EHR-S FM.	M	1	N/A	DC	C
F23072	**Disposition diagnosis driven documentation templates** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.2 in EHR-S FM.	M	1	N/A	DC	C
F23073	**Support during assessments** The Contractor confirms that the solution shall provide the ability to support patient specific assessments of nutrition and diet. Additional information: • Kosthåndboken – Veileder i ernæringsarbeid i helse- og omsorgstjenesten (IS-1972), https://helsedirektoratet.no/retningslinjer/kosthandboken-veileder-i-erneringsarbeid-i-helse-og-omsorgstjenesten Addition to CPS.3.2 **Dedicated area/function:** • Performing other treatments	M	2	N/A	DC	C
F23074	**Determine need for perioperative blood transfusion** The Contractor confirms that the solution shall determine potential perioperative need for blood transfusion based on e.g., preoperative haemoglobin, estimated blood loss. Addition to CPS.3.2 **Dedicated area/function:** • Donation of biological material • Preparation for invasive treatment	L	1	N/A	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24229	**Create and manage templates for documentation** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to create and manage templates for documentation, according to scope of practice and organisational policy. Addition to CPS.3.2 **Dedicated area/function:** • Information management	M	2	D	A;DC	C;P
F22320	**Prenatal diagnosis and care** The Contractor shall in T Appendix 2B1 describe how the solution provides *clinical decision support* during prenatal diagnosis and care. Addition to CPS.3.2 **Dedicated area/function:** • Knowledge and clinical decision support • Nursing and care	H	2	DX	DC	GP;H
F23041	**Support for standard care plans, guidelines, protocols** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Handling errors/discrepancies • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Request for additional examinations • Resource planning • The chain of emergency care **To be considered:**	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Nursing and care (TBC)					
F23075	**Site-specific care plans** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23076	**Maintain site-specific modifications to standard care plans** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23077	**Determine variances from standard care plans** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23078	**Determine variances and transmit information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.3 in EHR-S FM.	M	3	N/A	DC	C
F23079	**Conform to function POP.4 Support for monitoring response notifications regarding a specific patient's health (CPS.3.3)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.3 in EHR-S FM.	M	2	N/A	DC	C
F23080	**Conform to function CPS.3.4 Support for context-sensitive care plans, guidelines, protocols (CPS.3.3)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23081	**Conform to function CPS.3.1 Support for standard assessments (CPS.3.3)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23082	**Manage condition-specific guidelines** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.3 in EHR-S FM.	M	1	N/A	DC	C
F23083	**Standards-based documentation templates** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C;P
F23084	**Standard choices for disposition** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.3.3 in EHR-S FM.	M	1	N/A	DC	C
F23085	**Tag and render an indicator that a patient record is incomplete** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.3.3 in EHR-S FM.	H	1	N/A	DC	C
F23086	**Indicate that a patient record is incomplete** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23087	**Tag specific missing elements/sections** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.3.3 in EHR-S FM.	H	2	N/A	DC	C
F23088	**Capture research protocol deviation information**	L	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.3.3 in EHR-S FM.					
F23089	**Paediatric oncology protocols** The Contractor shall in T Appendix 2B1 describe how the solution manage complex paediatric haematology and oncology protocols, that combine time-critical surgery, chemotherapy and radiation treatments of varying intensities. Describe how the solution manage individual treatment schedules, including interruptions, adjustments and delays. Addition to CPS.3.3 **Dedicated area/function:** • Paediatric care and child health	M	3	DX	DC	H
F26725	**Clinical pathways based on patient characteristics** The Contractor shall in T Appendix 2B1 describe how the system provides decision support to suggest standardised and/or local clinical pathways in different care settings (e.g., specialist health care, municipal health care) based on patient characteristics (e.g., problem, diagnosis, level of functioning, ICF classification). Addition to: CPS.3.3 **Dedicated area/function:** • Assessment and diagnosis • Knowledge and clinical decision support • Planning of treatment, nursing and care	H	2	D	A;DC	C
F23042	**Support for context-sensitive care plans, guidelines, protocols** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Assessment and diagnosis • Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Handling errors/discrepancies • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Palliative care • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Undertaking habilitation and rehabilitation activities					
F23092	**Render care and treatment plans** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C;P
F23093	**Choice of action** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23094	**Identify, track and provide alerts** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23095	**Conform to function CPS.3.1 Support for standard assessments (CPS.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23096	**Conform to function CPS.3.2 Support for patient context-driven assessments (CPS.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23097	**Conform to function CPS 3.3 Support for standard care plans, guidelines, protocols (CPS.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23098	**Manage specialised medical treatment guidelines and protocols** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23099	**Manage biometric data** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23100	**Templates to be used as a basis** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.4 in EHR-S FM.	H	2	N/A	DC	C
F23101	**Previously developed care plans** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.3.4 in EHR-S FM.	M	1	N/A	DC	C
F23102	**Checklists and process support** The Contractor shall in T Appendix 2B1 describe how the solution makes use of checklists and process support in order to support care and appropriate planning and documentation, however allowing the Customer to make necessary adjustments when needed. Addition to CPS.3.4 **Dedicated area/function:**	H	2	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Nursing and care • Preparation for invasive treatment • Undertaking habilitation and rehabilitation activities					
F23103	**WHO Safe Surgery Checklist** The Contractor confirms that the solution shall support the use of WHO Safe Surgery Checklist. Addition to CPS.3.4 **Dedicated area/function:** • Preparation for invasive treatment	H	1	N/A	DC	H
F22691	**Palliative care** The Contractor confirms that the solution shall provide the ability to render knowledge and clinical decision support in palliative care based on the patient's symptoms and problems. Addition to CPS.3.4 **Dedicated area/function:** • Knowledge and clinical decision support • Palliative care • Pharmaceutical guidance	M	1	N/A	DC	C
F23275	**Capture and render data for evaluation** The Contractor confirms that the solution shall provide the ability to capture and render data from a clinical pathway and treatment plan to enable evaluation of treatment effect. Addition to CPS.3.4 **Dedicated area/function:** • Assessment and diagnosis • Continuous and comprehensive medical chart solution • Nursing and care	M	2	N/A	DC	C;P
F23043	**Support for research protocols relative to individual patient care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.5 in EHR-S FM. **Dedicated area/function:** • Administration • Clinical and health research • Health promotion • Paediatric care and child health • Performing other treatments • Prevention **To be considered:** • Clinical and health research (TBC)	M	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Health promotion (TBC) • Prevention (TBC)					
F23105	**Presentation of protocols for patients enrolled in research studies** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23106	**Manage research study protocols** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23107	**Conform to function AS.9.1 Support financial plan enrollment (CPS.3.5)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.5 in EHR-S FM.	L	2	N/A	DC	C
F23108	**Identification and tracking of patients participating in research studies** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23109	**Maintain appropriate details of patients' conditions and response to treatment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23110	**Conform to function CP.3.3 manage clinical documents and notes (CPS.3.5)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.5 in EHR-S FM.	H	2	N/A	DC	C;P
F23111	**Manage research information** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.5 in EHR-S FM.	L	2	N/A	DC	C
F23112	**Determine eligible patients based on inclusion and exclusion criteria** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23113	**Notifying staff of patient's eligibility** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.5 in EHR-S FM.	M	2	N/A	DC	C
F23114	**Capture research protocol deviation information** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.3.5 in EHR-S FM.	L	2	N/A	DC	C
F23115	**List of present and historic participation in research studies or other health programmes (researcher/ health professional)** The Contractor confirms that the solution shall provide a researcher or other health professional with a complete list of the research studies or other health programmes a citizen participates in or has participated in, along with the status of the respective studies (e.g., ongoing, completed). Addition to CPS.3.5	M	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Clinical and health research					
F23676	**List of present and historic participation in research studies or other health programmes (citizen)** The Contractor confirms that the solution shall provide a complete list to citizens of their present and historic participation in research studies or other health programmes. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	2	N/A	DC	C;P
F23116	**Random selection of suitable candidates for a research study** The Contractor confirms that the solution shall provide functionality for rendering a list of randomly selected candidates that satisfy the inclusion and exclusion criteria for a research study or other health programme. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	L	1	N/A	DC	C
F26074	**Random selection of a group of candidates within a group of participants in a research study** The Contractor confirms that the solution shall provide functionality to randomly select a group of candidates within a specified group of participants in a research study or other health programme (e.g., within a group of participants in a research study, one group of randomly selected participants are assigned an intervention, whilst another group is set as a control group). Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	L	1	N/A	DC	C
F23117	**Notification to citizen about a study** The Contractor shall in T Appendix 2B1 describe how citizens will be notified when they become eligible for an established research study or other health programme. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	2	DX	DC	C;P
F23118	**Citizen registering interest in a relevant research study or other health programme(s)** The Contractor shall in T Appendix 2B1 describe how a citizen will be able to indicate interest in relevant research studies (either a specific research study/health programme or research studies/health programmes in general).	L	2	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research					
F23120	**Treatment conflicting with a research study** The Contractor confirms that the solution shall provide the ability to alert a health professional trying to initiate a treatment or activity conflicting with participation in an ongoing research study (e.g., an intervention study). Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C
F22956	**Functionality to delete and edit data** The Contractor confirms that the solution shall provide functionality to delete and edit data in the event that a participant withdraws from a research study. This is relevant for data recorded about the participant that is additional to, and does not affect, information recorded as part of the participant's regular care and treatment (i.e., only data recorded for research purposes that does not affect patient treatment). Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C
F23024	**Internal tools for gathering information for research studies** The Contractor shall in T Appendix 2B1 describe how the solution enables authorised users to collect information about citizens for a specified research study through self-reporting (e.g., surveys, questionnaires). The Contractor shall include, in the description, relevant information about supporting features/functionalities e.g., access to predefined templates, functionalities to design and configure own templates, reminders/notifications, possibility for using the questionnaires in multicenter studies where the research study participant or researcher moves between centers and/or departments. Addition to CPS.3.5 **To be considered:** • Clinical and health research (TBC) • Health promotion (TBC) • Prevention (TBC)	M	1	D	A;DC	C
F23025	**External tools for gathering information for research studies** If the solution does not include internal tools for collecting information about citizens for a specified research study through	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	self-reporting (e.g., surveys, questionnaires), the solution shall support integration with external tools/systems. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research • Health promotion • Prevention **Integration**					
F23677	**Information about research study or other health programmes** The Contractor shall in T Appendix 2B1 describe how citizens can receive information about relevant research studies or other health programmes. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	2	DX	DC	C;P
F23678	**Reservation from receiving information and requests regarding a research study or other health programme** The Contractor confirms that the solution shall enable citizens to reserve themselves from receiving information and requests regarding research studies or other health programmes. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	2	N/A	DC	C;P
F22954	**Indicate non-interest in participating in research studies** The Contractor confirms that the solution shall provide functionality that enables citizens to indicate non-interest in participating in a specific research study or in research studies related to a specific topic. This is mainly relevant for intervention studies. Addition to CPS.3.5 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C;P
F23044	**Support self care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.6 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Distribution of knowledge	H	3	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Individually customised communication • Knowledge and clinical decision support • Medication ordering • Pharmaceutical guidance • Preparation for invasive treatment • Preparation for other treatments • Undertaking habilitation and rehabilitation activities					
F23121	**Guidelines, protocols and reminders releated to specific clinical conditions** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.6 in EHR-S FM.	H	3	N/A	DC	C;P
F23122	**Determine patient eligibility** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.6 in EHR-S FM.	M	3	N/A	DC	C
F23123	**Conform to function CPS.2.5 Support patient-originated data (CPS.3.6)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.6 in EHR-S FM.	H	3	N/A	DC	C
F23124	**Conform to function CP.1.8 Manage patient and family preferences (CPS.3.6)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.6 in EHR-S FM.	M	1	N/A	DC	C
F23125	**Conform to function CP.1.4 Manage problem list (CPS.3.6)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.6 in EHR-S FM.	M	3	N/A	DC	C
F23045	**Capture guidelines and standards from external sources** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.7 in EHR-S FM. **Dedicated area/function:** • Administration • Administrative procedures • Closed loop medication • Dispensing • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Paediatric care and child health • Pharmaceutical guidance **Integration**	H	3	D	DC	C
F23129	**Import recognised-standard** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.7 in EHR-S FM.	H	3	N/A	DC	C
F23132	**Incorporation of external knowledge** The Contractor shall in T Appendix 2B1 describe how the knowledge content can be incorporated (e.g., from international knowledge sources, national databases, local guidelines, experts,	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	or literature), and be organised and synthesised, and represented in an unambiguous form that is computer-interpretable and can be acted upon. Addition to CPS.3.7 **Dedicated area/function:** • Knowledge and clinical decision support **Integration**					
F23046	**Manage documentation of the clinician response to decision support prompts** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.8 in EHR-S FM. **Dedicated area/function:** • Control and compliance • Development of knowledge • Knowledge and clinical decision support • Paediatric care and child health • The chain of emergency care • Usability	M	2	D	A;DC	C
F23133	**Capture the rendering of prompts and user response** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.8 in EHR-S FM.	M	2	N/A	DC	C
F23134	**Reason for variation from the decision support prompt** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.8 in EHR-S FM.	M	2	N/A	DC	C
F23135	**Render recorded variances from decision support prompts** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.8 in EHR-S FM.	M	2	N/A	DC	C
F23136	**Render a notification to users that a decision support alert has been disabled** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.8 in EHR-S FM.	L	2	N/A	DC	C
F23047	**Clinical decision support system guidelines updates** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.9 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Development of knowledge • Distribution of knowledge • Knowledge and clinical decision support • Nursing and care • Paediatric care and child health • Pharmaceutical guidance	H	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23138	**Generate clinical decision support reminders and alerts** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.9 in EHR-S FM.	H	2	N/A	DC	C
F23139	**Allow validation that the most applicable version is utilised for the update.** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.9 in EHR-S FM.	H	2	N/A	DC	C
F23140	**Date of update of the decision support rules** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.9 in EHR-S FM.	M	2	N/A	DC	C
F23141	**Tools/resources for configuring, updating and maintaining rules and algorithms** The Contractor shall in T Appendix 2B1 describe the tools/resources that will be provided to support the Customer to author, test, edit and maintain rules and algorithms in the CDS solution. If collaboration between the Customer and Contractor is required, please describe the collaboration model(s). Addition to CPS.3.9 **Dedicated area/function:** • Knowledge and clinical decision support	H	2	D	A;DC	C
F23048	**Support for identification of potential problems and trends** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.10 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Assessment and diagnosis • Case history and examination • Continuous and comprehensive medical chart solution • Continuous quality improvement • Control and compliance • Distribution of knowledge • Donation of biological material • Handling errors/discrepancies • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Pharmaceutical guidance • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prevention of infectious diseases • Test result reporting	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• The chain of emergency care • Undertaking habilitation and rehabilitation activities **To be considered:** • Balancing health and care services (TBC) • Prevention of infectious diseases (TBC)					
F23142	**Conform to function CP.3.1 Conduct assesments (CPS.3.10)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23143	**Ability to present health standards and practices** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23144	**Analyse patient context-driven assessments against best practice** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23145	**Manage rules for defining trends** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23146	**Trends based on patient contextual health information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23147	**Transmit trends and related rules to external systems** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.10 in EHR-S FM.	L	3	N/A	DC	C
F23148	**Render laboratory data in numerical forms** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.10 in EHR-S FM.	M	2	N/A	DC	C
F23149	**Render laboratory data in graphical forms** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.10 in EHR-S FM.	M	1	N/A	DC	C
F23150	**Integrate the laboratory result trends** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F23151	**Render prescription timelines** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.3.10 in EHR-S FM.	M	2	N/A	DC	C
F23152	**Present information that may prompt an order** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.3.10 in EHR-S FM.	H	2	N/A	DC	C
F23153	**Conform to function CPS.3.8 Manage documentation for clinican response to decision support prompts (CPS.3.10)** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F23154	**Ability to integrate or link health information with educational material**	L	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.3.10 in EHR-S FM.					
F23155	**Conform to function CPS.3.4 support for context-sensitive care plans, guidelines, protocols (CPS.3.10)** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.3.10 in EHR-S FM.	M	2	N/A	DC	C
F23156	**Tag a patient's conditions of clinical interest** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F23157	**List of individual patient's conditions of clinical interest that have been tagged** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F23158	**Configurable notification for tagged conditions of clinical interest.** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F23159	**Patient's conditions of clinical interest that have been tagged** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.3.10 in EHR-S FM.	L	2	N/A	DC	C
F24495	**Give notice of various types of infection** The Contractor confirms that the solution shall provide warnings and guidelines for various infectious diseases concerning infection through e.g., contact, droplet infection or air contagion based on data from the laboratory system and clinical information. Addition to CPS.3.10 **Dedicated area/function:** • Knowledge and clinical decision support • Prevention of infectious diseases **Integration**	M	2	N/A	DC	C
F22272	**Potential risks of adverse events** The Contractor shall in T Appendix 2B1 describe how the solution alerts users of potential risks of adverse events based on previously registered events in similar situations. Addition to CPS.3.10 **Dedicated area/function:** • Control and compliance • Knowledge and clinical decision support • The chain of emergency care	M	1	DX	DC	C
F23049	**Support other encounter and episode of care documentation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.11 in EHR-S FM.	M	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Administration • Administrative procedures • Continuous and comprehensive medical chart solution • Information management • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F23160	**Render patient data by encounter** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.11 in EHR-S FM.	M	2	N/A	DC	C
F23161	**Capture and annotate patient encounter data from external systems** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.11 in EHR-S FM.	M	3	N/A	DC	C
F23162	**Ability to capture documentation in various input methods** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.11 in EHR-S FM.	M	2	N/A	DC	C
F23163	**Care provider speciality-specific presentation filters** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.11 in EHR-S FM.	M	1	N/A	DC	C
F23165	**Languages** The Contractor confirms that the solution shall provide voice recognition that handles official Norwegian languages, such as Bokmål and Nynorsk. Addition to CPS.3.11 **Dedicated area/function:** • Information management	M	2	N/A	DC	C
F23167	**Voice recognition on various devices** The Contractor confirms that the solution shall enable voice recognition to be available on the media types/terminals that health personnel have at their disposal. This applies to both fixed work stations and mobile devices. Addition to CPS.3.11 **Dedicated area/function:** • Information management	M	2	N/A	DC	C
F23168	**Voice commands**	M	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution offers support for voice commands to manage functionality in the solution. Addition to CPS.3.11 **Dedicated area/function:** • Information management					
F24230	**Text processing functionality** The Contractor shall in T Appendix 2B1 describe the text processing functionality that is available for the user. Addition to CPS.3.11 **Dedicated area/function:** • Information management	M	1	D	A;DC	C;P
F23166	**Transform text** The Contractor confirms that the solution shall support Natural Language Processing (or similar technology) that can be used to transform text into standardised/structured information. Addition to CPS.3.11 **Dedicated area/function:** • Information management	M	2	N/A	A;DC	C
F23050	**Manage health information record quality** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.3.12 in EHR-S FM. **Dedicated area/function:** • Information management	M	1	D	A;DC	C
F23169	**Correct medical spelling** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.3.12 in EHR-S FM.	M	1	N/A	DC	C
F23170	**Correct medical thesaurus** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.3.12 in EHR-S FM.	M	1	N/A	DC	C
F23171	**Correct medical grammar** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.3.12 in EHR-S FM.	M	1	N/A	DC	C
F23172	**Appropriate predefined text** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.3.12 in EHR-S FM.	M	1	N/A	DC	C
F23173	**Personally predefined text** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.3.12 in EHR-S FM.	M	1	N/A	DC	C
F23174	**Shortcut for the insertion of templates**	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.3.12 in EHR-S FM.					
F23175	**Determine and present the appropriate template when the associated shortcut is entered** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.3.12 in EHR-S FM.	M	2	N/A	DC	C
F23176	**Manage an integrated enterprise predefined text function and associated macros** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.3.12 in EHR-S FM.	L	2	N/A	DC	C
F23177	**Manage an integrated personal predefined text function and associated macros** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.3.12 in EHR-S FM.	L	2	N/A	DC	C
F24538	**Forced health services** The Contractor shall in T Appendix 2B1 describe how the solution ensures legal certainty in the conduction of forced health services to patients considered not legally able to consent and who oppose recommended treatment. Helseplattformen supplementary functionality CPS.HP.1 **Dedicated area/function:** • Administrative procedures • The transfer of tasks and responsibilities	H	2	D	DC	C;P
F24593	**Supporting administrative procedures regarding coercion and restraint** The Contractor shall in T Appendix 2B1 describe how the solution support administrative procedures regarding coercion and restraint, cf. *Lov om pasient- og brukerrettigheter, Chapter 4A*. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 1	H	2	D	DC	C
F24595	**Manage a complaint against an individual decision on coercion and restraint** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage a complaint against an ***individual decision*** on coercion and restraint from a patient or their representative. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 2	M	2	DX	DC	C
F24596	**Use of coercion and restraint for people with intellectual disability** The Contractor shall in T Appendix 2B1 describe how the solution ensures legal certainty by using coercion and restraint on people with intellectual disability, cf. *Lov om kommunale helse- og omsorgstjenester, Chapter 9*. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 3	M	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24597	**System support for assessing proceedings cf. Lov om kommunale helse- og omsorgstjenester, Chapter 9** The Contractor shall in T Appendix 2B1 describe how the solution provides support when assessing proceedings regarding the use of coercion and restraint, cf. *Lov om kommunale helse- og omsorgstjenester, Chapter 9.* Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 4	H	2	DX	DC	C
F24599	**Electronic submission of forms and individual decisions** The Contractor shall in T Appendix 2B1 describe how the solution supports electronic submission of forms and relevant individual decisions to the authorities that are part of the processing in cf. *Lov om kommunale helse- og omsorgstjenester, Chapter 9.* Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 5 **Integration**	M	2	DX	DC	C
F24600	**Manage feedback from the authorities** The Contractor confirms that the solution shall provide the ability to capture, store and manage documentation and response from the authorities. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 6 **Integration**	M	2	N/A	DC	C
F24601	**Manage multiple individual decisions in a case** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage multiple individual decisions in a case, and structure the documentation accordingly. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 7	M	2	DX	DC	C
F24602	**Register use of coercion and restraint according to national standards** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to register use of coercion and restraints, according to scope of practice, organisational policy, national standards and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 8	M	3	DX	DC	C
F24604	**Measures in relation to substance abuse/drug addiction** The Contractor shall in T Appendix 2B1 describe how the solution ensures legal certainty when using enforcement measures in relation to substance abuse/drug addiction, cf. *Lov om kommunale helse- og omsorgstjenester, Chapter 10*.	H	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 9					
F24605	**System support for assessing proceedings cf. Lov om kommunale helse- og omsorgstjenester, Chapter 10** The Contractor shall in T Appendix 2B1 describe how the solution provides support when assessing proceedings regarding the use of coercion and restraint, cf. *Lov om kommunale helse- og omsorgstjenester, Chapter 10*. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 10	H	2	DX	DC	C
F24606	**Use of coercion against persons with mental disorders** The Contractor shall in T Appendix 2B1 describe how the solution ensures legal certainty using coercion against persons with mental disorders who need coercive treatment and care. Additional information: • Psykisk helsevernloven, https://lovdata.no/lov/1999-07-02-62 Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 11	H	2	D	DC	C
F24608	**Documentation of involuntary mental health services** The Contractor shall in T Appendix 2B1 describe how documentation of involuntary mental health services can be managed in accordance to organisational policy, scope of practice and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 12	M	2	DX	DC	C
F24609	**Assigns default paragraph-values** The Contractor shall in T Appendix 2B1 describe how the solution assigns default paragraph-values to a patient's admittance depending on which area of the health service the patient is admitted. The provider must be able to change this value if necessary. E.g., §2-1 (voluntary admittance) should be default in mental health wards. Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 13	M	2	DX	DC	C
F26076	**Decisions regarding compulsory treatment and coercive measures** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage and render decisions regarding compulsory treatment and decisions regarding coercive measures in mental health services according to organisational policy, scope of practice and/or jurisdictional law. Additional information: • Psykisk helsevernloven, https://lovdata.no/lov/1999-07-02-62	H	3	D	DC	H;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Psykisk helsevernforskriften, https://lovdata.no/forskrift/2011-12-16-1258 Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 14					
F26077	**Documenting use of coercive measures** The Contractor shall in T Appendix 2B1 describe the ability to document each instance a coercive measure is used in relation to the decision of coercive measures according to scope of practice, organisational policy and/or jurisdictional law. Additional information: • Psykisk helsevernloven, https://lovdata.no/lov/1999-07-02-62 • Psykisk helsevernforskriften, https://lovdata.no/forskrift/2011-12-16-1258 Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 15	M	3	DX	DC	H
F26078	**Protocol of compulsory treatment and coercive measures** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage and render a protocol of compulsory treatments and coercive measures in mental health services according to organisational policy, scope of practice and/or jurisdictional law. Additional information: • Psykisk helsevernloven, https://lovdata.no/lov/1999-07-02-62 • Psykisk helsevernforskriften, https://lovdata.no/forskrift/2011-12-16-1258 Helseplattformen supplementary functionality CPS.HP.1, conformance criteria 16	M	3	DX	DC	H
F24542	**Representing information about context/situation as structured data to enable context-specific clinical decision support** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to organise, synthesise and represent information about the context/situation/location in which health services is provided in an unambiguous form that is computer-interpretable and can be acted upon to ensure clinical decision support is initiated in the appropriate context/situation. Helseplattformen supplementary functionality CPS.HP.2 **Dedicated area/function:** • Distribution of knowledge • Knowledge and clinical decision support **Integration**	H	2	DX	DC	C
F24610	**Computer-interpretable information about roles and professions to ensure appropriate support to relevant users**	M	2	DX	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to organise, synthesise and represent information about competency, roles and professions (e.g., from *identity access management* solution) in an unambiguous form that is computer-interpretable and can be acted upon to ensure appropriate clinical decision support is provided to the relevant users of the solution. Helseplattformen supplementary functionality CPS.HP.2, conformance criteria 1 **Integration**					
F24543	**Curation of knowledge content** The Contractor shall in T Appendix 2B1 describe how the solution enables curation of knowledge content in a way which ensures that the Customer is able to identify existing items of knowledge relating to a given topic in order to avoid redundancy, ensure consistency, avoid contradictions and recognise gaps where additional CDS may be required. Helseplattformen supplementary functionality CPS.HP.3 **Dedicated area/function:** • Development of knowledge • Knowledge and clinical decision support	M	2	D	DC	C
F24611	**Timely review of knowledge content** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to ensure timely reviews and updates of clinical knowledge content (e.g., possibilities for assigning review dates in the solution). Helseplattformen supplementary functionality CPS.HP.3, conformance criteria 1	M	2	DX	DC	C
F24544	**CDS rules initiated by triggers** The Contractor shall in T Appendix 2B1 describe the type of triggers that can be configured to initiate CDS rules, such as new data entries (e.g., new diagnosis), specified time or interval or inclusion of new knowledge in the solution. Helseplattformen supplementary functionality CPS.HP.4 **Dedicated area/function:** • Distribution of knowledge • Knowledge and clinical decision support	H	2	D	DC;I	C
F24545	**CDS prompts an intervention** The Contractor shall in T Appendix 2B1 describe each category of prompts/interventions (referring, but not limited, to the categories outlined in *Chapter 4.7*) that can be initiated by the CDS solution, e.g., • Relevant information display • Alerts or notifications	H	2	D	DC;I	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Suggestion about instigating an initiative • Suggestion about instigating multiple simultaneous or sequential initiatives (isolated and integrated recommendation) • Generation of a hypothesis (e.g., a diagnosis) Please also describe any constraints and restrictions related to the prompts/interventions. Helseplattformen supplementary functionality CPS.HP.5 **Dedicated area/function:** • Distribution of knowledge • Knowledge and clinical decision support					
F24612	**Intensity level of CDS prompts** The Contractor shall in T Appendix 2B1 describe how rules initiating CDS prompts can be configured to different levels of intensity, e.g., • Invisible • Possible to ignore • Possible to postpone • Interferring Helseplattformen supplementary functionality CPS.HP.5, conformance criteria 1	H	2	D	DC	C
F26075	**Predictive analytics** The Customer shall in T Appendix 2B1 describe how the solution will enable predictive analytics to support clinical decision-making, e.g., using big data and computer algorithms to predict the future health risks of individuals and prioritise and manage patients/citizens. Helseplattformen supplementary functionality CPS.HP.6 **Dedicated area/function:** • Knowledge and clinical decision support • Prevention	M	1	D	A;DC	C
F24528	**Integration with solution for electronic door locks** The Contractor shall in T Appendix 2B1 describe how the solution can be integrated with a solution for electronic door locks. This in order to unlock doors to private homes where and when health services will be provided according to the current work list, cf. *Chapter 4.4.* Helseplattformen supplementary functionality CPS.HP.7 **Dedicated area/function:** • Resource planning, scheduling and work lists **Integration**	L	3	D	DC	M

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5.2.4 CPS.4 Support orders

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23179	**Manage order set templates** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Assessment and diagnosis • Clinical and health research • Closed loop medication • Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Knowledge and clinical decision support • Medication ordering • Medication supply and dispatching • Nursing and care • Paediatric care and child health • Palliative care • Performing invasive treatment • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilation and rehabilitation services • Request for additional examinations • The chain of emergency care	H	2	D	A;DC	C
F23181	**Manage order set templates provider input** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23182	**Capture order set templates** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23183	**Manage order set templates conditions or diseases** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23184	**Create order set templates** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.1 in EHR-S FM.	L	2	N/A	DC	C
F23185	**Templates to aid decision support** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23186	**Conform to function CP.4.1 Use order sets (CPS.4.1)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23187	**Capture and maintain an order set template containing all order types** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23188	**Order set templates customised by patient factors** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23189	**Render order set templates customised by provider type** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23190	**Manage customised templates** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23191	**Standing order set templates for triage or for specific conditions** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23192	**Links or access to applicable clinical standards and reference materials** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23193	**Manage date for modification** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23194	**Preconfigured order set templates with order entry information** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23195	**Multiple choices of orders** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23196	**Text instructions or recommendations within order sets** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23197	**Name an order set** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23198	**Render order set(s) by name** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.4.1 in EHR-S FM.	H	1	N/A	DC	C
F23199	**Render orders in the same manner regardless of the manner in which they were ordered** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C
F23200	**Integrate order sets within other order sets** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CPS.4.1 in EHR-S FM.	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23201	**Interaction and reaction checking of orders** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23202	**Render reports on the use of order sets** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CPS.4.1 in EHR-S FM.	L	2	N/A	DC	C
F23203	**Order sets that allow or disallow individual orders** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CPS.4.1 in EHR-S FM.	H	2	N/A	DC	C
F23204	**Order set preferences** The Contractor confirms that the solution shall comply with conformance criteria 24 of function CPS.4.1 in EHR-S FM.	L	2	N/A	DC	C
F23180	**Support for medication and immunisation ordering** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Nursing and care • Paediatric care and child health • Pharmaceutical guidance	H	2	D	DC	C
F23206	**Descrete list of orderable medications and immunisations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2 in EHR-S FM.	H	2	N/A	DC	C
F23207	**Paper copy of medication and immunisation prescriptions** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2 in EHR-S FM.	M	2	N/A	DC	C
F23208	**Render electronic medication and immunisation prescriptions to a pharmacy** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.2 in EHR-S FM.	H	3	N/A	DC	C
F23209	**Alert or notify that a non-formulary medication or immunisation was ordered** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.2 in EHR-S FM.	M	3	N/A	DC	C
F23210	**Exchange orders with a external medication management system** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.2 in EHR-S FM.	M	3	N/A	DC	C
F23211	**Update medication list to show when a medication is discontinued** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.2 in EHR-S FM.	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23212	**Manage specific formularies** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.2 in EHR-S FM.	M	3	N/A	DC	C
F23213	**List including unique identifier for each medication/immunsation** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.2 in EHR-S FM.	M	3	N/A	DC	C
F23214	**Capture duration of drug interaction warning** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.2 in EHR-S FM.	L	2	N/A	DC	C
F23215	**Capture and maintain the severity level** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.2 in EHR-S FM.	M	1	N/A	DC	C
F23216	**Manage appropriate responses to severity levels** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.2 in EHR-S FM.	L	1	N/A	DC	C
F26437	**Temporarily discontinue medication orders** The Contractor confirms that the solution shall provide the ability to temporarily discontinue medication orders, e.g., in connection with surgical interventions. Addition to CPS.4.2 **Dedicated area/function:** • Medication ordering	M	1	N/A	DC	C
F23218	**Support for medication interaction and allergy checking** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2.1 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Medication ordering • Paediatric care and child health • Pharmaceutical guidance • The chain of emergency care	H	1	D	A;DC	C
F24615	**Interaction between ordered medications and current medication list** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24616	**Interaction between ordered medications and current allergy list** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24617	**Contraindications between ordered medications and patient's health condition**	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.2.1 in EHR-S FM.					
F24618	**Interaction between ordered medications and ingestibles** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.2.1 in EHR-S FM.	L	1	N/A	DC	C
F24619	**Interaction between ordered medications, current and previous medications** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.2.1 in EHR-S FM.	L	2	N/A	DC	C
F24620	**Interaction between ordered medications and supplements** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.2.1 in EHR-S FM.	M	2	N/A	DC	C
F24621	**Manage a medication order despite of interaction/allergy alert** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.2.1 in EHR-S FM.	M	2	N/A	DC	C
F24622	**Determine and present the presence of duplicate therapies** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24623	**Conform to function CPS.3.8 Manage documentation of clinical response to decision support prompts (CPS.4.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24624	**Present information regarding possible drug-laboratory interactions** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24625	**Note medication as been ineffective in the past** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.2.1 in EHR-S FM.	M	2	N/A	DC	C
F24626	**Present various interactions based on medication, allergy and problem lists on demand** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24627	**Present the rationale for medication interaction alerts** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24628	**Maintain a coded list of medications for the patient** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24629	**Alert user if interaction information or database has not been updated** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.4.2.1 in EHR-S FM.	M	2	N/A	DC	C
F24630	**Notify providers if drug-drug interaction if relevant clinical information changes** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.4.2.1 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23219	**Support for patient-specific dosing and warnings** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Pharmaceutical guidance • Preparation for invasive treatment • Prevention of infectious diseases • The chain of emergency care	H	1	D	DC	C
F24631	**Contraindications to the ordered dosage range** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2.2 in EHR-S FM.	H	1	N/A	DC	C
F24632	**Render medication dosage range related to patient condition** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24633	**Conform to function CPS.9.2.3 Support for provider pharmacy communication (CPS.4.2.2)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.2.2 in EHR-S FM.	M	3	N/A	DC	C
F24634	**If known, present the maximum dose per day** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24635	**Medication dose by patient body weight** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24636	**Medication dose by body surface area** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24637	**Medication dose based on patient parameters** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24638	**No recommended medication dosing available** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24639	**No recommended paediatric medication dosing available**	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.2.2 in EHR-S FM.					
F24640	**Determine and render dosages of combination medication** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24641	**Capture the factors used to calculate future dose** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24642	**Notify provider if required data to compute dose are missing or invalid** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24643	**Maintain the formula used for calculation values affecting medication dosing recommendations** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.4.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24644	**Transmit the documented reasons for overriding a medication alert** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.4.2.2 in EHR-S FM.	M	3	N/A	DC	C
F24645	**Cumulative drug dose** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24646	**Notification related to cumulative medication** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24647	**Render medications with look-alike names with recommended conventions** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24648	**Presence of medication interactions when multiple medications** The Contractor confirms that the solution shall comply with conformance criteria 18 of function CPS.4.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24649	**Recommend substitute medication based on availability, cost and generic aquivalent** The Contractor confirms that the solution shall comply with conformance criteria 19 of function CPS.4.2.2 in EHR-S FM.	L	2	N/A	DC	C
F24650	**Render information concerning medication orders** The Contractor confirms that the solution shall comply with conformance criteria 20 of function CPS.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24651	**Medication warnings and recommendations** The Contractor confirms that the solution shall comply with conformance criteria 21 of function CPS.4.2.2 in EHR-S FM.	M	3	N/A	DC	C
F24652	**Extract reference information for prescribing and warning** The Contractor confirms that the solution shall comply with conformance criteria 22 of function CPS.4.2.2 in EHR-S FM.	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24653	**Store configuration parameters** The Contractor confirms that the solution shall comply with conformance criteria 23 of function CPS.4.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24654	**Calculate and visualise nutritional needs during ordering** The Contractor shall in T Appendix 2B1 describe how the solution support the calculation of fluid and nutritional needs to children using age- and condition-specific estimation methods. Describe how the solution may visualise and compile the child's needs of calories, protein, glucose, fat, minerals, vitamins, electrolytes and fluid with the amount being ordered. Addition to CPS.4.2.2 **Dedicated area/function:** • Administration • Dispensing • Medication ordering • Paediatric care and child health	M	3	DX	A;DC	C
F22502	**Resuscitation list** The Contractor confirms that the solution shall provide the ability to generate a resuscitation list with acute medication and resuscitation workflow based on the patient's characteristics such as current weight and age. Addition to CPS.4.2.2 **Dedicated area/function:** • Administration • Dispensing • Medication ordering • Paediatric care and child health • Performing invasive treatment • Preparation for invasive treatment • The chain of emergency care	M	2	N/A	DC	C
F23217	**Manage medications based on dose/weight/time unit** The Contractor shall in T Appendix 2B1 describe how the solution shall provide the option to manage continuous medication (intermittent and continuous) based on dose/weight/time unit and dose/time unit. The total dose of medication, fluid, energy and electrolytes may be calculated based on this information. Addition to CPS.4.2.2 **Dedicated area/function:** • Administration • Dispensing • Medication ordering • Paediatric care and child health	H	1	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F22612	**Monitor the use of antibiotics** The Contractor confirms that the solution shall provide the ability to monitor the use of antibiotics (e.g., when was the antibiotics given, what type, for what, how long, time for revision of antibiotic treatment). Additional information: • Resistensregisterforskriften, https://lovdata.no/forskrift/2003-11-14-1353 Addition to CPS.4.2.2 **Dedicated area/function:** • Pharmaceutical guidance • Prevention of infectious diseases	M	1	N/A	DC	C
F26067	**Calculated doses to be rounded to optimise administration convenience** The Contractor confirms that the solution shall offer support for calculated doses (e.g., weight-based doses) to be rounded to optimise administration convenience. Addition to CPS.4.2.2 **Dedicated area/function:** • Administration • Medication ordering • Paediatric care and child health	M	2	N/A	DC	C
F26068	**Closest available standardised dose** The Contractor confirms that the solution shall provide the ability to support the ordering provider in selecting the closest available standardised dose after calculating the dose based on e.g., patient age, weight or other factors. Addition to CPS.4.2.2 **Dedicated area/function:** • Medication ordering • Paediatric care and child health	M	2	N/A	DC	C
F23220	**Support for medication ordering efficiencies** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2.3 in EHR-S FM. **Dedicated area/function:** • Closed loop medication • Continuous and comprehensive medical chart solution • Individually customised communication • Medication ordering • Medication supply and dispatching • Paediatric care and child health	H	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Pharmaceutical guidance					
F24655	**Present medication compendia or formulary content to facilitate medication selection** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24656	**Link instructions to all medication within a given class of medications** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F24657	**List of frequently-ordered medications** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F24658	**Capture medications by therapeutic class or indication** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.2.3 in EHR-S FM.	M	1	N/A	DC	C
F24659	**Manage medication samples dispensed** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.2.3 in EHR-S FM.	L	2	N/A	DC	C
F24660	**Tag medication dispensed in the office** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F24661	**Reminders to patients regarding necessary follow up** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.2.3 in EHR-S FM.	M	2	N/A	DC	C;P
F24662	**Remind clinicians reagarding necessary patient follow up tests** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.2.3 in EHR-S FM.	M	2	N/A	DC	C
F23221	**Support for medication recommendations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2.4 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Knowledge and clinical decision support • Medication ordering • Paediatric care and child health • Pharmaceutical guidance • Prevention of infectious diseases	M	2	D	DC	C
F24663	**Conform to function CPS.4.2.2 Support for patient-specific dosing and warnings (CPS.4.2.4)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2.4 in EHR-S FM.	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24664	**Recommendations based on patient diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2.4 in EHR-S FM.	M	2	N/A	DC	C
F24665	**Recommendations for alternative medication** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.2.4 in EHR-S FM.	M	2	N/A	DC	C
F24666	**Recommendations for monitoring** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.2.4 in EHR-S FM.	M	2	N/A	DC	C
F24667	**Advice and alert concerning the use of antibiotics** The Contractor shall in T Appendix 2B1 describe how the solution provides advice and alerts concerning the use of antibiotics based on requirements from national authorities. Example: • Prescribe antibiotics correctly – get cultures, start the right drug promptly at the right dose for the right duration • Reassess the prescription within 48 hours based on tests and patient examination • Document the dose, duration and indication for every antibiotic prescription • Access control on the order of antibiotics • Alerts and follow-up questions after initiation of antibiotic therapy (is there indication for prescribing this type of antibiotics?) Additional information: • Nasjonal faglig retningslinje for bruk av antibiotika i sykehus (IS-2151), https://helsedirektoratet.no/retningslinjer/nasjonal-faglig-retningslinje-for-antibiotikabruk-i-spesialisthelsetjenesten • Nasjonale faglige retningslinjer for antibiotikabruk i primærhelsetjenesten (IS-2030), https://helsedirektoratet.no/retningslinjer/nasjonal-faglig-retningslinje-for-antibiotikabruk-i-primerhelsetjenesten Addition to CPS.4.2.4 **Dedicated area/function:** • Administration • Dispensing • Knowledge and clinical decision support • Medication ordering • Pharmaceutical guidance • Prevention of infectious diseases	M	2	D	DC	C
F23222	**Support for medication reconciliation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.2.5 in EHR-S FM. **Dedicated area/function:**	M	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Closed loop medication • Continuous and comprehensive medical chart solution • Medication ordering • Pharmaceutical guidance					
F23224	**Manage the process of medication reconciliation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.2.5 in EHR-S FM.	M	3	N/A	DC	C
F23225	**Update a medication order directly from medication reconciliation** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.2.5 in EHR-S FM.	M	2	N/A	DC	C
F23223	**Support for non-medication ordering** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Assessment and diagnosis • Continuous and comprehensive medical chart solution • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Request for additional examinations • The chain of emergency care	H	3	D	DC	C;P
F23227	**Required order entry components** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.3 in EHR-S FM.	H	2	N/A	DC	C
F23228	**Alert when missing required information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.3 in EHR-S FM.	H	3	N/A	DC	C
F23229	**Alert if inappropriate or contraindicated orders** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.3 in EHR-S FM.	M	3	N/A	DC	C
F23230	**Elapsed time parameters for duplicate order checking** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.3 in EHR-S FM.	M	3	N/A	DC	C
F23231	**Link order with related clinical problem and/or diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.3 in EHR-S FM.	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23232	**Peadatric ordering** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.3 in EHR-S FM.	H	2	N/A	DC	C
F23233	**Auto-populate answers to required questions** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.3 in EHR-S FM.	H	2	N/A	DC	C
F23234	**Tag diagnostic studies that may/should not be repeated** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.3 in EHR-S FM.	M	1	N/A	DC	C
F23235	**Capture and render reminders to patients** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.3 in EHR-S FM.	L	1	N/A	DC	C;P
F23236	**Capture and render reminders to clinicians** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.3 in EHR-S FM.	M	1	N/A	DC	C
F23237	**Manage the process of order reconciliation** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.3 in EHR-S FM.	M	3	N/A	DC	C
F23238	**Information about given radiation dose** The Contractor confirms that the solution shall provide information from a radiation oncology system about given radiation dose, to all health personnel who prescribe radiotherapy treatment. Addition to CPS.4.3 **Dedicated area/function:** • Preparation for other treatments **Integration**	M	1	N/A	DC	H
F23311	**Integration with pathology information systems (order)** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with pathology information systems, enabling transmission of order. Addition to CPS.4.3 **Dedicated area/function:** • Performing invasive treatment • Request for additional examinations	H	3	DX	DC	H;GP
F22787	**Avoid ordering unnecessary and/or expensive tests** The Contractor shall in T Appendix 2B1 describe how the solution provides support to avoid ordering unnecessary and/or expensive tests. Addition to CPS.4.3 **Dedicated area/function:**	M	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Request for additional examinations					
F23239	**Support for referral process** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.6.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Continuous and comprehensive medical chart solution • Paediatric care and child health • Request for additional examinations • Resource planning • The transfer of tasks and responsibilities	H	2	D	A;DC	C
F24668	**Capture and render data in referral process** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.6.1 in EHR-S FM.	H	2	N/A	DC	C
F24669	**Test and procedure results with a referral** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.6.1 in EHR-S FM.	L	2	N/A	DC	C
F24670	**Standardised or evidence-based protocols** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.6.1 in EHR-S FM.	L	2	N/A	DC	C
F24671	**Clinical and administrative data** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24672	**Correct routing to the referred-to provider** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24673	**Transmit clinical and administrative data** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.6.1 in EHR-S FM.	L	2	N/A	DC	C
F24674	**Age appropriate data in referral process** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24675	**Provider's schedule for receiving referrals** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.6.1 in EHR-S FM.	L	2	N/A	DC	C
F24676	**Determine and render available provider appointments** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.6.1 in EHR-S FM.	L	2	N/A	DC	C
F24677	**Transmit multiple referrals** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.6.1 in EHR-S FM.	L	1	N/A	DC	C
F24678	**Avoid double entries**	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall provide the ability to give a notification if the provider is attempting to refer the patient for an issue the patient is already referred for. Addition to CPS.4.6.1 **Dedicated area/function:** • The transfer of tasks and responsibilities					
F23428	**Support transition to adult treatment and care** The Contractor shall in T Appendix 2B1 describe how the solution support transition from adolescent to adult treatment and care, e.g., with workflow support to secure adolescents gradually increasing autonomy and responsibility, and also by determining and rendering of relevant tasks across organisational units. Addition to CPS.4.6.1 **Dedicated area/function:** • Paediatric care and child health	M	3	DX	A;DC	C
F23240	**Support for referral recommendations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.6.2 in EHR-S FM. **Dedicated area/function:** • Request for additional examinations • The transfer of tasks and responsibilities	H	3	D	DC	C
F24679	**Recommendations for referral** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.6.2 in EHR-S FM.	H	2	N/A	DC	C
F24680	**Suggestions for seeking advice** The Contractor confirms that the solution shall provide referring health professionals with the appropriate health providers to contact regarding a patient's condition. Addition to CPS.4.6.2 **Dedicated area/function:** • The transfer of tasks and responsibilities	L	2	N/A	DC	C
F23241	**Support for electronic referral ordering** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.4.6.3 in EHR-S FM. **Dedicated area/function:** • Request for additional examinations • The transfer of tasks and responsibilities	H	2	D	DC	C
F23242	**Export or transmit electronic referrals** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.4.6.3 in EHR-S FM.	H	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23243	**Required information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.4.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23244	**Determine if the minimum set of information is satisfied in an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.4.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23245	**Render prompts to capture missing information in e-referral** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.4.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23246	**Administrative information for inclusion in an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23247	**Clinical information for inclusion in an e-referral.** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23248	**Present e-referrals** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23249	**Diagnosis-based requirements for sending an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.4.6.3 in EHR-S FM.	L	3	N/A	DC	H;GP
F23250	**Present diagnosis-based requirements at the time of referral order entry** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23251	**Define clinical requirements for sending an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.4.6.3 in EHR-S FM.	L	3	N/A	DC	H;GP
F23252	**Present clinical requirements at the time of referral order entry** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23253	**Acceptance or rejection of an e-referral request** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.4.6.3 in EHR-S FM.	M	1	N/A	DC	C
F23254	**Reason for an e-referral acceptance or rejection** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.4.6.3 in EHR-S FM.	L	1	N/A	DC	C
F23255	**Standard-based coded reason for an e-referral acceptance or rejection** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.4.6.3 in EHR-S FM.	L	3	N/A	DC	H;GP
F23256	**Render request for additional information** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.4.6.3 in EHR-S FM.	L	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23257	**Amend an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 16 of function CPS.4.6.3 in EHR-S FM.	L	1	N/A	DC	C
F23258	**Re-export or re-transmit an e-referral** The Contractor confirms that the solution shall comply with conformance criteria 17 of function CPS.4.6.3 in EHR-S FM.	L	2	N/A	DC	C
F23454	**Support orders for diagnostic/screening tests** The Contractor shall in T Appendix 2B1 describe how the solution will support orders for diagnostics/screening tests. Helseplattformen supplementary functionality CPS.HP.8 **Dedicated area/function:** • Request for additional examinations	M	1	DX	DC	C
F23455	**Support orders for blood products and other biologics** The Contractor shall in T Appendix 2B1 describe how the solution will support orders for blood products and other biologics. Helseplattformen supplementary functionality CPS.HP.9 **Dedicated area/function:** • Request for additional examinations	M	1	DX	DC	C

5.2.5 CPS.5 Support for results

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23265	**Support for results** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.5 in EHR-S FM. **Dedicated area/function:** • Activity planning • Continuous and comprehensive medical chart solution • Distribution of knowledge • Donation of biological material • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Prevention of infectious diseases	H	1	D	A;DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Receiving results of additional examinations • Reporting the results of radiological examinations • Resource planning, scheduling and work lists • Test result reporting • The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F23266	**Render alerts for a result that is outside of a normal value range** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.5 in EHR-S FM.	H	1	N/A	DC	C
F23267	**Render trend results** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.5 in EHR-S FM.	H	2	N/A	DC	C
F23268	**Render pertinent results for analysis when ordering** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.5 in EHR-S FM.	M	1	N/A	DC	C
F23269	**Capture and render the abnormal result value that triggered alerts** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.5 in EHR-S FM.	M	1	N/A	DC	C
F23270	**Result is outside of age specific normal value ranges** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.5 in EHR-S FM.	H	2	N/A	DC	C
F23271	**Tag critical value results that have not been acknowledged** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.5 in EHR-S FM.	H	1	N/A	DC	C
F23272	**Render notifications to the providers on parameters that indicate irregularities** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.5 in EHR-S FM.	H	2	N/A	DC	C
F23273	**Render notifications to the patient on parameters that indicate irregularities** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.5 in EHR-S FM.	L	1	N/A	DC	C;P
F23274	**Determine and render decision support algorithms based upon results.** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.5 in EHR-S FM.	M	1	N/A	DC	C
F25807	**Integration with pathology information systems (result)** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with pathology information systems, enabling transmission of result. Addition to CPS.5 **Dedicated area/function:** • Performing invasive treatment • Receiving results of additional examinations	H	3	DX	DC	H;GP

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Test result reporting **Integration**					
F26073	**Render, acknowledge and sign partial results** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render, acknowledge and sign individual tests/partial results before complete analyse with all results are available (e.g., laboratory test results). Addition to CPS.5 **Dedicated area/function:** • Receiving results of additional examinations • Test result reporting	M	1	DX	DC	C

5.2.6 CPS.6 Support treatment administration

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23277	**Support for medication administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.6.1 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Distribution of knowledge • Knowledge and clinical decision support • Medical device integration • Nursing and care • Paediatric care and child health • Tracking infections	H	2	D	DC;DT	C
F23281	**Notifications regarding potential administration errors** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.6.1 in EHR-S FM.	H	2	N/A	DC	C
F23282	**Determine and render date/time range for timely medication administration** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.6.1 in EHR-S FM.	H	2	N/A	DC	C
F23283	**Recommendations for alternative medication administration techniques** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23284	**Conform to function CPS.7.1 Accsess healthcare guidance (CPS.6.1)**	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.6.1 in EHR-S FM.					
F23285	**Physiological parameters or task** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23286	**Render that an alert was triggered during medication ordering** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23287	**Determine and render medication screening alerts** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23288	**Link to reference information/knowledge resource** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23289	**Determine and render relevant laboratory results** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.6.1 in EHR-S FM.	H	2	N/A	DC	C
F23290	**Continuous medications** The Contractor confirms that the solution shall provide the ability to calculate and render the administered medication doses from continuous medication infusions. Addition to CPS.6.1 **Dedicated area/function:** • Administration • Medical device integration	H	2	N/A	DC	C
F23278	**Support for immunisation administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.6.2 in EHR-S FM. **Dedicated area/function:** • Administration • Closed loop medication • Continuous and comprehensive medical chart solution • Distribution of knowledge • Knowledge and clinical decision support • Paediatric care and child health • Pharmaceutical guidance **To be considered:** • Prevention (TBC)	H	2	D	DC	C
F23291	**Notifications regarding potential administration errors** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.6.2 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23292	**Determine and render time for administration of immunisations** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.6.2 in EHR-S FM.	H	2	N/A	DC	C
F23293	**Capture the time range for due/overdue immunisation reminders** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.6.2 in EHR-S FM.	M	1	N/A	DC	C
F23294	**Alternative immunisation administration** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.6.2 in EHR-S FM.	L	1	N/A	DC	C
F23295	**Conform to function CPS.7.1 Access healthcare guidance (CPS.6.2)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.6.2 in EHR-S FM.	L	1	N/A	DC	C
F23296	**Parameters or tasks checked prior to immunisation administration** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.6.2 in EHR-S FM.	M	1	N/A	DC	C
F23297	**Alert triggered during immunisation ordering** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.6.2 in EHR-S FM.	L	1	N/A	DC	C
F23298	**Render immunisation screening alerts** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.6.2 in EHR-S FM.	L	1	N/A	DC	C
F23299	**Link to reference information at the time of immunisation administration** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.6.2 in EHR-S FM.	M	1	N/A	DC	C
F23300	**Determine and render allergic reaction when rendering immunisation administration information** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.6.2 in EHR-S FM.	H	1	N/A	DC	C
F23301	**Present recommendations for required immunisations** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.6.2 in EHR-S FM.	M	1	N/A	DC	C
F23302	**Analyse immunisation histories** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.6.2 in EHR-S FM.	H	3	N/A	DC	C
F23279	**Support for safe blood administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.6.3 in EHR-S FM. **Dedicated area/function:** • Administration • Continuous and comprehensive medical chart solution • Donation of biological material • Paediatric care and child health	H	1	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Performing invasive treatment					
F23303	**Correctly identify the patient and accurately administer blood products** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23304	**Validation of the correct matching of the patient** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23305	**Capture information about the blood product** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.6.3 in EHR-S FM.	H	1	N/A	DC	C
F23306	**Conform to function CPS.3.2 Manage patient clinical measurements (CPS.6.3)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.6.3 in EHR-S FM.	H	1	N/A	DC	C
F22798	**Integration with blood bank system** The Contractor shall in T Appendix 2B1 describe how the solution, through integration, enables reporting of blood and blood products transfusions. Addition to CPS.6.3 **Dedicated area/function:** • Donation of biological material **Integration**	H	3	DX	DC	C
F23280	**Support for accurate specimen collection** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.6.4 in EHR-S FM. **Dedicated area/function:** • Donation of biological material • Paediatric care and child health • Performing invasive treatment • Sampling	H	1	D	DC	C
F23307	**Identify patient and specimen** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.6.4 in EHR-S FM.	H	1	N/A	DC	C
F23308	**Variations between type of specimen ordered vs collected** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.6.4 in EHR-S FM.	H	1	N/A	DC	C
F23309	**Details of specimen collection** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.6.4 in EHR-S FM.	H	1	N/A	DC	C
F23310	**Time of specimen collection** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.6.4 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23312	**Storing of samples** The Contractor confirms that the solution shall render information necessary on how samples should be stored after the samples have been taken. Addition to CPS.6.4 **Dedicated area/function:** • Sampling	M	2	N/A	DC	C
F23313	**Provide information about the suited equipment to use for sampling** The Contractor confirms that the solution shall provide information about the suited equipment to use for sampling (e.g., what type of container/needle to use, volume of sample or how many drops of blood to take). Addition to CPS.6.4 **Dedicated area/function:** • Paediatric care and child health • Sampling	M	2	N/A	DC	C
F22797	**Identification, labelling and information transfer of biological material** The Contractor confirms that the solution shall support global standards for the identification, labelling and information transfer of biological material (e.g., ISBT-128, Eurocode). Addition to CPS.6.4 **Dedicated area/function:** • Donation of biological material	H	3	N/A	DC	C
F23783	**Capture and render order in the solution for analysis** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and render orders in the solution to support sampling activity, cf. *Section 2.3.2 Laboratory tests, Figure 8*. Addition to CPS.6.4 **Dedicated area/function:** • Sampling	H	2	DX	DC	GP;M

5.2.7 CPS.7 Support future care

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23315	**Access health guidance** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.7.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Coding and reconciliation • Distribution of knowledge • Knowledge and clinical decision support • Master data, reference data and terminologies • Medication ordering • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Planning of treatment, nursing and care • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • Undertaking habilitation and rehabilitation activities **Integration**	H	2	D	DC	C
F23316	**External evidence-based health recommendations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C
F23317	**Render external evidenced-based documentation to render a timely judgment** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C
F23318	**External evidence-based documentation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C
F23319	**Conform to function CPS.3.3 Support for standard care plans, guidelines, protocols (CPS.7.1)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C;P
F23320	**Initiation criteria for clinical practice guidelines (CPGs)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C
F23321	**Determine candidate patients** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23322	**Identified patients applicable CPGs** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.7.1 in EHR-S FM.	M	2	N/A	DC	C
F23323	**Maintain knowledge bases or guidelines** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.7.1 in EHR-S FM.	H	2	N/A	DC	C

5.2.8 CPS.8 Support patient education & communication

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23328	**Patient knowledge access** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Clinical and health research • Education of patients and their representatives • General information • Individually customised communication • Information security, privacy and access control • Knowledge and clinical decision support • Multimedia • Paediatric care and child health **Integration**	M	3	D	A;DC	C;P
F23340	**Determine and render relevant patient-specific information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23341	**Determine and render information from health record** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23342	**Capture and render patient educational information from external sources** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.8.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23343	**Link to external-based information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.8.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23344	**General health information** The Contractor shall in T Appendix 2B1 describe how the solution provides updated general, quality assured health related information to citizens.	M	1	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CPS.8.1 **Dedicated area/function:** • General information					
F23345	**Available health services** The Contractor shall in T Appendix 2B1 describe how the solution provides information about available health services to patients. Addition to CPS.8.1 **Dedicated area/function:** • General information	H	2	DX	DC	C;P
F23346	**Knowledge and decision support for patients** The Contractor shall in T Appendix 2B1 describe how the solution supports patients with knowledge and decision support related to different options and consequences related to assessment, treatment and health services. Addition to CPS.8.1 **Dedicated area/function:** • General information • Knowledge and clinical decision support	L	2	DX	DC	C;P
F23347	**Quality assured knowledge support** The Contractor shall in T Appendix 2B1 describe how the solution provides citizens with quality assured knowledge support contributing to their understanding of medical terminology and health-related data originated from their EHR (e.g., the possibility to acquire information in an online encyclopedia or similar). Addition to CPS.8.1 **Dedicated area/function:** • Education of patients and their representatives • Knowledge and clinical decision support	H	2	DX	DC	C;P
F23348	**Suggest relevant self care and/or patient support groups to patients** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to suggest self care and/or patient support groups relevant for the patient. Addition to CPS.8.1 **Dedicated area/function:** • Education of patients and their representatives	H	2	DX	DC	C;P
F23349	**Available e-health online courses and self care/support groups**	H	2	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution provides patients with an overview of available e-health online courses and self care and/or support groups for patients and their representatives which are available or recommended by the solution. Addition to CPS.8.1 **Dedicated area/function:** • Education of patients and their representatives					
F23350	**Contextual-relevant educational materials** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to present contextual-relevant educational materials based on possible courses of action suggested by an algorithm (e.g., a clinical decision support algorithm) or other authoritative sources (e.g., a provider or trusted educational service). Addition to CPS.8.1 **Dedicated area/function:** • Education of patients and their representatives	H	2	DX	A;DC	C;P
F23543	**Decision support for citizens to rank severity level of health problems and/or symptoms** The Contractor shall in T Appendix 2B1 describe how the solution provides decision support to citizens, which indicate severity level of their health related problems and/or symptoms. Addition to CPS.8.1 **Dedicated area/function:** • Individually customised communication • Knowledge and clinical decision support	M	3	DX	DC	C;P
F23128	**Decision support for citizens before contact with health providers** The Contractor shall in T Appendix 2B1 describe how the solution supports citizens to decide when to contact health providers (e.g., emergency room and GP), such as a checklist or screening questions. Addition to CPS.8.1 **Dedicated area/function:** • Individually customised communication • Knowledge and clinical decision support	H	3	DX	DC	C;P
F23696	**Current services and treatment** The Contractor confirms that the solution shall provide the ability to render to citzens the services and treatments that are currently active in their individual situation.	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CPS.8.1 **Dedicated area/function:** • Individually customised communication					
F23329	**Patient education material updates** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.2 in EHR-S FM. **Dedicated area/function:** • Distribution of knowledge • Knowledge and clinical decision support • Multimedia	L	2	D	DC	C;P
F23351	**Capture and update education material** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.2 in EHR-S FM.	L	2	N/A	DC	C
F23352	**Validation of the patient education material** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.2 in EHR-S FM.	L	2	N/A	DC	C
F23330	**Patient reminder information updates** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Multimedia • Paediatric care and child health • Resource planning, scheduling and work lists **To be considered:** • Prevention (TBC) **Integration**	M	3	D	DC	C;P
F23353	**Manage patient reminders** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.3 in EHR-S FM.	M	3	N/A	DC	C;P
F23354	**Determine and link patient reminders** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.3 in EHR-S FM.	M	3	N/A	DC	C;P
F23355	**Render patient reminders** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.8.3 in EHR-S FM.	M	1	N/A	DC	C;P
F23356	**Determine and render patient reminders for mailing**	L	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.8.3 in EHR-S FM.					
F23357	**Update disease management guidelines** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.8.3 in EHR-S FM.	L	1	N/A	DC	C
F23358	**Update preventative services/wellness guidelines** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.8.3 in EHR-S FM.	L	1	N/A	DC	C
F23331	**Support for communications between provider and patient, and/or the patient representative** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Clinical and health research • Distribution of knowledge • Donation of biological material • Education of patients and their representatives • General information • Health promotion • Individually customised communication • Information management • Information security, privacy and access control • Managing deaths • Medication ordering • Multimedia • Paediatric care and child health • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prevention • Resource planning, scheduling and work lists • Sampling • The chain of emergency care • Undertaking habilitation and rehabilitation activities	H	3	D	A;DC	C;P
F23359	**Capture and store documentation of communications** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.4 in EHR-S FM.	H	3	N/A	DC	C;P
F23360	**Capture scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.4 in EHR-S FM.	M	1	N/A	DC	C;P
F23361	**Receive and transmit information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.8.4 in EHR-S FM.	H	3	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23362	**Manage authorisations documentation** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.8.4 in EHR-S FM.	H	3	N/A	DC	C;P
F23363	**Alert to providers regarding the presence of communications** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.8.4 in EHR-S FM.	L	3	N/A	DC	C;P
F23364	**Transmit a notification regarding the provider's unavailability** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.8.4 in EHR-S FM.	L	2	N/A	DC	C;P
F23365	**Determine alternate routing of information** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.8.4 in EHR-S FM.	M	1	N/A	DC	C;P
F23366	**New treatment options** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.8.4 in EHR-S FM.	L	1	N/A	DC	C
F23367	**Transmit reminders of events to the patient or patient representative** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.8.4 in EHR-S FM.	M	1	N/A	DC	C;P
F23368	**Capture and transmit information between providers and patient groups** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.8.4 in EHR-S FM.	M	3	N/A	DC	C;P
F23369	**Render notifications that require follow-up to patients** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.8.4 in EHR-S FM.	M	3	N/A	DC	C;P
F23370	**Render information to patients** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.8.4 in EHR-S FM.	M	1	N/A	DC	C
F23371	**Notify the patient when medication doses are due** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.8.4 in EHR-S FM.	L	2	N/A	DC	C;P
F23372	**Capture an authorisation related to a transmitting process** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.8.4 in EHR-S FM.	M	3	N/A	DC	C
F23375	**Follow up patient representative after the patient is deceased** The Contractor confirms that the solution shall support the ability to notify, support and document contact with the patients' representatives after the patient is deceased according to scope of practice, organisational policy and/or jurisdictional law. Addition to CPS.8.4 **Dedicated area/function:** • Managing deaths	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23376	**Digital interaction with citizens** The Contractor shall in T Appendix 2B1 describe how the solution supports *digital interaction* between citizens and providers (e.g., various possibilities for electronic communication, chat functions, the sharing of multimedia data). Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	DX	DT;DC	C;P
F23377	**Preferences regarding digital interaction** The Contractor confirms that the solution shall provide the ability for citizens to register preferences regarding the receiving of information, messages and notices from providers, including preferred medium (e.g., smartphone, sms, e-mail or other), frequency and reservations. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23378	**Confirm receiving information** The Contractor confirms that the solution shall provide the ability for citizens to confirm that information, messages or notices or other in conjunction with electronic communication from providers are received and read. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	1	N/A	DC	C;P
F23379	**Electronic consultation for patients** The Contractor confirms that the solution shall provide the ability for electronic consultation for patients. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23380	**Communication regarding practical issues** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for electronic communication between citizens and providers regarding practical issues that do not contain sensitive information. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	3	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23382	**Coordination of reminders and notifications** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to coordinate reminders and notifications to citizens if there is a series of related encounters. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	DX	DC	C;P
F23383	**Ability to render log of reminder, notification and alert activity** The Contractor confirms that the solution shall provide the ability to render a log of reminder, notification and/or alert activity to citizens. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F23384	**Respond to reminders and notifications** The Contractor confirms that the solution shall provide the ability for citizens to respond to reminders or notifications. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F23386	**Notify arrival of provider-originated communication** The Contractor confirms that the solution shall provide the ability to render a notification to patients when provider-originated communication arrives. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23387	**Notification about planned and unplanned situations** The Contractor confirms that the solution shall provide an alert function to notify citizens about acute and planned situations that may impact the services (e.g., downtime at safety alarm and automatically render a message to all affected). Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23388	**Notification about relevant surveys** The Contractor confirms that the solution shall provide the ability to render a notification to citizens when a relevant	M	1	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	survey is available, according to the citizens' registered preferences for notifications. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication					
F23391	**Notifications regarding changes of appointments** The Contractor confirms that the solution shall provide patients with notifications regarding changes of appointments. Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23392	**Information related to cancellation request** The Contractor confirms that the solution shall provide the ability to give patients a notification, which contains information about the consequences of a cancellation request. Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23393	**Communication with checked-in patients** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for providers to communicate with patients that have checked-in for health encounters (e.g., the provider contacts the patient and asks him/her to enter consultation room). Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	DX	DC	C;P
F23394	**Not possible to send information to a deceased patient** The Contractor confirms that the solution shall not enable the ability to send information to a deceased patient, registrated as dead. Representatives shall still be able to receive information that is relevant to patients' death (e.g., notice of screening). Addition to CPS.8.4 **Dedicated area/function:** • Managing deaths	H	1	N/A	DC	C
F24689	**Notification regarding estimated delay** The Contractor confirms that the solution shall provide the ability to send a notification to patients if there is estimated delay related to an appointment.	H	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CPS.8.4 **Dedicated area/function:** • General information					
F24690	**Estimated waiting time** The Contractor confirms that the solution shall provide the ability to present to patients the estimated waiting time for the encounter or the arrival of the provider. Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F24691	**Alert updates on estimated waiting time** If the solution presents the estimated waiting time to patients, then the Contractor confirms that the solution shall provide the ability to notify the patient with updates related to this. Addition to CPS.8.4 **Dedicated area/function:** • General information	H	1	N/A	DC	C;P
F23119	**Communications related to research studies or other health programmes** The Contractor shall in T Appendix 2B1 describe how citizens may receive relevant notifications, alerts and prompts related to their participation in research studies or other health programmes. Addition to CPS.8.4 **Dedicated area/function:** • Clinical and health research	M	2	DX	DC	C;P
F24529	**Notify citizens and/or representativesy of conducted home care** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to notify citizens and/or their representative that home care is conducted, delayed or cancelled, and that this is documented in the EHR. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	2	DX	DC	C;P
F23695	**Coherent appointment and treatment overview** The Contractor confirms that the solution shall provide citizens with a coherent overview of appointments, treatments and services, both ongoing and planned, and from different	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	providers to make coordination easier for both patients and providers. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication					
F23697	**Track updates to the plan of care and treatment** The Contractor confirms that the solution shall provide the ability to render to patients updates to their plan of treatment and care including authors, creation date and version history. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication **Integration**	M	2	N/A	DC	C;P
F23698	**Visualisation of treatment effect** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render to patients a visualisation of treatment effects based on data structured from treatment, treatment plans or pathways. Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	3	DX	DC	C;P
F23779	**Preparations related to appointments** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render preparation tasks related to appointments for patients before encounters, assessment and treatment (e.g., pre-filling of data, registrations of symptoms and other). Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	DX	DC	C;P
F23789	**Rules for notification regarding medication and prescriptions** The Contractor confirms that the solution shall provide the ability for citizens to set rules for being notified about information regarding medication and prescriptions (e.g., time for renewal, about to run out of medication). Addition to CPS.8.4 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23866	**Requests/needs related to appointments** The Contractor confirms that the solution shall provide citizens with the ability to electronically make requests and communicate needs related to appointments (e.g., request patient travel or the ability to register interest in an earlier encounter if the opportunity should occur). Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23852	**Time of attendance** The Contractor confirms that the solution shall provide the ability to communicate a time of attendance different to the scheduled appointment for the patient. Addition to CPS.8.4 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	N/A	DC	C
F23336	**Requests related to health situation** The Contractor confirms that the solution shall provide citizens with the ability to make different requests related to their health situation (e.g., ask for renewal of prescription or prolong a sick note). Addition to CPS.8.4 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23332	**Patient, family and care giver education** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.5 in EHR-S FM. **Dedicated area/function:** • Administration • Distribution of knowledge • Donation of biological material • Education of patients and their representatives • Individually customised communication • Information management • Medication ordering • Multimedia • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Pharmaceutical guidance • Preparation for invasive treatment	H	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities **To be considered:** • Prevention (TBC)					
F23395	**Render educational material** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.5 in EHR-S FM.	H	3	N/A	DC	C;P
F23396	**Educational materials to the patient, and/or patient representative about risks** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.5 in EHR-S FM.	H	3	N/A	DC	C;P
F23397	**Multilingual educational material** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.8.5 in EHR-S FM.	H	3	N/A	DC	C
F23398	**Render educational materials using alternative modes** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.8.5 in EHR-S FM.	H	3	N/A	DC	C
F23399	**Import and/or receive external educational materials** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.8.5 in EHR-S FM.	L	3	N/A	DC	C;P
F23400	**Educational material based on patient-specific criterea** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.8.5 in EHR-S FM.	L	3	N/A	DC	C
F23401	**Capture the identity of the recipient** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.8.5 in EHR-S FM.	M	3	N/A	DC	C
F23402	**Ensure recieval and comprehension of the material** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.8.5 in EHR-S FM.	M	3	N/A	DC	C
F23403	**Educational materials written for various ages** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.8.5 in EHR-S FM.	L	2	N/A	DC	C
F23404	**Determine appropriate educational material** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.8.5 in EHR-S FM.	L	2	N/A	DC	C
F23405	**Educational material based on preferences** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.8.5 in EHR-S FM.	L	2	N/A	DC	C
F23406	**Creation and update of patient-specific education material** The Contractor confirms that the solution shall support determination, creation, rendering and updating (including version history) of patient-specific education material for complex treatments that are to be administered in the citizens homes (e.g., long-term mechanical ventilation, home peritoneal dialysis, home parenteral nutrition). Addition to CPS.8.5	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Paediatric care and child health • Pharmaceutical guidance					
F23009	**Manage and render images, videos and audio files accessible for the patient** The Contractor confirms that the solution shall provide the ability to manage and render images, videos and audio files accessible for the patient in pre- or postoperation training, rehabilitation or habilitation process, etc. Addition to CPS.8.5 **Dedicated area/function:** • Multimedia	M	1	N/A	A;DC	C;P
F23333	**Communication with personal health record systems** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.8.6 in EHR-S FM. **Dedicated area/function:** • Individually customised communication • Medication ordering • Paediatric care and child health • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • The transfer of tasks and responsibilities **Integration**	H	3	D	A;DC	C;P
F23407	**Documentation of communication** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.8.6 in EHR-S FM.	H	2	N/A	DC	C;P
F23408	**Communication originating from the PHR-S** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.8.6 in EHR-S FM.	H	3	N/A	DC	C;P
F23409	**Capture third party authorisation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.8.6 in EHR-S FM.	M	3	N/A	DC	C;P
F23410	**Exchange communications between providers and PHR-S** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.8.6 in EHR-S FM.	H	3	N/A	DC	C;P
F23411	**Receive clinical and administrative data from PHR-S** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.8.6 in EHR-S FM.	L	2	N/A	DC	C
F23412	**Transmit results and data to a PHR-S** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.8.6 in EHR-S FM.	H	3	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23326	**Digital citizen services** The Contractor shall in T Appendix 2B1 describe how the solution provides *digital citizen services* in an inpatient or outpatient setting (e.g., requests, support services, ordering food or aids during hospitalisation). Helseplattformen supplementary functionality CPS.HP.10 **Dedicated area/function:** • General information	H	2	D	DC	C;P
F23334	**Digital municipal services for citizens** The Contractor shall in T Appendix 2B1 describe how the solution provides digital citizen services for planning, ordering and cancelling of municipal services (e.g., applications, food delivery/production, cleaning/housekeeping, home care and aid technician). Helseplattformen supplementary functionality CPS.HP.10, conformance criteria 1	H	2	DX	DC	C;P
F23337	**Patient portal in the Contractor's offered solution** The Contractor shall in T Appendix 2B1 describe the ability to provide a *patient portal* and the functionalities in the Contractor's offered solution. Helseplattformen supplementary functionality CPS.HP.10, conformance criteria 2	M	1	DX	A;DC	C;P
F23327	**Submit complaint** The Contractor shall in T Appendix 2B1 describe how the solution provides citizens with the ability to submit a complaint regarding the receiving of health related services according to organisational policy and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.11 **Dedicated area/function:** • Administrative procedures • The receiving and handling of complaints	H	2	DX	DC	C;P
F23338	**Process a complaint** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to process and document a complaint from the citizen according to organisational policy and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.11, conformance criteria 1	H	2	DX	DC	C;P
F23339	**Status of complaint** The Contractor confirms that the solution shall provide the ability to render status of a complaint to citizens (e.g., received, processing, completed) according to organisational policy.	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality CPS.HP.11, conformance criteria 2					

5.2.9 CPS.9 Support care coordination & reporting

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23414	**Clinical communication management and support** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Continuous and comprehensive medical chart solution • Donation of biological material • Individually customised communication • Interaction with actors in other sectors • Medication ordering • Multimedia • Nursing and care • Paediatric care and child health • Performing additional examinations • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Receiving results of additional examinations • Request for additional examinations • Resource planning, scheduling and work lists • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities **To be considered:** • Prevention of infectious diseases (TBC)	H	1	D	DC	C;P
F23417	**Real-time messaging** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.1 in EHR-S FM.	H	1	N/A	DC	C;P
F23418	**Render workflow tasks** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.1 in EHR-S FM.	M	2	N/A	DC	C
F23419	**Indication for secure standards-based messages**	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.1 in EHR-S FM.					
F23420	**Notify user when receiving message from external source** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.1 in EHR-S FM.	H	2	N/A	DC	C
F23421	**Capture and render a real-time messaging log in mass casualty events** The Contractor confirms that the solution shall capture and render a real-time messaging log linked to the work list for mass casualty events. Addition to CPS.9.1 **Dedicated area/function:** • The chain of emergency care	M	3	N/A	DC	C
F23422	**Standard message exchange** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture, manage and transmit information required for messaging exchange, according to scope of practice, organisational policy and/or jurisdictional law. The types of mandatory messages and their information content are described in Forskrift om IKT-standarder i helse og omsorg, cf. *Chapter 1.6.1 Laws and regulations.* Message formats and standards will be handled by the ***ESB*** as described in *Appendix C0.* Addition to CPS.9.1 **Dedicated area/function:** • Interaction with actors in other sectors **Integration**	H	2	D	A;DC	C
F23423	**Store message content** The Contractor confirms that clinical information which constitutes parts of standard based messages shall be stored as part of the patients' record, according to scope of practice, organisational policy and/or jurisdictional law. Addition to CPS.9.1 **Dedicated area/function:** • Interaction with actors in other sectors	H	3	N/A	DC	C
F23426	**Peer support, with "look over the shoulder" functionality** The Contractor confirms that the solution shall provide the ability for peer support, with "***look over the shoulder***" functionality. Addition to CPS.9.1	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Multimedia • Performing invasive treatment					
F23427	**Peer support, with real-time functionality, for external sources with live images** The Contractor shall in T Appendix 2B1 describe how the solution provide the ability for peer support, with real-time functionality, for external sources with live images, e.g., ultrasound systems, videocamera. Addition to CPS.9.1 **Dedicated area/function:** • Multimedia • Performing invasive treatment **Integration**	L	3	D	DC	C
F23453	**Electronic mailbox** The Contractor confirms that the solution shall provide the ability to utilise digital mail solutions for correspondence. Addition to CPS.9.1 **Dedicated area/function:** • Interaction with actors in other sectors **Integration**	M	2	N/A	DC	C;P
F23739	**Common interface for external and internal messaging** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to ensure uniform interface for messaging independent regardless whether the communication partner is external or internal. Addition to CPS.9.1 **Dedicated area/function:** • The transfer of tasks and responsibilities	M	2	DX	DC	C
F23416	**Support for inter-provider communication** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Case history and examination • Interaction with actors in other sectors • Managing deaths • Medication ordering • Multimedia	H	1	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Nursing and care • Paediatric care and child health • Performing additional examinations • Performing invasive treatment • Performing other treatments • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prevention of infectious diseases • Receiving results of additional examinations • Reporting the results of radiological examinations • Request for additional examinations • Resource planning, scheduling and work lists • Settlement • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities • Usability					
F23440	**Capture and store verbal communication** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23441	**Integrate scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.2 in EHR-S FM.	H	1	N/A	DC	C
F23442	**Messages or information in real-time** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23443	**Receive and transmit clinical information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F23444	**Transmit patient data to alternate providers/facilities** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23445	**Transmit diagnostic quality images** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23446	**Receive and transmit multimedia** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23447	**Render patient status notification to providers** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C
F23448	**Notification to care team based on patient status** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.9.2 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23449	**Render care plans/instructions when patient status changes** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F23450	**Render care plans/instructions based on rules** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F23451	**Alert when provider is unavailable** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F23452	**Alert when provider is unavailable and reroute** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F24527	**Enable efficient communication with other partners within and outside scope** The Contractor shall in T Appendix 2B1 describe how the solution enables providers to efficiently communicate with others, covering communicating partners that are both within and outside the scope of the solution. Addition to CPS.9.2 **Dedicated area/function:** • The chain of emergency care • Usability **Integration**	H	3	D	A;DC	C
F23424	**Warning to personnel performing examinations** The Contractor confirms that the solution shall provide the ability to transfer notifications about infectious patients to laboratory/radiology system when ordering additional examinations to maintain practices that contribute to maintaining health and preventing infections. Addition to CPS.9.2 **Dedicated area/function:** • Prevention of infectious diseases **Integration**	L	2	N/A	DC	C
F23373	**Virtual care functionality between health personnel** The Contractor confirms that the solution shall provide the ability to support *virtual care* functionality between health personnel using the solution, regardless of device and location. Addition to CPS.9.2 **Dedicated area/function:** • Multimedia	M	1	N/A	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Performing invasive treatment • The chain of emergency care					
F23735	**Access to patients' health record in the solution for EMCC and LEMC** The Contractor shall in T Appendix 2B1 describe how a patient's health record will be available for *EMCC* or *LEMC* when they have established patients' identity in the EMCC/LEMC record. Addition to CPS.9.2 **Dedicated area/function:** • The chain of emergency care **Integration**	H	3	DX	DC	C
F23456	**Manage consultation requests and responses** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.2.1 in EHR-S FM. **Dedicated area/function:** • General information • Receiving results of additional examinations • Request for additional examinations • The chain of emergency care • The transfer of tasks and responsibilities	H	1	D	DC	C;P
F24681	**Records of consultations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24682	**Ability to capture time notified** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.2.1 in EHR-S FM.	M	2	N/A	DC	C
F24683	**Request for consultation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24684	**Paging and dialing** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.2.1 in EHR-S FM.	L	2	N/A	DC	C
F24685	**Present data on pending consultations** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.2.1 in EHR-S FM.	L	2	N/A	DC	C
F24686	**Notification of the completion of consultations** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24687	**Estimated time of arrival** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.2.1 in EHR-S FM.	M	1	N/A	DC	C;P
F23457	**Support for provider to professional communication**	M	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.2.2 in EHR-S FM. **Dedicated area/function:** • Information management • Interaction with actors in other sectors • Managing deaths • Nursing and care • Paediatric care and child health • Performance management and reporting • The chain of emergency care • The transfer of tasks and responsibilities					
F24692	**Present health event records for notification to appropriate personnel or systems** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.2.2 in EHR-S FM.	M	3	N/A	DC	C
F24693	**Capture and store an indicator of death** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.2.2 in EHR-S FM.	L	3	N/A	DC	C
F24694	**Indicator of birth notification** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.2.2 in EHR-S FM.	L	3	N/A	DC	C
F24695	**Capture and render clinical details regarding birth, death and fetal death** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.2.2 in EHR-S FM.	L	3	N/A	DC	C
F24696	**Capture and render administrative details regarding birth, death and fetal death** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.2.2 in EHR-S FM.	L	3	N/A	DC	C
F23458	**Support for provider -pharmacy communication** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.2.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Closed loop medication • Medication ordering • Medication supply and dispatching • Resource planning, scheduling and work lists **Integration**	H	3	D	DC	C
F23459	**Conform to function CP.4 Manage orders (CPS.9.2.3)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23460	**The ability to electronically transmit orders** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23461	**Receiving relevant documentation provided by pharmacy or other participants** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23462	**Exchange clinical information with pharmacies** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.2.3 in EHR-S FM.	M	3	N/A	DC	C
F23463	**Receive and transmit clinical information via secure electronic means** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.2.3 in EHR-S FM.	M	3	N/A	DC	C
F23464	**Receive and transmit secure real-time messages or services** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23465	**Transmit information on workflow** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.2.3 in EHR-S FM.	M	3	N/A	DC	C
F23466	**Request to pharmacy based on existing order** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23467	**Transmit DUR and F&B data with pharmacy** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C
F23468	**Capture authorisation for transmittal of medication renewal data** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.9.2.3 in EHR-S FM.	H	3	N/A	DC	C;P
F22190	**Ordering and stock keeping system** The Contractor confirms that the solution shall provide the ability to integrate with an ordering and stock keeping system (e.g., to ensure that the prescribed medication is available in the department's inventory). Addition to CPS.9.2.3 **Dedicated area/function:** • Medication supply and dispatching **Integration**	H	3	N/A	DC	H;M
F22501	**Exchange of prescription information** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to integrate with the national database of e-prescriptions for electronic transmission of prescription information, including ordering of multi-dose medications, cf. *Reseptformidlerforskriften*. Addition to CPS.9.2.3 **Dedicated area/function:**	H	3	DX	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Medication supply and dispatching **Integration**					
F23478	**Health record output** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Clinical and health research • Paediatric care and child health • Performance management and reporting • Report generator and data retrieval • Resource planning, scheduling and work lists • Settlement • Test result reporting • The chain of emergency care	H	1	D	A;DC	C
F23482	**Reports consisting of an individual patient's record** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.3 in EHR-S FM.	H	1	N/A	DC	C
F23483	**Capture and maintain the records or reports** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.3 in EHR-S FM.	H	1	N/A	DC	C
F23484	**Render reports in both chronological and specified record elements order** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.3 in EHR-S FM.	M	1	N/A	DC	C
F23485	**Hardcopy and electronic report summary** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.3 in EHR-S FM.	H	3	N/A	DC	C
F23486	**Capture and maintain reporting groups** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.3 in EHR-S FM.	M	3	N/A	DC	C
F23487	**Patient identifying information on each page of reports** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.3 in EHR-S FM.	H	2	N/A	DC	C
F23488	**Reports to match mandated formats** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.3 in EHR-S FM.	M	2	N/A	DC	C
F23489	**Metadata for disclosure purposes** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.9.3 in EHR-S FM.	M	2	N/A	DC	C
F23490	**Manage data-visibility** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.9.3 in EHR-S FM.	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23491	**Reasons for redaction** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.9.3 in EHR-S FM.	H	2	N/A	DC	C
F23492	**Copy of the redacted document and record** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.9.3 in EHR-S FM.	L	1	N/A	DC	C
F23493	**Render patient care events** The Contractor confirms that the solution shall comply with conformance criteria 12 of function CPS.9.3 in EHR-S FM.	L	1	N/A	DC	C
F23494	**Maintain a record of disclosure and release** The Contractor confirms that the solution shall comply with conformance criteria 13 of function CPS.9.3 in EHR-S FM.	L	1	N/A	DC	C
F23495	**Render wrist bands** The Contractor confirms that the solution shall comply with conformance criteria 14 of function CPS.9.3 in EHR-S FM.	M	1	N/A	DC	C
F23496	**Render a record summary** The Contractor confirms that the solution shall comply with conformance criteria 15 of function CPS.9.3 in EHR-S FM.	H	2	N/A	DC	C
F24539	**Printing functionalities** The Contractor confirms that the solution shall enable the user to print information from the EHR solution, e.g.: • Labels to be used for e.g., blood samples, medication, letters etc. • Prescription/medication order • Letters e.g. confirming or reminding of a consultation/appointment • Patient health record extracts • Consents and authorisations • Invoices • Forms and templates • Scanned documents • Work schedules/rotas • Reports and search/query results • Images or other high resolution formats • ID code/bar-code/q-code Addition to CPS.9.3 **Dedicated area/function:** • Performance management and reporting • Report generator and data retrieval	H	1	N/A	DC	C
F23479	**Standard report generation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.4 in EHR-S FM. **Dedicated area/function:** • Accounting • Activity planning	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Administrative procedures • Clinical and health research • Continuous quality improvement • Donation of biological material • Infection surveillance • Interaction with actors in other sectors • Medication ordering • Organisational planning • Paediatric care and child health • Performance management and reporting • Performing invasive treatment • Preparation for invasive treatment • Preparation for other treatments • Receiving results of additional examinations • Report generator and data retrieval • Request for additional examinations • Resource planning, scheduling and work lists • Settlement • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities **Integration**					
F23497	**Render reports of structured clinical and administrative data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.4 in EHR-S FM.	H	3	N/A	DC	C
F23498	**Extract unstructured clinical and administrative data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.4 in EHR-S FM.	M	3	N/A	DC	C
F23499	**Extract and transmit reports generated.** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.4 in EHR-S FM.	H	2	N/A	DC	C
F23500	**Capture and maintain report parameters** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.4 in EHR-S FM.	H	2	N/A	DC	C
F23501	**Save report parameters** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.4 in EHR-S FM.	M	1	N/A	DC	C
F23502	**Edit parameters of a saved report specification** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.4 in EHR-S FM.	M	1	N/A	DC	C
F23503	**Render automated reports** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.4 in EHR-S FM.	M	3	N/A	DC	C
F23504	**Extract facility level data**	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.9.4 in EHR-S FM.					
F23505	**Render personnel who use or access the data** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.9.4 in EHR-S FM.	M	1	N/A	DC	C
F25805	**Interact with IVF software – reporting** The Contractor shall in T Appendix 2B1 describe how the solution interacts with *IVF* software, enabling seamless reporting. Addition to CPS.9.4 **Dedicated area/function:** • Donation of biological material **Integration**	H	3	DX	DC	H
F23205	**Render reports on the use of order sets for research studies** The Contractor confirms that the solution shall enable the Customer to render reports on order sets carried out in relation to a specific research study (e.g., the number of tests/assessments, date/time ordered, costs). Addition to CPS.9.4 **Dedicated area/function:** • Clinical and health research	M	1	N/A	DC	C
F23480	**Ad hoc query and rendering** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.5 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Continuous and comprehensive medical chart solution • Continuous quality improvement • Infection surveillance • Information management • Interaction with actors in other sectors • Medication ordering • Nursing and care • Organisational planning • Paediatric care and child health • Performance management and reporting • Performing invasive treatment • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Report generator and data retrieval • Settlement	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• The chain of emergency care • Undertaking habilitation and rehabilitation activities • Usability **Integration**					
F23510	**Render ad hoc query and reports** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.5 in EHR-S FM.	H	2	N/A	DC	C
F23511	**Information extracted from unstructured clinical and administrative data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.5 in EHR-S FM.	M	3	N/A	DC	C
F23512	**Extract and transmit generated reports** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.5 in EHR-S FM.	H	2	N/A	DC	C
F23513	**Capture and maintain report parameters for generating** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.5 in EHR-S FM.	M	1	N/A	DC	C
F23514	**Report parameters for generating subsequent reports** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.5 in EHR-S FM.	L	1	N/A	DC	C
F23515	**Edit one or more parameters of a saved report** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.9.5 in EHR-S FM.	L	1	N/A	DC	C
F23516	**Render reports based on the absence of a clinical data element** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.9.5 in EHR-S FM.	L	1	N/A	DC	C
F23517	**Render the patients financial data** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.9.5 in EHR-S FM.	L	1	N/A	DC	C
F23518	**Customised views of summarised information** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.9.5 in EHR-S FM.	M	1	N/A	DC	C
F23519	**Present and transmit summarised information** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.9.5 in EHR-S FM.	M	1	N/A	DC	C
F23520	**Filters to search for previous events** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.9.5 in EHR-S FM.	H	2	N/A	DC	C
F23521	**Display events in a comparison view** The Contractor shall in T Appendix 2B1 describe how solution provides the ability to display deviations and *adverse events* in a comparison view e.g.: • Comparing the amount/type of adverse events of two departments • Comparing the amount/type of adverse events in one or more departments over a period of time	M	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CPS.9.5 **Dedicated area/function:** • Continuous quality improvement					
F23481	**Information view** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.9.6 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Case history and examination • Closed loop medication • Continuous and comprehensive medical chart solution • Dimensioning for emergency events • Dispensing • Distribution of knowledge • Knowledge and clinical decision support • Medication ordering • Nursing and care • Performing invasive treatment • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care • Usability	H	3	D	A;DC	C
F23522	**Let administrators capture preferences** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.9.6 in EHR-S FM.	H	3	N/A	DC	C
F23523	**Capture user preferences** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.9.6 in EHR-S FM.	H	3	N/A	DC	C
F23524	**Role-based data-capture-options** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.9.6 in EHR-S FM.	H	3	N/A	DC	C
F23525	**Role-based data-rendering-options** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.9.6 in EHR-S FM.	H	3	N/A	DC	C
F23526	**Tailor presentation of information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.9.6 in EHR-S FM.	H	3	N/A	DC	C
F24536	**Search functionality** The Contractor shall in T Appendix 2B1 describe the solution's search functionality, and how this enables the user to easily	H	3	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	locate information that a user is authorised for, both through free-text and structured searches. Helseplattformen supplementary functionality CPS.HP.12 **Dedicated area/function:** • Usability					
F24562	**Identify the right search word** The Contractor confirms that the solution shall help the user identify the right search word in cases of misspellings, e.g., searching for "Translte" also returns results that match "Translate". Helseplattformen supplementary functionality CPS.HP.12, conformance criteria 1	L	2	N/A	DC	C;P
F24537	**Manage administrative procedures** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality to collect relevant information about a patient and manage the creation, modification and deletion of cases, cf. [sv]Lov om pasient- og brukerrettigheter, Lov om spesialisthelsetjenesten m.m. and *Lov om kommunale helse- og omsorgstjenester*. Helseplattformen supplementary functionality CPS.HP.13 **Dedicated area/function:** • Administrative procedures • Information management • Settlement • The transfer of tasks and responsibilities	H	2	D	DT;DC	C;P
F24564	**Manage registration of a request** The Contractor shall in T Appendix 2B1 describe how the solution manages the registration of a request/application in a manner that complies with the organisational policy, scope of practice and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 1	H	2	DX	DC	C
F24565	**Manage changes in requirements, guidelines and regulations** The Contractor shall in T Appendix 2B1 describe how the solution manages changes made to requirements, guidelines and regulations from the authorities, to ensure a proper case assessment. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 2	M	2	DX	DC	C
F24566	**Application on digital forms** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to recieve applications for health services using digital forms.	M	2	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 3 **Integration**					
F24567	**Capture and store received documentation** The Contractor confirms that the solution shall provide the ability to capture and store received documentation in relation to a case in a logical structure for each level of public administration. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 4	H	2	N/A	DC	C
F24568	**Integration with electronic public records** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to integrate received documentation that shall be handled according to Arkivforskriften § 2-7 into the official **Electronic Public Records** for the organisation (e.g., integration to Ephorte/ESA). Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 5 **Integration**	H	2	DX	DC	C
F24569	**Manage and store the correspondence** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage and store documentation of communications between **providers**, patients and/or the patient's representatives. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 6	M	2	DX	DC	C;P
F24570	**Registration of information in application** The Contractor shall in T Appendix 2B1 describe which information the solution is able to register in relation to proceeding an application. Including, but not limited to • Type of service applied for • Date when service was granted • If the service is denied, or partly or full granted Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 7	H	2	DX	DC	C
F24571	**Distribute a case** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to distribute a case to the appropriate organisational unit, service and/or to a specific caseworker.	M	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 8					
F24572	**Generate and render reports and statistics** The Contractor confirms that the solution shall provide the ability to generate and render reports and statistics based on predefined parameters. Example of such reports: • Number of submitted individual cases per service location and total for each municipality • When *individual decision* expire • Number of individual decisions per service location and total for each municipality • Number of dispensations from qualification criteria per service location and total for each municipality Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 9	M	2	N/A	DC	C
F24573	**Accessible information for caseworker** The Contractor shall in T Appendix 2B1 describe how relevant and structured information about a patient's health and physical functioning already documented in the EHR, can be accessible for a caseworker. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 10	H	2	DX	DC	C
F24574	**Obtain information from others** The Contractor shall in T Appendix 2B1 describe how the solution supports the caseworker in requesting information from providers, the patient's representative or others, and how this information can be stored. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 11	M	2	DX	DC	C
F24575	**Summarise, draw a conclusion and make an individual decision** The Contractor shall in T Appendix 2B1 describe how the solution provides support for collecting and summarising information with the purpose to draw a conclusion and make an *individual decision*. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 12	M	2	DX	DC	C
F24576	**Generate a notification to involved providers** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to generate a *notification* to all involved providers when a service has been granted. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 13	M	2	DX	DC	C
F24577	**Generate a notification to involved providers before proceeding are finalised**	M	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to generate a notification about a service before proceedings are finalised. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 14					
F24578	**Individual decisions linked to a case** The Contractor confirms that the solution shall provide the ability to manage several individual decisions linked to a specific case. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 15	H	2	N/A	DC	C
F24579	**Support in conduction case assessment** The Contractor shall in T Appendix 2B1 describe how the solution provides support in conducting the case assessment concerning the appropriate legal rights and conditions at any given time. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 16	M	2	DX	DC	C
F24580	**Manage duration of provided health services** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage the duration of provided health services connected to a case, and also the possibility to temporary pause or stop services. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 17	M	2	DX	DC	C
F24581	**Complex applications demanding coordination between providers** The Contractor shall in T Appendix 2B1 describe how the solution provides support for complex applications demanding coordination between different providers in one service. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 18	H	2	DX	DC	C
F24582	**Notifications about deadlines** The Contractor confirms that the solution shall provide the ability to generate notifications to the provider when deadlines in relation to case assessment, reassessment, complaints, etc., are approaching or a deadline is not adhered. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 19	M	2	N/A	DC	C
F24583	**Ability to define a re-evaluation date** The Contractor confirms that the solution shall provide the ability to define a re-evaluation date. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 20	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24584	**Acquire and reuse income information** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to acquire and use/reuse income information from the Norwegian Tax Administration. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 21 **Integration**	M	2	DX	DC	C
F24585	**Enable standardised guidelines and text in case assessment** The Contractor shall in T Appendix 2B1 describe how the solution enables guidelines and standardised formulations, templates and text for use in the case assessment. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 22	M	2	DX	DC	C
F24586	**Manage standardised guidelines and text in case assesment** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to create and modify guidelines and standardised formulation, templates and text, for use in the case assessment. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 23	M	2	DX	DC	C
F24587	**Dissemination of an individual decision** The Contractor confirms that the solution shall support dissemination of an individual decision both by letter and/or online response. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 24 **Integration**	H	2	N/A	DC	C
F24588	**Service directory** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage a directory of services that can be provided. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 25	H	2	DX	DC	C
F24590	**Link the service applied for and/or granted** The Contractor shall in T Appendix 2B1 describe how the solution shall provide the ability to link the service(s) applied for to the case/individual decision, in accordance with the service directory and to scope of practice, organisational policy, national standards and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 26	H	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24591	**Manage a complaint** The Contractor shall in T Appendix 2B1 describe how a complaint is registered and assessed in the solution. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 27	H	2	DX	DC	C
F24592	**The ability to archive administrative procedure information** The Contractor confirms that the solution shall provide the ability to archive administrative procedure information, in accordance with organisational policy, scope of practice and/or jurisdictional law. Helseplattformen supplementary functionality CPS.HP.13, conformance criteria 28	H	3	N/A	DC	C
F23415	**Individual plan** The Contractor shall in T Appendix 2B1 describe how the solution manages information exchange with external *individual plan* solutions. Helseplattformen supplementary functionality CPS.HP.14 **Dedicated area/function:** • Individually customised communication • Preparation of habilitation and rehabilitation services • Undertaking habilitation and rehabilitation activities **Integration**	H	3	DX	DC	C;P
F23429	**Patients' request for an individual plan** The Contractor confirms that the solution shall provide the ability for patients to electronically request the creating of an individual plan. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 1 **Integration**	H	3	N/A	DC	C;P
F23430	**Access to individual plan** The Contractor confirms that the solution shall provide patients with the ability to access their individual plan. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 2 **Integration**	H	3	N/A	DC	C;P
F23431	**Rendering of an individual plan** The Contractor shall in T Appendix 2B1 describe how the solution supports rendering of an individual plan to the participants in the plan process.	H	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 3 **Integration**					
F23432	**Basic information of an individual plan** The Contractor confirms that the solution shall provide the ability to register information related to the creation of an individual plan (e.g., that an individual plan was created, date, and who is coordinator for the individual plan). Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 4	H	3	N/A	DC	C
F23433	**Individual plan in the solution** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to make an **individual plan** according to the criterias described in cf. *Lov om pasient- og brukerrettigheter §2.5* . Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 5	M	3	D	DC	C;P
F23434	**Rendering individual plan** The Contractor confirms that the solution shall provide the ability to render the individual plan to the participants included in the plan process. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 6	M	3	N/A	DC	C;P
F23435	**Track updates to the individual plan** The Contractor confirms that the solution shall provide the ability to track updates to the individual plan including authors, creation date and version history. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 7	M	3	N/A	DC	C;P
F23436	**Patients' managing of an individual plan** The Contractor shall in T Appendix 2B1 describe how the solution supports the managing of an individual plan for patients. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 8	M	3	D	DC	C;P
F23437	**Providers' managing of an individual plan** The Contractor shall in T Appendix 2B1 describe how the solution supports the managing of an individual plan for providers. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 9	M	3	D	DC	C
F23438	**Access for participants outside the solution**	M	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how participants outside the solution (e.g., teacher, social workers) can access the patients' individual plan. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 10					
F23439	**Manage for participants outside of scope** If the solution supports access for participants outside of scope (e.g., teacher, social workers), then the Contractor confirms that the solution shall provide the ability for them to manage the individual plan. Helseplattformen supplementary functionality CPS.HP.14, conformance criteria 11	M	3	N/A	DC	C;P

5.2.10 CPS.10 Manage user help

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23471	**Manage user help** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function CPS.10 in EHR-S FM. **Dedicated area/function:** • Usability	M	3	D	DC	C
F23472	**Configuration and customisation of user Help** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.10 in EHR-S FM.	M	3	N/A	DC	C
F23473	**User help for data entry and system navigation** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.10 in EHR-S FM.	M	3	N/A	DC	C
F23474	**User help via live online chat** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.10 in EHR-S FM.	M	3	N/A	DC	C
F23475	**Context-sensitive help** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.10 in EHR-S FM.	M	3	N/A	DC	C

5.3 FUNCTIONAL REQUIREMENTS: ADMINISTRATIVE SUPPORT (AS)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer requiring support functionalities for managing administrative tasks.

Administrative Support (AS)		
AS.1 Manage Provider Information	**AS.2 Manage Patient Demographics, Location and Synchronization**	**AS.3 Manage Personal Health Record Interaction**
AS.4 Manage Communication	**AS.5 Manage Clinical Workflow Tasking**	**AS.6 Manage Resource Availability**
AS.7 Support Encounter/Episode of Care Management	**AS.8 Manage Information Access for Supplemental Use**	**AS.9 Manage Administrative Transaction Processing**

Figure 19 - HL7 EHR-S Functional Model - Section Administrative Support (AS)

5.3.1 AS.1 Manage provider information

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23563	**Manage provider registry or directory** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.1 in EHR-S FM. **Dedicated area/function:** • Accounting • Activity planning • Distribution of knowledge • Information management • Information security, privacy and access control • Interaction with actors in other sectors • Knowledge and clinical decision support • Performance management and reporting • Resource planning, scheduling and work lists • Settlement • The chain of emergency care	H	1	D	DC;DT	C
F23570	**Manage user registry or directory** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.1 in EHR-S FM.	M	3	N/A	DC	C
F23571	**Manage legal identifiers** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F23572	**Manage roles** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.1.1 in EHR-S FM.	H	1	N/A	DC	C
F23573	**Determine levels of access** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.1.1 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23574	**Manage external clinical/support personnel** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.1.1 in EHR-S FM.	L	1	N/A	DC	C
F23575	**Update provider access** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.1.1 in EHR-S FM.	H	3	N/A	DC	C
F23576	**Ability to use registries or directories if implemented according to TI.3** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.1.1 in EHR-S FM.	M	3	N/A	DC	C
F23577	**Restrict the view of selected elements** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.1.1 in EHR-S FM.	H	2	N/A	DC	C
F23578	**Manage multiple unique identifiers** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.1.1 in EHR-S FM.	L	1	N/A	DC	C
F23579	**Access to scheduling** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to configure levels of access for providers and patients related to scheduling. Addition to AS.1.1 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	3	DX	A;DC	C;P
F23580	**Create, manage and maintain roles** The Contractor shall in T Appendix 2B1 describe how users' roles (e.g., general practitioner, **technical user**) are created, managed and maintained, according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.1.1 **Dedicated area/function:** • Information management • Information security, privacy and access control	H	3	D	A;DC	C
F23581	**Support the roles that are relevant to the organisation** The Contractor confirms that the solution shall support the roles that at all times are relevant to the Customer. Addition to AS.1.1 **Dedicated area/function:** • Information management	H	2	N/A	DC	C
F23582	**The ability to hold one or more roles** The Contractor confirms that the solution shall provide the ability to allow a user to hold one or more roles, both within and across the Customer's organisations.	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.1.1 **Dedicated area/function:** • Information management • Information security, privacy and access control					
F23583	**Switch between roles** The Contractor shall in T Appendix 2B1 describe how users who act in several roles, can switch roles and simultaneously acquire the rights related to the active role. Addition to AS.1.1 **Dedicated area/function:** • Information management • Information security, privacy and access control	M	3	D	DC	C
F23584	**Retrieve information from the Customer's identity access management (IAM) solution** The Contractor confirms that the solution shall provide the ability to retrieve user information from the client's *identitiy access management (IAM)* solution, in order to support the process of determining levels of access required by the solution. Addition to AS.1.1 **Dedicated area/function:** • Information management • Information security, privacy and access control **Integration**	H	3	N/A	DC	C
F23585	**Authorisation register** The Contractor shall in T Appendix 2B1 describe how all authorisations (i.e., the data and functionality a user is authorised to access) given to a user, including changes to these authorisations, will be stored in a register, cf. *www.normen.no* and *Faktaark nr. 47 - Autorisasjonsregister*. Additional information: • The Code of Conduct for information security in the healthcare and care services, Faktaark 47 – Autorisasjonsregister, www.normen.no Addition to AS.1.1 **Dedicated area/function:** • Information management	H	2	DX	A;DC	C
F26713	**Ability to use the authorization number for health personnel** The Contractor confirms that the solution shall provide the ability to use the authorization number for health personnel	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	(HPR number) wherever appropriate (e.g., issuing prescriptions, radiology referral). The number can be made available through integration (e.g., with **The Register for Health Personnel**) or through manual registration. Addition to AS.1.1 **Dedicated area/function:** • Information management					
F23586	**Manage provider's location within facility** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.2 in EHR-S FM. **Dedicated area/function:** • Resource planning • Resource planning, scheduling and work lists	H	3	D	DC	C
F23587	**Manage provider´s location information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.2 in EHR-S FM.	H	3	N/A	DC	C
F23588	**Manage a provider's scheduled visits** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.2 in EHR-S FM.	M	3	N/A	DC	C
F23589	**Nearest colleague** The Contractor shall in T Appendix 2B1 describe how the solution can provide support for functionality in the work list to locate and notify the nearest colleague. The location information may be visualised with an integration with a third party system (e.g., map feature). Addition to AS.1.2 **Dedicated area/function:** • Resource planning, scheduling and work lists **Integration**	M	2	DX	DC	M
F23564	**Provider's on call location** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.3 in EHR-S FM. **Dedicated area/function:** • Resource planning • Resource planning, scheduling and work lists	H	3	D	DC	C
F23590	**Manage on call provider´s location** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.3 in EHR-S FM.	H	3	N/A	DC	C
F23565	**Manage provider's location(s) or office(s)** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.4 in EHR-S FM.	H	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • General information • Resource planning • Resource planning, scheduling and work lists					
F23591	**Manage primary and secondary practice's location** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.4 in EHR-S FM.	H	3	N/A	DC	C
F23592	**Manage primary and secondary practice's service availability** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.4 in EHR-S FM.	H	3	N/A	DC	C
F23593	**Support patients in locating the place of their appointment** The Contractor shall in T Appendix 2B1 describe how the solution provides patients with guidance to support them in locating where their appointment will occur, and possibilities to integrate with a third party system (e.g., a map feature). Addition to AS.1.4 **Dedicated area/function:** • General information • Resource planning, scheduling and work lists **Integration**	H	3	D	DC	C;P
F23566	**Team/group of providers registry or directory** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.5 in EHR-S FM. **Dedicated area/function:** • Information management • Medication ordering • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • Undertaking habilitation and rehabilitation activities	H	3	D	DC	C
F23594	**Manage team/group of providers** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.5 in EHR-S FM.	H	3	N/A	DC	C
F23595	**Manage assignment of providers** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.5 in EHR-S FM.	H	3	N/A	DC	C
F23596	**Tag provider roles**	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.1.5 in EHR-S FM.					
F23597	**Manage care team membership** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.1.5 in EHR-S FM.	M	1	N/A	DC	C
F23598	**Manage demographic and scheduling information on care team members** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.1.5 in EHR-S FM.	M	3	N/A	DC	C
F23567	**Provider Caseload/Panel** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.6 in EHR-S FM. **Dedicated area/function:** • Resource planning • Resource planning, scheduling and work lists	H	3	D	A;DC	C
F23599	**Manage a provider's caseload or panel information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.6 in EHR-S FM.	H	3	N/A	DC	C
F23568	**Manage practitioner/patient relationships** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.7 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • General information • Individually customised communication • Information management • Information security, privacy and access control • Nursing and care • Resource planning, scheduling and work lists • The transfer of tasks and responsibilities **Integration**	H	1	D	A;DC	C;P
F23600	**Information to identify care providers** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.7 in EHR-S FM.	H	1	N/A	DC	C
F23601	**Tag the role of each provider associated with a patient** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.7 in EHR-S FM.	H	1	N/A	DC	C;P
F23602	**Tag the role of each provider using structured data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.1.7 in EHR-S FM.	L	1	N/A	DC	C
F23603	**Identify associated provider´s** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.1.7 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23604	**Manage identity of providers as discrete data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.1.7 in EHR-S FM.	M	1	N/A	DC	C
F23605	**Manage patient/provider relationship** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.1.7 in EHR-S FM.	M	1	N/A	DC	C
F23606	**Render patient lists by provider** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.1.7 in EHR-S FM.	M	1	N/A	DC	C
F23607	**Tag primary or principal provider(s) responsible for the care** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.1.7 in EHR-S FM.	H	2	N/A	DC	C
F23608	**Capture and maintain, as structured data elements, the principal provider** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.1.7 in EHR-S FM.	M	1	N/A	DC	C
F23609	**Overview of previous and current key personnel** The Contractor confirms that the solution shall provide citizens with an overview of their previous and current regular *GP* and other key personnel. Addition to AS.1.7 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23610	**Enable the health record responsible to perform his or her duties** The Contractor shall in T Appendix 2B1 describe how the solution enables the *health record responsible* to perform his or her duties, including having access to the patient's health record and necessary functionality (e.g., amending and hiding information from view), according to scope of practice, organisational policy and/or jurisdictional law. Addition to AS.1.7 **Dedicated area/function:** • Information management • Information security, privacy and access control	M	2	D	DC	C
F23611	**Appointing the health record responsible** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for specified roles and users to appoint who is the *health record responsible* for a patient. Addition to AS.1.7 **Dedicated area/function:** • Information management	M	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Information security, privacy and access control					
F23612	**Information on the health record responsible as part of the patient's health record** The Contractor confirms that the solution shall provide the ability to capture, maintain and render information on the health record responsible as part of the patient's health record . Addition to AS.1.7 **Dedicated area/function:** • Information management • Information security, privacy and access control	L	2	N/A	DC	C
F23699	**Provider information** The Contractor confirms that the solution shall provide the ability to render to patients, information regarding their providers' location, contact information, picture, hours of operation and role for the patient, according to organisational policy. Addition to AS.1.7 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23569	**Support for provider credentialing** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.1.8 in EHR-S FM. **Dedicated area/function:** • Activity planning • Donation of biological material • Information management • Information security, privacy and access control • Resource planning, scheduling and work lists	H	3	D	DC	C
F23615	**Manage provider credentialing** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.1.8 in EHR-S FM.	H	3	N/A	DC	C
F23616	**Capture and render the credentialing and privileging status for all members of the care team** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.1.8 in EHR-S FM.	H	3	N/A	DC	C
F24549	**Capture and manage organisational structure** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and manage the Customer's organisational structure, including managing information on all organisational units (e.g., name, addresses, areas of responsibility, unique identification, organisational code), according to organisational policy.	H	3	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality AS.HP.1 **Dedicated area/function:** • Information management					

5.3.2 AS.2 Manage patient demographics, location and synchronization

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23617	**Manage patient demographics, location and synchronisation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • General information • Information management • Interaction with actors in other sectors • Medical device integration • Medication ordering • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care **Integration**	H	3	D	A;DC	C
F23618	**Harmonise a patient's demographic information with an external system** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2 in EHR-S FM.	H	3	N/A	DC	C
F23619	**Transmit notification of modified demographic information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2 in EHR-S FM.	M	3	N/A	DC	C
F23620	**Tag patient status** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2 in EHR-S FM.	H	2	N/A	DC	C
F23621	**Manage patient status and location** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.2 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24688	**Check-in/check-out function** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality for patients to check-in and check-out at health encounters and that their arrival status is updated in the appointment schedule. Addition to AS.2 **Dedicated area/function:** • General information • Resource planning, scheduling and work lists	H	2	DX	DC	C;P
F23700	**Preferred payment method related to encounter** If the solution provides check-in for patients, then the Contractor confirms that patients shall be able to register their preferred payment method related to an encounter. Addition to AS.2 **Dedicated area/function:** • General information	H	1	N/A	DC	C;P
F23778	**Suggest tasks for patient after check-in** The Contractor confirms that the solution shall provide the ability to suggest tasks for patients after checking-in (e.g., request that the patient confirms information that was filled-out at the last encounter). Addition to AS.2 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23622	**Synchronise patient demographic data** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Donation of biological material • Information management • Interaction with actors in other sectors • Resource planning, scheduling and work lists • Settlement • The chain of emergency care	H	3	D	DC	C
F23628	**Manage patient demographic data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.1 in EHR-S FM.	H	3	N/A	DC	C
F23629	**Manage patient occupation**	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.1 in EHR-S FM.					
F23630	**Manage patient's special-interest requirements** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.1 in EHR-S FM.	M	3	N/A	DC	C
F23631	**Tag patient´s with similiar names** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.2.1 in EHR-S FM.	M	1	N/A	DC	C
F23632	**Capture and harmonise patient´s information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.2.1 in EHR-S FM.	M	3	N/A	DC	C
F23633	**Analyse the data quality** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.2.1 in EHR-S FM.	L	1	N/A	DC	C
F23634	**Data-validation rules** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.2.1 in EHR-S FM.	L	3	N/A	DC	C
F22881	**Import demographic information from external registries and solutions** The Contractor confirms that the solution shall enable demographic information to be imported from external registries and solutions (e.g., **National Registry** and **Norwegian Health Network**). Addition to AS.2.1 **Dedicated area/function:** • Administrative procedures • Information management **Integration**	H	3	N/A	DC	C
F26071	**Render notification regarding changes in demographical information** The Contractor confirms that the solution shall provide the ability to render notifications when changes regarding demographic information are made. Addition to AS.2.1 **Dedicated area/function:** • Information management	M	1	N/A	DC	C
F26072	**Manage configuration parameters regarding demographic information notification** The Contractor confirms that the solution shall provide the ability to manage configuration parameters regarding demographic information notification (e.g., receive a notification when preschool children change their address, receive a notification when patients that receive ongoing physiotherapy treatment change their address).	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.2.1 **Dedicated area/function:** • Information management					
F23623	**Manage patient's location within facility** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Administrative procedures • Closed loop medication • Coordination of transport • Dimensioning for emergency events • Information management • Medication ordering • Medication supply and dispatching • Performing invasive treatment • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • Settlement • The chain of emergency care	H	1	D	DC;DT	C
F23635	**Patient's assigned location** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.2 in EHR-S FM.	H	1	N/A	DC	C
F23636	**Patient-consent location** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.2 in EHR-S FM.	M	3	N/A	DC	C
F23637	**Temporary location** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.2 in EHR-S FM.	M	3	N/A	DC	C
F23638	**Render location by alternate identifiers.** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.2.2 in EHR-S FM.	L	1	N/A	DC	C
F23639	**De-identified list of patients** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.2.2 in EHR-S FM.	M	2	N/A	DC	C
F23640	**Render an alert** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.2.2 in EHR-S FM.	M	1	N/A	DC	C
F23643	**Location of patient**	M	3	N/A	DC	H;M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall provide the ability to integrate with an ordering and stock keeping system and exhange information regarding the patient's physical location in order to supply the correct unit/ward. Addition to AS.2.2 **Dedicated area/function:** • Closed loop medication • Medication supply and dispatching • Resource planning, scheduling and work lists • The chain of emergency care **Integration**					
F23644	**Integration RIS – patient tracking** The Contractor shall in T Appendix 2B1 describe how the solution supports interaction with a radiology information system (RIS), enabling patient tracking in order to identify a patient's location within the facility. Addition to AS.2.2 **Dedicated area/function:** • Performing radiological examinations • Resource planning, scheduling and work lists **Integration**	H	3	DX	DC	H
F23624	**Manage patient's residence for the provision and administration of services** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.3 in EHR-S FM. **Dedicated area/function:** • Accounting • Activity planning • Administrative procedures • Coordination of transport • Dimensioning for emergency events • Information management • Performance management and reporting • Resource planning, scheduling and work lists • Settlement • The chain of emergency care • The transfer of tasks and responsibilities	H	1	D	DC	C
F23645	**Manage the patient's primary residence or place of habitation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.3 in EHR-S FM.	H	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23646	**Manage the patient's secondary or alternate residence** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.3 in EHR-S FM.	H	1	N/A	DC	C
F23647	**Manage patient information related to the provision of service** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.3 in EHR-S FM.	M	2	N/A	DC	C
F23648	**Special needs for transport** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.2.3 in EHR-S FM.	M	1	N/A	DC	C
F23649	**Manage facility information related to patient status** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.2.3 in EHR-S FM.	M	1	N/A	DC	C
F23650	**Public health reporting** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.2.3 in EHR-S FM.	M	3	N/A	DC	C
F23651	**Render visual overview** The Contractor shall in T Appendix 2B1 describe how the solution renders a visual overview for use in e.g., evacuation situations related to the patients special needs in their homes, this may be solved with integration with a third party system (e.g., a map with information regarding the patient's special needs related to reduced mobility, ventilator etc.). Addition to AS.2.3 **Dedicated area/function:** • Dimensioning for emergency events • Resource planning, scheduling and work lists	L	2	D	DC	C
F23625	**Manage patient bed assignment** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Coordination of transport • Dimensioning for emergency events • Nursing and care • Performing invasive treatment • Preparation for other treatments • Prevention of infectious diseases • Resource planning, scheduling and work lists • The chain of emergency care **To be considered:** • Prevention of infectious diseases (TBC)	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F23652	**Manage patient bed assignment interactions** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.4 in EHR-S FM.	H	3	N/A	DC	C
F23653	**Transmit patient information to external systems** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.4 in EHR-S FM.	M	3	N/A	DC	C
F23654	**Effective bed assignment based on facility** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.4 in EHR-S FM.	H	2	N/A	DC	C
F23655	**Effective bed assignment based on patient status** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.2.4 in EHR-S FM. **Integration**	H	2	N/A	DC	C
F23656	**Render waiting time** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.2.4 in EHR-S FM.	H	2	N/A	DC	C
F23657	**Render number of patients in que** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.2.4 in EHR-S FM.	M	1	N/A	DC	C
F23658	**Information about incoming transported patients** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.2.4 in EHR-S FM.	H	2	N/A	DC	C
F23659	**Manage re-location of patients** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.2.4 in EHR-S FM.	M	1	N/A	DC	C
F23660	**Separately manage multiple patients** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.2.4 in EHR-S FM.	H	3	N/A	DC	C
F23661	**Manage temporary beds** The Contractor confirms that the solution shall comply with conformance criteria 10 of function AS.2.4 in EHR-S FM.	H	3	N/A	DC	C
F23662	**Tag patient´s ready for transition** The Contractor confirms that the solution shall comply with conformance criteria 11 of function AS.2.4 in EHR-S FM.	M	1	N/A	DC	C
F23664	**Type of rooms/beds** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to specify type of rooms/beds at its disposal (e.g., the number of; long time, short time, emergency room, respite room rehabilitation and single/double rooms). Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures	M	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Resource planning, scheduling and work lists					
F23666	**Overview of the waiting list** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render waiting lists, which may be sorted and/or filtered based on patient characteristics and/or organisational structure. Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Resource planning, scheduling and work lists	M	2	DX	DC	C
F23667	**Potential patient for a short term stay** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render an overview of inpatients who are potentially eligible for a short term stay in a municipal institution. Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Resource planning, scheduling and work lists	M	2	DX	DC	C
F23668	**Schedule rooms/beds in advance** The Contractor confirms that the solution shall provide the ability to schedule a room/bed in advance of an appointment (e.g., *rolling respite*). Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Resource planning, scheduling and work lists	M	2	N/A	DC	C
F23669	**Reservation related to the individual decision** The Contractor shall in T Appendix 2B1 describe how the solution manage the relation between a stay/reservation and the *individual decision* for the stay. It shall be possible to extend/reconsider the individual decision/stay from the overview. Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Resource planning, scheduling and work lists	L	2	DX	DC	C
F23671	**Start/stop reservation of rooms**	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall provide the ability to start/stop a stay/reservation, and the possibility to state the reason of action. Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Resource planning, scheduling and work lists					
F23672	**Cleaning services and room status** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to get information about cleaning services from an external system and render this information in the solution for a particular room and/or bed. Addition to AS.2.4 **Dedicated area/function:** • Administrative procedures • Laundry and cleaning • Resource planning, scheduling and work lists **Integration**	M	2	DX	DC	C
F23737	**Exchange information with external system to monitor the spread of infectious diseases** The Contractor confirms that the solution shall transfer clinical and demographic information to a third party system to monitor the spread of infectious diseases between a patient and other patients, all health professionals or visitors (e.g., registration of isolation measures for a given patient or possibly lack of such measures and justification as to why the measure was not given). Addition to AS.2.4 **Dedicated area/function:** • Prevention of infectious diseases **Integration**	H	2	N/A	DC	H;M
F23738	**Monitor the spread of infectious diseases** The Contractor confirms that the solution monitors the spread of infectious diseases between patients, health professionals and/or visitors (e.g., registration of isolation measures for a given patient or possibly lack of such measures and justification as to why the measure was not given). Addition to AS.2.4 **To be considered:** • Prevention of infectious diseases (TBC)	L	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23626	**Manage patients in health programmes** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.5 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Clinical and health research • Individually customised communication • Settlement **To be considered:** • Prevention (TBC)	M	2	D	DC	C;P
F23673	**Capture information about patient subscribed or registered into health programmes** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.5 in EHR-S FM.	M	2	N/A	DC	C;P
F23674	**Manage information about health programmes** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.5 in EHR-S FM.	M	2	N/A	DC	C
F23675	**Manage separate status options for multiple program** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.5 in EHR-S FM.	M	2	N/A	DC	C
F22676	**Manage health programmes** The Contractor shall in T Appendix 2B1 describe how the solution provides the functionality required to support management of health programmes (e.g., physical activity/exercise group, diet program, stop snuff and smoking programme and coping with depression and stress-programme). Addition to AS.2.5 **To be considered:** • Prevention (TBC)	M	2	D	DC	M;H
F23627	**Manage patient privacy consent directives** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.2.6 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • General information • Individually customised communication • Information management • Information security, privacy and access control **Integration**	H	1	D	DC	C;P
F23679	**Manage the privacy preferences of patients**	H	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.2.6 in EHR-S FM.					
F23680	**Capture the patient's preferences regarding providers** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.2.6 in EHR-S FM.	H	3	N/A	DC	C;P
F23681	**Render disclosure events** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.2.6 in EHR-S FM.	M	1	N/A	DC	C
F23682	**Disclosed information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.2.6 in EHR-S FM.	M	1	N/A	DC	C
F23683	**Enter, import or receive information that documents the patient's expressed selection of privacy preferences** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.2.6 in EHR-S FM.	L	3	N/A	DC	C;P
F23684	**Manage data visibility** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.2.6 in EHR-S FM.	H	2	N/A	DC	C
F23701	**Preferred payment method in general** The Contractor confirms that the solution shall provide the ability for patients to register preferred method of payment related to encounters in general. Addition to AS.2.6 **Dedicated area/function:** • General information	M	2	N/A	DC	C;P

5.3.3 AS.3 Manage personal health record interaction

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23687	**Manage information exchange with patient PHR** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.3.1 in EHR-S FM. **Dedicated area/function:** • Case history and examination • General information • Individually customised communication • Information management • Medical device integration • Performing additional examinations • Performing other treatments • Test result reporting	H	3	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F23689	**Manage patient information with external systems** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.3.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23690	**Transmit information to provider** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.3.1 in EHR-S FM.	H	3	N/A	DC	C;P
F23691	**Receive requests from external systems** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.3.1 in EHR-S FM.	H	3	N/A	DC	C;P
F23692	**Transmit information on patient to external systems** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.3.1 in EHR-S FM.	H	3	N/A	DC	C;P
F23693	**Transmit the status of an request** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.3.1 in EHR-S FM.	H	3	N/A	DC	C;P
F23694	**Integrate with a national patient portal** The Contractor shall in T Appendix 2B1 describe the ability to integrate with and support available functionalities in the national **patient portal** solution Min Helse/My Health (helsenorge.no). Addition to AS.3.1 **Dedicated area/function:** • General information **Integration**	H	3	D	A;DC	C;P
F23702	**Manage consents and authorisations from a PHR** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.3.2.1 in EHR-S FM. **Dedicated area/function:** • Donation of biological material • Individually customised communication • Information management	H	3	D	DC	C;P
F23704	**Manage consents** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.3.2.1 in EHR-S FM.	H	3	N/A	DC	C;P
F23705	**Render the identity and relationship** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.3.2.1 in EHR-S FM.	H	3	N/A	DC	C
F23706	**Manage access control** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.3.2.1 in EHR-S FM.	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23707	**Manage access control for sections** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.3.2.1 in EHR-S FM.	H	3	N/A	DC	C
F23708	**Manage access control for idividual elements** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.3.2.1 in EHR-S FM.	H	3	N/A	DC	C
F23709	**Manage access control for the time period the consent applies** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.3.2.1 in EHR-S FM.	M	3	N/A	DC	C
F23710	**Render consents and authorisations** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.3.2.1 in EHR-S FM.	M	3	N/A	DC	C;P
F23703	**Manage PHR end-of-life documents and other advance directives** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.3.2.2 in EHR-S FM. **Dedicated area/function:** • Control and compliance • Donation of biological material • Individually customised communication • Information management • Nursing and care • Palliative care **Integration**	H	3	D	DC	C;P
F23711	**Manage advance directives and end-of-life care directives** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.3.2.2 in EHR-S FM.	H	3	N/A	DC	C;P
F23712	**Sorted list of end-of-life care directives** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.3.2.2 in EHR-S FM.	M	3	N/A	DC	C
F23713	**Render a list by category** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.3.2.2 in EHR-S FM.	M	3	N/A	DC	C
F23714	**Location of directives** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.3.2.2 in EHR-S FM.	M	3	N/A	DC	C

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5.3.4 AS.4 Manage communication

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23716	**Manage registry communication** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.4.1 in EHR-S FM. **Dedicated area/function:** • Administration • Administrative procedures • Clinical and health research • Continuous quality improvement • Dimensioning for emergency events • Health promotion • Information management • Interaction with actors in other sectors • Medication ordering • Nursing and care • Performance management and reporting • Performing invasive treatment • Pharmaceutical guidance • Preparation for other treatments • Prevention • Report generator and data retrieval • Test result reporting • The chain of emergency care • Undertaking habilitation and rehabilitation activities **Integration**	H	3	D	A;DC	C
F23721	**Exchange structured information with registries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.4.1 in EHR-S FM.	H	3	N/A	DC	C
F23722	**Render and tag registry information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.4.1 in EHR-S FM.	M	3	N/A	DC	C
F23723	**Maintain information from registries** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.4.1 in EHR-S FM.	M	3	N/A	DC	C
F23724	**Receive information from registries** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.4.1 in EHR-S FM.	M	3	N/A	DC	C
F23725	**Harmonise information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.4.1 in EHR-S FM.	M	3	N/A	DC	C
F23726	**Export of data to external systems for reporting purposes** The Contractor shall in T Appendix 2B1 describe how the solution will enable export of data to external systems for	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	reporting purposes, e.g., national quality registers and other regulatory bodies according to organisational policy, and/or jurisdictional law. The Contractor must describe any relevant features, e.g., • Possibility to define and amend data sets or templates • Possibility to define a time-interval or trigger for automated transfers to registers • Notifications that prompt users on the information required for regulatory reporting • Functionalities for reviewing and validating content If there are any constraints or restrictions, the Contractor must describe these. Addition to AS.4.1 **Dedicated area/function:** • Report generator and data retrieval **Integration**					
F23727	**Transmit information to a national crisis management solution for hospitals and municipalities** The Contractor confirms that the solution shall transmit patient demographic and *incident information* to the national solution for professional crisis management when there are mass casualty events or other crisis. Addition to AS.4.1 **Dedicated area/function:** • Dimensioning for emergency events **Integration**	L	3	N/A	DC	C
F22731	**Capture information in accordance with national standards** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture information in accordance with national standards, jurisdictional law and organisational policy, in order to support reporting to external sources (e.g., *IPLOS, BKM* and NPR). Addition to AS.4.1 **Dedicated area/function:** • Administrative procedures • Information management **Integration**	H	3	D	DC	C
F22856	**Exchange information with an external summary care record (i.e., Kjernejournal)**	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall provide the ability to exchange demographic, clinical and other information with an external summary care record (i.e., **Kjernejournal**). Addition to AS.4.1 **Dedicated area/function:** • Information management • Pharmaceutical guidance **Integration**					
F23614	**Import information regarding general practitioner and patient relationship** The Contractor confirms that the solution shall provide the ability to import information regarding regular GPs and patient relationship from **the Regular General Paractitioner Registry** or similar. Addition to AS.4.1 **Dedicated area/function:** • Information management **Integration**	M	3	N/A	DC	C;P
F26057	**Exchange information with a national electronic health record for pregnant women** The Contractor confirms that the solution shall provide the ability to exchange demographic, clinical and other relevant information with a national electronic health record for pregnant women. Addition to AS.4.1 **Dedicated area/function:** • Nursing and care	H	3	N/A	DC	C
F23717	**Support for communications within an organisation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.4.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Assessment and diagnosis • Continuous and comprehensive medical chart solution • Nursing and care • Performing invasive treatment • Performing radiological examinations • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• The chain of emergency care • The transfer of tasks and responsibilities **To be considered:** • Prevention of infectious diseases (TBC)					
F23729	**Tracking data on patient status** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.4.2 in EHR-S FM.	H	2	N/A	DC	C
F23730	**Determine and render patient information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.4.2 in EHR-S FM.	H	2	N/A	DC	C
F23731	**Patient tracking systems** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.4.2 in EHR-S FM.	H	2	N/A	DC	C
F23732	**Generating interactive status boards** The Contractor shall in T Appendix 2B1 describe how the solution renders information on an interactive large screen to provide an overview of the departments (including, but not limited, to bed occupation on the wards and waiting times in the outpatient clinic), progress monitoring and patient tracking. Addition to AS.4.2 **Dedicated area/function:** • Performing invasive treatment • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	DX	DT;DC	C
F23733	**Prediction of events - patient logistics** The Contractor shall in T Appendix 2B1 describe how the solution may offer support to predict events and development in terms of patient logistics in a population of patients. Addition to AS.4.2 **Dedicated area/function:** • Resource planning, scheduling and work lists	L	3	DX	DC	C
F23734	**Status board home care services** The Contractor shall in T Appendix 2B1 describe how the solution can provide an updated overview of to whom and where an employee performs home care services at all times. Including how the functionality can be monitored and how new tasks can be assigned. Addition to AS.4.2 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DT;DC	M

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23718	**Support for communications between organisations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.4.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Continuous and comprehensive medical chart solution • Donation of biological material • Interaction with actors in other sectors • Performing invasive treatment • Resource planning, scheduling and work lists • The transfer of tasks and responsibilities	H	2	D	A;DC	C
F23740	**Render patient transfer information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.4.3 in EHR-S FM.	H	3	N/A	DC	C
F23741	**Render selected patient transfer information to non-health organisations** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.4.3 in EHR-S FM.	L	3	N/A	DC	C
F23425	**Exchange information with donor team** The Contractor shall in T Appendix 2B1 describe how the solution supports the exchange of clinical information regarding the donor with the donor team located elsewhere (e.g., test results, summary of care). Addition to AS.4.3 **Dedicated area/function:** • Donation of biological material • Performing invasive treatment **Integration**	H	3	DX	DC	H
F23719	**Support for provider-employer communications** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.4.4 in EHR-S FM. **Dedicated area/function:** • Administrative procedures • Assessment and diagnosis • Information management • Interaction with actors in other sectors	M	3	D	A;DC	C
F23742	**Capture employment data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.4.4 in EHR-S FM.	L	1	N/A	DC	C
F23743	**Capture data to determine ability to fulfil job requirements** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.4.4 in EHR-S FM.	L	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23744	**Manage reporting to employers** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.4.4 in EHR-S FM.	M	3	N/A	DC	C
F23720	**Assault/panic alarm** The Contractor shall in T Appendix 2B1 describe how an assault/panic alarm function can be initiated by the solution. This for use in threatening situations for health personnel. Describe how the response is handled and routed. Helseplattformen supplementary functionality AS.HP.2 **Dedicated area/function:** • The chain of emergency care	L	3	D	DC	C

5.3.5 AS.5 Manage clinical workflow tasking

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23746	**Clinical task creation, assignment and routing** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.5.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Administrative procedures • Closed loop medication • Competency management • Continuous and comprehensive medical chart solution • Control and compliance • Coordination of transport • Dispensing • Donation of biological material • Education of patients and their representatives • General information • Individually customised communication • Information management • Managing deaths • Medication ordering • Multimedia • Nursing and care • Performing invasive treatment • Performing other treatments • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments	H	2	D	DC;DT	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Preparation of habilitation and rehabilitation services • Prioritisation • Request for additional examinations • Resource planning • Resource planning, scheduling and work lists • Sampling • The chain of emergency care • The education of health professionals • Undertaking habilitation and rehabilitation activities • Work planning **Integration**					
F23750	**Capture new tasks** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.5.1 in EHR-S FM.	H	1	N/A	DC	C
F23751	**Auto-populate task** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23752	**Enter and update an assignment** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23753	**Capture oral communication** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C;P
F23754	**Determine and update an assignment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23755	**Determine workflow task** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23756	**Determine workflow task routing to multiple individuals** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23757	**Capture and update priorities** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23758	**Priorities for tasks** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23759	**Restrictions for task assignment based on role** The Contractor confirms that the solution shall comply with conformance criteria 10 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23760	**Determine restrictions for task assignment based on role** The Contractor confirms that the solution shall comply with conformance criteria 11 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23761	**Update the priorities of clinical tasks**	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 12 of function AS.5.1 in EHR-S FM.					
F23762	**Determine the priorities of clinical tasks** The Contractor confirms that the solution shall comply with conformance criteria 13 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23763	**Request for confirmation to external systems that participate in completion of a task** The Contractor confirms that the solution shall comply with conformance criteria 14 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23764	**Render a list of tasks** The Contractor confirms that the solution shall comply with conformance criteria 15 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C;P
F23765	**Recipients and time periods for notifications** The Contractor confirms that the solution shall comply with conformance criteria 16 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23766	**Notification to clinician** The Contractor confirms that the solution shall comply with conformance criteria 17 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23767	**Determine order expiration** The Contractor confirms that the solution shall comply with conformance criteria 18 of function AS.5.1 in EHR-S FM.	L	2	N/A	DC	C
F23768	**Notifications for expiring orders** The Contractor confirms that the solution shall comply with conformance criteria 19 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23769	**Notifications for missing signature** The Contractor confirms that the solution shall comply with conformance criteria 20 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23770	**Manage clinical task assignments and pre-conditions** The Contractor confirms that the solution shall comply with conformance criteria 21 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23771	**Move task to available role** The Contractor confirms that the solution shall comply with conformance criteria 22 of function AS.5.1 in EHR-S FM.	H	2	N/A	DC	C
F23772	**Transmit a notification if tasks have not been performed** The Contractor confirms that the solution shall comply with conformance criteria 23 of function AS.5.1 in EHR-S FM.	H	3	N/A	DC	C
F23774	**Individual overviews** The Contractor shall in T Appendix 2B1 describe how the solution supports the creation of individual work lists by allowing health personnel to search for relevant data to be included. Addition to AS.5.1 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23775	**Request help and transfer an assignment** The Contractor shall in T Appendix 2B1 describe how the solution provides home care personnel with the ability to request assistance from a colleague and transfer an assignment to a colleague's work list, and how important information becomes available for the colleague. Addition to AS.5.1 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	DX	DC	M
F23776	**Codes initiating workflow tasks** The Contractor shall in T Appendix 2B1 describe how the solution provides the ablility to support initiation of workflow tasks based on classification codes (procedure or diagnosis codes). Addition to AS.5.1 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	DX	DC	C
F23777	**Determine a set of tasks for the patient** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to determine a set of tasks for the patient in accordance with organisational policy. Addition to AS.5.1 **Dedicated area/function:** • Individually customised communication	M	2	DX	DC	C;P
F23780	**Defining competency requirements for tasks** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to define standard competency requirements for specific tasks. Addition to AS.5.1 **Dedicated area/function:** • Competency management • Preparation for invasive treatment	H	2	DX	DC	C
F23781	**Altering competency requirements** The Contractor shall in T Appendix 2B1 describe how a tasks' competency requirements can be altered during the process of assigning tasks. Addition to AS.5.1 **Dedicated area/function:**	H	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Competency management • Resource planning, scheduling and work lists					
F23782	**Checking competency against competency requirements** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to compare competency requirements of tasks with available health professionals' registered competency, during the process of assigning tasks. Addition to AS.5.1 **Dedicated area/function:** • Competency management • Resource planning, scheduling and work lists • The education of health professionals	H	2	DX	DC	C
F22879	**Follow-up of children as relatives of patients** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to support necessary follow-up of **children as relatives of patients**, according to scope of practice, organisational policy and/or jurisdictional law. Addition to AS.5.1 **Dedicated area/function:** • Information management	H	3	D	DC	C;P
F24533	**Capture laboratory orders as work lists** The Contractor confirms that the solution shall provide the ability to capture laboratory orders as work lists/tasks and make it visible to the appropriate user or role under sampling. Addition to AS.5.1 **Dedicated area/function:** • Resource planning, scheduling and work lists • Sampling	H	2	N/A	DC	C
F23995	**Notify when health personnel do procedures they are not trained for** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to detect and notify when health personnel are assigned procedures they are not trained/certified for. Addition to AS.5.1 **Dedicated area/function:** • Control and compliance • Performing invasive treatment	M	2	DX	DC	C
F23641	**Internal transportation** The Contractor confirms that the solution shall provide the ability to manage transportation for patients within the facility.	L	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.5.1 **Dedicated area/function:** • Resource planning, scheduling and work lists					
F23884	**Integration RIS – workflow management** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with RIS, enabling mutual workflow management (e.g., radiological examination being part of a ***standardised clinical pathway*** or preoperative process). Addition to AS.5.1 **Dedicated area/function:** • Performing radiological examinations **Integration**	H	3	DX	DC	H
F23747	**Clinical task assignment and routing for medication management and administration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.5.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Administrative procedures • Dispensing • Individually customised communication • Medication ordering • Resource planning, scheduling and work lists	H	3	D	A;DC	C;P
F23785	**Rules for notifications** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.5.2 in EHR-S FM.	H	3	N/A	DC	C;P
F23786	**Need for evaluation of orders** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.5.2 in EHR-S FM.	H	3	N/A	DC	C
F23787	**Presentation of relevant patient information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.5.2 in EHR-S FM.	M	2	N/A	DC	C
F23788	**Determination of tasks to be performed** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.5.2 in EHR-S FM.	H	2	N/A	DC	C
F23748	**Clinical task linking** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.5.3 in EHR-S FM. **Dedicated area/function:**	H	1	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Activity planning • Administration • Administrative procedures • Dispensing • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning, scheduling and work lists • The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F23790	**Linking clinical task to the EHR** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.5.3 in EHR-S FM.	H	1	N/A	DC	C
F23791	**Present required component** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.5.3 in EHR-S FM.	M	1	N/A	DC	C
F23792	**Link a non-clinical task to a clinical task** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.5.3 in EHR-S FM.	M	1	N/A	DC	C
F23793	**Link a clinical task to a patient.** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.5.3 in EHR-S FM.	H	1	N/A	DC	C
F23749	**Clinical task status tracking** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.5.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administration • Administrative procedures • Closed loop medication • Continuous and comprehensive medical chart solution • Dispensing • Individually customised communication • Medical device integration • Medication ordering • Nursing and care • Performing invasive treatment • Performing other treatments • Performing radiological examinations • Preparation for invasive treatment • Resource planning • Resource planning, scheduling and work lists	H	1	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Sampling • The chain of emergency care • Undertaking habilitation and rehabilitation activities					
F23796	**Update status of a task** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.5.4 in EHR-S FM.	H	1	N/A	DC	C
F23797	**Determine and update status of tasks based on workflow** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.5.4 in EHR-S FM.	M	3	N/A	DC	C
F23798	**Render status of tasks** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.5.4 in EHR-S FM.	H	1	N/A	DC	C
F23799	**Subscription preferences** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.5.4 in EHR-S FM.	M	2	N/A	DC	C
F23800	**Determine the order of clinical tasks based on status** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.5.4 in EHR-S FM.	H	2	N/A	DC	C
F23801	**Present tasks as work list** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.5.4 in EHR-S FM.	M	1	N/A	DC	C
F23802	**Enter configuration parameters** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.5.4 in EHR-S FM.	M	1	N/A	DC	C
F23803	**User configuration of task list** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.5.4 in EHR-S FM.	M	1	N/A	DC	C
F23804	**Render notification of complete task** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.5.4 in EHR-S FM.	L	1	N/A	DC	C
F23805	**Enter time limits of tasks** The Contractor confirms that the solution shall comply with conformance criteria 10 of function AS.5.4 in EHR-S FM.	H	2	N/A	DC	C
F23806	**Time limits exceeded** The Contractor confirms that the solution shall comply with conformance criteria 11 of function AS.5.4 in EHR-S FM.	H	2	N/A	DC	C
F23807	**Render a list of tasks that are exceeded** The Contractor confirms that the solution shall comply with conformance criteria 12 of function AS.5.4 in EHR-S FM.	H	2	N/A	DC	C
F23808	**Listing of tasks not completed** The Contractor confirms that the solution shall comply with conformance criteria 13 of function AS.5.4 in EHR-S FM.	M	1	N/A	DC	C
F23809	**Update task status** The Contractor confirms that the solution shall comply with conformance criteria 14 of function AS.5.4 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23810	**Determine task status updates** The Contractor confirms that the solution shall comply with conformance criteria 15 of function AS.5.4 in EHR-S FM.	M	2	N/A	DC	C
F23811	**Providing a view of where the patient is in the clinical pathway** The Contractor confirms that the solution shall provide the ability to present a view of where the patient is in the *standardised clinical pathway* (e.g., fast-track hip fracture). Clinical pathway may consist of patient reception, treatment, discharge and follow-up. Visible representation where the patient is in the clinical pathway, provides predictability for both health personnel and the patient. Addition to AS.5.4 **Dedicated area/function:** • Administrative procedures • Continuous and comprehensive medical chart solution • Individually customised communication • Nursing and care • Resource planning, scheduling and work lists	H	3	N/A	DT;DC	C;P
F23812	**Render workflow by mass casualty events** The Contractor confirms that the solution shall render interfaces with workflow information in separate work lists at the same time and side by side (e.g., at a mass casualty event and daily activity for the different participants in *the chain of emergency care*). Addition to AS.5.4 **Dedicated area/function:** • Resource planning, scheduling and work lists • The chain of emergency care	M	3	N/A	DC	C
F23813	**Rendering of status related to administrative processes** The Contractor confirms that the solution provides the ability to render to citizens the status related to different types of processes relevant to citizens' health situation (e.g., waiting lists, applications and referrals) in accordance with organisational policy. Addition to AS.5.4 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	C;P
F23814	**Track status of tasks** The Contractor confirms that the solution shall provide the ability for citizens to track the status of different health related tasks (e.g., completed or non-completed). Addition to AS.5.4	M	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Individually customised communication					
F23815	**Notify change in status** The Contractor confirms that the solution shall provide the ability to give citizens a notice of change in status regarding different processes based on organisational policy. Addition to AS.5.4 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F23816	**Overview of patient pathway** The Contractor shall in T Appendix 2B1 describe how the solution provides patients with a visible and traceable overview of the their clinical pathway. Addition to AS.5.4 **Dedicated area/function:** • Individually customised communication	H	3	DX	DC	C;P
F23817	**Overview of examination, assessment and follow-up** The Contractor confirms that the solution shall provide the ability to render to patients a visible and traceable overview of examination, assessment and follow-up. Addition to AS.5.4 **Dedicated area/function:** • Individually customised communication	H	3	N/A	DC	C;P
F23794	**Number of patient and allocated time** The Contractor confirms that the solution shall provide the ability to display the number of patients and the allocated time for each assignment. Addition to AS.5.4 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	N/A	DC	C
F23795	**Use of mobile devices for registration** The Contractor shall in T Appendix 2B1 describe how the solution enables the use of mobile devices for capturing actual time used with patient and registration of services performed without the need for user input. Addition to AS.5.4 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	DX	DC	C

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5.3.6 AS.6 Manage resource availability

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23819	**Manage facility demographics** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.1 in EHR-S FM. **Dedicated area/function:** • Resource planning	H	3	D	DC	C
F23827	**Manage facility demographic information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.1 in EHR-S FM.	H	3	N/A	DC	C
F23828	**Transfer facility demographic information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.1 in EHR-S FM.	M	1	N/A	DC	C
F23820	**Manage health services' resource availability information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.2 in EHR-S FM. **Dedicated area/function:** • Resource planning • The chain of emergency care **Integration**	H	3	D	DC	C
F23829	**Manage health services' resource availability through interactions with other systems, applications and modules** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.2 in EHR-S FM.	H	3	N/A	DC	C
F23830	**The solutions availability during critical error/disaster situations** The Contractor shall in T Appendix 2B1 describe how the solution is made available and usable for users in an emergency configuration during critical error or disaster situations. The Contractor is asked to share experiences with emergency configurations from comparable Customer installations. Addition to AS.6.2 **Dedicated area/function:** • Emergency and preparedness management	H	2	D	A;DC	C
F23821	**Manage healthcare resource scheduling** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.3 in EHR-S FM. **Dedicated area/function:** • Activity planning • Competency management • Coordination of transport	H	3	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• General information • Handling consumable supplies and equipment • Localisation and fleet management of equipment and aids • Medical device integration • Medication supply and dispatching • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing radiological examinations • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care • Usage tracking of equipment and aids • Work planning **Integration**					
F23831	**Resource scheduling information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.3 in EHR-S FM.	H	3	N/A	DC	C
F23832	**Schedule of internal or external health services' resources or devices** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.3 in EHR-S FM.	H	3	N/A	DC	C
F23833	**Relevant clinical or demographic information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.6.3 in EHR-S FM.	M	3	N/A	DC	C
F23834	**Transmit relevant clinical or demographic information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.6.3 in EHR-S FM.	M	3	N/A	DC	C
F23835	**Render information regarding children or dependants** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.6.3 in EHR-S FM.	L	2	N/A	DC	C
F23836	**Appointment requests** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F23837	**Render appointment schedule** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F23838	**Requests from patients** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F26060	**Optimal utilisation of resources**	H	2	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution is able to support optimal logistics in the management of available **resources** in the delivery of health services. The logistic elements would include, but is not limited to personnel's availability and competency, patient's location (driving routes) and patient's need for health services. Addition to AS.6.3 **Dedicated area/function:** • Competency management • Resource planning, scheduling and work lists • Work planning					
F23839	**Multiple-resource-scheduling** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality for scheduling one or multiple appointments and combined appointments for a patient, taking into consideration the patient characteristics, the appointments profile and the available resources (e.g., people, assets and rooms). Addition to AS.6.3 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	D	A;DC	C
F26059	**Multiple patient scheduling** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality for scheduling one or multiple appointments and combined appointments for multiple patients taking into consideration the available resources (e.g., people, assets and rooms). Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	D	A;DC	C
F26079	**Schedule and document time spent in association with the delivery of a service (indirect time)** The Contractor shall in T Appendix 2B1 describe how the solution supports the scheduling and documentation of time spent in association with a task or a service (e.g., time spent in the car in order to treat a patient in his/her home). Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists • Work planning	H	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23840	**Provide and render overview of resources** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render an overview of available resources and planned appointments when scheduling new appointments. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C
F23841	**Common calendar for all resources** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to support a shared *calendar* for all resources. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C
F23842	**Integrate with external calendar** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to integrate with external calendars (e.g., Outlook or Google). Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists **Integration**	H	2	DX	DC	C
F23843	**Calendar transparency** The Contractor shall in T Appendix 2B1 describe how the solution provides calendar transparency between providers, across organisations, including the patient. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C;P
F23844	**Integration with external systems** The Contractor shall in T Appendix 2B1 describe the need for external data-sources and how they may interact with the solution to provide complete, fully integrated scheduling. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F23845	**Integration with existing and external systems** The Contractor shall in T Appendix 2B1 describe how the solution provides the ablity to interact with scheduling functionality in existing systems to provide a complete and fully integrated scheduling for the solution. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists **Integration**	H	3	DX	DC	C
F23846	**Render overview of patient history and activities** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to render all activities linked to a patient in an overview, independent of system (radiology, x-ray, LAB), to coordinate the patient's appointments. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	DX	DC	C
F23847	**Scheduling across organisational borders** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality that enables scheduling of services automatically or manually across organisational borders based on predefined criteria and according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C
F23848	**Notify consequences of cancellations** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to provide a notification if the cancellation has consequences for the planned treatment. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	DX	DC	C
F23849	**Notification when cancelling** The Contractor confirms that the solution shall support the ability to provide a notification about other appointments the same day when an appointment is cancelled.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists					
F23850	**Notification of appointments when patient is admitted** The Contractor confirms that the solution is able to provide a notification about already scheduled appointments, if the patient is admitted to hospital or other in-patient care. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	H	2	N/A	DC	C
F23853	**Waiting list** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality for management of waiting lists and waiting times for patients as a part of various scheduling processes (at a minimum including scheduling for surgery) and information management. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	DX	DC	C
F23854	**Estimate duration of procedure** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to estimate duration of a planned procedure (e.g., based on average time spent on previous similar procedures) to support the planning process. Addition to AS.6.3 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists	M	2	DX	A;DC	C
F23855	**Schedule providers based on competency** The Contractor shall in T Appendix 2B1 describe how the solution supports the process of scheduling personnel (e.g., surgeon) with the needed competency. Addition to AS.6.3 **Dedicated area/function:** • Competency management • Preparation for invasive treatment • Resource planning, scheduling and work lists • Work planning	M	2	DX	DC	C
F23856	**Order transport in relation to referral, scheduling and other activity**	M	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to order transportation services related to a referral, scheduled appointment or other planned activity from an external system and render this information in the solution. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists **Integration**					
F23857	**Associate medical device with the correct patient** The Contractor confirms that the solution shall ensure that medical data collected from the various medical devices and software, as a medical device, is associated with the correct patient. Addition to AS.6.3 **Dedicated area/function:** • Medical device integration **Integration**	H	2	N/A	DC	C
F23858	**Medical device modality work list** The Contractor confirms that the solution shall transmit relevant scheduled appointment time and demographic information to support modality work list on medical devices (e.g., ECG, Ultrasound). Addition to AS.6.3 **Dedicated area/function:** • Medical device integration **Integration**	M	2	N/A	DC	C
F23859	**Medical device patient demographics query** The Contractor confirms that the solution accept request from medical devices, with appropriate response including patient demographic information, for unscheduled examinations. Addition to AS.6.3 **Dedicated area/function:** • Medical device integration **Integration**	M	2	N/A	DC	C
F23861	**Facilitate instrument traceability and asset management system**	H	2	D	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution supports replenishment of sterile instrument sets and other theatre supplies (soft goods) and surgical supplies. Addition to AS.6.3 **Dedicated area/function:** • Localisation and fleet management of equipment and aids • Performing invasive treatment					
F23862	**Estimate time for sterile equipment** The Contractor confirm that the solution shall provide the ability to render an estimated time for when sterile equipment is ready to be used. Addition to AS.6.3 **Dedicated area/function:** • Localisation and fleet management of equipment and aids • Performing invasive treatment	L	3	N/A	DC	H
F23863	**Administrate appointments** The Contractor confirms that the solution shall provide citizens with the ability to administrate appointments, e.g., the scheduling, changing and cancelling of appointments according to organisational policy. Addition to AS.6.3 **Dedicated area/function:** • General information	H	3	N/A	DC	C;P
F23864	**Coordinate services and appointments** The Contractor shall in T Appendix 2B1 describe how the solution provides citizens with the ability to coordinate and prioritise multiple services and appointments, according to organisational policy and/or jurisdictional law (e.g., order time for a blood sample before encounter with GP). Addition to AS.6.3 **Dedicated area/function:** • General information	H	2	DX	A;DC	C;P
F23867	**Confirmation of booking** The Contractor confirms that the solution shall provide the ability to give citizens a verification after booking an appointment. Addition to AS.6.3 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23868	**Confirm a scheduled appointment** The Contractor confirms that the solution shall provide citizens with the ability to electronically confirm a scheduled appointment. Addition to AS.6.3 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23870	**Health calendar function** The Contractor shall in T Appendix 2B1 describe how the solution provides a health calendar function which records and displays scheduled appointments and timed activities for patients. Addition to AS.6.3 **Dedicated area/function:** • General information	H	2	DX	DC	C;P
F23871	**Managing of the health calendar** If the solution provides a health calendar function, then the Contractor confirms that the solution shall provide the ability for patients to manage the health calendar by adding personal notes and events that might affect appointment scheduling, according to organisational policy and/or jurisdictional law. Addition to AS.6.3 **Dedicated area/function:** • General information	M	2	N/A	DC	C;P
F23872	**Render treatment plan schedules in health calendar** If the solution provides a health calendar function, then the Contractor confirms that the solution provides the ability to render schedules according to the patients' treatment plans, such as immunisation schedules or cancer surveillance tests. Addition to AS.6.3 **Dedicated area/function:** • General information	H	2	N/A	DC	C;P
F23873	**Determine location for examination** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to determine the location (e.g., lab X or Y) to schedule the examination based on information provided in the order. Addition to AS.6.3 **Dedicated area/function:** • Activity planning	M	1	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23875	**Indication of dependencies between appointments** The Contractor confirms that the solution shall provide indication of dependencies between appointments (e.g., when postponing cytostatics in relation to a planned CT scan or planned radiotherapy). Addition to AS.6.3 **Dedicated area/function:** • Resource planning • Resource planning, scheduling and work lists	H	2	N/A	DC	H
F23876	**Reserve or order available equipment or aids, external systems** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to reserve or order available equipment and aids through external systems. Addition to AS.6.3 **Dedicated area/function:** • Localisation and fleet management of equipment and aids • Preparation for invasive treatment **Integration**	M	3	DX	DC	M
F23877	**Localisation of equipment** The Contractor shall in T Appendix 2B1 describe how the solution provides information about the location of non-medical equipment and aids at all times requested through external systems. Addition to AS.6.3 **Dedicated area/function:** • Localisation and fleet management of equipment and aids • Preparation for invasive treatment **Integration**	M	3	DX	DC	M
F23880	**Scheduling invasive treatment** The Contractor confirms that the solution shall support the user with the ability to draw up annual, monthly, weekly and daily schedules for the operating theatre. Addition to AS.6.3 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	N/A	DC	H
F23881	**Management of instruments through interaction**	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution manages instrument traceability and asset management for replenishment of instrument sets and other theatre supplies (soft goods) and surgical supplies through interactions with other systems, applications and modules. Addition to AS.6.3 **Dedicated area/function:** • Localisation and fleet management of equipment and aids • Performing invasive treatment **Integration**					
F23883	**Integration RIS – work lists** The Contractor confirms that the solution shall support RIS, enabling shared/combined work lists with other departments within the solution. Addition to AS.6.3 **Dedicated area/function:** • Performing radiological examinations • Resource planning, scheduling and work lists **Integration**	H	3	N/A	DC	H
F22439	**Integration RIS – mutual scheduling** The Contractor shall in T Appendix 2B1 describe how the solution supports interactions with RIS, enabling mutual scheduling in the solution (e.g., radiological examination dependent on other patient encounters). Addition to AS.6.3 **Dedicated area/function:** • Performing radiological examinations • Resource planning, scheduling and work lists **Integration**	H	3	DX	DC	C
F22250	**Facilitate consumable resources** The Contractor shall in T Appendix 2B1 describe how the solution through integration with external systems can help facilitate ordering of consumable resources. Addition to AS.6.3 **Dedicated area/function:** • Handling consumable supplies and equipment **Integration**	L	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F22681	**Planning invasive treatment** The Contractor shall in T Appendix 2B1 describe how the solution supports the scheduling of surgery for multiple patients, taking into consideration the patient characteristics, the preoperative screening data, the operation theatre contents, the available staff, equipment and rooms and historical operation theatre time for the particular procedure to be performed. Addition to AS.6.3 **Dedicated area/function:** • Medication supply and dispatching • Preparation for invasive treatment • Resource planning, scheduling and work lists	H	2	DX	A;DC	H
F24531	**Receiving notification of absence and employee information** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to receive a notification of absence and employee information from a work planning system. Addition to AS.6.3 **Dedicated area/function:** • Resource planning, scheduling and work lists • Work planning **Integration**	L	3	DX	DC	C
F24493	**Integration with radiation oncology systems** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to integrate with radiation oncology systems, including seamless integration with scheduling and resource planning. Addition to AS.6.3 **Dedicated area/function:** • Preparation for other treatments **Integration**	H	3	DX	DC	H
F23773	**Estimation of recovery/postoperative time** The Contractor confirms that the solution shall support estimation of recovery/postoperative time based on (but not limited to) planned procedures/activities. Addition to AS.6.3 **Dedicated area/function:** • Performing invasive treatment • Preparation for invasive treatment	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Resource planning, scheduling and work lists					
F23822	**Support triage categorisation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Nursing and care • Performing invasive treatment • Preparation for invasive treatment • Prioritisation • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care	H	1	D	DC;DT	C
F23885	**Manage a trace acuity rating for a patient** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.4 in EHR-S FM.	H	1	N/A	DC	C
F23886	**Manage trace acuity ratings from standardised scales** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.4 in EHR-S FM.	H	2	N/A	DC	C
F23887	**Capture and maintain configurable triage acuity** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.6.4 in EHR-S FM.	H	3	N/A	DC	C
F23888	**Present evidence based triage** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.6.4 in EHR-S FM.	M	3	N/A	DC	C
F23889	**Capture and update a triage assignment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.6.4 in EHR-S FM.	M	3	N/A	DC	C
F23823	**Support waiting room management** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.5 in EHR-S FM. **Dedicated area/function:** • Activity planning • Request for additional examinations • Resource planning • Resource planning, scheduling and work lists • The chain of emergency care • The transfer of tasks and responsibilities	H	1	D	DC	C
F23890	**List of triaged patients** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.5 in EHR-S FM.	H	1	N/A	DC	C
F23891	**Present triaged patients filtered and sorted** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.5 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23892	**Alert when parameter has been exceeded** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.6.5 in EHR-S FM.	M	1	N/A	DC	C
F23893	**Store information about wait times** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.6.5 in EHR-S FM.	M	1	N/A	DC	C
F23894	**Monitoring waiting times** The Contractor shall in T Appendix 2B1 describe how the solution offers functionality for monitoring waiting times and *turn-around times* for patients in the waiting room and the treatment room. Addition to AS.6.5 **Dedicated area/function:** • Resource planning, scheduling and work lists	M	2	DX	DC	C
F23824	**Support patient acuity and severity determination** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.6.6 in EHR-S FM. **Dedicated area/function:** • Activity planning • Nursing and care • Prioritisation • Request for additional examinations • Resource planning, scheduling and work lists • The chain of emergency care	H	2	D	DC	C
F23895	**Capture data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.6 in EHR-S FM.	H	2	N/A	DC	C
F23896	**Extract and transmit data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.6 in EHR-S FM.	M	3	N/A	DC	C
F23897	**Provide key data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.6.6 in EHR-S FM.	M	1	N/A	DC	C
F23898	**Determine patient acuity** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.6.6 in EHR-S FM.	M	2	N/A	DC	C
F23825	**Export demographic information and information about type of infection to cleaning system** The Contractor shall in T Appendix 2B1 describe how the solution integrates with a cleaning system to export demographic information and information about type of infection to ensure that rooms do not contain microorganisms, including bacterial spores. Helseplattformen supplementary functionality AS.HP.3	L	3	D	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Laundry and cleaning • Prevention of infectious diseases • Resource planning, scheduling and work lists **Integration**					
F23826	**Calculate burden of care** The Contractor shall in T Appendix 2B1 describe how the solution captures, maintains and renders information for the ability to calculate the workload for organisational unit based on the burden of care for all patients on that unit according to scope of practice, organisational policy, and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.4 **Dedicated area/function:** • Work planning	H	3	D	DC	C

5.3.7 AS.7 Support encounter/episode of care management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23900	**Manage presentation filters** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.7.1 in EHR-S FM. **Dedicated area/function:** • Activity planning • Continuous and comprehensive medical chart solution • Control and compliance • Paediatric care and child health • Performing invasive treatment • Preparation for invasive treatment • Resource planning, scheduling and work lists • The chain of emergency care • Usability **Integration**	H	2	D	A;DC	C
F23905	**Capture and maintain presentation filters** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.1 in EHR-S FM.	H	2	N/A	DC	C
F23906	**Manage specific presentation filters** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.1 in EHR-S FM.	L	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23907	**Individual "user view"** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.7.1 in EHR-S FM.	H	1	N/A	DC	C
F23908	**Relevant and suited user interface to the individual user** The Contractor shall in T Appendix 2B1 describe how the solution offers a workspace that is suited and relevant to the different organisational units, teams, roles and users using the solution. Addition to AS.7.1 **Dedicated area/function:** • Usability	H	3	D	A;DC	C;P
F23910	**Relevant and suited user interface to the specific situation and environment** The Contractor shall in T Appendix 2B1 describe how the solution offers a workspace that is customised and relevant for different situations and physical environments (e.g., the same user will have different needs in the operation room and an office space). Addition to AS.7.1 **Dedicated area/function:** • Usability	H	3	D	DT;DC	C
F23911	**Illustration and colour coding of cases** The Contractor confirms that the solution shall provide the ability to illustrate high risk elements on lists and views. Addition to AS.7.1 **Dedicated area/function:** • Resource planning, scheduling and work lists • The chain of emergency care	L	2	N/A	DC	C
F23913	**The municipal home care setting** The Contractor shall in T Appendix 2B1 describe how the solution support specialised views and workflows appropriate to the municipal home care setting regarding children and adolescents with a complex need for treatment and care and technology dependencies. Addition to AS.7.1 **Dedicated area/function:** • Paediatric care and child health	M	2	DX	DC	C
F23914	**Paediatric intensive care setting** The Contractor shall in T Appendix 2B1 describe how the solution supports specialised views and workflows appropriate to the paediatric intensive care setting.	H	2	D	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.7.1 **Dedicated area/function:** • Paediatric care and child health					
F23915	**Neonatal intensive care setting** The Contractor shall in T Appendix 2B1 describe how the solution supports specialised views and workflows appropriate to the neonatal intensive care setting. Addition to AS.7.1 **Dedicated area/function:** • Paediatric care and child health	H	2	D	DC	H
F23916	**Intensive care setting** The Contractor shall in T Appendix 2B1 describe how the solution supports specialised views and workflows appropriate to the various intensive care settings (e.g., ***intensive care unit (ICU)***, cardiovascular ICU, neurosurgical ICU, post anaesthesia care units, anaesthesiology). Describe how the solution manage dynamic, complex and multidisciplinary clinical processes in these environments. Addition to AS.7.1 **Dedicated area/function:** • Continuous and comprehensive medical chart solution • Performing invasive treatment • Preparation for invasive treatment	H	2	D	DT;DC	H
F24556	**Handling several patients simultaneously** The Contractor shall in T Appendix 2B1 describe how health personnel efficiently can handle several patients simultaneously, while at the same time minimising the likelihood of documentation errors. Addition to AS.7.1 **Dedicated area/function:** • The chain of emergency care • Usability	H	2	D	A;DC	C
F24560	**Allow the user to continue working where he/she left off** The Contractor confirms that the solution shall provide the ability to allow the user to continue working from where he/she left off after logging out and in, according to scope of practice and organisational policy. Addition to AS.7.1 **Dedicated area/function:** • Usability	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26051	**Improve situation awareness** The Contractor shall in T Appendix 2B1 describe how the solution will contribute to increase health personnel's clinical perception and situation awareness by rendering different ways of visualising and compiling information. The description shall include how the solution provides the ability to configure integrated information views according to scope of practice. Addition to AS.7.1 **Dedicated area/function:** • Continuous and comprehensive medical chart solution	H	2	DX	DC;DT	C
F23901	**Support encounter documentation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.7.2 in EHR-S FM. **Dedicated area/function:** • Activity planning • Case history and examination • Continuous and comprehensive medical chart solution • Information management • Medication ordering • Nursing and care • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Resource planning, scheduling and work lists • The chain of emergency care • Undertaking habilation and rehabilitation activities	H	1	D	DC	C
F23917	**Determine and render workflow** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.2 in EHR-S FM.	H	2	N/A	DC	C
F23918	**Capture and maintain encounter** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.2 in EHR-S FM.	M	1	N/A	DC	C
F23919	**Extract information to document encounter** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.7.2 in EHR-S FM.	H	2	N/A	DC	C
F23920	**Capture and maintain a reduced set of diagnostic and procedure codes** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.7.2 in EHR-S FM.	M	1	N/A	DC	C
F23902	**Support financial reporting** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.7.3 in EHR-S FM. **Dedicated area/function:** • Accounting	H	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Activity planning • Coding and reconciliation • General information • Medication ordering • Performance management and reporting • Resource planning, scheduling and work lists • Settlement • The chain of emergency care					
F23922	**Capture and maintain clinical data for administrative and financial requirements** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.3 in EHR-S FM.	H	3	N/A	DC	C
F23923	**Export administrative and financial data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.3 in EHR-S FM.	H	3	N/A	DC	C
F23924	**Register and finalise a basis for financial settlement** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to register and finalise a basis for financial settlement based on the at any time current official pay rates. Additional information: • DRG-systemet, https://helsedirektoratet.no/finansieringsordninger/innsats styrt-finansiering-isf-og-drg-systemet/drg-systemet • Innsatsstyrt finansiering (ISF), https://helsedirektoratet.no/finansieringsordninger/innsats styrt-finansiering-isf-og-drg-systemet/innsatsstyrt-finansiering-isf • Takster for å fremsette refusjonskrav overfor Helfo, https://ehelse.no/takster Addition to AS.7.3 **Dedicated area/function:** • Accounting • Coding and reconciliation • Settlement	H	3	DX	DC	C
F23925	**Manage coding, registration and finalising of a basis for financial settlement based on locally decided pay rates** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to manage coding, registration and finalising of a basis for financial settlement based on locally decided pay rates for health services and equipment according to scope of practice, organisational policy, national standards and/or jurisdictional law. Addition to AS.7.3 **Dedicated area/function:**	H	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Accounting • Coding and reconciliation • Settlement					
F23927	**Invoicing linked to patient** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to request and receive an identifier of the invoice created when transmitting basis of invoice to a financial information system, and link the identifier to the basis of invoice. Addition to AS.7.3 **Dedicated area/function:** • Settlement **Integration**	L	2	DX	DC	C
F23928	**Alternate recipient** The Contractor confirms that the solution shall provide the ability for an alternate receipient to be assigned to a payment or an invoice (e.g., a parent as receipient when the patient is a minor). Addition to AS.7.3 **Dedicated area/function:** • Settlement **Integration**	M	3	N/A	DC	C
F23929	**Confirmation of payment** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to receive confirmation of payment from an financial information system. Addition to AS.7.3 **Dedicated area/function:** • Settlement **Integration**	M	2	DX	DC	C
F23930	**Patient self-check-out with payment** The Contractor shall in T Appendix 2B1 describe how the solution may provide functionality for check-out without the need for face-to-face interaction with health personnel (e.g., that the patient is able to pay, making a new appointment and receive important information and follow up). Addition to AS.7.3 **Dedicated area/function:**	H	2	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Accounting • General information • Resource planning, scheduling and work lists • Settlement					
F23931	**Generate payment information** The Contractor shall in T Appendix 2B1 describe how the solution captures, maintains and renders patient demographic and financial data for cash settlement and billing according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.7.3 **Dedicated area/function:** • Settlement	M	3	DX	DC	C
F23932	**Health exemption card** The Contractor confirms that the solution shall support requesting of information about an health exemption card status from national authorities. Addition to AS.7.3 **Dedicated area/function:** • Settlement **Integration**	M	3	N/A	DC	C
F23933	**Reimbursement data** The Contractor shall in T Appendix 2B1 describe how the solution capture, maintain and render reimbursement data to and from national authorities (e.g., **Helfo**) according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.7.3 **Dedicated area/function:** • Settlement **Integration**	M	3	DX	DC	C
F23934	**Receiving payment information from clinical systems** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to receive patient demographic, clinical data and coding information from other clinical systems, in order to determine the correct payment amount. Addition to AS.7.3 **Dedicated area/function:** • Settlement	L	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F23665	**Count the number of days of stay** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and render the number of days of stay, in order to obtain an overview (e.g., for billing). Addition to AS.7.3 **Dedicated area/function:** • Resource planning, scheduling and work lists • Settlement	H	2	DX	DC	C
F23903	**Support remote healthcare services** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.7.4 in EHR-S FM. **Dedicated area/function:** • Case history and examination • Continuous and comprehensive medical chart solution • Education of patients and their representatives • Individually customised communication • Medical device integration • Medication ordering • Multimedia • Nursing and care • Paediatric care and child health • Performance management and reporting • Performing additional examinations • Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Receiving results of additional examinations • Request for additional examinations • Settlement • Test result reporting • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities **Integration**	H	3	D	DC	C;P
F23935	**Capture patient data from remote devices and integrate that data into the patient's record.** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.4 in EHR-S FM.	H	3	N/A	DC	C;P
F23936	**Render patient data to remote devices** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.4 in EHR-S FM.	M	3	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F26070	**Virtual care** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for *virtual care*. Addition to AS.7.4 **Dedicated area/function:** • Individually customised communication • Multimedia	M	3	DX	DC	C;P
F23904	**Manage transitions of care and discharged patients** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.7.5 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Continuous and comprehensive medical chart solution • Control and compliance • Coordination of transport • Interaction with actors in other sectors • Modification of buildings • Paediatric care and child health • Performing invasive treatment • Performing other treatments • Planning of treatment, nursing and care • Receiving results of additional examinations • Resource planning, scheduling and work lists • The chain of emergency care • The transfer of tasks and responsibilities • Undertaking habilitation and rehabilitation activities	H	2	D	DC	C
F23937	**Post-encounter tasks** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.5 in EHR-S FM.	H	2	N/A	DC	C
F23938	**Tag as transfer patient** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.5 in EHR-S FM.	H	2	N/A	DC	C
F23939	**Link transfer information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.7.5 in EHR-S FM.	L	1	N/A	DC	C
F23940	**Capture transfer mode** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.7.5 in EHR-S FM.	L	1	N/A	DC	C
F23941	**Transport provider demographics** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.7.5 in EHR-S FM.	L	1	N/A	DC	C
F23942	**Detect errors in discharge processes**	H	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to ensure that tasks in relation to discharge processes are completed before the patient is discharged. Addition to AS.7.5 **Dedicated area/function:** • Administrative procedures • Control and compliance					
F23943	**Responsibility for the patient** The Contractor confirms that the solution shall provide the ability to acknowledge transfers of responsibility in cases of transits of care and discharge. Addition to AS.7.5 **Dedicated area/function:** • Administrative procedures • Control and compliance	H	2	N/A	DC	C;P
F23944	**Schedule transportation** The Contractor shall in T Appendix 2B1 describe how the solution, through integration with an information system for patient travels, is able to exchange information about patient demographics and *episode of care* and other information needed to schedule transportation. Addition to AS.7.5 **Dedicated area/function:** • Coordination of transport • Resource planning, scheduling and work lists • The chain of emergency care **Integration**	H	3	DX	DC	C
F23945	**Support house adapting** The Contractor shall in T Appendix 2B1 describe how the solution supports the preparations of the home or residence to provide the patient with the best possible home care. Addition to AS.7.5 **Dedicated area/function:** • Modification of buildings	L	2	DX	DC	M
F23946	**Application process NAV** The Contractor confirms that the solution shall provide administrative support to help manage the application process for aids and equipment from *NAV*.	M	2	N/A	DC	M

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to AS.7.5					
	Dedicated area/function:					
	• Interaction with actors in other sectors					
	• Modification of buildings					

5.3.8   AS.8 Manage information access for supplemental use

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23948	**Support rules-driven clinical coding** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.8.1 in EHR-S FM. **Dedicated area/function:** • Accounting • Coding and reconciliation • Master data, reference data and terminologies • Paediatric care and child health • Performance management and reporting • Settlement • Test result reporting	H	2	D	A;DC	C
F23953	**Information needed to support coding** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.8.1 in EHR-S FM.	H	2	N/A	DC	C
F23954	**Support coding of diagnoses, procedures and outcomes** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.8.1 in EHR-S FM.	M	3	N/A	DC	C
F23955	**Analyse clinical documents for deficiencies** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.8.1 in EHR-S FM.	M	2	N/A	DC	C
F23956	**Document coding deficiencies (to coder)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.8.1 in EHR-S FM.	M	2	N/A	DC	C
F23957	**Document coding deficiencies (to appropriate user)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.8.1 in EHR-S FM.	M	2	N/A	DC	C
F23958	**Present configurable standard reports** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.8.1 in EHR-S FM.	M	2	N/A	DC	C
F23959	**Present configurable ad hoc reports** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.8.1 in EHR-S FM.	M	2	N/A	DC	C
F23960	**Capture time of care provision**	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.8.1 in EHR-S FM.					
F23961	**Manage user preferences** The Contractor confirms that the solution shall comply with conformance criteria 10 of function AS.8.1 in EHR-S FM.	M	1	N/A	DC	C
F23962	**Link statements regarding multiple diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 11 of function AS.8.1 in EHR-S FM.	L	2	N/A	DC	C
F23963	**Classifications and activity scores from different clinical disciplines** The Contractor shall in T Appendix 2B1 describe how classifications and activity scores from different clinical disciplines and organisational units are handled in the solution, in order to enable and support activity and **resource** planning (e.g., classification of nursing procedures). Additional information: • International Classification for Nursing Practice (ICNP), http://www.icn.ch/what-we-do/international-classification-for-nursing-practice-icnpr/ Addition to AS.8.1 **Dedicated area/function:** • Master data, reference data and terminologies	H	2	DX	A;DC	C
F23964	**Accurate coding** The Contractor shall in T Appendix 2B1 describe how the solution ensure accurate coding and relevant information about diagnoses and conducted activities, as well as the patient's deductible related to medical procedures, treatment and care according to the patient's illness or injury. Addition to AS.8.1 **Dedicated area/function:** • Coding and reconciliation	H	2	DX	A;DC	C
F23965	**Register multiple diagnostic codes** The Contractor confirms that the solution shall provide the ability to manage registration of multiple diagnostic codes, both multiple primary and secondary diagnoses. Addition to AS.8.1 **Dedicated area/function:** • Coding and reconciliation	M	2	N/A	DC	C
F23966	**Codes overview** The Contractor confirms that the solution shall provide the ability to give an overview of registered codes (for instance (but not limited to) diagnose – and procedure classification codes). The overview must be easily sorted and filtered to meet various	M	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	demands, and enable navigation to relevant notes and entries of given diagnose/procedure code. Addition to AS.8.1 **Dedicated area/function:** • Coding and reconciliation					
F23949	**Support rules-driven financial and administrative coding** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.8.2 in EHR-S FM. **Dedicated area/function:** • Accounting • Coding and reconciliation • Master data, reference data and terminologies • Settlement	H	3	D	A;DC	C
F23967	**Administrative coding** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.8.2 in EHR-S FM.	H	1	N/A	DC	C
F23968	**Coding of financial and administrative documentation** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.8.2 in EHR-S FM.	H	3	N/A	DC	C
F23969	**Rules driven prompts to facilitate the collection of data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.8.2 in EHR-S FM.	M	3	N/A	DC	C
F23970	**Determine coding required for administrative and financial documents** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.8.2 in EHR-S FM.	H	3	N/A	DC	C
F23971	**Determine administrative and financial coding** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.8.2 in EHR-S FM.	M	3	N/A	DC	C
F23972	**Render notification to appropriate user** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.8.2 in EHR-S FM.	M	1	N/A	DC	C
F23973	**Highlight documentation deficiencies** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.8.2 in EHR-S FM.	L	1	N/A	DC	C
F23974	**Support financial settlement in user scenario 3-6** The Contractor shall in T Appendix 2B1 describe how the solution supports the process from registration of diagnoses through to finalising financial settlement and reporting, based on the current DRG system in user scenarios 3 – 6, cf. *Chapter 3.1.3 – 3.1.6*. Addition to AS.8.2 **Dedicated area/function:** • Accounting	H	2	D	A;DC	H

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Master data, reference data and terminologies					
F23950	**Support integration of cost/financial information into patient care** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.8.3 in EHR-S FM. **Dedicated area/function:** • Accounting • Balancing health and care services • Interaction with actors in other sectors • Performance management and reporting • Settlement **Integration**	H	3	D	DC	C
F23975	**Propose cost effective alternatives to patients** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.8.3 in EHR-S FM.	L	3	N/A	DC	C
F23976	**Coverage limitations and guidelines (extract)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.8.3 in EHR-S FM.	L	1	N/A	DC	C
F23977	**Coverage limitations and guidelines (capture or transmit)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.8.3 in EHR-S FM.	L	1	N/A	DC	C
F23978	**Render expected patient out-of-pocket cost information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.8.3 in EHR-S FM.	L	3	N/A	DC	C
F23979	**Render a notification of an alert if the health plan requires an alternative** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.8.3 in EHR-S FM.	L	3	N/A	DC	C
F23980	**Conform to function AS.9.3 Support service authorisations** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.8.3 in EHR-S FM.	M	3	N/A	DC	C
F23981	**Requesting tax assessment information** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to request and receive tax assessment information and demographic information from national tax authorities according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.8.3 **Dedicated area/function:** • Interaction with actors in other sectors • Settlement **Integration**	M	3	DX	DC	M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23982	**Integration to NAV** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to request and receive demographic, financial and social security benefit information from national services (**NAV**) according to scope of practice, organisational policy, and/or jurisdictional law. Addition to AS.8.3 **Dedicated area/function:** • Interaction with actors in other sectors • Settlement **Integration**	M	3	DX	DC	M
F23951	**Manage healthcare facility performance information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.8.4 in EHR-S FM. **Dedicated area/function:** • Accounting • Balancing health and care services • Continuous quality improvement • General information • Handling errors/discrepancies • Performance management and reporting • Settlement **To be considered:** • Balancing health and care services (TBC)	H	3	D	DC	C;P
F23983	**Manage health services' facility data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.8.4 in EHR-S FM.	H	3	N/A	DC	C
F23985	**Contribute to the organisations' ability to balance the service directory** The Contractor shall in T Appendix 2B1 describe how the solution contribute to the organisations' ability to balance the service directory, within and between organisations. This includes a cost-benefit analysis of task distribution. Additional information: • Samhandlingsreformen. Rett behandling – på rett sted – til rett tid, https://www.regjeringen.no/no/dokumenter/stmeld-nr-47-2008-2009-/id567201/ Addition to AS.8.4 **To be considered:** • Balancing health and care services (TBC)	M	3	D	DC	M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23986	**Transmit information needed to balance the service directory** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and transmit the information needed to balance the service directory in and between organisations, including data needed for a cost-benefit analysis of task distribution to analysis systems according to scope of practice, organisational policy, and/or jurisdictional law. Additional information: • Samhandlingsreformen. Rett behandling – på rett sted – til rett tid, https://www.regjeringen.no/no/dokumenter/stmeld-nr-47-2008-2009-/id567201/ Addition to AS.8.4 **Dedicated area/function:** • Balancing health and care services	H	3	DX	DC	H;M
F23952	**Support for provider training** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.8.5 in EHR-S FM. **Dedicated area/function:** • Competency management • Control and compliance • Handling errors/discrepancies • The chain of emergency care • The education of health professionals	H	3	D	A;DC	C
F23987	**Capture information regarding clinical training and proficiency** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.8.5 in EHR-S FM.	H	3	N/A	DC	C
F23988	**Render reports regarding clinical training and clinician proficiency** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.8.5 in EHR-S FM.	M	3	N/A	DC	C
F23989	**Reports about role-based clinical training** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.8.5 in EHR-S FM.	M	3	N/A	DC	C
F23990	**Ability to import and transmit data about training** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.8.5 in EHR-S FM.	H	3	N/A	DC	C
F23991	**Notification and updates for new training requirements** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.8.5 in EHR-S FM.	L	3	N/A	DC	C
F23992	**Authorisations based upon training received** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.8.5 in EHR-S FM.	L	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23993	**Context-sensitive training** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.8.5 in EHR-S FM.	M	3	N/A	DC	C
F23994	**Remove patient identifying information** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.8.5 in EHR-S FM.	M	2	N/A	DC	C
F23996	**Training module** The Contractor confirms that the solution shall provide the ability to render special work list used in mass casualty events, to health professionals, for training purposes without having an affect on the EHR. Addition to AS.8.5 **Dedicated area/function:** • The chain of emergency care	M	3	N/A	DC	C
F23997	**Documentation on conducted training and education** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture and transmit employee information and task information (e.g., procedures performed, diagnosis treated) to a personnel system or education system, in order to provide documentation for certification or educational purposes. Addition to AS.8.5 **Dedicated area/function:** • Competency management • The education of health professionals **Integration**	M	3	D	DC	M;H
F23998	**Request for education and training** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for health personnel to register a request for education or training, and transmit employee information and the request to a personnel system or educational system. Addition to AS.8.5 **Dedicated area/function:** • Competency management • The education of health professionals **Integration**	L	3	DX	DC	M;H
F26083	**Analyse present and future needs** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to analyse present and future needs, as described in purpose and expectations in both, cf. *Chapter 2.1.1* and *Chapter 2.1.2*.	H	3	D	DC	H;M

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality AS.HP.5 **Dedicated area/function:** • Balancing health and care services • Organisational planning • Performance management and reporting					
F26084	**Information from external systems for analyse present and future needs** The Contractor confirms that the solution shall provide the ability to capture and utilise information from external data sources in order to analyse present and future needs. Helseplattformen supplementary functionality AS.HP.5, conformance criteria 1	H	3	N/A	DC	H;M

5.3.9 AS.9 Manage administrative transaction processing

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24003	**Support financial plan enrollment** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.9.1 in EHR-S FM. **Dedicated area/function:** • Settlement **Integration**	H	3	D	DC	C
F24018	**Capture subsidised and unsubsidised health plan options** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.1 in EHR-S FM.	H	3	N/A	DC	C
F24004	**Support financial eligibility verification** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.9.2 in EHR-S FM. **Dedicated area/function:** • Medication ordering • Settlement **Integration**	H	3	D	DC	C
F24019	**Capture eligibility information for dates of service** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F24020	**Enter and maintain patient health plan coverage dates if exchange is not provided** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.9.2 in EHR-S FM.	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24021	**Capture general benefit coverage information** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.9.2 in EHR-S FM.	M	1	N/A	DC	C
F24022	**Store elegibility information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24023	**Capture electronic eligibility information** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24024	**Render information received through electronic prescription eligibility checking** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24025	**Registration for special programs** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24026	**Analyse for inconsistencies present in eligibility and coverage information** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24027	**Render information received through provider eligibility checking** The Contractor confirms that the solution shall comply with conformance criteria 9 of function AS.9.2 in EHR-S FM.	M	3	N/A	DC	C
F24005	**Support service authorisations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.9.3 in EHR-S FM. **Dedicated area/function:** • Accounting • Performance management and reporting • Settlement • The transfer of tasks and responsibilities **Integration**	H	3	D	DC	C
F24028	**Capture service authorisations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.3 in EHR-S FM.	M	3	N/A	DC	C
F24029	**Capture referrals relevant to the service provided** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.9.3 in EHR-S FM.	L	2	N/A	DC	C
F24030	**Exchange computer readable data (service authorisatons)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.9.3 in EHR-S FM.	L	3	N/A	DC	C
F24031	**Exchange computer readable data (service referral information)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.9.3 in EHR-S FM.	L	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24032	**Export electronic referral(s), clinical** The Contractor confirms that the solution shall comply with conformance criteria 5 of function AS.9.3 in EHR-S FM.	L	2	N/A	DC	C
F24033	**Export electronic referral(s), administrative** The Contractor confirms that the solution shall comply with conformance criteria 6 of function AS.9.3 in EHR-S FM.	L	2	N/A	DC	C
F24006	**Support service requests and claims** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.9.4 in EHR-S FM. **Dedicated area/function:** • Activity planning • Administrative procedures • Settlement • The transfer of tasks and responsibilities **Integration**	H	3	D	DC	C
F24034	**Render information to support service requests** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.4 in EHR-S FM.	M	1	N/A	DC	C
F24035	**Render information to support claims** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.9.4 in EHR-S FM.	M	1	N/A	DC	C
F24036	**Render information to support service requests in computer readable format** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.9.4 in EHR-S FM.	L	2	N/A	DC	C
F24007	**Support financial claims and encounter reports** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function AS.9.5 in EHR-S FM. **Dedicated area/function:** • Settlement • The chain of emergency care **Integration**	H	3	D	DC	C
F24037	**Render available information needed to enable the creation of claims** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F24038	**Capture and render available data as required for audit and review** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F24039	**Render available data in a computer readable form** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24040	**Render data, using either internal or external reporting tools, to support coding of diagnosis, procedure and outcomes** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F24000	**Personal payment of municipal services** The Contractor shall in T Appendix 2B1 describe how the solution captures, maintains and renders personal payment information for municipal services according to scope of practice, organisational policy, and/or jurisdictional law. Additional information: • Forskrift om egenandel for helse- og omsorgstjenester, Chapter 2, https://lovdata.no/forskrift/2011-12-16-1349 Helseplattformen supplementary functionality AS.HP.6 **Dedicated area/function:** • Administrative procedures • Settlement	H	3	D	DC	M
F24008	**Count of activity, measures or services** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture, maintain and render activities, measures or services for creating basis for invoice. Helseplattformen supplementary functionality AS.HP.6, conformance criteria 1	L	3	DX	DC	M
F24009	**Adjusting basis of invoice according to time used** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to adjust the basis of invoice for services rendered to a citizen according to actual time used, when the time used deviates from the time allotted in the municipal individual decision according to scope of practice, organisational policy and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.6, conformance criteria 2	M	3	DX	DC	M
F24010	**Link to individual decision determining rates for services** The Contractor shall in T Appendix 2B1 describe how the process of determining rates for services and invoicing is linked to the appropriate individual decision. Helseplattformen supplementary functionality AS.HP.6, conformance criteria 3	L	1	DX	DC	M
F24001	**Calculating deductible** The Contractor shall in T Appendix 2B1 describe how the solution captures, maintains and renders information for calculation of deductibles according to scope of practice, organisational policy, and/or jurisdictional law. Additional information:	H	3	D	DC	M

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Forskrift om egenandel for helse- og omsorgstjenester, Chapter 1, https://lovdata.no/forskrift/2011-12-16-1349 Helseplattformen supplementary functionality AS.HP.7 **Dedicated area/function:** • Administrative procedures • Settlement					
F24011	**Utilising information for calculating deductibles** The Contractor shall in T Appendix 2B1 describe how the solution utilise information regarding social security benefits, property income and other income in order to calculate the deductible according to scope of practice, organisational policy, and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.7, conformance criteria 1	M	3	DX	DC	M
F24012	**Calculating household income** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality for calculating the household's collective income, including all taxable income, according to scope of practice, organisational policy, and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.7, conformance criteria 2	M	3	DX	DC	M
F24013	**Estimating deductions** The Contractor shall in T Appendix 2B1 describe how the solution provides functionality to ensure that information indicating that a patient has a stay at home spouse, minor children, and full or partial custody of children over 18 years old is incorporated in calculating the deductibles according to scope of practice, organisational policy, and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.7, conformance criteria 3	M	3	DX	DC	M
F24014	**Calculating deductibles after a set number of days** The Contractor shall in T Appendix 2B1 describe how the solution detects when a patient has received treatment accumulated to a set number of days per calendar year (currently 60 days), and triggers a notification that a claim for deductibles is applicable according to scope of practice, organisational policy, and/or jurisdictional law. Helseplattformen supplementary functionality AS.HP.7, conformance criteria 4	L	3	DX	DC	M
F24015	**Recalculations** The Contractor confirms that the solution shall enables recalculation of the deductibles to be done by altering the information of the original calculation. This shall be possible up to two years after the service has ended, according to scope of practice, organisational policy and/or jurisdictional law.	L	2	N/A	DC	M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality AS.HP.7, conformance criteria 5					
F24016	**Link to individual decision** The Contractor shall in T Appendix 2B1 describe how the solution supports the process of determining deductibles to be linked to the appropriate individual decision. Helseplattformen supplementary functionality AS.HP.7, conformance criteria 6	L	2	DX	DC	M
F24002	**Patient bookkeeping** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to capture, maintain and render information for patient bookkeeping according to scope of practice, organisational policy, and/or jurisdictional law. Additional information: • Forskrift om kontantytelser fra folketrygden, https://lovdata.no/forskrift/2014-02-14-137 Helseplattformen supplementary functionality AS.HP.8 **Dedicated area/function:** • Administrative procedures • Settlement	M	3	D	DC	M
F24017	**Link to an individual decision** The Contractor shall in T Appendix 2B1 describe how the solution enables the process of patient bookkeeping to be linked to the appropriate individual decision. Helseplattformen supplementary functionality AS.HP.8, conformance criteria 1	L	2	DX	DC	M

5.4 FUNCTIONAL REQUIREMENTS: POPULATION HEALTH SUPPORT (POP)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer requiring support functionalities for managing tasks related to population health.
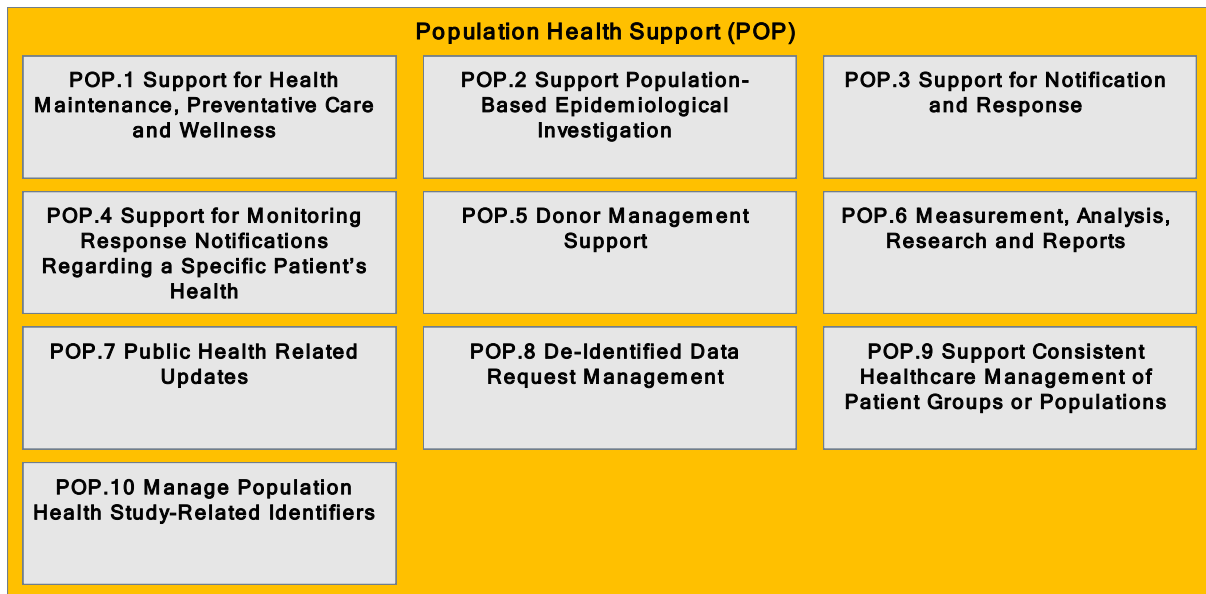
Figure 20 - HL7 EHR-S Functional Model - Section Population Health Support (POP)

5.4.1 POP.1 Support for health maintenance, preventative care and wellness

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24044	**Present alerts for preventative services and wellness** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.1.1 in EHR-S FM. **Dedicated area/function:** • Administration • Distribution of knowledge • Education of patients and their representatives • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Multimedia • Nursing and care • Paediatric care and child health • Pharmaceutical guidance • Prevention **To be considered:** • Prevention (TBC)	H	2	D	DC	C
F24045	**Manage criteria for disease management, wellness, and preventative services** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.1.1 in EHR-S FM.	H	2	N/A	DC	C
F24046	**Capture and maintain rules upon which guideline-related alerts are based**	M	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.1.1 in EHR-S FM.					
F24047	**Manage clinical decision support criteria based on clinical data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.1.1 in EHR-S FM.	M	2	N/A	DC	C
F24048	**Render alerts based on guidelines** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.1.1 in EHR-S FM.	H	2	N/A	DC	C
F24049	**Render a list of alerts with scheduled date and time for the preventative care and wellness** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.1.1 in EHR-S FM.	M	2	N/A	DC	C
F24050	**Render a history of all alerts that were generated** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.1.1 in EHR-S FM.	L	1	N/A	DC	C;P
F24051	**Capture and maintain reasons disease management or preventative services/wellness prompts were overridden** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.1.1 in EHR-S FM.	M	2	N/A	DC	C
F24052	**Capture and maintain documentation that a preventative or disease management service has been performed based on activities** The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.1.1 in EHR-S FM.	M	2	N/A	DC	C
F24053	**Capture and maintain documentation that a disease management or preventative service has been performed with associated dates** The Contractor confirms that the solution shall comply with conformance criteria 9 of function POP.1.1 in EHR-S FM.	H	2	N/A	DC	C
F24054	**Manage alerts to individual patients** The Contractor confirms that the solution shall comply with conformance criteria 10 of function POP.1.1 in EHR-S FM.	M	1	N/A	DC	C;P
F24055	**Determine when the patient's monitored health parameters have exceeded threshold values** The Contractor confirms that the solution shall comply with conformance criteria 11 of function POP.1.1 in EHR-S FM.	H	3	N/A	DC	C
F24056	**Determine and render notifications regarding drug-drug interaction(s)** The Contractor confirms that the solution shall comply with conformance criteria 12 of function POP.1.1 in EHR-S FM.	M	3	N/A	DC	C
F26058	**Support personalised medicine** The Contractor shall in T Appendix 2B1 describe how the solution supports personalised medicine based on the context of a patient's genetic content and/or other molecular or cellular analysis. Addition to POP.1.1 **Dedicated area/function:**	H	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Knowledge and clinical decision support • Medication ordering • Nursing and care • Prevention					
F24114	**Present notifications and reminders for preventative services and wellness** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.1.2 in EHR-S FM. **Dedicated area/function:** • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Paediatric care and child health • Pharmaceutical guidance • Prevention **To be considered:** • Prevention (TBC)	H	1	D	DC	C;P
F24115	**Manage timely notifications to patients or providers** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.1.2 in EHR-S FM.	H	2	N/A	DC	C;P
F24116	**Capture a history of preventative service and wellness related system notifications** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F24117	**Determine and present overdue preventative services** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.1.2 in EHR-S FM.	H	1	N/A	DC	C
F24118	**Manage configuration parameters regarding patient notifications** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.1.2 in EHR-S FM.	M	1	N/A	DC	C;P
F24119	**Update content of preventative service and wellness related guidelines, reminders and associated reference materials** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F24120	**Manage the guidelines, criteria or rules that trigger the preventative service and wellness notifications** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.1.2 in EHR-S FM.	H	2	N/A	DC	C
F24121	**Manage the lifecycle of preventative service and wellness related notifications and reminders** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.1.2 in EHR-S FM.	M	1	N/A	DC	C
F24122	**Capture and maintain the documentation of manual outreach activities**	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.1.2 in EHR-S FM.					

5.4.2 POP.2 Support population-based epidemiological investigation

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24062	**Support for epidemiological investigation data collection** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.2.1 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Distribution of knowledge • Health promotion • Individually customised communication • Infection surveillance • Information management • Knowledge and clinical decision support • Performance management and reporting • Prevention • Report generator and data retrieval • Tracking infections **To be considered:** • Health promotion (TBC) • Prevention (TBC)	H	1	D	A;DC	C
F24067	**Manage queries for use in extracting one or more cohorts and/or aggregates** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24068	**Capture and maintain predefined criteria and parameters for use in extracting one or more cohorts and/or aggregates** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24069	**Capture and maintain ad hoc criteria and parameters specified by the user for use in extracting one or more cohorts and/or aggregates** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24070	**Capture and render the attributes of a query** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24071	**Maintain new cohort or cohorts** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.2.1 in EHR-S FM.	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24072	**Integrate previously-defined cohorts** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24073	**Integrate previously-defined aggregates within or across cohort(s) and maintain the new aggregate or aggregates** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24074	**Manage data-visibility as a query component** The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.2.1 in EHR-S FM.	H	3	N/A	DC	C
F24075	**Render indicators regarding the queries in which a certain patient was included** The Contractor confirms that the solution shall comply with conformance criteria 9 of function POP.2.1 in EHR-S FM.	M	1	N/A	DC	C;P
F24076	**Conform to TI.5.3 Standards-based application integration (POP.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 10 of function POP.2.1 in EHR-S FM.	M	3	N/A	DC	C
F24077	**Manage ad hoc inquiries from public health organisations** The Contractor confirms that the solution shall comply with conformance criteria 11 of function POP.2.1 in EHR-S FM.	H	3	N/A	DC	C
F24078	**Manage case-reporting requirements defined by public health organisations as queries** The Contractor confirms that the solution shall comply with conformance criteria 12 of function POP.2.1 in EHR-S FM.	H	3	N/A	DC	C
F24079	**Manage sets of questions that support disease outbreak investigations** The Contractor confirms that the solution shall comply with conformance criteria 13 of function POP.2.1 in EHR-S FM.	M	3	N/A	DC	C
F24080	**Infection surveillance** The Contractor confirms that the solution shall support surveillance of communicable diseases through ongoing and systematic collection, analysis, interpretation and reporting of data on the incidence of infectious diseases. Addition to POP.2.1 **Dedicated area/function:** • Infection surveillance	H	2	N/A	DC	C
F24081	**Export clinical information needed to identify health challenges and health risks** The Contractor confirms that the solution shall export the clinical information needed to conduct epidemiological investigations and identify outbreaks to a third party system. Addition to POP.2.1 **Dedicated area/function:** • Prevention	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F24082	**Export demographic information needed to identify health challenges and health risks** The Contractor confirms that the solution shall export the demographic information about citizens, needed to conduct epidemiological investigations and identify outbreaks to a third party system. Addition to POP.2.1 **Dedicated area/function:** • Prevention **Integration**	H	3	N/A	DC	C
F24063	**Support for epidemiologic data-analysis** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.2.2 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Health promotion • Infection surveillance • Information management • Prevention • Report generator and data retrieval **To be considered:** • Clinical and health research (TBC) • Health promotion (TBC) • Prevention (TBC)	H	1	D	A;DC	C
F24083	**Manage query results** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24084	**Analyse various combinations of aggregates within a cohort** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24085	**Manage person-level information in a cohort or aggregate using user-identified, and/or pre-defined criteria** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24086	**Determine tag and render changes in dynamic cohorts** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24087	**Conform to function TI.5.3 Standards-based application integration (POP.2.2)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.2.2 in EHR-S FM.	L	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24088	**Analyse and render statistical information that has been derived from query results** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.2.2 in EHR-S FM.	M	1	N/A	DC	C
F24089	**Tools/functionalities for analysing and rendering statistical information** The Contractor shall in T Appendix 2B1 describe what tools/functionalities the solution will include to enable the user to analyse and render statistical information for research purposes. Addition to POP.2.2 **To be considered:** • Clinical and health research (TBC)	M	2	D	DC	C
F24090	**Render information from surveys** The Contractor confirms that the solution shall provide the ability to render and analyse information from public health activities as surveys (e.g., be able to render and analyse data to decide which citizens need follow-up). Addition to POP.2.2 **To be considered:** • Health promotion (TBC)	M	1	N/A	DC	M;GP
F24064	**Support for cohort and aggregate data sharing** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.2.3 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Health promotion • Infection surveillance • Information management • Organisational planning • Prevention • Prevention of infectious diseases • Report generator and data retrieval **To be considered:** • Health promotion (TBC) • Prevention (TBC) **Integration**	H	1	D	A;DC	C
F24091	**Manage a request for a population-based query result** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.2.3 in EHR-S FM	H	2	N/A	DC	C
F24092	**Manage predefined report criteria, parameters, formats, and metadata that specify use and/or reuse of the reported data**	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.2.3 in EHR-S FM.					
F24093	**Enter, maintain and render ad hoc report criteria, parameters, formats, and metadata that specify use and/or reuse of the reported data** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24094	**Maintaing and render the results of a query by a defined standard** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24095	**Manage with reports the metadata that specify use, and/or reuse of the reported data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24096	**Conform to function TI.3 if transmission of query result** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.2.3 in EHR-S FM.	M	1	N/A	DC	C
F24097	**Render results of a query in the form of a dataset that can be used by other program areas using analytical software** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24098	**Render the result of a query according to applicable privacy and confidentially rules** The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.2.3 in EHR-S FM.	H	2	N/A	DC	C
F24099	**Transmit information related to individual case reports including clinical information** The Contractor confirms that the solution shall comply with conformance criteria 9 of function POP.2.3 in EHR-S FM.	H	3	N/A	DC	C
F24100	**Manage request for a population-based query result using a recognised-standard, and/or locally-defined report format or metadata** The Contractor confirms that the solution shall comply with conformance criteria 10 of function POP.2.3 in EHR-S FM.	M	1	N/A	DC	C
F24061	**Tracking infections** The Contractor shall in T Appendix 2B1 describe how the solution supports the ability to identify patients who may have been exposed to infectious diseases in order to control, treat, as well as identify the causes of outbreaks of infectious. Helseplattformen supplementary functionality POP.HP.1 **Dedicated area/function:** • Tracking infections	M	1	D	DC	C
F24065	**Tracking the source of infection** The Contractor confirms that the solution shall provide the ability to find the source of the infection, both within an institution as well as in a community, by finding patient zero.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality POP.HP.1, conformance criteria 1					
F24066	**Capture and keep track of the infected partners of a patient** The Contractor confirms that the solution shall allow users to capture and keep track of the potential infected partners of a patient, while at the same time preserving the infected partners' anonymity. Example: Patient zero has HIV. Person 1 and 2 are stated as sexual partners. Health personnel registers list, with names and addresses, to keep track of patient and potential infected partners. These lists are only available to the person who works with the case. The lists are destroyed immediately after the case is closed. Helseplattformen supplementary functionality POP.HP.1, conformance criteria 2	M	2	N/A	DC	C

5.4.3 POP.3 Support for notification and response

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24103	**Support for notification and response** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.3 in EHR-S FM. **Dedicated area/function:** • Continuous quality improvement • Dimensioning for emergency events • Distribution of knowledge • Individually customised communication • Knowledge and clinical decision support • Paediatric care and child health • Prevention • Prevention of infectious diseases • Tracking infections **To be considered:** • Prevention (TBC)	H	2	D	DC;DT	C;P
F24104	**Manage the identity of individual care providers or care managers within a cared-for population** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.3 in EHR-S FM.	H	2	N/A	DC	C
F24105	**Render a response notification to care providers or care managers that a health risk notification was received** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.3 in EHR-S FM.	H	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24106	**Manage notification of a health risk in population from public authorities or other external authorative sources** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.3 in EHR-S FM.	H	3	N/A	DC	C
F24107	**Manage dissemination of notifications of health risk to individual care providers or care managers** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.3 in EHR-S FM.	M	2	N/A	DC	C
F24108	**Transmit notifications to patients who are described by the health risk alert** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.3 in EHR-S FM.	M	2	N/A	DC	C;P
F24109	**Determine and present suggestions to the care provider indicating an appropriate course of action regarding a health risk notification** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.3 in EHR-S FM.	M	2	N/A	DC	C
F24110	**Render notifications/reports to public health authorities or other external authorities regarding health risks** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.3 in EHR-S FM.	H	3	N/A	DC	C
F24111	**Present to citizens specific actions to be taken** The Contractor confirms that the solution shall provide the ability to present to citizens specific actions to be taken related to a health risk alert. Addition to POP.3 **Dedicated area/function:** • Individually customised communication	H	2	N/A	DC	GP;M;P
F24112	**Give an overview and alert to clinicians of ongoing infections or epidemics** The Contractor confirms that the solution shall give an overview and alert to the clinicians of ongoing infections or epidemics in the community. Addition to POP.3 **Dedicated area/function:** • Tracking infections	H	2	N/A	DC	C

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5.4.4 POP.4 Support for monitoring response notifications regarding a spesific patient's health

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24129	**Support for monitoring response notifications regarding a specific patient's health** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.4 in EHR-S FM. **Dedicated area/function:** • Distribution of knowledge • Knowledge and clinical decision support • Paediatric care and child health • Prevention **To be considered:** • Prevention (TBC) • Prevention of infectious diseases (TBC)	H	2	D	DC	C;P
F24130	**Determine and render to provider recommended actions at patient level regarding a health risk alert** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.4 in EHR-S FM.	H	2	N/A	DC	C
F24131	**Determine and render a notification to providers of actions regarding set of patients who are target of a health risk alert** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.4 in EHR-S FM.	H	2	N/A	DC	C
F24132	**Determine and render a list of patients who have not received appropriate action in response to a health risk alert** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.4 in EHR-S FM.	H	2	N/A	DC	C
F24133	**Determine and render a status report regarding compliance of set of patients who are the target of a health risk alert** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.4 in EHR-S FM.	H	2	N/A	DC	C

5.4.5 POP.6 Measurement analysis, research and reports

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24145	**Outcome measures and analysis** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.6.1 in EHR-S FM. **Dedicated area/function:** • Continuous quality improvement	M	1	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Control and compliance • Organisational planning • Paediatric care and child health • Performance management and reporting • Prevention of infectious diseases • Report generator and data retrieval **To be considered:** • Health promotion (TBC) • Prevention (TBC) **Integration**					
F24149	**Render data required to evaluate patient outcomes** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24150	**Determine and render data by selection criteria to evaluate patient and/or population outcomes** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24151	**Capture and maintain outcome measures for a specific patient, and/or groups of patients with a specific diagnosis** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24152	**Capture and maintain measures to evaluate patient, and/or population outcomes to meet various regional requirements** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24153	**Capture and render unique patient and/or population outcome data defined to meet regional requirements** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24154	**Manage report formats for the export of patient and/or population outcome data** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24155	**Capture and maintain notification phrases and prompts in the clinical care setting** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24156	**Render patient, and/or population outcome data or query results to appropriate organisations** The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24157	**Tag patients who have been identified as exempt from being included on certain population-based reports** The Contractor confirms that the solution shall comply with conformance criteria 9 of function POP.6.1 in EHR-S FM.	M	1	N/A	DC	C
F24158	**Manage-data-visibility for patients not included in population-based reports**	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 10 of function POP.6.1 in EHR-S FM.					
F24146	**Quality, performance and accountability measures** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.6.2 in EHR-S FM. **Dedicated area/function:** • Continuous quality improvement • Control and compliance • Individually customised communication • Organisational planning • Performance management and reporting • Report generator and data retrieval **To be considered:** • Organisational planning (TBC) • Prevention (TBC) **Integration**	H	2	D	A;DC	C;P
F24162	**Render patient and/or population data required to assess health quality, performance and accountability measures** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.6.2 in EHR-S FM.	H	2	N/A	DC	C;P
F24163	**Capture and maintain multiple data sets required for health care quality, performance and accountability measures** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.6.2 in EHR-S FM.	H	2	N/A	DC	C
F24164	**Render health care measures in a report format that can be be displayed, transmitted electronically or printed** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.6.2 in EHR-S FM.	M	1	N/A	DC	C
F24165	**Render patient and/or population health care measures data or query results through a secure data service** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.6.2 in EHR-S FM.	M	1	N/A	DC	C
F24166	**Determine and render patient, and/or population health care measures in real-time, near real-time or just-in-time** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.6.2 in EHR-S FM.	H	3	N/A	DC	C
F24167	**Determine and render to administrative and financial systems the formula used for measuring patient, and/or population health care quality, performance and accountability measures** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.6.2 in EHR-S FM.	M	3	N/A	DC	C
F24160	**Capture, analyse and render information necessary for organisational planning** The Contractor shall in T Appendix 2B1 describe how the solution can capture, analyse and render necessary information for	M	2	D	DC	M

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	organisational planning according to scope of practice, organisational policy, and/or jurisdictional law. Addition to POP.6.2 **To be considered:** • Organisational planning (TBC) **Integration**					
F24161	**Capture and transmit information necessary for organisational planning to an external data analysis system** The Contractor shall in T Appendix 2B1 describe how the solution will capture and transmit necessary information for organisational planning to an external data analysis system according to scope of practice, organisational policy, and/or jurisdictional law. Addition to POP.6.2 **Dedicated area/function:** • Organisational planning **Integration**	H	2	DX	DC	H;M
F24147	**Support for process improvement** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.6.3 in EHR-S FM. **Dedicated area/function:** • Administration • Continuous quality improvement • Control and compliance • Dispensing • Individually customised communication • Medication ordering • Organisational planning • Paediatric care and child health • Performance management and reporting • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Report generator and data retrieval • The chain of emergency care **To be considered:** • Prevention (TBC) **Integration**	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24169	**Capture necessary data to optimise the EHR system** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.6.3 in EHR-S FM.	M	1	N/A	DC	C
F24170	**Capture necessary data to improve the quality of healthcare and patient satisfaction** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.6.3 in EHR-S FM.	M	3	N/A	DC	C;P
F24171	**Analyse and render patient survey data results and render results to facilitate improvements** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F24172	**Manage relevant health care delivery performance measurements** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F24173	**Manage ad hoc health care delivery performance measurements** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.6.3 in EHR-S FM.	H	2	N/A	DC	C
F24174	**Registration of improvement proposals** The Contractor confirms that the solution shall provide the ability for the health personnel to register improvement proposals in the solution, supporting organisational efforts to improve the quality of health services and patient satisfaction according to scope of practice and organisational policy. Addition to POP.6.3 **Dedicated area/function:** • Continuous quality improvement	M	2	N/A	DC	C;P
F24176	**Participation in a survey** The Contractor confirms that the solution shall provides the ability for citizens to participate in a survey initiated by the solution. Addition to POP.6.3 **Dedicated area/function:** • Individually customised communication	M	2	N/A	DC	C;P
F24177	**Participation in a survey without having to access the patient portal** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for citizens to participate in a survey without having to access their *patient portal*. Addition to POP.6.3 **Dedicated area/function:** • Individually customised communication	M	2	DX	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24178	**Capturing and storage of information registered in a survey by citizens** The Contractor confirms that information registered by citizens in a survey shall be capturered and stored in their EHR. Addition to POP.6.3 **Dedicated area/function:** • Individually customised communication	M	1	N/A	DC	C;P
F24179	**Manage participation in a survey for citizens** The Contractor confirms that the solution shall provide the ability for citizens to manage participation in a survey (e.g., to subscribe or unsubscribe to a survey). Addition to POP.6.3 **Dedicated area/function:** • Individually customised communication	M	1	N/A	DC	C;P
F24148	**Support for care system performance indicators (dashboards)** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.6.4 in EHR-S FM. **Dedicated area/function:** • Balancing health and care services • Continuous quality improvement • Control and compliance • Nursing and care • Organisational planning • Performance management and reporting • Report generator and data retrieval	H	2	D	A;DC	C;P
F24180	**Manage data-driven feedback mechanisms that assist in patient management and healthcare delivery** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.6.4 in EHR-S FM.	H	2	N/A	DC	C
F24181	**Manage data-driven feedback mechanisms (e.g., reports, dashboards, watchboards)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.6.4 in EHR-S FM.	M	1	N/A	DC	C
F24182	**Render real-time departmental load metrics** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.6.4 in EHR-S FM.	H	3	N/A	DC	C
F24546	**Monitoring the patient outcome of CDS rules** The Contractor shall in T Appendix 2B1 describe what functionalities the solution will have for monitoring patient outcome of **CDS** rules (e.g., how patient's condition improves or deteriorates following the implementation of a CDS recommendation).	M	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality POP.HP.2 **Dedicated area/function:** • Development of knowledge • Knowledge and clinical decision support					

5.4.6 POP.7 Public health related updates

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24183	**Public health related updates** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.7 in EHR-S FM. **Dedicated area/function:** • Performance management and reporting • Report generator and data retrieval **To be considered:** • Health promotion (TBC) • Prevention (TBC)	M	3	D	DC	C
F24184	**Capture and update public health reporting guidelines** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.7 in EHR-S FM.	M	3	N/A	DC	C
F24185	**Render information that will promote the validation of the public health education material prior to update** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.7 in EHR-S FM.	L	2	N/A	DC	C

5.4.7 POP.8 De-identified data request management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24186	**De-identified data request management** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.8 in EHR-S FM. **Dedicated area/function:** • Clinical and health research **To be considered:** • Health promotion (TBC) • Prevention (TBC)	H	2	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F24187	**Conform to function TI.1.8 Patient privacy and confidentiality (POP.8) when managing de-identified views of data** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.8 in EHR-S FM.	M	3	N/A	DC	C
F24188	**De-identify extracted information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.8 in EHR-S FM.	H	2	N/A	DC	C
F24189	**Ability for authorised users to tag data for de-identification** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.8 in EHR-S FM.	M	1	N/A	DC	C
F24190	**Ability for authorised users to transmit de-identified data to authorised recipients** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.8 in EHR-S FM.	M	3	N/A	DC	C
F24191	**Transmit a re-identification key to recipients of de-identified data** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.8 in EHR-S FM.	M	1	N/A	DC	C
F24192	**Edit discrete patient identifiers from all reports containing data on multiple patients** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.8 in EHR-S FM.	M	1	N/A	DC	C

5.4.8 POP.9 Support consistent healthcare management of patient groups or populations

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24193	**Support consistent health care management of patient groups or populations** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.9 in EHR-S FM. **Dedicated area/function:** • Administration • Clinical and health research • Individually customised communication • Knowledge and clinical decision support • Medication ordering • Organisational planning • Paediatric care and child health • Performance management and reporting • Performing other treatments • Preparation for invasive treatment	M	2	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prevention • Tracking infections • Undertaking habilitation and rehabilitation activities **To be considered:** • Health promotion (TBC) • Prevention (TBC)					
F24195	**Conform to function CPS.3.4 Support for context-sensitive care plans, guidelines, protocols (POP.9)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C;P
F24196	**Identify patients eligible for health care management protocols** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C;P
F24197	**Include or exclude a patient from an existing health care management protocol group** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C
F24198	**Manage reason for inclusion or exclusion from a protocol or protocol group** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C
F24199	**Audit compliance of selected populations and groups** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.9 in EHR-S FM.	L	2	N/A	DC	C
F24200	**Conform to function CPS.9.4 Standard report generation (POP.9)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.9 in EHR-S FM.	M	3	N/A	DC	C
F24201	**Determine and present groups of patients based on similar attributes** The Contractor confirms that the solution shall comply with conformance criteria 7 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C
F24202	**Manage information necessary for patient follow ups or recalls** The Contractor confirms that the solution shall comply with conformance criteria 8 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C;P
F24203	**Manage protocols and guidelines for follow-ups or recalls** The Contractor confirms that the solution shall comply with conformance criteria 9 of function POP.9 in EHR-S FM.	M	2	N/A	DC	C
F24204	**Determine and present notifications to initiate follow-ups or recalls** The Contractor confirms that the solution shall comply with conformance criteria 10 of function POP.9 in EHR-S FM.	M	1	N/A	DC	C
F24205	**Capture research protocol deviation information**	L	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 11 of function POP.9 in EHR-S FM.					
F24206	**Create and manage groups of patients** The Contractor confirms that the solution shall provide the ability to create and manage groups of patients (e.g., group treatment, displaying selection in lists). Addition to POP.9 **Dedicated area/function:** • Performing other treatments • Resource planning, scheduling and work lists	M	2	N/A	DC	H;M
F24207	**Assign courses or actions to groups of patients** The Contractor confirms that the solution shall provide the ability to assign courses or actions to groups of patients (e.g., group treatment). Addition to POP.9 **Dedicated area/function:** • Performing other treatments	M	2	N/A	DC	H;M
F24209	**Administrate and document treatment to group of patients** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to administrate groups of patients (e.g., group therapy) and document the treatment to all or a selection of the group in one operation. Addition to POP.9 **Dedicated area/function:** • Performing other treatments	L	2	DX	DC	H;M
F24210	**Capture additional documentation for an individual member of a group** The Contractor confirms that the solution shall provide the ability to capture additional documentation for an individual member of a group. Addition to POP.9 **Dedicated area/function:** • Performing other treatments	L	2	N/A	DC	H;M

5.4.9 POP.10 Manage population health study-related identifiers

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24194	**Manage population health study-related identifiers** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function POP.10 in EHR-S FM. **Dedicated area/function:** • Clinical and health research **To be considered:** • Health promotion (TBC) • Prevention (TBC)	M	1	D	DC	C
F24211	**Manage unique research identifiers** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.10 in EHR-S FM.	M	1	N/A	DC	C
F24212	**Manage the site identification number(s)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.10 in EHR-S FM.	M	2	N/A	DC	C
F24213	**Manage unique research subject identifiers** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.10 in EHR-S FM.	M	2	N/A	DC	C
F24214	**Manage clinical research identifiers** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.10 in EHR-S FM.	M	1	N/A	DC	C

5.5 FUNCTIONAL REQUIREMENTS: RECORD INFRASTRUCTURE (RI)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer related to record infrastructure. This is the fundamental underpinnings of the requirements in CP, CPS, AS and POP.

Please note: During the evaluation, all RI requirements will be a subject for both technical and functional consideration, regardless of which appendix the requirements originates. However, due to the way Helseplattformen is organised, some of the RI requirements will take place in both Appendix 1B and Appendix 1C. The responses to the RI requirements, found in Appendix 1B, will be considered particularly from a functional standpoint.
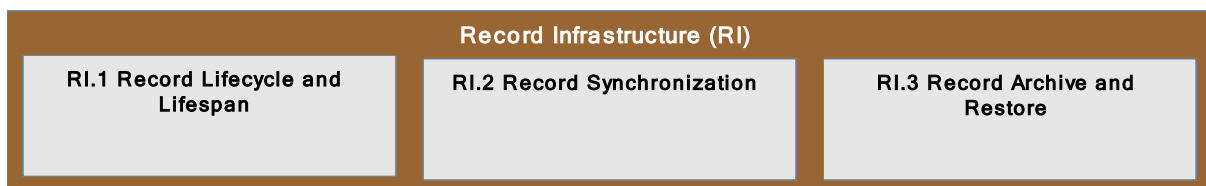
Figure 21 - HL7 EHR-S Functional Model - Section Record Infrastructure (RI)

5.5.1 RI.1 Record lifecycle and lifespan

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24218	**Record lifecycle** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24219	**Conform to function RI.1.2.1 Manage record entries (RI.1.1)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1 in EHR-S FM.	H	2	N/A	DC	C
F24222	**Originate and retain record entry** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.1 in EHR-S FM. **Dedicated area/function:** • Individually customised communication • Information management	H	1	D	DC	C;P
F24223	**Capture (originate) a record entry instance** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.1 in EHR-S FM.	H	1	N/A	DC	C
F24224	**Capture the signature event of the origination entry author** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.1 in EHR-S FM.	H	1	N/A	DC	C
F24225	**Capture structured and unstructured content in record entries** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.1 in EHR-S FM.	H	1	N/A	DC	C;P
F24226	**Capture the date/time an action was taken or data was collected** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.1.1 in EHR-S FM.	H	1	N/A	DC	C
F24227	**Tag unstructured record entry content to organise it** The Contractor confirms that the solution shall comply with conformance criteria 9 of function RI.1.1.1 in EHR-S FM.	M	2	N/A	DC	C
F24228	**Ensure that information is registered only once** The Contractor shall in T Appendix 2B1 describe how the solution ensures that information is registered only once, across all entities using the solution (including citizens). Addition to RI.1.1.1 **Dedicated area/function:** • Information management	H	2	DX	DC	C;P
F24232	**Amend record entry content**	H	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.2 in EHR-S FM. **Dedicated area/function:** • Information management					
F24233	**Update (amend) record entry content** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.2 in EHR-S FM.	H	1	N/A	DC	C
F24234	**Maintain the original and all previous amended versions of the record entry** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.2 in EHR-S FM.	H	1	N/A	DC	C
F24235	**Capture a new uniquely identifiable version of the record entry** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.2 in EHR-S FM.	H	1	N/A	DC	C
F24236	**Capture the signature event of the amendment author** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.2 in EHR-S FM.	H	1	N/A	DC	C
F24238	**Translate record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.3 in EHR-S FM. **Dedicated area/function:** • Information management • Usability	H	3	D	DC	C
F24239	**Render record entry content translated from one language to another** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.3 in EHR-S FM.	M	3	N/A	DC	C
F24240	**Maintain original and all previously amended versions of the record entry** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.3 in EHR-S FM.	H	1	N/A	DC	C
F24241	**Attest record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.4 in EHR-S FM. **Dedicated area/function:** • Individually customised communication • Information management • Information security, privacy and access control • Test result reporting	H	1	D	A;DC	C;P
F24288	**Conform to function TI.1.1 Entity authentication (RI.1.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24289	**Conform to function TI.1.2. Entity authorization (RI.1.1.4)**	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.4 in EHR-S FM.					
F24290	**Attest (approve and apply signature) record entry content** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24291	**Capture signature event of the attesting author** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24292	**Maintain any attestable record entry content** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24293	**Conform to function RI.1.3.1 Record pending state (RI.1.1.4)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24294	**Maintain Record entry content if the attester is different than the author(s)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.1.4 in EHR-S FM.	H	3	N/A	DC	C
F24295	**Manage digital signatures as the means for attestation** The Contractor confirms that the solution shall comply with conformance criteria 8 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C;P
F24296	**Maintain all authors contributed to the Record Entry content** The Contractor confirms that the solution shall comply with conformance criteria 9 of function RI.1.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24297	**Maintain and display record entry if the author(s) is different from attester** The Contractor confirms that the solution shall comply with conformance criteria 10 of function RI.1.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24298	**Define and present author information to be displayed with record entry content or as outputs** The Contractor confirms that the solution shall comply with conformance criteria 11 of function RI.1.1.4 in EHR-S FM.	H	3	N/A	DC	C
F24299	**Capture signature type of the entity sending record entry content** The Contractor confirms that the solution shall comply with conformance criteria 12 of function RI.1.1.4 in EHR-S FM.	H	1	N/A	DC	C
F24300	**Capture signature type of the entity when receiving record entry content** The Contractor confirms that the solution shall comply with conformance criteria 13 of function RI.1.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24301	**Capture all signature types of the entities through which record entry content has passed** The Contractor confirms that the solution shall comply with conformance criteria 14 of function RI.1.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24302	**Attest record entry content for citizens** The Contractor confirms that the solution shall provide the ability for citizens to attest information electronically. Attestable content can be applications, self-assessment forms or others. Digital signature can be used as the means for attestation. Attestation	H	2	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	must meet applicable legal, regulatory or other standards or requirements. Addition to RI.1.1.4 **Dedicated area/function:** • Individually customised communication • Information security, privacy and access control **Integration**					
F24242	**View/access record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.5 in EHR-S FM. **Dedicated area/function:** • Information management • Information security, privacy and access control **To be considered:** • Information management (TBC)	H	1	D	DC	C
F24303	**Mask record entry content to access by authorized entities** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.5 in EHR-S FM.	M	1	N/A	DC	C
F24304	**Render record entry content including original version and subsequent amendments** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.5 in EHR-S FM.	H	1	N/A	DC	C
F24305	**Render discrete element or item and encoded fields of record entry content** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.5 in EHR-S FM.	H	1	N/A	DC	C
F24306	**Export information needed to detect deviations and abnormal use of access privileges** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to export the information needed to detect deviations and abnormal use of access privileges to an external solution. Addition to RI.1.1.5 **Dedicated area/function:** • Information management • Information security, privacy and access control **Integration**	H	3	DX	DC	C
F24307	**Detect and manage deviations and abnormal use of access privileges**	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution detects and manages deviations and abnormal use of access privileges in the solution. Addition to RI.1.1.5 **Dedicated area/function:** • Information security, privacy and access control **To be considered:** • Information management (TBC) **Integration**					
F24243	**Output/report record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.6 in EHR-S FM. **Dedicated area/function:** • Performance management and reporting • Report generator and data retrieval	H	3	D	DC	C
F24244	**Transmit record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.8 in EHR-S FM. **Dedicated area/function:** • Performance management and reporting • Report generator and data retrieval	H	1	D	DC	C
F24245	**Receive and retain record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.9 in EHR-S FM. **Dedicated area/function:** • Information management	H	3	D	DC	C
F24308	**Capture and maintain record entry content from external systems** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.9 in EHR-S FM.	M	3	N/A	DC	C
F24309	**Capture and maintain record entry extracts from external systems** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.9 in EHR-S FM.	H	3	N/A	DC	C
F24310	**Identify the patient or individual subject of received record entry content** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.9 in EHR-S FM.	H	3	N/A	DC	C
F24311	**Control subsequent data access to permitted** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.9 in EHR-S FM.	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24246	**De-identify record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.10 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24312	**De-identify record entry content** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.10 in EHR-S FM.	H	2	N/A	DC	C
F24247	**Pseudomynise record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.11 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Information management	M	2	D	DC	C
F24313	**Psydomynise patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.11 in EHR-S FM.	M	2	N/A	DC	C
F24248	**Re-identify record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.12 in EHR-S FM. **Dedicated area/function:** • Information management	M	2	D	DC	C
F24314	**Re-identify record entry content** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.12 in EHR-S FM.	M	2	N/A	DC	C
F24249	**Extract record entry content** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.13 in EHR-S FM. **Dedicated area/function:** • Clinical and health research • Information management • Performance management and reporting • Report generator and data retrieval	H	2	D	DC	C
F24315	**Extract record entry content to produce subsets, derrivations, summaries or aggregations** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.13 in EHR-S FM.	H	2	N/A	DC	C
F24316	**De-identify entries during extraction** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.13 in EHR-S FM.	H	2	N/A	DC	C
F24317	**Extract record entry content based on queries with selection criteria**	M	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.1.13 in EHR-S FM.					
F24318	**Extract metadata associated with record entry content** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24319	**Extract with parameterised selection criteria, across data set that constitutes all record entries for a patient** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24320	**Extract and present a full chronicle of the healthcare process from assembled record entries** The Contractor confirms that the solution shall comply with conformance criteria 6 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24321	**Extract and present a full chronicle of healthcare delivered to a patient from assembled record entries** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24322	**Extract record entry content for various purposes** The Contractor confirms that the solution shall comply with conformance criteria 8 of function RI.1.1.13 in EHR-S FM.	H	2	N/A	DC	C
F24323	**Extract record entries for system migration** The Contractor confirms that the solution shall comply with conformance criteria 9 of function RI.1.1.13 in EHR-S FM.	H	2	N/A	DC	C
F24324	**Manage a set of over-riding parameters to exclude sensitive or privileged record entry content from extraction** The Contractor confirms that the solution shall comply with conformance criteria 10 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24325	**Extract unstructured record entry content and convert it into structured data** The Contractor confirms that the solution shall comply with conformance criteria 11 of function RI.1.1.13 in EHR-S FM.	M	2	N/A	DC	C
F24326	**Extract and present log data to authorised user** The Contractor shall in T Appendix 2B1 describe how log data is presented to authorised users (e.g., health professionals and citizens), including the flexibility of how the data is presented. • Example 1: An authorised user wants data presented in order to identify deviations and abnormal use of access privileges. • Example 2: A citizen wants data presented in order to view the users that have accessed his or her electronic health record. • Example 3: An authorised user wants data presented in order to view solution-initiated and user-initiated activities within their entity. Addition to RI.1.1.13 **Dedicated area/function:** • Information management	H	3	D	A;DC	C;P
F24250	**Archive record entries**	H	3	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.14 in EHR-S FM. **Dedicated area/function:** • Information management • Report generator and data retrieval					
F24327	**Archive record entries according to function RI.3 Manage record archive and restore** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.14 in EHR-S FM.	H	3	N/A	DC	C
F24328	**Export of information to external archives and archive depots** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to export procedural and health record information to external archives and archive depots, according to scope of practice, organisational policy and jurisdictional law. Addition to RI.1.1.14 **Dedicated area/function:** • Information management • Report generator and data retrieval **Integration**	H	3	DX	A;DC	C
F24251	**Restore (previously archived) record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.15 in EHR-S FM. **Dedicated area/function:** • Information management	M	3	D	DC	C
F24329	**Restore record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.15 in EHR-S FM.	M	3	N/A	DC	C
F24252	**Destroy or identify record entries as missing** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.16 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24330	**Delete record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.16 in EHR-S FM.	H	3	N/A	DC	C
F24331	**Tag record entries as missing** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.1.16 in EHR-S FM.	M	2	N/A	DC	C
F24253	**Deprecate/retract record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.17 in EHR-S FM.	H	2	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Information management					
F24332	**Deprecate/retract record entries as invalid** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.17 in EHR-S FM.	H	2	N/A	DC	C
F24254	**Re-activate record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.18 in EHR-S FM. **Dedicated area/function:** • Information management	M	2	D	DC	C
F24333	**Re-activate (previously deleted or deprecated) record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.18 in EHR-S FM.	M	2	N/A	DC	C
F24255	**Merge record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.19 in EHR-S FM. **Dedicated area/function:** • Information management • Medical device integration	H	2	D	DC	C
F24334	**Locally merge patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.19 in EHR-S FM.	H	1	N/A	DC	C
F24335	**Transmit information regarding change in patient ID/demographics to an external system** The Contractor confirms that the solution shall provide the ability to transmit to an external system a change in patient ID/demographics (e.g., merge, update). Addition to RI.1.1.19 **Dedicated area/function:** • Medical device integration **Integration**	H	2	N/A	DC	C
F24256	**Unmerge record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.20 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24336	**Unmerge multiple patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.20 in EHR-S FM.	H	2	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24257	**Link record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.21 in EHR-S FM. **Dedicated area/function:** • Information management	M	1	D	DC	C
F24337	**Logically link patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.21 in EHR-S FM.	M	1	N/A	DC	C
F24258	**Unlink record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.22 in EHR-S FM. **Dedicated area/function:** • Information management	M	1	D	DC	C
F24338	**Unlink multiple patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.22 in EHR-S FM.	M	1	N/A	DC	C
F24259	**Place record entries on legal hold** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.23 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24339	**Manage a specified set of patient record entries** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.23 in EHR-S FM.	H	2	N/A	DC	C
F24260	**Release record entries from legal hold** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.1.24 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24263	**Release patient record entries from legal hold status** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.1.24 in EHR-S FM.	H	2	N/A	DC	C
F24262	**Manage record entries** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.2.1 in EHR-S FM. **Dedicated area/function:** • Information management	H	1	D	DC	C
F24340	**Manage each record entry as a persistent, indelible data object** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24341	**Manage (persist) each record entry for its applicable retention period** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24342	**Manage the full set of identity, event and provenance audit metadata for each record entry** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24343	**Manage the attestation/signature event of each record entry** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24344	**Manage record entries with data content in standard and non-standard formats** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24345	**Manage record entries containing both structured and unstructured data** The Contractor confirms that the solution shall comply with conformance criteria 6 of function RI.1.2.1 in EHR-S FM.	H	1	N/A	DC	C
F24346	**Manage record entry content with tagged or delimited elements** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24347	**Manage record entries in clinical and business contexts** The Contractor confirms that the solution shall comply with conformance criteria 8 of function RI.1.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24348	**Manage sets of clinical and buisness context data** The Contractor confirms that the solution shall comply with conformance criteria 9 of function RI.1.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24349	**Extract all available elements included in the definition of a legal medical record** The Contractor confirms that the solution shall comply with conformance criteria 10 of function RI.1.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24350	**Tag specific record entries for deletion** The Contractor confirms that the solution shall comply with conformance criteria 11 of function RI.1.2.1 in EHR-S FM.	L	1	N/A	DC	C
F24351	**Manage tags for record entry deletion** The Contractor confirms that the solution shall comply with conformance criteria 12 of function RI.1.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24352	**Ability to delete entries if tag** The Contractor confirms that the solution shall comply with conformance criteria 13 of function RI.1.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24353	**Render confirming notification if destruction of record entry** The Contractor confirms that the solution shall comply with conformance criteria 14 of function RI.1.2.1 in EHR-S FM.	H	2	N/A	DC	C
F24354	**Undelete record entries** The Contractor confirms that the solution shall comply with conformance criteria 15 of function RI.1.2.1 in EHR-S FM.	L	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24355	**Transmit record destruction data information along with existing data** The Contractor confirms that the solution shall comply with conformance criteria 16 of function RI.1.2.1 in EHR-S FM.	L	1	N/A	DC	C
F24356	**Manage health care information for organisations with multiple facilities** The Contractor confirms that the solution shall comply with conformance criteria 17 of function RI.1.2.1 in EHR-S FM.	M	1	N/A	DC	C
F24357	**Tag and render patient information not previously presented to the clinician** The Contractor confirms that the solution shall comply with conformance criteria 18 of function RI.1.2.1 in EHR-S FM.	L	1	N/A	DC	C
F24358	**Notification to clinician if patient information not previously presented** The Contractor confirms that the solution shall comply with conformance criteria 19 of function RI.1.2.1 in EHR-S FM.	L	1	N/A	DC	C
F24264	**Manage record entries for legal hold** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.2.2 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24267	**Conform to function RI.1.1.23 Place record entries on legal hold (RI.1.2.2)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24268	**Conform to function RI.1.1.24 Release record entries from legal hold (RI.1.2.2)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24269	**Control access to data/records during legal hold** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24270	**Maintain records beyond normal retention period** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.2.2 in EHR-S FM.	H	2	N/A	DC	C
F24271	**Capture the reason for preserving records beyond normal retention period** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24272	**Notice when a user attempts to alter a record** The Contractor confirms that the solution shall comply with conformance criteria 6 of function RI.1.2.2 in EHR-S FM.	M	2	N/A	DC	C
F24273	**Render record entry content preserved for a legal hold by type, class or encounter** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.2.2 in EHR-S FM.	L	2	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24266	**Manage record pending state** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.3.1 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	DC	C
F24359	**Manage the length of time a record entry can be in a pending or inactive state before being administratively closed** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.3.1 in EHR-S FM.	M	2	N/A	DC	C
F24360	**Present a notification that a record entry will be closed after a designated period of time** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.3.1 in EHR-S FM.	M	2	N/A	DC	C
F24361	**Present pending record entries** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.3.1 in EHR-S FM.	M	2	N/A	DC	C
F24362	**Tag and present record entry pending or incomplete** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.3.1 in EHR-S FM.	M	2	N/A	DC	C
F24363	**Update a record entry status** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24364	**Manage administrative closure of a record entry after a period of inactivity** The Contractor confirms that the solution shall comply with conformance criteria 6 of function RI.1.3.1 in EHR-S FM.	M	2	N/A	DC	C
F24365	**Capture a date/time stamp and identify the author each time a record entry is updated** The Contractor confirms that the solution shall comply with conformance criteria 7 of function RI.1.3.1 in EHR-S FM.	H	2	N/A	DC	C
F24274	**Manage record entry amended, corrected and augmented state** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.3.2 in EHR-S FM. **Dedicated area/function:** • Information management	H	1	D	DC	C
F24366	**Update a record entry for purposes of amendment, correction or augmentation** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.3.2 in EHR-S FM.	H	1	N/A	DC	C
F24367	**Tag a record entry as an amendment, a correction and the reason, or an augmentation to supplement content** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.3.2 in EHR-S FM.	H	1	N/A	DC	C
F24368	**Manage the corresponding date, time and user specifying when and by whom a record entry was amended, corrected or augmented**	H	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.3.2 in EHR-S FM.					
F24369	**Present the current version and provide a clear direction for accessing previous versions(s) of the record entry** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.3.2 in EHR-S FM.	H	1	N/A	DC	C
F24370	**Manage all versions of the record entry for the legal retention period** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.3.2 in EHR-S FM.	H	1	N/A	DC	C
F24275	**Manage record entry succession and version control** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.3.3 in EHR-S FM. **Dedicated area/function:** • Information management	H	1	D	DC	C
F24371	**Manage record entries that become new versions when their state changes** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.3.3 in EHR-S FM.	H	1	N/A	DC	C
F24372	**Update a record entry and save it as a new version** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.3.3 in EHR-S FM.	H	1	N/A	DC	C
F24373	**Manage the date, time and user for the original and each updated version of the record entry** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.3.3 in EHR-S FM.	H	1	N/A	DC	C
F24374	**Manage the succession of record entries in chronological version order** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.3.3 in EHR-S FM.	H	1	N/A	DC	C
F24276	**Manage record entry retraction** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.3.4 in EHR-S FM. **Dedicated area/function:** • Information management	H	1	D	DC	C
F24284	**Hide a record entry from view and retain it** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.3.4 in EHR-S FM.	H	1	N/A	DC	C
F24285	**Capture users who viewed a record entry prior to its retraction** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.3.4 in EHR-S FM.	M	1	N/A	DC	C
F24286	**Capture and retain reason why a record entry was retracted** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.3.4 in EHR-S FM.	M	1	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24287	**Conform to function RI.1.1.17 Deprecate/retract record entries (RI.1.3.4)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.3.4 in EHR-S FM.	H	2	N/A	DC	C
F24277	**Record completeness** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function RI.1.4 in EHR-S FM. **Dedicated area/function:** • Information management	H	2	D	A;DC	C
F24278	**Manage timeframes for completion of specified record entry content** The Contractor confirms that the solution shall comply with conformance criteria 1 of function RI.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24279	**Tag by patient/health record number the completeness status of specified record entry content** The Contractor confirms that the solution shall comply with conformance criteria 2 of function RI.1.4 in EHR-S FM.	M	2	N/A	DC	C
F24280	**Render a report by patient/health record number indicating completeness status of specified record entry content** The Contractor confirms that the solution shall comply with conformance criteria 3 of function RI.1.4 in EHR-S FM.	H	2	N/A	DC	C
F24281	**Render a visual indicator denoting that the content of a specified record entry content is incomplete** The Contractor confirms that the solution shall comply with conformance criteria 4 of function RI.1.4 in EHR-S FM.	M	2	N/A	DC	C
F24282	**Render a reminder to clinicians for the completion of specified record entry content** The Contractor confirms that the solution shall comply with conformance criteria 5 of function RI.1.4 in EHR-S FM.	M	2	N/A	DC	C
F24283	**Validate captured information** The Contractor shall in T Appendix 2B1 describe how captured information is validated (i.e., the process used to determine if data are accurate, complete or meet specified criteria). This may include, but is not limited, to registration, reminding, follow-up and reporting. Addition to RI.1.4 **Dedicated area/function:** • Information management	H	3	D	A;DC	C

5.6 FUNCTIONAL REQUIREMENTS: TRUST INFRASTRUCTURE (TI)

This Chapter contains selected requirements from the HL7 EHR System Functional Model as well as additional conformance criteria defined by the Customer related to record infrastructure. This is the fundamental underpinning of all other functions (CP, CPS, AS and POP).

Please note: During the evaluation, all TI requirements will be a subject for both technical and functional consideration, regardless of which appendix the requirements originates. However, due to the way Helseplattformen is organised, some of the TI requirements will take place in both Appendix 1B and Appendix 1C. The responses to the TI requirements, found in Appendix 1B, will be considered particularly from a functional standpoint.

Trust Infrastructure (TI)		
TI.1 Security	TI.2 Audit	TI.3 Registry and Directory Services
TI.4 Standard Terminology and Terminology Services	TI.5 Standards-Based Interoperability	TI.6 Business Rules Management
TI.7 Workflow Management	TI.8 Database Backup and Recovery	TI.9 System Management Operations and Performance
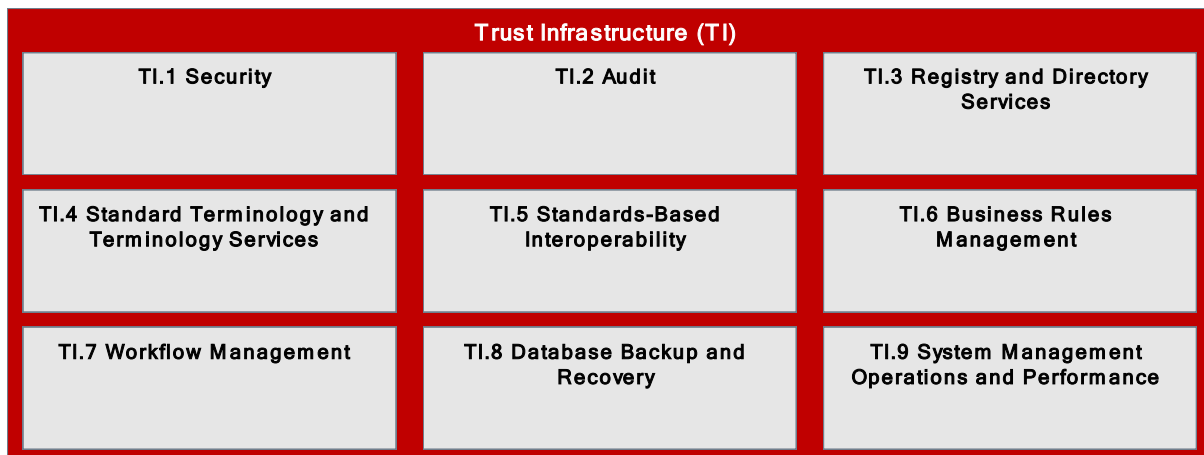
Figure 22 - HL7 EHR-S Functional Model - Section Trust Infrastructure (TI)

5.6.1 TI.1 Security

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24383	**Entity authentication** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.1 in EHR-S FM. **Dedicated area/function:** • Individually customised communication • Information management • Information security, privacy and access control • Nursing and care	H	3	D	A;DC	C;P
F24425	**Authenticate entities accessing EHR-S protected resources** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.1 in EHR-S FM.	H	3	N/A	DC	C;P
F24426	**Manage authentication data/information securely** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.1.1 in EHR-S FM.	H	1	N/A	DC	C;P
F24427	**Maintain configurable conditions and rules** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.1.1 in EHR-S FM.	H	3	N/A	DC	C
F24428	**Timeframes for passwords** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.1.1 in EHR-S FM.	L	3	N/A	DC	C
F24429	**Limit on passwords**	L	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.1.1 in EHR-S FM.					
F24430	**Password strength rules** The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.1.1 in EHR-S FM.	L	3	N/A	DC	C
F24431	**Obfuscation techniques using passwords** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.1.1 in EHR-S FM.	L	3	N/A	DC	C
F24432	**Password resets** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.1.1 in EHR-S FM.	M	3	N/A	DC	C
F24433	**Update password at the next successful logon** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.1.1 in EHR-S FM.	L	3	N/A	DC	C
F24434	**Present limited feedback to the user during authentication** The Contractor confirms that the solution shall comply with conformance criteria 10 of function TI.1.1 in EHR-S FM.	H	3	N/A	DC	C
F24384	**Entity authorisation** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.2 in EHR-S FM. **Dedicated area/function:** • Information management • Information security, privacy and access control	H	3	D	A;DC	C
F24435	**Manage sets of access control permissions granted to an entity** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.2 in EHR-S FM.	H	3	N/A	DC	C
F24436	**Manage roles and contexts** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.1.2 in EHR-S FM.	H	3	N/A	DC	C
F24437	**Maintain a revision history of all entity record modifications** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.1.2 in EHR-S FM.	H	3	N/A	DC	C
F24438	**Manage authorisations for the use of portable media** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.1.2 in EHR-S FM.	H	3	N/A	DC	C
F24450	**How access to data and functionality depends on identity, role and context** The Contractor shall in T Appendix 2B1 describe how access to data and functionality depends on identity, role and context, according to scope of practice, organisational policy, and/or jurisdictional law (e.g., Helsepersonelloven §45 and Pasientjournalloven § 19). Addition to TI.1.2	H	3	D	A;DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Information management • Information security, privacy and access control					
F24385	**Entity access control** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.3 in EHR-S FM. **Dedicated area/function:** • Information management • Information security, privacy and access control	H	3	D	A;DC	C
F24439	**Conform to function TI.1.1 Entity authentication (TI.1.3)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24440	**Conform to function TI.1.2 Entity authorization (TI.1.3)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24441	**Manage system and data access rules** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24442	**Manage the enforcement of authorisations** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24443	**Control access to EHR-S resources after a configurable period of inactivity** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24444	**Control access to data and/or functionality** The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24445	**Control-access to data, and/or functionality by using authentication mechanisms** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.1.3 in EHR-S FM.	H	3	N/A	DC	C
F24446	**Determine the identity of public health agencies for health care purposes** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.1.3 in EHR-S FM.	M	3	N/A	DC	C
F24447	**Determine the identity of health care resources and devices** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.1.3 in EHR-S FM.	M	3	N/A	DC	C
F24448	**Limiting a user's right to act in a specific role** The Contractor confirms that the solution shall provide the ability to limit a user's right to act in a specific role to specific periods. Addition to TI.1.3 **Dedicated area/function:**	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Information management • Information security, privacy and access control					
F24449	**Common access control solution** The Contractor confirms that the solution shall provide an access control solution that is common for all actors within the scope of the solution (hospital trusts, municipalities and general practitioners etc.), cf. *Chapter 4.1, Figure 12*. Addition to TI.1.3 **Dedicated area/function:** • Information management • Information security, privacy and access control **Integration**	H	3	N/A	DC	C
F24451	**Allow external users to access data in the solution** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to integrate with external EHR systems, in order to allow external users (i.e., interacting actors outside the scope of the solution) to access data in the solution, according to scope of practice, organisational policy and/or jurisdictional law (in particular Pasientjournalloven § 19), cf. *Chapter 4.1, Figure 12*. Addition to TI.1.3 **Dedicated area/function:** • Information management • Information security, privacy and access control **Integration**	L	3	DX	A;DC	C
F24452	**Accessing data from external EHRs** The Contractor shall in T Appendix 2B1 describe how the solution supports functionality for accessing data from external EHR systems, according to scope of practice, organisational policy and/or jurisdictional law (in particular Pasientjournalloven § 19), cf. *Chapter 4.1, Figure 12*. Addition to TI.1.3 **Dedicated area/function:** • Information management • Information security, privacy and access control **Integration**	L	3	DX	A;DC	C
F24454	**Emergency access control** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.3.1 in EHR-S FM. **Dedicated area/function:**	H	3	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Information management • Information security, privacy and access control					
F24455	**Define emergency access rules** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24456	**Capture categories of emergency access criteria** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24457	**Manage emergency access by individual users based on criteria** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24458	**Maintain emergency access time limits** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24459	**Present periodic reminders** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.1.3.1 in EHR-S FM.	M	3	N/A	DC	C
F24460	**Capture a reason for emergency access** The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24461	**Render an after action report** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.1.3.1 in EHR-S FM.	H	3	N/A	DC	C
F24462	**Performing work tasks normally beyond the scope of role** The Contractor shall in T Appendix 2B1 describe how users are temporarily authorised to perform necessary work tasks normally beyond the scope of their role, according to scope of practice and organisational policy. Addition to TI.1.3.1 **Dedicated area/function:** • Information management • Information security, privacy and access control	M	2	D	DC	C
F24386	**Patient access management** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.4 in EHR-S FM. **Dedicated area/function:** • Individually customised communication • Information management • Information security, privacy and access control	H	3	D	DC;DT	C;P
F24389	**Conform to function TI.1.3 if patient access** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.4 in EHR-S FM.	H	3	N/A	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24390	**Conform to function TI.1.2 if patient access** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.1.4 in EHR-S FM.	H	3	N/A	DC	C;P
F24391	**Accessing EHR content for citizens by using different mobile devices** The Contractor confirms that the solution shall provide the ability for citizens to access their EHR by using different mobile devices such as PC, smartphone and tablet. This must be handled in accordance with organisational policy and/or jurisdictional law. Addition to TI.1.4 **Dedicated area/function:** • Individually customised communication • Information security, privacy and access control **Integration**	H	2	N/A	DC	C;P
F24395	**Specifying the record entries that should not be accessible for the citizen** The Contractor shall in T Appendix 2B1 describe how the solution efficiently supports authorised users to specify which information categories or elements that should not be accessible to the patient, including the reason for this decision according to scope of practice, organisational policy and/or jurisdictional law. Addition to TI.1.4 **Dedicated area/function:** • Information management	H	3	D	DC	C
F24413	**Make information documented inaccessible to the resident** The Contractor confirms that the solution shall provide the ability to make information documented in relation to §167 Inaccessible to the resident, according to scope of practice, organisational policy and/or jurisdictional law. Additional information: • Straffeprosessloven, https://lovdata.no/lov/1981-05-22-25 Addition to TI.1.4 **Dedicated area/function:** • Information management	L	3	N/A	DC	H
F24392	**Access log in EHR** The Contractor confirms that the solution shall provide the ability to render to citizens a log of who, when and why providers have accessed their EHR. Addition to TI.1.4	H	2	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Individually customised communication • Information security, privacy and access control					
F24387	**Patient privacy and confidentiality** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.8 in EHR-S FM. **Dedicated area/function:** • Control and compliance • Individually customised communication • Information management • Information security, privacy and access control • Paediatric care and child health • Preparation for other treatments	H	3	D	A;DC	C;P
F24396	**Maintain compliance with requirements for patient privacy and confidentiality** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24397	**Conform to function TI.1.1 Entity authentication (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24398	**Conform to function TI.1.2 Entity authorization (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24399	**Conform to function TI.1.3 Entity access control (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24400	**Conform to function TI.1.5 Non-repudiation (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24401	**Conform to function TI.1.6 Secure data exchange (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24402	**Conform to function TI.2 Audit (TI.1.8)** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24403	**Maintain varying levels of confidentiality** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24404	**Mask parts of the electronic health record** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24405	**Unmask (override a mask) in emergency or other specific situations** The Contractor confirms that the solution shall comply with conformance criteria 10 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24406	**Maintain indicators (flags) to health record users** The Contractor confirms that the solution shall comply with conformance criteria 11 of function TI.1.8 in EHR-S FM.	M	3	N/A	DC	C
F24407	**Collect the reason for the override** The Contractor confirms that the solution shall comply with conformance criteria 12 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24408	**Manage patient consents to, or restrictions against, any access to data** The Contractor confirms that the solution shall comply with conformance criteria 13 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24409	**Manage a privacy policy according to patient preferences** The Contractor confirms that the solution shall comply with conformance criteria 14 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24410	**Control access by specified user(s) to a particular patient health record** The Contractor confirms that the solution shall comply with conformance criteria 15 of function TI.1.8 in EHR-S FM.	H	3	N/A	DC	C;P
F24411	**Handle residents assigned to judicial observation** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to handle residents who are assigned to judicial observation, cf. the Criminal Law §167. These residents are not defined as patients, and the record should only be accessible for health personnel assigned to the task. Additional information: • Straffeprosessloven, https://lovdata.no/lov/1981-05-22-25 Addition to TI.1.8 **Dedicated area/function:** • Information management • Preparation for other treatments	L	3	D	DC	H
F24414	**Make information documented accessible to all health personell** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for information documented in relation to §167 can be made accessible to all health personnel according to scope of practice, organisational policy and jurisdictional law. Additional information: • Straffeprosessloven, https://lovdata.no/lov/1981-05-22-25 Addition to TI.1.8 **Dedicated area/function:** • Preparation for other treatments	L	3	DX	DC	H

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24417	**Request to restrict access to specific sections and/or providers** The Contractor confirms that the solution shall provide citizens with the ability to make electronic requests to restrict access to specific sections and/or for specific providers in his or her EHR according to organisational policy and/or jurisdictional law. Addition to TI.1.8 **Dedicated area/function:** • Individually customised communication • Information security, privacy and access control **Integration**	H	2	N/A	DC	C;P
F24418	**Request masking/hiding of data for those who do not have a need-to-know basis** The Contractor confirms that the solution shall provide the ability for citizens to request masking/hiding, and/or de-identifying of data, such as type of health provider or health services for those who do not have a need-to know basis (e.g., receiving substance abuse therapy). This must be handled in accordance with organisational policy and/or jurisdictional law. Addition to TI.1.8 **Dedicated area/function:** • Individually customised communication • Information security, privacy and access control	M	1	N/A	DC	C;P
F24419	**Meeting adolescents' need for privacy** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to meet adolescents' different need for privacy, cf. *Pasient- og brukerrettighetsloven*. Example: A patient between 12 and 16 (or between 16 and 18) years of age requests that selected personal health information is not disclosed to her parents. Addition to TI.1.8 **Dedicated area/function:** • Information management • Information security, privacy and access control • Paediatric care and child health	H	3	DX	DC	C;P
F24420	**Regulating parents' rights** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to regulate parents' rights (e.g., according to the age of their children or legal loss of parental responsibilities, cf. *Pasient- og brukerrettighetsloven §3-4*). Addition to TI.1.8	M	3	DX	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Dedicated area/function: • Information management • Paediatric care and child health					
F24421	**Enabling masking/hiding to automatically encompass new registrations** The Contractor shall in T Appendix 2B1 describe how the solution enables information that is masked/hidden from disclosure on request from the patient, automatically encompass new registrations which meet the set criteria. Addition to TI.1.8 **Dedicated area/function:** • Information management • Information security, privacy and access control	H	2	DX	DC	C;P
F24422	**Specifying that masked/hidden information may be required for future health services** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to allow users to specify when the information that is masked/hidden from disclosure may be required to provide future health services to the patient. Addition to TI.1.8 **Dedicated area/function:** • Information management • Information security, privacy and access control	H	2	DX	DC	C;P
F24453	**Accessing masked/hidden information originally registered by oneself** The Contractor confirms that the solution shall provide the ability to access masked/hidden information originally registered by oneself. Addition to TI.1.8 **Dedicated area/function:** • Information management • Information security, privacy and access control	M	2	N/A	DC	C
F24423	**Redact patient identifying information** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.8.1 in EHR-S FM. **Dedicated area/function:** • Control and compliance • Individually customised communication • Information management • Information security, privacy and access control	H	3	D	DC	C;P

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24463	**Manage redaction of patient identities on publicly viewable status boards** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.8.1 in EHR-S FM.	H	3	N/A	DC	C;P
F24424	**Protect individual patient identity** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.8.2 in EHR-S FM. **Dedicated area/function:** • Control and compliance • Individually customised communication • Information management • Information security, privacy and access control • Preparation for other treatments	H	3	D	DC	C;P
F24464	**Maintain the designation of patients who require protection of their identity from others** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.1.8.2 in EHR-S FM.	H	3	N/A	DC	C;P
F24415	**Managing patients needing anonymity** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to manage patient groups needing anonymity according to scope of practice, organisational policy and/or jurisdictional law. Patient groups includes, but is not limited to, health professionals, citizens in witness protection, royalty. Addition to TI.1.8.2 **Dedicated area/function:** • Preparation for other treatments	M	1	DX	DC	C;P
F26548	**System operation measurements** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.9 in EHR-S FM. **Dedicated area/function:** • Emergency and preparedness management	H	3	D	DC	C
F24388	**Service availability** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.1.10 in EHR-S FM. **Dedicated area/function:** • Emergency and preparedness management • Usability	H	3	D	DC	C

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5.6.2 TI.3 Registry and directory services

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24465	**Registry and directory services** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.3 in EHR-S FM. **Dedicated area/function:** • Accounting • Balancing health and care services • Coding and reconciliation • Competency management • Master data, reference data and terminologies • Organisational planning • Request for additional examinations • Settlement • The transfer of tasks and responsibilities **Integration**	H	3	D	DC	C
F24466	**Internal registry services and directories** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.3 in EHR-S FM.	H	3	N/A	DC	C
F24467	**Exchange information with external registry services and directories** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.3 in EHR-S FM.	H	3	N/A	DC	C
F24468	**Securely exchange information with external registry services and directories** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.3 in EHR-S FM.	H	3	N/A	DC	C
F24469	**Determine links to health care information** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.3 in EHR-S FM.	M	3	N/A	DC	C
F24470	**Determine the identity of payers, health plans and sponsors** The Contractor confirms that the solution shall comply with conformance criteria 10 of function TI.3 in EHR-S FM.	M	3	N/A	DC	C
F24472	**Capture the information used in NPR reporting for treatments** The Contractor shall in T Appendix 2B1 describe how reference data are used in the solution to capture the information used in *NPR* reporting for treatments, and list the most relevant reference data used. Addition to TI.3 **Dedicated area/function:** • Master data, reference data and terminologies	H	2	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F24473	**Capture the information used in BKM reporting** The Contractor shall in T Appendix 2B1 describe how master- and reference data are used in the solution to capture the information used in ***BKM reporting***, and list the most relevant reference data used. Addition to TI.3 **Dedicated area/function:** • Master data, reference data and terminologies	H	2	D	A;DC	C
F24474	**Capture information used in IPLOS reporting** The Contractor shall in T Appendix 2B1 describe how master- and reference data are used in the solution to capture the information used in ***IPLOS*** reporting, and list the most relevant reference data used. Addition to TI.3 **Dedicated area/function:** • Master data, reference data and terminologies	H	2	D	A;DC	C
F24476	**Master data involved to enable the patient transfers described in users scenario** The Contractor shall in T Appendix 2B1 describe the master- and reference data involved to enable patient transfers (e.g., referrals, booking, discharging) between the health providers in the scenarios 3 – 6, cf. *Chapter 3.1.3 – 3.1.6.* Addition to TI.3 **Dedicated area/function:** • Master data, reference data and terminologies	H	2	D	A;DC	C

5.6.3   TI.4 Standard terminology and terminology services

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24477	**Standard terminology and terminology services** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.4 in EHR-S FM. **Dedicated area/function:** • Coding and reconciliation • Knowledge and clinical decision support • Master data, reference data and terminologies	H	3	D	A;DC	C
F24471	**How terminologies are used to enable clinical decision support**	H	2	D	A;DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 2B1 describe how terminologies are used in the solution to enable *clinical decision support* functionality. Addition to TI.4 **Dedicated area/function:** • Knowledge and clinical decision support • Master data, reference data and terminologies					
F24479	**Standard terminology and terminology models** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.4.1 in EHR-S FM. **Dedicated area/function:** • Coding and reconciliation • Master data, reference data and terminologies	H	3	D	A;DC	C
F24482	**Locally-defined standard terminology model** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.4.1 in EHR-S FM.	H	2	N/A	DC	C
F24480	**Maintenance and versioning of standard terminologies** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.4.2 in EHR-S FM. **Dedicated area/function:** • Coding and reconciliation • Master data, reference data and terminologies	H	3	D	DC	C
F24483	**Manage different versions of standard terminologies** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.4.2 in EHR-S FM.	H	3	N/A	DC	C
F24484	**Update standard terminologies** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.4.2 in EHR-S FM.	H	3	N/A	DC	C
F24481	**Terminology mapping** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.4.3 in EHR-S FM. **Dedicated area/function:** • Coding and reconciliation • Master data, reference data and terminologies	H	2	D	DC	C

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5.6.4 TI.5 Standard-based interoperability

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24488	**Application interchange standards** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.5.1.1 in EHR-S FM. **Dedicated area/function:** • Usability **Integration**	H	3	D	DC	C
F24496	**Receive and transmit information using interchange standards** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.5.1.1 in EHR-S FM.	H	3	N/A	DC	C
F24497	**Harmonise data with another system** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.5.1.1 in EHR-S FM.	H	3	N/A	DC	C
F24498	**Seamless integration across the solution and external, integrated solutions** The Contractor shall in T Appendix 2B1 describe the underlying functional principles that the Contractor makes use of, in order to ensure seamless integration across the solution and external, integrated solutions. Addition to TI.5.1.1 **Dedicated area/function:** • Usability	H	3	D	DC	C;P
F24487	**System integration** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.5.5 in EHR-S FM. **Dedicated area/function:** • Accounting • Competency management • Infection surveillance • Medication supply and dispatching • Nursing and care • Preparation for other treatments • Prevention of infectious diseases • Request for additional examinations • Sampling • Settlement • Test result reporting • The chain of emergency care • Work planning	H	3	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	To be considered: • Prevention of infectious diseases (TBC) **Integration**					
F24489	**Integrate the EHR system with other systems** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.5.5 in EHR-S FM.	H	3	N/A	DC	C
F24490	**Exchange discrete information** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.5.5 in EHR-S FM.	M	3	N/A	DC	C
F24491	**Exchange clinical documents** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.5.5 in EHR-S FM.	M	3	N/A	DC	C

5.6.5 TI.6 Business rules management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24499	**Business rules management** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.6 in EHR-S FM. **Dedicated area/function:** • Distribution of knowledge • Information management • Knowledge and clinical decision support • Usability • Work planning	H	3	D	A;DC	C
F24500	**Manage business rules** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.6 in EHR-S FM.	H	3	N/A	DC	C
F24501	**Enter, import, or receive business rules** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.6 in EHR-S FM.	M	3	N/A	DC	C
F24502	**Maintain business rules and their components** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.6 in EHR-S FM.	M	3	N/A	DC	C
F24503	**Tag decision support rules as inactive/obsolete** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.6 in EHR-S FM.	H	3	N/A	DC	C
F24504	**Render business rules** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.6 in EHR-S FM.	M	3	N/A	DC	C
F24505	**Manage diagnostic decision support rules**	H	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.6 in EHR-S FM.					
F24506	**Manage workflow control rules** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.6 in EHR-S FM.	H	3	N/A	DC	C
F24507	**Manage access privilege rules** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.6 in EHR-S FM.	M	3	N/A	DC	C
F24508	**Manage other rules** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.6 in EHR-S FM.	M	3	N/A	DC	C
F24509	**Determine system behavior based upon defined business rules** The Contractor confirms that the solution shall comply with conformance criteria 10 of function TI.6 in EHR-S FM.	H	3	N/A	DC	C
F24557	**Monitor and render information about how users interact with the solution** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to monitor and render information about how users interact with the solution (e.g., degree/frequency of usage, efficiency and effectiveness of work processes, user satisfaction). Addition to TI.6 **Dedicated area/function:** • Usability	M	3	D	A;DC	C

5.6.6 TI.7 Workflow management

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F24511	**Workflow management** The Contractor shall in T Appendix 2B1 describe how the solution will comply with function TI.7 in EHR-S FM. **Dedicated area/function:** • Accounting • Activity planning • Administration • Balancing health and care services • Competency management • Dispensing • Individually customised communication • Information management • Medication ordering	H	3	D	A;DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	• Performing invasive treatment • Performing other treatments • Preparation for invasive treatment • Preparation for other treatments • Preparation of habilitation and rehabilitation services • Prioritisation • Resource planning • Resource planning, scheduling and work lists • Sampling • Settlement • The chain of emergency care • Undertaking habilitation and rehabilitation activities • Usability • Work planning **Integration**					
F24513	**Manage work queues, personnel lists, and system interfaces** The Contractor confirms that the solution shall comply with conformance criteria 1 of function TI.7 in EHR-S FM.	H	3	N/A	DC	C
F24514	**Determine workflow assignments** The Contractor confirms that the solution shall comply with conformance criteria 2 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24515	**Manage human resources** The Contractor confirms that the solution shall comply with conformance criteria 3 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24516	**Support the management of human resources** The Contractor confirms that the solution shall comply with conformance criteria 4 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24517	**Support the management of workflow queues** The Contractor confirms that the solution shall comply with conformance criteria 5 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24518	**Exchange workflow related information** The Contractor confirms that the solution shall comply with conformance criteria 6 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24519	**Render notifications and tasks based on system trigger** The Contractor confirms that the solution shall comply with conformance criteria 7 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24520	**Determine and render an updated priority of tasks** The Contractor confirms that the solution shall comply with conformance criteria 8 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24521	**Determine and render an update to the tasks, and/or execution path** The Contractor confirms that the solution shall comply with conformance criteria 9 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24522	**Determine and render an update to the assignment of the resources**	M	3	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 10 of function TI.7 in EHR-S FM.					
F24523	**Render a notification of a workflow update** The Contractor confirms that the solution shall comply with conformance criteria 11 of function TI.7 in EHR-S FM.	H	3	N/A	DC	C
F24524	**Workflow update including the details of the update** The Contractor confirms that the solution shall comply with conformance criteria 12 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24525	**Transmit workflow queue update request to an external system** The Contractor confirms that the solution shall comply with conformance criteria 13 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24526	**Receive workflow queue update response from an external system** The Contractor confirms that the solution shall comply with conformance criteria 14 of function TI.7 in EHR-S FM.	M	3	N/A	DC	C
F24532	**Collaborate on capturing and completing documentation** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability for authorised users to collaborate on capturing and completing documentation, in order to support an efficient workflow (e.g., one user documents while another user completes and approves the captured documentation). Addition to TI.7 **Dedicated area/function:** • Information management	M	2	DX	DC	C
F24510	**Checking notification of absence against planned tasks** The Contractor shall in T Appendix 2B1 describe how a received notification of absence is checked against the health professional's planned tasks. Addition to TI.7 **Dedicated area/function:** • Resource planning, scheduling and work lists • Work planning	H	3	DX	DC	C
F23784	**Transmitting task information** The Contractor shall in T Appendix 2B1 describe how the solution provides the ability to transmit task details (e.g., date, time and duration) and employee information to a work planning system, when a task is assigned to a health professional. Addition to TI.7 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists • Work planning	M	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Integration					
F23882	**Requesting work schedule information** The Contractor shall in T Appendix 2B1 describe how the solution captures, maintains and renders employes competency and work schedule information through integration with work planning systems according to scope of practice, organisational policy, and/or jurisdictional law. Addition to TI.7 **Dedicated area/function:** • Preparation for invasive treatment • Resource planning, scheduling and work lists • Work planning **Integration**	M	3	D	DC	C
F24512	**Manage EHR-information on- and offline for ambulance services** The Contractor shall in T Appendix 2B1 describe how the solution provides continuous patient information on- and offline in *ambulance* units. The information shall subsequently be synchronised when on-line. EHR information downloaded when online shall stay available when offline. Helseplattformen supplementary functionality TI.HP.1 **Dedicated area/function:** • The chain of emergency care	H	3	D	A;DC	C

6   OPTIONS

6.1   OPTION: RADIOLOGY INFORMATION SYSTEM (RIS) FUNCTIONALITY (PROBABILITY: MEDIUM)

This Chapter contains functional requirements to support the RIS-functionality in the capability *Radiological examinations.* The functionality needs to support the overall purpose and expectations described in *Chapter 2.3.1*.

In this Chapter "overall solution" refers to the solution which requirements are found in *T Appendix 1B, Chapter 2-5*. Our aim is to discover to what extent functionality intended to support the capability Radiological examinations is coherent and/or common to other functionality described in *T Appendix 1B, Chapter 2-5*.
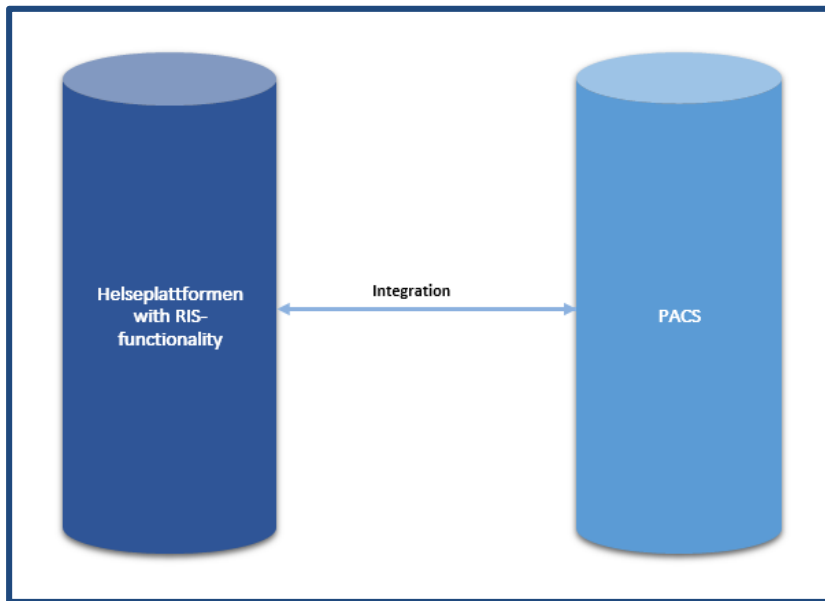
Figure 23 - Helseplattformen with RIS-functionality integrated with existing PACS

The Customer expect in this Option that RIS functionality is an incorporated part of Helseplattformen where e.g., order entry (including imaging) will become streamlined for all clinical processes.

Some of the functionality of today's Vendor of RIS is about to be incorporated in PACS. The scale of this is not yet clarified and will be addressed in the dialogue phase. The list of requirements are not exhaustive and may change during the dialogue phase, based on the line of demarcation between overall solution and PACS.

The Option is exclusive.

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26198	**Line of demarcation** The Contractor shall in T Appendix 7 describe the line of demarcation when it comes to functionality to be placed in the solution (incl. RIS-functionality) and PACS in order to fulfil ambition described in *Chapter 2.3.1* (Purpose and expectation).	H	1	D	DC	C
F26199	**Ordering radiological examinations** The Contractor shall in T Appendix 7 describe how ordering of radiological examinations will be coherent and related to other ordering activities in the overall solution (e.g., request for x-ray as part of a preoperative order set). If ordering of radiological examinations is managed isolated from other ordering in the overall solution, the Contractor shall in T Appendix 7 describe how this is done, and how coherent ordering can be achieved.	H	1	D	A;DC	C
F26200	**Scheduling of radiological examinations** The Contractor shall in T Appendix 7 describe how scheduling of radiological examinations will be common to other scheduling	H	1	D	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	activities in the overall solution (e.g., schedule x-ray coordinated with appointment with doctor). If scheduling of radiological examinations is done isolated from other scheduling activities, the Contractor shall in T Appendix 7 describe how this is done, and how common coordination of activities can be achieved.					
F26201	**Workflow management for radiologist** The Contractor shall in T Appendix 7 describe how the solution provides functionality in order to support the workflow management for the radiologist/radiographer, including work lists. If the solution does not provide this functionality, the Contractor shall in T Appendix 7 describe how our ambition of common scheduling, reporting and coordination of tasks can be achieved.	H	1	D	A;DC	H
F26202	**Documentation** The Contractor shall in T Appendix 7 describe how documentation registered by the radiologist in the solution can be available for other health professionals and vice versa, avoiding double registration of information. This includes e.g., medications (incl. contrast), allergies, clinical history, diagnostic results. If documentation is stored separately for radiological examinations, the Contractor shall in T Appendix 7 describe how this is managed, and how documentation can be exchanged with other health professionals.	H	1	D	A;DC	C
F26203	**Patient status and location** The Contractor shall in T Appendix 7 describe how the solution will render patient information to be used for patient status and location within the health organisation (e.g., tracking of patients arriving at CT laboratory). If patient information used for patient status and location are managed differently/separately for radiological examinations the Contractor shall in T Appendix 7 describe how.	H	1	D	A;DC	H
F26204	**Coding** The Contractor shall in T Appendix 7 describe how coding (e.g., classification of procedures) and the management of classification systems related to radiological examinations will be common to coding and management of classification systems in the overall solution. If coding and management of classification systems are managed differently for radiological examinations, the Contractor shall in T Appendix 7 describe how this is managed.	H	1	D	A;DC	H
F26205	**Billing** The Contractor shall in T Appendix 7 describe how functionality for cash settlement and billing related to radiological examinations is common to cash settlement and billing in the overall solution. If cash settlement and billing are done separately or differently for radiological examinations, the Contractor shall in T Appendix 7 describe how this is managed.	H	1	D	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26206	**Exchange of result/image to internal actors** The Contractor shall in T Appendix 7 describe how the radiology report and image will be available in a relevant and useful context for the health professional with access to the solution (e.g., associated with an encounter/problem).	H	1	D	A;DC	C
F26207	**Exchange of result/image to external actors** The Contractor shall in T Appendix 7 describe how the solution can render diagnostic images in combination with a radiology report to health professionals outside the solution (e.g., general practitioner not part of the solution). **Integration**	H	1	D	A;DC	C
F26208	**Procedures, routines and standardised clinical pathways** The Contractor shall in T Appendix 7 describe how the solution support overarching organisational procedures, routines and *standardised clinical pathways* (e.g., radiology activities being part of a standardised clinical pathway). If procedures, routines and standardised clinical pathways are managed separately or differently for radiological examinations, the Contractor shall in T Appendix 7 describe how this is done.	H	1	D	DC	C
F26209	**Exchange of communication with PACS** The Contractor shall in T Appendix 7 describe how the solution will integrate with PACS ensuring exchange of all necessary information between the systems. The Contractor is asked to describe what information that is exchanged. **Integration**	H	1	D	A;DC	C
F26210	**Optimal synchronisation with PACS** The Contractor shall in T Appendix 7 describe how the solution will integrate with PACS ensuring optimal synchronisation between the systems to support optimal workflow for e.g., radiologist. **Integration**	H	1	D	DC	C
F26211	**Clinical decision- and process support** The Contractor shall in T Appendix 7 describe how clinical decision- and process support will be used in relation to radiological examinations, and how clinical and administrative data in the overall solution will be utilised in rules/triggers.	H	1	D	A;DC	H
F26212	**Experience with integration with other vendors of PACS** The Contractor shall in T Appendix 7 describe experiences (if any) with integrating the solution with other vendors' of PACS.	H	1	D	DC;I	H

6.1.1 RIS functionality in EHR-S FM

In the following requirements, the Contractor shall confirm compliance with functionality described in the EHR-S FM for the capability Radiological examinations. The Contractor shall hereunder state if the RIS Option is offered as a solution where:

A. the functionality is covered in whole or in part in the overall EHR solution (i.e., complies with requirements found in *T Appendix 1B, Chapter 2-5*); or

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B. will be delivered as a separate system that will be integrated with the EHR solution

If the RIS Option is offered as a separate system the Contractor shall in T Appendix 7 describe the functionality.

The Contractor shall only answer one of the two alternatives above.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F26214	**Render externally-sourced information** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26216	**Manage clinical documents and notes** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.3.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26218	**Templates to facilitate documentation** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CP.3.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26217	**Manage orders** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26219	**Render outstanding orders for multiple patients** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 24 of function CP.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26220	**Co-signatures** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 27 of function CP.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26222	**Medication interaction and allergy checking** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.4.2.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26223	**Patient-specific medication dosing and warnings** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26384	**Conform to function CPS.4.2.2 Support for patient-specific dosing and warnings** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26385	**Determine weight-specific dose suggestions** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26386	**Alternative patient dosing weights** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26387	**Medication dosing recommendations based on previous patient experience** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26388	**Determine doses based on weight (mg/kg)** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26389	**Dosing based on physical status or laboratory values** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function CP.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	M	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26224	**Manage orders for diagnostic/ screening tests** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.4.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26390	**Manage order status** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CP.4.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26391	**Conform to function CPS.4.3 Support for non-medication ordering** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function CP.4.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26392	**Include an indication for ordering the test** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function CP.4.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26225	**Manage orders for referral** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26227	**Manage outbound referral(s)** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26228	**Capture clinical details for the referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26229	**Link clinical details necessary for referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26230	**Render clinical details as appropriate for the referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26231	**Determine and render recommended actions based on an inbound referral response**	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26232	**Capture a notification that the patient fulfilled a referred appointment** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26233	**Determine and render diagnosis-based clinical guidelines for making a referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26234	**Rendering order sets for review by the provider** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function CP.4.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26226	**Manage results** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	1	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26235	**Manage test results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26236	**Render historical test results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26237	**Render test results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26238	**Render results by factors** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26239	**Normal and abnormal indictors for results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26240	**Show results in flow sheets or graphical form** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26241	**Render results by date/time** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26242	**Tagging of new results have been received** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26243	**Transmit test results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26244	**Transmit results to patients** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	L	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26245	**Transmit results to an automated callback system** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26246	**Capture and transmit a request for action to another provider(s)** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 13 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26247	**Link results to the electronic order** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 17 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26248	**Annotate results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 18 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26249	**Link and render the results report to other data** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 19 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological	M	1	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26250	**Import and receive preliminary and final result reports from ancillary systems** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 20 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26251	**Import or receive preliminary and final results as discrete data** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 21 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26252	**Capture, maintain and render preliminary (e.g., 'wet read') and final result** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 22 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26253	**Tag and render a notification to the appropriate health team** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 23 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26254	**Render non-diagnostic quality images** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 25 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26255	**Link with RIS or PACS** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 26 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26256	**Link images to result report** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 27 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26257	**Render annotation with subsequent views of result** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 28 of function CP.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26258	**Manage results of diagnostic tests** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26260	**Manage results, including preliminary** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CP.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26261	**Indicators of normal and abnormal diagnostic results** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CP.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26263	**Manage treatment administration** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26264	**Generate, record and distribute patient-specific instructions** The Contractor shall in T Appendix 7 indicate whether the compliance with function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26266	**Standardised instruction sets** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26267	**Render instructions selected by the provider** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26268	**Transmit instruction information electronically** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26269	**Render details on further care** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26270	**Indication that instruction were given** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26271	**To capture the actual instructions given to the patient** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26272	**The ability to annotate patient-specific instructions** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26273	**Capture and maintain reason for variation from rule-based clinical messages and patient information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26274	**Patient instructions in multiple languages** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26275	**Patient instructions based on age** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26276	**Patient instructions based on gender** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological	L	1	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26277	**Patient instructions based on diagnosis** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26278	**Patient instructions based on reading level** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 13 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	L	1	DX	DC	C
F26279	**Render educational materials using alternative modes** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 14 of function CP.8.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26280	**Capture referral request** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.1.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26393	**Capture referrals** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CPS.1.4 in	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26394	**Source and reason for referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.1.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26395	**Import or receive a referral** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.1.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26396	**Conform to function CPS.2.4 Support externally-sourced clinical Images (CPS.1.4)** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CPS.1.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26397	**Analyse and present recommendations for potential matches** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function CPS.1.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26281	**Manage patient encounter** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.1.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26283	**Support externally-sourced clinical documents** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.2.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26398	**Store imaged documents** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CPS.2.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26284	**Support externally-sourced clinical data** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26285	**Support externally-sourced clinical images** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.2.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26287	**Capture, store and render clinical images received from external sources** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CPS.2.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	C
F26288	**Receive from an external source clinical result images** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.2.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	C
F26289	**Support for standard care plans, guidelines, protocols** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.3.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26290	**Support for context-sensitive care plans, guidelines, protocols** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.3.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26399	**Manage specialised medical treatment guidelines and protocols** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CPS.3.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	M	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26291	**Support for identification of potential problems and trends** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.3.10 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26292	**Support other encounter and episode of care documentation** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.3.11 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26294	**Capture and annotate patient encounter data from external systems** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.3.11 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	C
F26295	**Ability to capture documentation in different input methods** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.3.11 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26296	**Manage order set templates** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered	H	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26400	**Manage order set templates provider input** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26401	**Capture order set templates** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26402	**Capture and maintain an order set template containing all order types** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26403	**Render order set templates customised by provider type** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26404	**Order set templates**	M	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26405	**Standing order set templates for triage or for specific conditions** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26406	**Links or access to applicable clinical standards and reference materials** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26407	**When order set was last modified** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 13 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26408	**Preconfigured order set templates with order entry information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 14 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	2	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26409	**Render orders in the same manner regardless of the manner in which they were ordered** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 19 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26410	**Integrate order sets within other order sets** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 20 of function CPS.4.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	C
F26298	**Support for patient-specific dosing and warnings** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.4.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26299	**Support for non-medication ordering** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.4.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26411	**Alert if inappropriate or contraindicated orders** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.4.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR	M	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26302	**Support for referral process** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.4.6.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26303	**Support for electronic referral ordering** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.4.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26301	**Support for results** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26305	**Render pertinent results for analysis when ordering** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26306	**Render notifications to the providers on parameters that indicate irregularities** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function CPS.5 in EHR-S	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26307	**Support for communications between provider and patient, and/or the patient representative** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.8.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26309	**Transmit reminders of events to the patient or patient representative** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function CPS.8.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26310	**Clinical communication management and support** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.9.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26412	**Real-time messaging** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CPS.9.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26413	**Render workflow tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.9.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	C
F26414	**Transmitting secure standards-based message** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.9.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26415	**Transmit a notification from an external source** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CPS.9.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26311	**Support for inter-provider communication** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.9.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26312	**Transmit diagnostic quality images** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CPS.9.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. f the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26313	**Render patient status notification to providers** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function CPS.9.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26314	**Notification to care team based on patient status** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function CPS.9.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26315	**Manage consultation requests and responses** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.9.2.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26416	**Notification of the completion of consultations** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function CPS.9.2.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	C
F26316	**Information view** The Contractor shall in T Appendix 7 indicate whether the compliance with function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26318	**Capture administrators preferences** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26319	**Capture user preferences** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26320	**Role-based data-capture-options** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26321	**Role-based data-rendering-options** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26322	**Tailor presentation of information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function CPS.9.6 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26323	**Manage provider's location within facility** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.1.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26417	**Manage provider´s location information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.1.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26418	**Manage a provider's scheduled visits** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.1.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	H
F26324	**Team/group of providers registry or directory** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.1.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26419	**Manage demographic and scheduling information on care team members** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function AS.1.5 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26325	**Manage practitioner/patient relationships** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.1.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26327	**Information to identify care providers** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.1.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26328	**Tag primary or principal provider(s) responsible for the care** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function AS.1.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	C
F26326	**Manage patient demographics, location and synchronisation** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	C
F26329	**Manage patient status and location** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function AS.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26330	**Manage patient's location within facility** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26332	**Patient's assigned location** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26333	**Patient-consent location** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	H
F26334	**Temporary location** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	H
F26335	**Render location by alternate identifiers** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	L	1	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26336	**De-identified list of patients** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	2	DX	DC	H
F26337	**Render an alert** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function AS.2.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	1	DX	DC	H
F26338	**Support for communications within an organisation** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.4.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	H
F26340	**Tracking data on patient status** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.4.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	H
F26341	**Determine and render patient information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.4.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	2	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26342	**Patient tracking systems** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function AS.4.2 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	H
F26343	**Clinical task creation, assignment and routing** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26420	**Capture new tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26421	**Auto-populate task** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	2	DX	DC	H
F26422	**Restrictions for task assignment based on role** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26423	**Request for confirmation to external systems that participate in completion of a task** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 14 of function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26424	**Render a list of tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 15 of function AS.5.1 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26344	**Clinical task status tracking** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26346	**Determine and update status of tasks based on workflow** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	M	3	DX	DC	H
F26347	**Subscription preferences** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	M	2	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26348	**Determine the order of clinical tasks based on status** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26349	**Present tasks as work list** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26350	**Enter configuration parameters** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26351	**User configuration of task list** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26352	**Render notification of complete task** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26353	**List of exceeded tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26354	**Listing of tasks not completed** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 13 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26355	**Update task status** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 14 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26356	**Automated task status updates** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 15 of function AS.5.4 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26357	**Manage health service resource scheduling** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	3	DX	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26358	**Resource scheduling information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26359	**Transmit relevant clinical or demographic information** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 4 of function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26360	**Appointment requests** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 6 of function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26361	**Render appointment schedule** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	1	DX	DC	H
F26362	**Requests from patients** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function AS.6.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	1	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26363	**Medical device modality work list** The Contractor shall in T Appendix 7 indicate whether the solution transmits relevant scheduled appointment time and demographic information to support modality worklist on medical devices (e.g., ECG, ultrasound) either in the overall EHR solution or in a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness. Addition to AS.6.3	M	2	DX	A;DC	H
F26365	**Determine location for examination** The Contractor shall in T Appendix 7 indicate whether the solution provides the ability to determine the location (e.g., lab X or Y) when scheduling an examination, based on information provided in the order either in the overall EHR solution or in a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness. Addition to AS.6.3	M	1	DX	DC	H
F26366	**Integral planning nuclear medicine** The Contractor shall in T Appendix 7 indicate whether the solution supports specific appointment functionality for nuclear medicine (e.g., the planning of one examination consisting of multiple scans following the administration of one injection) either in the overall EHR solution or in a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness. Addition to AS.6.3	H	1	DX	DC	H
F26367	**Indication of dependancies between appointments** The Contractor shall in T Appendix 7 indicate whether the solution provides indication of dependencies between appointments (e.g., when postponing cytostatics in relation to a planned CT scan or planned radiotherapy) either in the overall EHR solution or in a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the	H	1	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	RIS module and the overall EHR solution in terms of usability and seamlessness. Addition to AS.6.3					
F26368	**Support financial reporting** The Contractor shall in T Appendix 7 indicate whether the compliance with function AS.7.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26370	**Capture and maintain clinical data for administrative and financial requirements** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function AS.7.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26371	**Export administrative and financial data** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function AS.7.3 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26369	**Workflow management** The Contractor shall in T Appendix 7 indicate whether the compliance with function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26372	**Manage work queues, personnel lists, and system interfaces** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 1 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26373	**Determine workflow assignments** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 2 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26374	**Manage human resources** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 3 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26375	**Support the management of workflow queues** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 5 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26376	**Render notifications** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 7 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26377	**Determine and render an updated priority of tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 8 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution.	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26378	**Determine and render an update to the tasks** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 9 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26379	**Determine and render an update to the assignment of the resources** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 10 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26380	**Workflow update** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 11 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26381	**Workflow update including the details of the update** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 12 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H
F26382	**Transmit workflow queue update request** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 13 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological	H	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.					
F26383	**Receive workflow queue update response** The Contractor shall in T Appendix 7 indicate whether the compliance with conformance criteria 14 of function TI.7 in EHR-S FM (in the context of the enterprise capability radiological examinations) is covered either in the overall EHR solution or by a separate system that will be integrated with the EHR solution. If the functionality is covered as a separate system, the Contractor shall describe the functionality and the integration between the RIS module and the overall EHR solution in terms of usability and seamlessness.	H	3	DX	DC	H

6.2 OPTION: PREGNANCY FOLLOW-UP INFORMATION (PROBABILITY: MEDIUM)

This Option consist of functionality that will support pregnancy pathway and pregnancy care in the offered solution. This includes patient and fetal follow-up through the entire pregnancy until childbirth. Due to uncertainty regarding the anticipated national electronic pregnancy record solution, the Contractor must describe how pregnancy follow-up functionality is covered by the solution. It is important that the solution is able to present information from pregnancy follow-ups in the existing (and future) forms defined by the national guidelines and standards. The Option also includes pregnancy follow-up information sharing with patient portal.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F23090	**Pregnancy follow-up** The Contractor shall in T Appendix 7 describe how the solution shall support the continuum of care through the entire pregnancy (e.g., data from the first visit to the GP, all the contacts in the hospital, midwife consultations and patient's own notes). Helseplattformen supplementary functionality CP.HP.1	H	1	D	DC	C;P
F26716	**Manage clinical documents and notes** The Contractor shall in T Appendix 7 describe how the solution will comply with function CP.3.3 in EHR-S FM.	H	1	D	DC	C;P
F26442	**Render patient history and clinical measurements as a pre-defined information view or template** The Contractor confirms that the solution shall provide the ability to capture and render patient history and clinical measurements in a pre-defined information view or template for pregnancy follow-up according to scope of practice, organisational policy, and/or jurisdictional law.	H	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Addition to CP.3.3					
F26444	**Support externally-sourced clinical documents** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.2.1 in EHR-S FM. **Integration**	H	3	D	DC	C;P
F26445	**Capture, store and render external documents** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CPS.2.1 in EHR-S FM.	H	3	N/A	DC	C
F26446	**Capture, store and render scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F26447	**Capture, store and render computable documents** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F26448	**Store imaged documents** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CPS.2.1 in EHR-S FM.	M	2	N/A	DC	C
F26449	**Receive unstructured, text-based documents and reports** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C;P
F26450	**Receive structured, text-based documents and reports** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C;P
F26451	**Uniquely tag and render scanned documents** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F26452	**Link documentation and annotations with structured content** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F26453	**Conform to function TI.1.5 Non-repudiation and TI.1.6 Secure data exchange (CPS.2.1)** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CPS.2.1 in EHR-S FM.	H	2	N/A	DC	C
F26454	**Render a notification or alert** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C;P
F26455	**Identify the external source of information** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CPS.2.1 in EHR-S FM.	H	1	N/A	DC	C
F26717	**Support patient-originated data** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.2.5 in EHR-S FM. **Integration**	H	2	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26441	**Self-reporting functionality** The Contractor shall in T Appendix 7 describe how the solution provides self-reporting functionality for patients to be included in their EHR. This includes both structured and unstructured data, reporting of health status and observations related to physical and mental health and may also include information from home monitoring devices. Addition to CPS.2.5	H	1	DX	A;DC	C;P
F26719	**Support other encounter and episode of care documentation** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.3.11 in EHR-S FM.	M	2	D	DC	C
F26440	**Transform text from external captured documents from pregnancy follow-up** The Contractor confirms that the solution shall support Natural Language Processing (or similar technology) that can be used to transform text from external captured documents from pregnancy follow-up into standardised/structured information. Addition to CPS.3.11	M	2	N/A	A;DC	C
F26718	**Support for communications between provider and patient, and/or the patient representative** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.8.4 in EHR-S FM.	H	3	D	DC	C;P
F26443	**Render clinical measurements and patient history in a pre-defined information view or template** The Contractor confirms that the solution shall provide the ability to render clinical measurements and patient history in a pre-defined information view or template for pregnancy follow-up to patients, according to scope of practice, organisational policy, and/or jurisdictional law. Addition to CPS.8.4 **Integration**	H	1	N/A	DC	C;P
F26720	**Health record output** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.9.3 in EHR-S FM.	H	1	D	DC	C
F23091	**Pregnancy follow-up forms** The Contractor confirms that the solution shall support the ability to render and transmit pregnancy follow-up information in the format similar to, cf. *Helsekort for gravide IS-2253* . Example: to cover the need for information flow concerning the pregnancy outside Helseplattformen. Addition to CPS.9.3	M	1	N/A	DC	C

6.3 OPTION : SOLUTION FOR HANDLING EQUIPMENT AND AIDS (PROBABILITY: MEDIUM)

The level of required functionality for the capability Handling equipment and aids is different in the municipalities and the hospitals. Relevant requirements for supporting this functionality in the municipalities through integration with external systems is described in *Chapter 2.3.3.*

This Option describes how the solution may provide functionality – in the municipalities – for localisation, fleet management and usage tracking of equipment and aids. Integration with external systems to provide information about usage tracking in the hospitals is not included in the Option.

The Customer is not aiming to procure technology for localisation and tracking (GPS, RFID, ultrasound, LF, Wi-Fi etc.) or relevant infrastructure, but rather functionality to make use of this kind of information to offer functionality for managing equipment and aids in the solution. The list of requirements are not exhaustive and may change during the dialogue phase.

The Option is not exclusive.

Imp: Importance (O/H/M/L), **Tof**: Time of fulfilment (1/2/3/4), **D**: Describe (D/DX), **Doc**: Documentation (DC, SC, DT, A, I, O), **ToReq**: Type of requirement (C, H, M, GP, P)

No.	Requirement	Imp	ToF	D	Doc	ToReq
F26458	**Manage medical equipment, prosthetic/orthotic, device list** The Contractor shall in T Appendix 7 describe how the solution will comply with function CP.1.7 in EHR-S FM. **Integration**	H	2	D	DC;DT	C;P
F26459	**Discrete data, a patient-specific list of specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F26460	**Description of each instance of use of specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F26461	**Reason for each instance of use** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.1.7 in EHR-S FM.	M	3	N/A	DC	C
F26462	**Specific type of medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.1.7 in EHR-S FM.	H	3	N/A	DC	C
F26463	**No known specialised medical equipment** The Contractor confirms that the solution shall comply with conformance criteria 5 of function CP.1.7 in EHR-S FM.	H	1	N/A	DC	C
F26464	**Identify and track the equipment/device** The Contractor confirms that the solution shall comply with conformance criteria 6 of function CP.1.7 in EHR-S FM.	M	3	N/A	DC	C
F26465	**Tag as deactivated and capture reason** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.1.7 in EHR-S FM.	M	1	N/A	DC	C

No.	Requirement	Imp	ToF	D	Doc	ToReq
F26466	**Re-activate** The Contractor confirms that the solution shall comply with conformance criteria 8 of function CP.1.7 in EHR-S FM.	L	1	N/A	DC	C
F26467	**List of deactivated equipment** The Contractor confirms that the solution shall comply with conformance criteria 9 of function CP.1.7 in EHR-S FM.	H	1	N/A	DC	C
F26468	**Date of the next scheduled equipment maintenance** The Contractor confirms that the solution shall comply with conformance criteria 10 of function CP.1.7 in EHR-S FM.	L	3	N/A	DC	C
F26469	**Maintenance instructions** The Contractor confirms that the solution shall comply with conformance criteria 11 of function CP.1.7 in EHR-S FM.	M	3	N/A	DC	C
F26470	**Manual registration of traceability information** The Contractor confirms that the solution shall support manual registration of traceability information for medical devices and/or PCHC devices. Addition to CP.1.7	M	2	N/A	DC	C
F26471	**Invasive equipment on a deceased** The Contractor confirms that the solution shall provide the ability to render alerts and/or notifications on equipment which must be removed from the deceased (e.g., pacemaker). Addition to CP.1.7	L	2	N/A	DC	H;M
F26081	**Capture and render the reason for use of equipment and aids** The Contractor shall in T Appendix 7 describe how the solution provides the ability to capture and render the reason for each instance of use of equipment and aids. Addition to CP.1.7	L	3	DX	DC	M
F26531	**Manage non-medication patient care orders** The Contractor shall in T Appendix 7 describe how the solution will comply with function CP.4.3 in EHR-S FM.	H	1	D	DC	C;P
F26532	**Manage non-medication orders for an action or item** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.3 in EHR-S FM.	H	1	N/A	DC	C
F26534	**Manage status for ordered action or item** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.3 in EHR-S FM.	H	1	N/A	DC	C
F26538	**Link non-medication orders to a medication order** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.3 in EHR-S FM.	M	1	N/A	DC	C
F26476	**Manage healthcare resource scheduling** The Contractor shall in T Appendix 7 describe how the solution will comply with function AS.6.3 in EHR-S FM. **Integration**	H	3	D	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26477	**Resource scheduling information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.6.3 in EHR-S FM.	H	3	N/A	DC	C
F26478	**Schedule of internal or external health services' resources or devices** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.6.3 in EHR-S FM.	H	3	N/A	DC	C
F26480	**Transmit relevant clinical or demographic information** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.6.3 in EHR-S FM.	M	3	N/A	DC	C
F26483	**Render appointment schedule** The Contractor confirms that the solution shall comply with conformance criteria 7 of function AS.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F26484	**Requests from patients** The Contractor confirms that the solution shall comply with conformance criteria 8 of function AS.6.3 in EHR-S FM.	M	1	N/A	DC	C;P
F26526	**Facilitate consumable resources** The Contractor shall in T Appendix 7 describe how the solution through integration with external systems can help facilitate ordering of consumable resources. Addition to AS.6.3 **Integration**	L	3	DX	DC	C
F23878	**Reserve or order available equipment or aids** The Contractor shall in T Appendix 7 describe how the solution provides the ability to reserve or order available equipment and aids. Addition to AS.6.3	L	2	DX	DC	M
F23879	**Localisation of equipment** The Contractor shall in T Appendix 7 describe how the solution shall provide information about the location of non-medical equipment and aids at all times. Addition to AS.6.3	L	2	DX	DC	M
F26457	**Utilisation of tracking technology** The Contractor shall in T Appendix 7 describe how the solution utilises tracking and tracing technology in order to manage relevant information about equipment and aids in the solution. The description should include ICT infrastructure requirements. Addition to AS.6.3	H	3	D	DC	M

6.4 OPTION: BIOLOGICAL BANK FUNCTIONALITY (PROBABILITY: MEDIUM)

In the following requirements, linked to the capability Donation of biological material, the Customer seek support for biological banks. Several of the biological banks (e.g., milk, bone,

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cornea) is currently not supported by electronic systems, which endangers patient safety and increases administrative effort. The solution for biological banks shall be a part of or closely integrated with the overall solution.

- Please refer to *T Appendix 1B, Chapter 2.3.5* for applicable laws, regulations and overall description of the capability

- The requirements in this Option may change during the dialogue phase

- The Option is not exclusive

Present situation in Helse Midt-Norge

Cornea

There is no eye bank functionality in the current EHR**.** The corneas are donated from deceased donors. Transplantations are done at the eye department operating theatre. The cornea bank is situated at St.Olavs Hospital. They perform 70-80 cornea transplantations annually. 65 % (2014) of these corneas are ordered/imported from the USA and Sweden. Their goal is to be self-sufficient. The cornea bank's responsibility is to preserve, store and make corneas ready for transplantation.

Human milk

There is no milk bank functionality in the current EHR**.** The. Donors (lactating women) are recruited and screened, receive appropriate education and then they donate units of milk that are thoroughly tested before labelled and given to patients. The human milk bank also lends equipment to donors and reimburses expenses and pays a sum per liter.

Oocytes and sperm

IVF is currently supported by a separate EHR. In vitro fertilization is offered to couples that have difficulties conceiving. The IVF clinic also offers storage of the patients' sperms/eggs before they undergo chemo and radiation therapy.

Bone

There is no bone bank functionality in the current EHR**.** Surgeons that harvest bone, has the responsibility to approve donor according to the strict criteria. Adequate medical and medical history must be obtained. When in doubt the donor must be excluded and graft discarded. The graft is stored in freezer, and then transplanted to either same patient or other recipient.

Other biological material

The Customer seek functionality that will enable banking of other biological material not mentioned specifically.

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F25815	**Bank functionality for biological products** The Contractor shall in T Appendix 7 describe how the solution provides functionality to manage biological product banks (e.g., human milk, sperm, ovaries, cornea, bone, stem cell), cf. *Forskrift om håndtering av humane celler og vev, Forskrift om humane organer til transplantasjon* and *Transplantasjonslova*.	M	1	D	DC	H

No.	Requirement	Imp	ToF	D	Doc	ToReq
	Helseplattformen supplementary functionality POP.HP.3					
F25816	**Bank functionality - donor recruitment and management** The Contractor shall in T Appendix 7 describe how the solution supports recruitment and management of donors, e.g., eligibility screening and scheduling of appointments. Helseplattformen supplementary functionality POP.HP.3, conformance criteria 1	M	1	DX	DC	H
F25817	**Bank functionality - reception/harvest of biological material** The Contractor shall in T Appendix 7 describe how the solution supports reception/harvest of biological material. Helseplattformen supplementary functionality POP.HP.3, conformance criteria 2	M	1	DX	DC	H
F25818	**Bank functionality - stock and storage status** The Contractor shall in T Appendix 7 describe how the solution supports stock management and storage status of biological products in the bank. Helseplattformen supplementary functionality POP.HP.3, conformance criteria 3	M	1	DX	DC	H
F25819	**Bank functionality - distribution** The Contractor shall in T Appendix 7 describe how the solution supports distribution of biological materials based on orders. Helseplattformen supplementary functionality POP.HP.3, conformance criteria 4	M	1	DX	DC	H
F25820	**Bank functionality - reporting** The Contractor shall in T Appendix 7 describe how the solution supports reporting of activity of the biological bank (e.g., linked to donors, donations, stock and storage and distribution). Helseplattformen supplementary functionality POP.HP.3, conformance criteria 5	M	1	DX	DC	H
F25821	**Bank functionality – equipment management** The Contractor shall in T Appendix 7 describe how the solution supports the management of equipment (e.g., lending out breast pumps). Helseplattformen supplementary functionality POP.HP.3, conformance criteria 6	M	3	DX	DC	H
F25822	**Integrations with laboratory information system** The Contractor shall in T Appendix 7 describe how the solution integrates with a laboratory information system in order to exchange information regarding the biological material, test data and results. Helseplattformen supplementary functionality POP.HP.3, conformance criteria 7	M	3	DX	DC	H

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F23926	**Integration with an financial information system** The Contractor shall in T Appendix 7 describe how the solution integrates with a financial information system in order to handle reimbursements after donations (e.g., of human milk). Helseplattformen supplementary functionality POP.HP.3, conformance criteria 8 **Integration**	M	3	DX	DC	H
F26088	**Manage orders for blood products and other biologics** The Contractor shall in T Appendix 7 describe how the solution will comply with function CP.4.5 in EHR-S FM.	H	3	D	DC	C
F26089	**Manage orders for blood products and biological products** The Contractor confirms that the solution shall comply with conformance criteria 1 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F26090	**Manage status** The Contractor confirms that the solution shall comply with conformance criteria 2 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F26091	**Manage storage request orders** The Contractor confirms that the solution shall comply with conformance criteria 3 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F26092	**Manage status of storage request orders** The Contractor confirms that the solution shall comply with conformance criteria 4 of function CP.4.5 in EHR-S FM.	H	1	N/A	DC	C
F26095	**Manage information associated with the collection and administration** The Contractor confirms that the solution shall comply with conformance criteria 7 of function CP.4.5 in EHR-S FM.	H	2	N/A	DC	C
F26110	**Preferences, directives, consents and authorisations** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.1.7 in EHR-S FM.	H	1	D	DC	C;P
F26150	**Clinical communication management and support** The Contractor shall in T Appendix 7 describe how the solution will comply with function CPS.9.1 in EHR-S FM.	H	1	D	DC	C;P
F26163	**Support financial reporting** The Contractor shall in T Appendix 7 describe how the solution will comply with function AS.7.3 in EHR-S FM.	H	3	D	DC	C
F26164	**Capture and maintain clinical data for administrative and financial requirements** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.7.3 in EHR-S FM.	H	3	N/A	DC	C
F26165	**Export administrative and financial data** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.7.3 in EHR-S FM.	H	3	N/A	DC	C
F26177	**Support financial claims and encounter reports** The Contractor shall in T Appendix 7 describe how the solution will comply with function AS.9.5 in EHR-S FM.	H	1	D	DC	C

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No.	Requirement	Imp	ToF	D	Doc	ToReq
F26178	**Render available information needed to enable the creation of claims** The Contractor confirms that the solution shall comply with conformance criteria 1 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F26179	**Capture and render available data as required for audit and review** The Contractor confirms that the solution shall comply with conformance criteria 2 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F26180	**Render available data in a computer readable form** The Contractor confirms that the solution shall comply with conformance criteria 3 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F26181	**Render data, using either internal or external reporting tools, to support coding of diagnosis, procedure and outcomes** The Contractor confirms that the solution shall comply with conformance criteria 4 of function AS.9.5 in EHR-S FM.	H	3	N/A	DC	C
F24134	**Donor management support** The Contractor shall in T Appendix 7 describe how the solution will comply with function POP.5 in EHR-S FM. **Integration**	M	1	D	DC	C
F24135	**Manage demographic, clinical and consent information** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.5 in EHR-S FM.	M	1	N/A	DC	C
F24136	**Capture demographic and clinical information about potential donors** The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.5 in EHR-S FM.	M	1	N/A	DC	C
F24137	**Capture demographic, clinical and consent information about a donation** The Contractor confirms that the solution shall comply with conformance criteria 3 of function POP.5 in EHR-S FM.	M	1	N/A	DC	C
F24138	**Transmit documented information about potential donors to other principals** The Contractor confirms that the solution shall comply with conformance criteria 4 of function POP.5 in EHR-S FM.	M	1	N/A	DC	C
F24139	**Transmit documented information about the donation to other principals** The Contractor confirms that the solution shall comply with conformance criteria 5 of function POP.5 in EHR-S FM.	M	1	N/A	DC	C
F26182	**Support consistent health care management of patient groups or populations** The Contractor shall in T Appendix 7 describe how the solution will comply with function POP.9 in EHR-S FM.	M	2	D	DC	C;P
F26183	**Conform to function CPS.3.4 Support for context-sensitive care plans, guidelines, protocols (POP.9)** The Contractor confirms that the solution shall comply with conformance criteria 1 of function POP.9 in EHR-S FM.	H	1	N/A	DC	C;P
F26184	**Identify patients eligible for health care management protocols**	H	1	N/A	DC	C;P

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No.	Requirement	Imp	ToF	D	Doc	ToReq
	The Contractor confirms that the solution shall comply with conformance criteria 2 of function POP.9 in EHR-S FM.					
F26188	**Conform to function CPS.9.4 Standard report generation (POP.9)** The Contractor confirms that the solution shall comply with conformance criteria 6 of function POP.9 in EHR-S FM.	H	3	N/A	DC	C