

6.1.2. Structure of health record entries

STR1 The EHRA shall be able to preserve and recreate the original presentation of EHR data and enable alternative views of the data to be created without losing the semantic intent of the data.

STR2 The EHRA shall preserve the original headings and sub-headings used to organise, group or order individual record entries, including the names and terms used to label them.

STR3 The EHRA shall be able to present clinical data according to various recognised conventions, including source oriented, time oriented, problem oriented, overview of health issues, care plan, and supporting the generation of tabular and graphical trends as dictated by jurisdictional policies and mandates.

STR4 The EHRA shall persist any explicitly defined relationships between different parts of the record, such as links between treatments and subsequent complications and outcomes.

STR5 The EHRA shall persist the original data values within an EHR entry including code systems and measurement units used at the time the data were originally committed to an EHR system.

STR6 The EHRA shall represent lists of data items and data values, within a health record entry such that their original intended order is preserved.

STR7 The EHRA shall represent data that was originally represented as a table such that the logical relationships of the data to row and column headings are preserved.

STR8 The EHRA shall be able to represent multiple values of the same measurement(s) taken at closely proximate times, for example as a time series.

STR9 The EHRA shall be able to represent any original longitudinal partitions of a health record, e.g. periods of care, which might be defined retrospectively.

STR10 The EHRA shall preserve text in the original language used for composing a health record entry, and identify the language used.

STR11 The EHRA shall be able to include the values of reference ranges used to interpret particular data values.

STR12 An EHR entry shall be able to represent links between requested, planned, performed and reported health care activities (e.g. linking a test request to a performed test and to its result).

STR13 The EHRA shall enable one or more comments or annotations to be linked to an original health record entry, possibly composed by different authors at different points in time, without changing the content of the original entry.

STR14 An EHR entry shall be able to represent health status, functional status, health issues, and environmental circumstances.

STR15 An EHR entry should be able to represent references to externally held data such as images (if these are not included in the EHR itself) or knowledge artefacts (e.g. educational materials, published papers, care pathways).