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NHS Digital CDA Profile Specification for End of Life Domain

Document management

Revision History

Version	Date	Summary of Changes
0.1	26-Aug-2016	First Draft
0.2	04-Oct -2016	Second Draft - Relevant Past Medical Surgical And Mental Health History Section, Problems And Issues Section and Person Completing Record Section are added to the 'Section Heading Template Constraints' section. A new section for "Clinical Document Class Constraints" is included.
2.0 RC1	21-Oct-16	Release candidate version
2.0 RC2	25-Oct-16	<p>Updated to new Structured Heading baseline model (from RC1 to RC2) due to previous baseline schema defect.</p> <p>Removed "Patient Death Information" coded entry template from "Person and Carers Concerns, Expectations and Wishes Section".</p> <p>Removed "EOL Care Plan" coded entry template from "Crisis Care Plan Section".</p> <p>Added missing "Risk to Person" coded entry in coded entry section.</p> <p>Corrected order of coded entries in coded entry section.</p> <p>Added Vocabulary constraint for Crisis Care Observation coded entry template.</p>

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Kevin Sprague	Interoperability Team Lead		
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Approved by

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Name	Signature	Title	Date	Version
Richard Kavanagh		Head of Data Standards		

Glossary of Terms

Term / Abbreviation	What it stands for
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1 Introduction

Purpose of Document

This document specifies the design constraints that must be applied to the “Structured Heading Generic Model” for the NHS Digital CDA domain profile for the End of Life domain.

1.2 Profile Configuration

Domain profile Name	End of Life
Version	version 2.0
Status	RC2
Message Name	End of Life Care Coordination Summary
Message ID	POCD_MT021001GB02
Message profileID	urn:nhs-en:profile:EndOfLife-v2-1
Baseline Structured Heading Generic Model	1.0 RC2

2 Clinical Document Class Constraints

This section specifies any constraints that must be applied to the ClinicalDocument class HL7 attributes. Where there are no additional constraints over and above those specified in the “Structured Headings Generic Model” then there will be no reference to the HL7 attribute.

ClinicalDocument.code	The code must equal “861421000000109”. The codeSystem must equal: “2.16.840.1.113883.2.1.3.2.4.15”. The displayName must equal: “End of Life Care Coordination Summary”
ClinicalDocument.messageType	Must equal “POCD_MT021001GB02”

3 Document Header Participant Constraints

This section specifies any constraints that must be applied to the document header participants. Where there are no additional constraints over and above those specified in the “Structured Headings Generic Model” then there will be no reference to the participation templates.

3.1 Informant Constraints

Informant participation	Prohibited in profile
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3.2 Generic Participant Constraints

This section details the constraints applied to the generic document participant located on the bottom left hand side of the CDA header on the “Structured Headings Generic Model”. The type of participant is described by the value carried in the participant typeCode. Some participant types are unsuitable.

For this profile, there are no additional constraints over and above those stated in the “Populating HSCIC CDA Document Participant Templates” guidance documentation. This guidance is contained within the relevant Baseline Structured Heading Generic Model, as stated in the Profile Configuration section of this document.

4 Header Templates

This section details the constraints on the other coded header relationships and templates:

- authorization relationship for Consent
- componentOf relationship for Encompassing encounter
- documentationOf relationship for ServiceEvent
- inFulfillmentOf relationship for Order

Where there are no additional constraints on these relationships or templates, there will be no reference to the relationships in this section.

4.1 Encompassing Encounter Constraints

The componentOf relationship for encompassing encounter	Prohibited in profile
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4.2 Order Constraints

The inFulfillmentOf relationship for Order	Prohibited in profile.
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4.3 Service Event Constraints

The documentationOf relationship for ServiceEvent	Prohibited in profile
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5 Section Heading Template Constraints

Note: In CDA implementations a number of structured headings are represented using the coded CDA header information and not as section templates. These AoMRC headings are shown below:

- Patient demographics (mandatory)
- GP practice (mandatory)
- Distribution list (mandatory)

When the CDA document is rendered, the HTML should show this information as headings.

The table below specifies the constraints applicable to this profile. Sections not referenced are prohibited by default.

Section Name	Version	Mandatory	Optional
Allergies and Adverse Reactions Section	01		X
Crisis Care Plan Section	01		X
Diagnosis Section	01		X
End Of Life Section	01		X
Individual Requirements Section	01		X
Legal Information Section	01		X
Medications And Medical Devices Section	01		X
Person And Carer Concerns, Expectations And Wishes Section	01		X
Person Completing Record Section	01		X
Problems And Issues Section	01		X
Relevant Past Medical Surgical And Mental Health History Section	01		X
Safety Alerts Section	01		X
Social Context Section	01		X

6 Coded Entry Template Constraints

For a coded entry to be used in an implementation of this profile the corresponding section (i.e. the section to which the coded entry is attached) must be included in the profile. This section only details constraints on the coded entry when the section is included in the profile and the constraint imposed by this profile is in addition to any specified in the “Structured Headings Generic Model”.

The table below lists the coded entries applicable and the associated section templates.

Coded Entry Name	Version	Mandatory	Optional	Associated Section Name
Accommodation	01		X	Social Context Section
Advance Decision To Refuse Treatment	01		X	Legal Information Section
Advance Statement	01		X	Person And Carer Concerns, Expectations And Wishes Section
Allergic Or Adverse Reaction Event	02		X	Allergies and Adverse Reactions Section
Allergy Propensity	01		X	Allergies and Adverse Reactions Section
Anticipatory Medicine Box Issue Procedure	01		X	Crisis Care Plan Section
Authority to Lasting Power of Attorney	01		X	Legal Information Section
Clinical Risk	01		X	Safety Alerts Section
Crisis Care Observation	01		X	Crisis Care Plan Section
DNA CPR Decision	02		X	Crisis Care Plan Section
Diagnosis	02		X	Diagnosis Section
Discontinued Medication	01		X	Medications And Medical Devices Section
EoL Care Plan	01		X	End Of Life Section
Housing	01		X	Social Context Section
Legal Status	01		X	Legal Information Section
Medical Devices	01		X	Medications And Medical Devices Section
Medications Administered	01		X	Medications And Medical Devices Section
Medications and Medical Devices Supplied	01		X	None - part of Anticipatory Medicine Box Issue Procedure template.
Mobility	01		X	Social Context Section
Patient Death Information	01		X	End Of Life Section
Prognosis	01		X	Crisis Care Plan Section
Personal Care Preference	01		X	Person And Carer Concerns, Expectations And Wishes Section
Risk To Patient	01		X	Safety Alerts Section
Risk To Person	01		X	Safety Alerts Section
Safeguarding	01		X	Legal Information Section
Service	01		X	Social Context Section
Significant Past Medical History	01		X	Relevant Past Medical Surgical And Mental Health History Section
Social Or Personal Circumstance	01		X	Social Context Section
Tissue And Organ Donation	01		X	Legal Information Section

6.1 Specific Coded Entry Template Constraints

This section details constraints, which must be applied to individual coded entry templates.

Coded Entry Name	Version	Constraint																														
Crisis Care Observation	01	<u>Use of CrisisCareObservation.code</u> <div><div>1. The XML attribute code must contain fixed value of "CCO".</div><div>2. The XML attribute codeSystem must contain the value "2.16.840.1.113883.2.1.3.2.4.17.532".</div><div>3. The XML attribute displayName must contain the value "Crisis Care Observation"</div></div>																														
		<u>Qualification of code "CCO"</u> The XML element qualifier must be used to further describe the crisis care observation as follows: <div><div>1. The XML attribute code must contain one of the values from the table below.</div><div>2. The XML attribute displayName must carry the description for the code in the table below.</div></div>																														
		<table><tr><th>Code</th><th>Description</th></tr><tr><td>ICOSD</td><td>In Case of Sudden Deterioration</td></tr><tr><td>ICOGD</td><td>In Case of Gradual Deterioration</td></tr><tr><td>ICOB</td><td>In Case of Breathlessness</td></tr><tr><td>ICOPC</td><td>In Case of Pain Crises</td></tr><tr><td>ICOS</td><td>In Case of Seizures</td></tr><tr><td>ICOMH</td><td>In Case of Major Haemorrhage</td></tr><tr><td>ICOI</td><td>In Case of Infections</td></tr><tr><td>ICONV</td><td>In Case of Nausea/Vomiting</td></tr><tr><td>AMHEPSMP</td><td>Anticipated Mental Health Emergencies Management Plan</td></tr><tr><td>ICOR</td><td>In Case of Restlessness</td></tr><tr><td>ICORS</td><td>In Case of Respiratory Secretions</td></tr><tr><td>ICOO</td><td>In Case of Others</td></tr><tr><td>AA</td><td>Anticipated Actions</td></tr><tr><td>POC</td><td>Priorities of Care</td></tr></table>	Code	Description	ICOSD	In Case of Sudden Deterioration	ICOGD	In Case of Gradual Deterioration	ICOB	In Case of Breathlessness	ICOPC	In Case of Pain Crises	ICOS	In Case of Seizures	ICOMH	In Case of Major Haemorrhage	ICOI	In Case of Infections	ICONV	In Case of Nausea/Vomiting	AMHEPSMP	Anticipated Mental Health Emergencies Management Plan	ICOR	In Case of Restlessness	ICORS	In Case of Respiratory Secretions	ICOO	In Case of Others	AA	Anticipated Actions	POC	Priorities of Care
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<u>Use of CrisisCareObservation.value</u> The XML element value is used to carry text associated with the crisis care observation must be populated as follows: <div><div>1. The XML attribute xsi:type must contain the value "CD".</div><div>2. The XML attribute code must not be present.</div><div>3. The XML attribute codeSystem must not be present.</div><div>4. The XML attribute displayName must not be present.</div><div>5. The XML element qualifier must not be present.</div><div>6. The XML element originalText must contain the associated text.</div></div>																																