Integrating the Healthcare Enterprise

IHE Patient Care Coordination
Technical Framework Supplement

Emergency Department Encounter Summary (EDES)
(includes CTNN, EDPN, and NN, TN)

Trial Implementation

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Foreword

This is a supplement to the IHE Patient Care Coordination Technical Framework V9.0. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

This supplement is published on October 4, 2013 for Trial Implementation and may be available for testing at subsequent IHE Connectathons. The supplement may be amended based on the results of testing. Following successful testing it will be incorporated into the Patient Care Coordination Technical Framework. Comments are invited and may be submitted at http://www.ihe.net/PCC_Public_Comments.

This supplement describes changes to the existing technical framework documents.

"Boxed" instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume.

Amend section X.X by the following:

Where the amendment adds text, make the added text **bold underline**. Where the amendment removes text, make the removed text ~~**bold strikethrough**~~. When entire new sections are added, introduce with editor's instructions to "add new text" or similar, which for readability are not bolded or underlined.

General information about IHE can be found at: www.ihe.net.

Information about the IHE Patient Care Coordination domain can be found at: http://www.ihe.net/IHE_Domains.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at: http://www.ihe.net/IHE_Process and http://www.ihe.net/Profiles.

The current version of the IHE Patient Care Coordination Technical Framework can be found at: http://www.ihe.net/Technical_Frameworks.

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Introduction

This supplement is written for Trial Implementation. It is written as changes to the documents listed below. The reader should have already read and understood these documents:

1. PCC Technical Framework Volume 1
2. PCC Technical Framework Volume 2

This supplement also references other documents[1]. The reader should have already read and understood these documents:

1. IT Infrastructure Technical Framework Volume 1
2. IT Infrastructure Technical Framework Volume 2
3. The Patient Identifier Cross-Reference (PIX) and Patient Demographic Query (PDQ) HL7 v3 Supplement to the IT Infrastructure Technical Framework
4. HL7 and other standards documents referenced in Volume 1 and Volume 2

This supplement defines four content profiles and provides the motivation for a larger profile that will orchestrate use of those content profiles. These content profiles are provided for trial implementation:

- Triage Note
- Nursing Note
- Composite Triage and Nursing Note
- ED Physician Note

[1] The first three documents can be located on the IHE Website at http://www.ihe.net/Technical_Frameworks/#iti. The remaining documents can be obtained from their respective publishers.

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Volume 1 – Profiles

2.5 History of Annual Changes

Add the following bullet to the end of the bullet list in section 2.5

In the 2007-2008 cycle of the IHE Patient Care Coordination initiative, the following integration profiles were added to the technical framework.

- **Emergency Department Encounter Summary (EDES)** - describes the content and format of records created during an emergency department visit.

In addition, all content within the technical framework was revised in the 2007-2008 cycle to encourage compatibility with the ASTM/HL7 Continuity of Care Document Implementation Guide.

Add the following bullets to the end of the bullet list in section 2.5

In the 2009-2010 cycle of the IHE Patient Care Coordination initiative, the following changes were made for Emergency Department documents

- **Emergency Department Encounter Summary (EDES)** – was moved to a deferred status. This integration profile will be rewritten to reference other content profiles and describe how they are used as a package in a future year. The content profiles originally referenced by EDES were published as separate content profiles.
- **Triage Note (TN)** – was added as a content profile that can be referenced as a distinct profile.
- **ED Nursing Note (NN)** – was added as a content profile that can be referenced as a distinct profile.
- **Composite Triage and Nursing Note (CTNN)** – was added as a content profile that can be referenced as a distinct profile.
- **ED Physician Note (EDPN)** – was added as a content profile that can be referenced as a distinct profile.

Section V is a placeholder for the EDES Integration Profile. The EDES profile will be developed in a future cycle. The material in section V provides the motivation for the EDES profile and the four content profiles that will be referenced by EDES.

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V Emergency Department Encounter Summary (EDES)

This is a place holder for the EDES Integration Profile. It will be rewritten in a future development cycle.

Emergency Department Encounter Summary (EDES) is a summary of the patient's current health status and a summary of care rendered in the ED between arrival and ED departure. The EDES is not (yet) intended to replace the ED Chart as a complete, legal document of care, but is intended as a collection of medical summaries with focused scope that can be used to fulfill a number of collaborative transfers of care. The Emergency Department Encounter Summary may include links to diagnostic tests performed during the ED encounter, as well as documentation of an initial (a 2006 IHE work product), prehospital (EMS) records (IHE roadmap 2008), and the consultations of other providers.

Data released by the Centers for Disease Control and Prevention (CDC) estimates that there were over 110 million emergency department visits in 2004, making the emergency department (ED) chart (hereafter called Encounter Summary) one of the most common medical summaries in use today. Currently, the Emergency Department Encounter Summary remains largely a paper based artifact, and when produced by an Emergency Department information system (EDIS) is almost exclusively delivered as unstructured or loosely structured text.

The ED chart is used to communicate the details of an emergency department visit in a variety of ways. The chart is most frequently faxed or mailed to primary care providers, and is increasingly archived electronically to hospital clinical data repositories. The original (or a copy) must accompany the patient to the ward upon hospital admission where is can be reviewed by hospital providers, or a copy may be sent with the patient on transfer from ED to ED or from ED to other medical treatment facilities. Unfortunately, these frequently become lost or misplaced. Emergency Department Encounter Summaries have no standardized format, and may be frequently be difficult to read by users unfamiliar with their formatting. None yet carry any semantic meaning that could be consumed by a receiving EHR system (EHR-S).

The production and delivery of the Emergency Department Encounter Summary solves a number of problems, including:

- Communication with and transfer of care back to the patient's primary care physician.
- Communication with care providers in the inpatient setting for patients admitted to the hospital from the emergency department.
- The Emergency Department Encounter Summary could also be employed in:
- Transfer of information to hospital and provider billing systems.
- Transfer of information to regulatory and public health agencies requesting data from emergency department encounters.

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V.1 Scope and Purpose

The Emergency Department Encounter Summary is a folder in XDS that defines a collection of documents. Several content profiles must be included to represent the various kinds of documents that might be found in the EDES Folder.

These content profiles include:

- ED Triage Note – this document contains data compiled during the ED triage process.
- ED Nursing Note – this document contains data complied during the on-going care (after initial triage) of the ED patient.
- Composite ED Triage and ED Nursing Note – this document can be used in lieu of individual triage and ED Nursing notes by implementers where both above documents may be consolidated into a single document.
- ED Physician Note – this document is a summary view of ED physician documentation.
- Pre-hospital Care Report – this document has been identified as a future work product and is on the PCC Roadmap for 2008.
- EDR (Emergency Department Referral) – this document was developed in the 2006 IHE cycle to support referral of a patient to the emergency department.
- Diagnostic Imaging Reports – shall be shared using XDS-I.
- Lab Reports – Laboratory reports shall be shared using XD*-LAB.
- Consultations – future document type specification.
- Transfer Summary – future document type specification.
- Summary of Death – future document type specification.

V.1.1 Authorship and Attestation

Each of the documents described above may have different authors. In some cases a single document can have multiple authors. Local policies may require certain documents to be attested to (signed) by the responsible provider, which may again be different from the author or authors. The content profiles allow for multiple authors to be recorded and for the attestation (signature to be provided according to the local policy.

V.2 Use Cases

V.2.1 Use Case – Emergency Department Visit

This use case presumes the patient is cared for at a hospital facility with an EDIS as well as a hospital information system. Additionally, the patient's primary care provider is also assumed to possess an interoperable EHR system.

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This use case begins upon the arrival of the patient to the emergency department. Data including mode of arrival, chief complaint, and other arrival data are manually entered into the EDIS. Additional data including past medical problems, medications and allergies, are obtained in one of the following ways:

1. Entered manually into the EDIS by the triage nurse
2. Imported from a legacy ED encounter within the EDIS
3. Imported from the hospital information system or CDR, perhaps using [[PCC TF-1/QED|Query for Existing Data].
4. Imported from an Emergency Department Referral (IHE 2006-2007).
5. Imported using PHR Extract from portable media (IHE 2006-2007).
6. Imported from a prehospital EMS report (Emergency Medical Services (EMS) to Emergency Dept. Data Transfer, PCC Roadmap 2008-2009)

The patient undergoes assessments by a triage nurse, is assigned a triage category (i.e., emergent, urgent, non-urgent). The patient is then registered and demographic data is obtained. One taken to the treatment area, the patient undergoes additional assessments by a primary RN, and seen by an ED physician who performs a history and physical, orders various diagnostic tests, determines a course of therapy, orders medications to be administered in the ED and performs procedures on the patient. Upon completion of ED care, the patient is either admitted to the hospital, discharged from the ED, or transferred to another facility. Hence, the use case can take one of three branches:

1. If admitted, the EDES is sent to the hospital information system where it can be viewed by providers, or read by the EHR system so that medical summary data and details of care rendered in the ED available to inpatient providers.
2. If the patient is discharged the EDES is sent to the patient's primary care physician as a summary of care rendered during the ED encounter.
3. If the patient is transferred to another facility, the EDES is posted to the RHIO and made available for providers at the receiving facility.

V.3 Examples

V.3.1 Example 1

Mr. John Smith, a longstanding patient of Dr. Mark Klein, is 62 year old man with hypertension and diabetes who awoke with acute onset of fever, right-sided chest pain and cough. He presents to the IHE ED via EMS where he is triaged by nurse Karen Ross who collects his past medical history, medications, allergies, mode of arrival, and inputs this data into the EDIS. Mr. Smith is taken directly to the treatment area where he is assigned to nurse Barbara Reiter who obtains vital signs, baseline pulse oximetry, places the patient on oxygen, and obtains IV access. She documents her assessments and interventions in the EDIS. The patient is seen by Dr. William

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Reed who performs and records a history and physical examination, orders an ECG, chest radiograph, CBC, electrolytes, and blood cultures. The chest radiograph reveals bi-lobar pneumonia and the ECG is slightly abnormal. Ceftriaxone 1gm IV plus Azithromycin 500mg PO are administered. After multiple attempts by Dr. Reed to contact Dr. Klein, Mr. Smith is admitted to an intermediate care bed under the care of Dr. Herman Edwards the IHE hospitalist. Upon hospital admission, Dr. Reed completes the record and, as the responsible attending physician, electronically signs the ED chart authenticating the EDES. In this institution, the initial ED attending physician to see the patient is the legal authenticator for all documents, and may only delegate this responsibility to another provider through a formal transfer of care. The EDES is posted to the RHIO and also sent to the hospital information system. Using the HIS, the nurse on the intermediate care ward accesses the record and notes the time and administration of antibiotics. When Dr. Klein reaches the office in the morning, his office EHR-S notifies him that his patient was seen in the IHE ED the previous night, and displays the ED Encounter Summary.

End of motivation material. The material above is included as reference material and is not normative.

Add Section W

W Triage Note (TN) Content Profile

The triage note is a CDA document that may be submitted to an ED Folder in order to record the act of triaging a patient upon presentation to the emergency department. The triage note is designed to support a comprehensive triage assessment, although it is recognized that providers may not capture the entire list of sections, owing to patient presentation, acuity or time constraints.

W.1 Scope and Purpose

W.2 Use Cases

There are two actors in this profile, the Content Creator and the Content Consumer.

W.3 Actors/ Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of

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appropriate IHE profiles described by section 3.7 Content Bindings with XDS, XDM and XDR found in the Patient Care Coordination Technical Framework

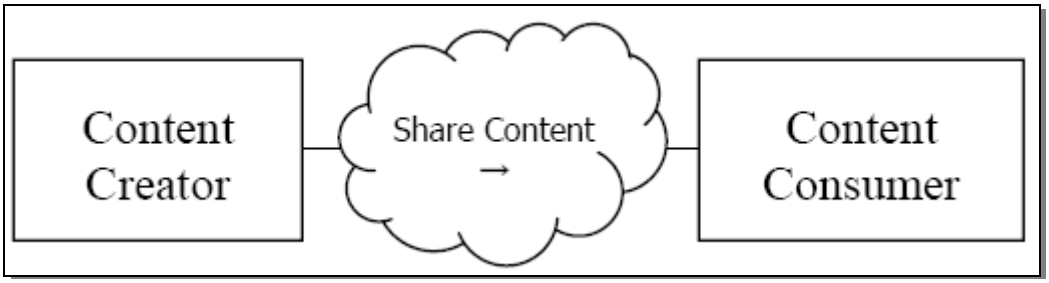

Figure W.3-1: Triage Note Actor Diagram

W.4 Triage Note Content Profile Options

Options that may be selected for this Content Profile are listed in the table W.4-1 along with the Actors to which they apply. Dependencies between options when applicable are specified in notes.

Table W.4-1: Triage Note Options

Actor	Option	Section
Content Consumer	View Option (See Note 1) Document Import Option (See Note 1) Section Import Option (See Note 1) Discrete Data Import Option (See Note 1)	PCC TF-2 :3.1.1 PCC TF-2 :3.1.2 PCC TF-2 :3.1.3 PCC TF-2 :3.1.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

W.5 Grouping

W.5.1 Content Bindings for XDS, XDM, and XDR

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

- A registry/repository-based infrastructure is defined by the IHE Cross Enterprise Document Sharing (XDS) and other IHE Integration Profiles such as patient identification (PIX & PDQ) and notification of availability of documents (NAV).
- A media-based infrastructure is defined by the IHE Cross Enterprise Document Media Interchange (XDM) profile.
- A reliable messaging-based infrastructure is defined by the IHE Cross Enterprise Document Reliable Interchange (XDR) profile.

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- All of these infrastructures support Security and privacy through the use of the Consistent Time (CT) and Audit Trail and Node Authentication (ATNA) profiles.

For more details on these profiles, see the IHE IT Infrastructure Technical Framework. Content profiles may impose additional requirements on the transactions used when grouped with actors from other IHE Profiles.

W.5.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

Actors from the ITI XDS, XDM and XDR profiles embody the Content Creator and Content Consumer sharing function of this profile. A Content Creator or Content Consumer must be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent in the document sharing or interchange messages has specific relationships to the content of the clinical document described in the content profile.

W.5.3 Notification of Document Availability (NAV)

A Document Source should provide the capability to issue a Send Notification Transaction per the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or more Document Consumer(s) of the availability of one or more documents for retrieval. One of the Acknowledgement Request options may be used to request from a Document Consumer that an acknowledgement should be returned when it has received and processed the notification. A Document Consumer should provide the capability to receive a Receive Notification Transaction per the NAV Integration Profile in order to be notified by Document Sources of the availability of one or more documents for retrieval. The Send Acknowledgement option may be used to issue a Send Acknowledgement to a Document Source that the notification was received and processed.

W.5.4 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may support the Digital Signature (DSG) Content Profile as a Document Source. When a Content Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature document and may perform the verification against the signed document content.

W.6 Requirements of TN Actors

This section describes the specific requirements for each Actor defined within this profile. Specific details can be found in Volume 1 and Volume 2 of the technical framework.

W.6.1 Content Creator

1. A Content Creator shall be able to create a TN Document according to the specifications for that content profile found in PCC TF-2.

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2. A Content Creator shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
3. A Content Creator shall be grouped with the Secure Node or Secure Application Actor of the ATNA profile.
4. All activity initiated by the application implementing the Content Creator shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Creator are that it be able to log creation and export of clinical content.
5. A Content Creator shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

W.6.2 Content Consumer

1. A Content Consumer shall be able to consume a TN document.
2. A Content Consumer shall implement the View Option or Discrete Data import option, or both.
3. A Content Consumer that implements the Document Import or Section Import Option shall implement the View Option as well.
4. A Content Consumer that implements the View option shall be able to:
   a. Demonstrate rendering of the document for display.
   b. Print the document.
   c. Display the document with its original style sheet.
   d. Support traversal of any links contained within the document.
5. A Content Consumer that implements the Document Import Option shall:
   a. Store the document.
   b. Demonstrate the ability to access the document again from local storage.
6. A Content Consumer that implements the Section Import Option shall offer a means to import one or more document sections into the patient record as free text.
7. A Content Consumer that implements the Discrete Data Import Option shall offer a means to import structured data from one or more sections of the document.
8. A Content Consumer Actor shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
9. All activity initiated by the application implementing the Content Consumer shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Consumer are that it be able to log views or imports of clinical content.

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10. A Content Consumer shall log events for any views of stored clinical content.
11. A Content Consumer shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

W.7 Content Modules

Content modules describe the content of a payload found in an IHE transaction. Content profiles are transaction neutral. They do not have dependencies upon the transaction that they appear in.

Add Section X

X Nursing Note (NN) Content Profile

The nursing note is a CDA document that may be submitted to an ED Folder in order to record the act of nursing care delivered to a patient in the emergency department. The ED nursing note is designed to support documentation sufficient to support transfer of care. It is recognized that the ED Nursing Note specification is not sufficient to document all medicolegal facets of care, and conversely that providers may not capture the entire list of sections, owing to patient presentation, acuity or time constraints.

X.1 Scope and Purpose

X.2 Use Cases

There are two actors in this profile, the Content Creator and the Content Consumer.

X.3 Actors/ Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of appropriate IHE profiles described by section 3.7 Content Bindings with XDS, XDM and XDR found in the Patient Care Coordination Technical Framework.

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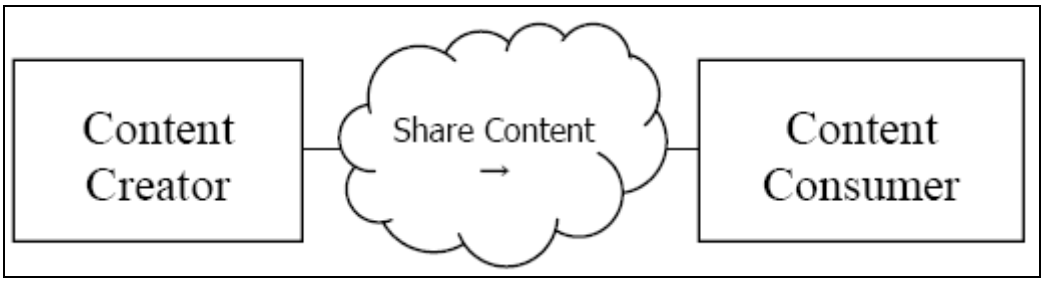

Figure X.3-1: Nursing Note Actor Diagram

X.4 Nursing Note Content Profile Options

Options that may be selected for this Content Profile are listed in the table X.4-1 along with the Actors to which they apply. Dependencies between options when applicable are specified in notes.

Table X.4-1: Nursing Note Options

Actor	Option	Section
Content Consumer	View Option (See Note 1) Document Import Option (See Note 1) Section Import Option (See Note 1) Discrete Data Import Option (See Note 1)	PCC TF-2 :3.1.1 PCC TF-2 :3.1.2 PCC TF-2 :3.1.3 PCC TF-2 :3.1.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

X.5 Grouping

X.5.1 Content Bindings for XDS, XDM, and XDR

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

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

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For more details on these profiles, see the IHE IT Infrastructure Technical Framework. Content profiles may impose additional requirements on the transactions used when grouped with actors from other IHE Profiles.

X.5.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

Actors from the ITI XDS, XDM and XDR profiles embody the Content Creator and Content Consumer sharing function of this profile. A Content Creator or Content Consumer must be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent in the document sharing or interchange messages has specific relationships to the content of the clinical document described in the content profile.

X.5.3 Notification of Document Availability (NAV)

A Document Source should provide the capability to issue a Send Notification Transaction per the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or more Document Consumer(s) of the availability of one or more documents for retrieval. One of the Acknowledgement Request options may be used to request from a Document Consumer that an acknowledgement should be returned when it has received and processed the notification. A Document Consumer should provide the capability to receive a Receive Notification Transaction per the NAV Integration Profile in order to be notified by Document Sources of the availability of one or more documents for retrieval. The Send Acknowledgement option may be used to issue a Send Acknowledgement to a Document Source that the notification was received and processed.

X.5.4 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may support the Digital Signature (DSG) Content Profile as a Document Source. When a Content Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature document and may perform the verification against the signed document content.

X.6 Requirements of NN Actors

This section describes the specific requirements for each Actor defined within this profile. Specific details can be found in Volume 1 and Volume 2 of the technical framework.

X.6.1 Content Creator

1. A Content Creator shall be able to create an NN Document according to the specifications for that content profile found in PCC TF-2.
2. A Content Creator shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.

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3. A Content Creator shall be grouped with the Secure Node or Secure Application Actor of the ATNA profile.
4. All activity initiated by the application implementing the Content Creator shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Creator are that it be able to log creation and export of clinical content.
5. A Content Creator shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

X.6.2 Content Consumer

1. A Content Consumer shall be able to consume an NN document.
2. A Content Consumer shall implement the View Option or Discrete Data import option, or both.
3. A Content Consumer that implements the Document Import or Section Import Option shall implement the View Option as well.
4. A Content Consumer that implements the View option shall be able to:
   a. Demonstrate rendering of the document for display.
   b. Print the document.
   c. Display the document with its original style sheet.
   d. Support traversal of any links contained within the document.
5. A Content Consumer that implements the Document Import Option shall:
   a. Store the document.
   b. Demonstrate the ability to access the document again from local storage.
6. A Content Consumer that implements the Section Import Option shall offer a means to import one or more document sections into the patient record as free text.
7. A Content Consumer that implements the Discrete Data Import Option shall offer a means to import structured data from one or more sections of the document.
8. A Content Consumer Actor shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
9. All activity initiated by the application implementing the Content Consumer shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Consumer are that it be able to log views or imports of clinical content.
10. A Content Consumer shall log events for any views of stored clinical content.

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11. A Content Consumer shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

X.7 Content Modules

Content modules describe the content of a payload found in an IHE transaction. Content profiles are transaction neutral. They do not have dependencies upon the transaction that they appear in.

Add Section Y

Y Composite Triage and Nursing Note (CTNN) Content Profile

The composite triage and nursing note is a CDA document that may be submitted to an ED Folder in order to record the act of both triage and nursing care delivered to a patient in the emergency department. The ED nursing note is designed to support documentation sufficient to support transfer of care. It is recognized that the specification is not sufficient to document all medicolegal facets of care, and conversely that providers may not capture the entire list of sections, owing to patient presentation, acuity or time constraints.

Y.1 Scope and Purpose

Y.2 Use Cases

There are two actors in this profile, the Content Creator and the Content Consumer.

Y.3 Actors/ Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of appropriate IHE profiles described by section 3.7 Content Bindings with XDS, XDM and XDR found in the Patient Care Coordination Technical Framework.

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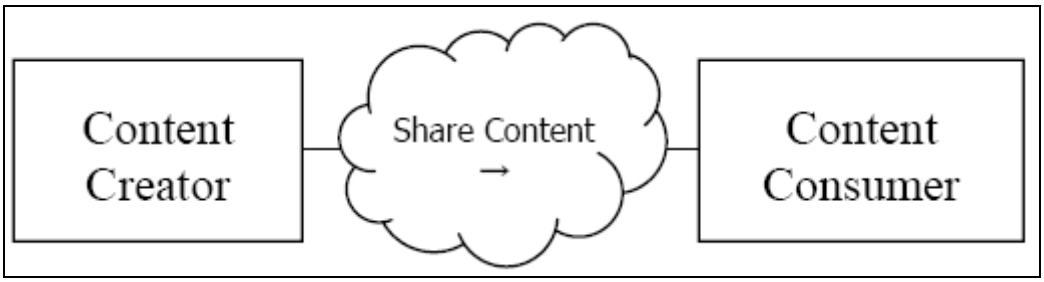

Figure Y.3-1: Composite Triage and Nursing Note Actor Diagram

Y.4 Composite Triage and Nursing Note Content Profile Options

Options that may be selected for this Content Profile are listed in the table Y.4-1 along with the Actors to which they apply. Dependencies between options when applicable are specified in notes.

Table Y.4-1: Composite Triage and Nursing Note Options

Actor	Option	Section
Content Consumer	View Option (See Note 1) Document Import Option (See Note 1) Section Import Option (See Note 1) Discrete Data Import Option (See Note 1)	PCC TF-2 :3.1.1 PCC TF-2 :3.1.2 PCC TF-2 :3.1.3 PCC TF-2 :3.1.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

Y.5 Grouping

Y.5.1 Content Bindings for XDS, XDM, and XDR

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

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

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For more details on these profiles, see the IHE IT Infrastructure Technical Framework. Content profiles may impose additional requirements on the transactions used when grouped with actors from other IHE Profiles.

Y.5.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

Actors from the ITI XDS, XDM and XDR profiles embody the Content Creator and Content Consumer sharing function of this profile. A Content Creator or Content Consumer must be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent in the document sharing or interchange messages has specific relationships to the content of the clinical document described in the content profile.

Y.5.3 Notification of Document Availability (NAV)

A Document Source should provide the capability to issue a Send Notification Transaction per the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or more Document Consumer(s) of the availability of one or more documents for retrieval. One of the Acknowledgement Request options may be used to request from a Document Consumer that an acknowledgement should be returned when it has received and processed the notification. A Document Consumer should provide the capability to receive a Receive Notification Transaction per the NAV Integration Profile in order to be notified by Document Sources of the availability of one or more documents for retrieval. The Send Acknowledgement option may be used to issue a Send Acknowledgement to a Document Source that the notification was received and processed.

Y.5.4 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may support the Digital Signature (DSG) Content Profile as a Document Source. When a Content Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature document and may perform the verification against the signed document content.

Y.6 Requirements of CTNN Actors

This section describes the specific requirements for each Actor defined within this profile. Specific details can be found in Volume 1 and Volume 2 of the technical framework.

Y.6.1 Content Creator

1. A Content Creator shall be able to create a CTNN Document according to the specifications for that content profile found in PCC TF-2.
2. A Content Creator shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.

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3. A Content Creator shall be grouped with the Secure Node or Secure Application Actor of the ATNA profile.
4. All activity initiated by the application implementing the Content Creator shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Creator are that it be able to log creation and export of clinical content.
5. A Content Creator shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

Y.6.2 Content Consumer

1. A Content Consumer shall be able to consume an EDES-CTNN document.
2. A Content Consumer shall implement the View Option or Discrete Data import option, or both.
3. A Content Consumer that implements the Document Import or Section Import Option shall implement the View Option as well.
4. A Content Consumer that implements the View option shall be able to:
   a. Demonstrate rendering of the document for display.
   b. Print the document.
   c. Display the document with its original style sheet.
   d. Support traversal of any links contained within the document.
5. A Content Consumer that implements the Document Import Option shall:
   a. Store the document.
   b. Demonstrate the ability to access the document again from local storage.
6. A Content Consumer that implements the Section Import Option shall offer a means to import one or more document sections into the patient record as free text.
7. A Content Consumer that implements the Discrete Data Import Option shall offer a means to import structured data from one or more sections of the document.
8. A Content Consumer Actor shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
9. All activity initiated by the application implementing the Content Consumer shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Consumer are that it be able to log views or imports of clinical content.
10. A Content Consumer shall log events for any views of stored clinical content.

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11. A Content Consumer shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

Y.7 Content Modules

Content modules describe the content of a payload found in an IHE transaction. Content profiles are transaction neutral. They do not have dependencies upon the transaction that they appear in.

Add Section Z

Z ED Physician Note (EDES-EDPN) Content Profile

The ED Physician Note is a CDA document that may be submitted to an ED Folder in order to record the care delivered to a patient in the emergency department. The ED physician note is designed to support documentation sufficient to support transfer of care. It is recognized that the specification is not sufficient to document all medicolegal facets of care, and conversely that providers may not capture the entire list of sections, owing to patient presentation, acuity or time constraints.

Z.1 Scope and Purpose

Z.2 Use Cases

There are two actors in this profile, the Content Creator and the Content Consumer.

Z.3 Actors/ Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of appropriate IHE profiles described by section 3.7 Content Bindings with XDS, XDM and XDR found in the Patient Care Coordination Technical Framework.

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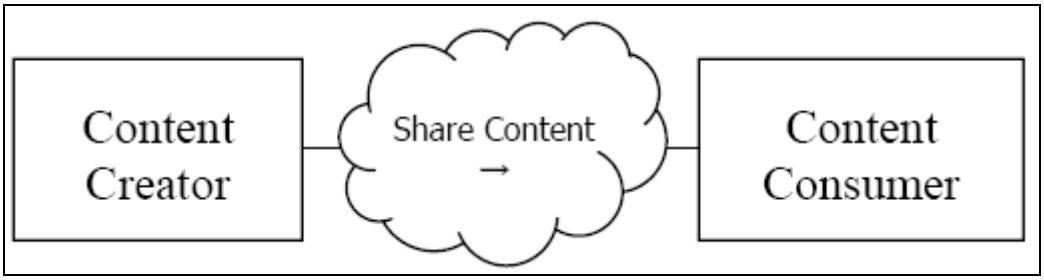

Figure Z.3-1: ED Physician Note Actor Diagram

Z.4 ED Physician Note Content Profile Options

Options that may be selected for this Content Profile are listed in the table Z.2-1 along with the Actors to which they apply. Dependencies between options when applicable are specified in notes.

Table Z.4-1: ED Physician Note Options

Actor	Option	Section
Content Consumer	View Option (See Note 1) Document Import Option (See Note 1) Section Import Option (See Note 1) Discrete Data Import Option (See Note 1)	PCC TF-2 :3.1.1 PCC TF-2 :3.1.2 PCC TF-2 :3.1.3 PCC TF-2 :3.1.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

Z.5 Grouping

Z.5.1 Content Bindings for XDS, XDM, and XDR

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

- A registry/repository-based infrastructure is defined by the IHE Cross Enterprise Document Sharing (XDS) and other IHE Integration Profiles such as patient identification (PIX & PDQ) and notification of availability of documents (NAV).
- A media-based infrastructure is defined by the IHE Cross Enterprise Document Media Interchange (XDM) profile.
- A reliable messaging-based infrastructure is defined by the IHE Cross Enterprise Document Reliable Interchange (XDR) profile.

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- All of these infrastructures support Security and privacy through the use of the Consistent Time (CT) and Audit Trail and Node Authentication (ATNA) profiles.

For more details on these profiles, see the IHE IT Infrastructure Technical Framework. Content profiles may impose additional requirements on the transactions used when grouped with actors from other IHE Profiles.

Z.5.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

Actors from the ITI XDS, XDM and XDR profiles embody the Content Creator and Content Consumer sharing function of this profile. A Content Creator or Content Consumer must be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent in the document sharing or interchange messages has specific relationships to the content of the clinical document described in the content profile.

Z.5.3 Notification of Document Availability (NAV)

A Document Source should provide the capability to issue a Send Notification Transaction per the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or more Document Consumer(s) of the availability of one or more documents for retrieval. One of the Acknowledgement Request options may be used to request from a Document Consumer that an acknowledgement should be returned when it has received and processed the notification. A Document Consumer should provide the capability to receive a Receive Notification Transaction per the NAV Integration Profile in order to be notified by Document Sources of the availability of one or more documents for retrieval. The Send Acknowledgement option may be used to issue a Send Acknowledgement to a Document Source that the notification was received and processed.

Z.5.4 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may support the Digital Signature (DSG) Content Profile as a Document Source. When a Content Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature document and may perform the verification against the signed document content.

Z.6 Requirements of EDPN Actors

This section describes the specific requirements for each Actor defined within this profile. Specific details can be found in Volume 1 and Volume 2 of the technical framework.

Z.6.1 Content Creator

1. A Content Creator shall be able to create an EDPN Document according to the specifications for that content profile found in PCC TF-2.

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2. A Content Creator shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
3. A Content Creator shall be grouped with the Secure Node or Secure Application Actor of the ATNA profile.
4. All activity initiated by the application implementing the Content Creator shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Creator are that it be able to log creation and export of clinical content.
5. A Content Creator shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

Z.6.2 Content Consumer

1. A Content Consumer shall be able to consume an EDPN document.
2. A Content Consumer shall implement the View Option or Discrete Data import option, or both.
3. A Content Consumer that implements the Document Import or Section Import Option shall implement the View Option as well.
4. A Content Consumer that implements the View option shall be able to:
   a. Demonstrate rendering of the document for display.
   b. Print the document.
   c. Display the document with its original style sheet.
   d. Support traversal of any links contained within the document.
5. A Content Consumer that implements the Document Import Option shall:
   a. Store the document.
   b. Demonstrate the ability to access the document again from local storage.
6. A Content Consumer that implements the Section Import Option shall offer a means to import one or more document sections into the patient record as free text.
7. A Content Consumer that implements the Discrete Data Import Option shall offer a means to import structured data from one or more sections of the document.
8. A Content Consumer Actor shall be grouped with the Time Client Actor, and shall synchronize its clock with a Time Server.
9. All activity initiated by the application implementing the Content Consumer shall generate the appropriate audit trail messages as specified by the ATNA Profile. The bare minimum requirements of a Content Consumer are that it be able to log views or imports of clinical content.

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10. A Content Consumer shall log events for any views of stored clinical content.
11. A Content Consumer shall use secure communications for any document exchanges, according to the specifications of the ATNA profile.

Z.7 Content Modules

Content modules describe the content of a payload found in an IHE transaction. Content profiles are transaction neutral. They do not have dependencies upon the transaction that they appear in.

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Glossary

Add the following terms to the Glossary:

Acuity Assessment

Also known as triage category, this is the acuity of the patient assigned during the process of ED triage. A number of evidenced based triage scales exist, including the Emergency Severity Index (ESI), Canadian Triage and Acuity Scale (CTAS), the Australasian Triage Scale (ATS), and the Manchester Triage System. In many emergency departments, patients may simply be classified as *emergent*, *urgent* or *non-urgent*.

EDIS

An Emergency Department Information System (EDIS) is an extended EHR system used to manage data in support of Emergency Department patient care and operations. The functions of an EDIS may be provided by a single application or multiple applications.

EMR

Electronic Medical Record, an Electronic Health Record system used within an enterprise to deliver care (also called EHR-CR by IHE-XDS).

Estimated Time of Arrival

The time the patient being referred can be expected to arrive in the emergency department.

Functional Role

Role an individual is acting under when they are executing a function. See ISO 21298

Mode of Arrival

The method of transportation used to transport the patient to the Emergency Department.

Procedure

In the context of a "Pre-procedure History and Physical," the "procedure" is a surgery or an invasive examination of a patient that is required by quality review organizations to be preceded by a pre-procedure assessment of procedure risk and anesthesia risk. This assessment is typically referred to as a "Pre-operative" or "Pre-procedure History and Physical."

Transport Mode

The method the patient employs, or is provided to get to the emergency department.

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5.0 Namespaces and Vocabularies

5.1 IHE Format Codes

Add format codes to the table in section 5.1

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Table 5.1-1: Format Codes

Profile	Format Code	Media Type	Template ID
Triage Note (TN)	urn:ihe:pcc:edes:2007	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.13.1.1
Nursing Note (NN)	urn:ihe:pcc:edes:2007	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.13.1.2
Composite Triage and Nursing Note (CTNN)	urn:ihe:pcc:edes:2007	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.13.1.3
ED Physician Note (EDPN)	urn:ihe:pcc:edes:2007	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.13.1.4

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6.0 PCC Content ModulesHL7 Version 3.0 Content Modules

This section contains content modules based upon the HL7 CDA Release 2.0 Standard, and related standards and/or implementation guides.

6.1 Conventions

NA

6.2 Folder Content Modules

NA

6.3 HL7 Version 3.0 Content Modules

Add sections 6.3.1.A, B, C, D to the end of 6.3.1

6.3.1 CDA Document Content Modules

6.3.1. A Triage Note Specification 1.3.6.1.4.1.19376.1.5.3.1.1.13.1.1

The triage note specification includes sections for data commonly captured during the initial triage assessment of the patient. It includes arrival data, historical information about the patient, vital signs, assessments, and interventions.

6.3.1.A.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:pcc:tn:2007**

6.3.1.A.2 Parent Template

This document is an instance of the Medical Document template.

6.3.1.A.3 LOINC Code

The LOINC code for this document is **X-TRIAGE** Triage Note

6.3.1.A.4 Data Element Index

Data Element	LOINC
Chief Complaint	10154-3 CHIEF COMPLAINT
Reason for Visit	29299-6 REASON FOR VISIT
Mode of Arrival	11459-5 TRANSPORT MODE
History of Present Illness	10164-2 HISTORY OF PRESENT ILLNESS
History of Past Illness	11348-0 HISTORY OF PAST ILLNESS

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Data Element	LOINC
List of Surgeries	47519-4 HISTORY OF PRIOR SURGERIES
Immunizations	11369-6 HISTORY OF IMMUNIZATIONS
Family History	10157-6 HISTORY OF FAMILY ILLNESS
Social History	29762-2 SOCIAL HISTORY
History of Pregnancies	10162-6 HISTORY OF PREGNANCIES
Current Medications	10160-0 CURRENT MEDICATIONS
Allergies	48765-2 ALLERGIES, ADVERSE REACTIONS, ALERTS
Acuity Assessment	11283-9 ACUITY ASSESSMENT
Vital Signs	8716-3 VITAL SIGNS
Assessments	X-ASSESS ASSESSMENTS
Procedures and Interventions	X-PROC
Medications Administered	18610-6 MEDICATION ADMINISTERED (COMPOSITE)
Intravenous Fluids Administered	X-IVFLU INTRAVENOUS FLUID ADMINISTERED (COMPOSITE)

6.3.1.A.5 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Technical Framework Volume 2: Final Text
- IHE Patient Care Coordination CDA Content Modules Supplement

Data Element Name	Opt	Template ID
Chief Complaint	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1
Reason for Visit	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1.1
Transport Mode	R	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2
History of Present Illness	R	1.3.6.1.4.1.19376.1.5.3.1.3.4
History of Past Illness	R2	1.3.6.1.4.1.19376.1.5.3.1.3.8
List of Surgeries	R2	1.3.6.1.4.1.19376.1.5.3.1.3.11
Immunizations	R2	1.3.6.1.4.1.19376.1.5.3.1.3.23
Family Medical History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.14
Social History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.16
Pregnancy History This section should contain one entry containing the date (TS) of last menstrual period for women of childbearing age, using LOINC Code 8665-2 DATE LAST MENSTRUAL PERIOD	R2	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4
Medications	R	1.3.6.1.4.1.19376.1.5.3.1.3.19
Allergies and Other Adverse Reactions	R	1.3.6.1.4.1.19376.1.5.3.1.3.13

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Data Element Name	Opt	Template ID
Acuity Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2
Coded Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2
Assessments	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4
Procedures and Interventions	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Medications Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.3.21
Intravenous Fluids Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6

6.3.1.A.6 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the Medical Document content module, and so must conform to the requirements of that template as well, thus all <templateId> elements shown in the example below shall be included.

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```
<ClinicalDocument xmlns='urn:hl7-org:v3'>
  <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.1'/>
 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.1.1'/>
  <id root=' ' extension=' '/>
  <code code='X-TRIAGE' displayName='Triage Note'
    codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
  <title>Triage Note</title>
  <effectiveTime value='20081110012005'/>
  <confidentialityCode code='N' displayName='Normal'
    codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
  <languageCode code='en-US'/>
    :
  <component><structuredBody>
   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1'/>
        <!-- Required Chief Complaint Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1.1'/>
        <!-- Required Reason for Visit Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2'/>
        <!-- Required Mode of Arrival Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4'/>
        <!-- Required History of Present Illness Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.8'/>
        <!-- Required if known History of Past Illness Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.11'/>
        <!-- Required if known List of Surgeries Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.23'/>
        <!-- Required if known Immunizations Section content -->
      </section>
    </component>

   <component>
      <section>
```


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```
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.14'/>
        <!-- Required if known Family History Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16'/>
        <!-- Required if known Social History Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4'/>
        <!-- Required if known History of Pregnancies Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.19'/>
        <!-- Required Current Medications Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13'/>
        <!-- Required Allergies Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2'/>
        <!-- Required Acuity Assessment Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2'/>
        <!-- Required Coded Vital Signs Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4'/>
        <!-- Required if known Assessments Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11'/>
        <!-- Required if known Procedures and Interventions Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.21'/>
        <!-- Required if known Medications Administered Section content -->
```


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```
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6'/>
        <!-- Required if known Intravenous Fluids Administered Section content -->
      </section>
    </component>


  </structuredBody></component>
</ClinicalDocument>
```

Figure 6.3.1.A.6-1: Sample Triage Note Document

Add section 6.3.B to the end of 6.3

6.3.1.B ED Nursing Note Specification 1.3.6.1.4.1.19376.1.5.3.1.1.13.1.2

The ED Nursing Note specification includes sections for data commonly captured during the ongoing care of the ED patient. It includes vital signs, ongoing assessments, and interventions.

6.3.1.B.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:pcc:nn:2007**

6.3.1.B.2 Parent Template

This document is an instance of the Medical Document template.

6.3.1.B.3 LOINC Code

The LOINC code for this document is **X-NN** Nursing Note

6.3.1.B.4 Data Element Index

Data Element	LOINC
Vital Signs	8716-3 VITAL SIGNS
Assessments	X-ASSESS ASSESSMENTS
Procedures and Interventions	X-PROC PROCEDURES PERFORMED
Medications Administered	18610-6 MEDICATION ADMINISTERED (COMPOSITE)
Intravenous Fluids Administered	X-IVFLU INTRAVENOUS FLUID ADMINISTERED (COMPOSITE)
ED Disposition	11302-7 ED DISPOSITION

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6.3.1.B.5 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Technical Framework Volume 2: Final Text
- IHE Patient Care Coordination CDA Content Modules Supplement

Data Element Name	Opt	Template ID
Coded Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2
Assessments Record of assessments of the patient's condition	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4
Coded Functional Status Record of assessments of patient's functional status	O	1.3.6.1.4.1.19376.1.5.3.1.1.12.2.1
Procedures and Interventions This section is used to record interventions or nursing procedures performed	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Medications Administered	R	1.3.6.1.4.1.19376.1.5.3.1.3.21
Intravenous Fluids Administered	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6
ED Disposition	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.10

6.3.1.B.6 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the Medical Document content module, and so must conform to the requirements of that template as well, thus all <templateId> elements shown in the example below shall be included.

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<ClinicalDocument xmlns='urn:hl7-org:v3'>
  <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.1'/>
 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.1.2'/>
  <id root=' ' extension=' '/>
  <code code='X-NN' displayName='Nursing Note'
    codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
  <title>ED Nursing Note</title>
  <effectiveTime value='20081110012005'/>
  <confidentialityCode code='N' displayName='Normal'
    codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
  <languageCode code='en-US'/>
    :
  <component><structuredBody>
   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2 '/>
        <!-- Required Coded Vital Signs Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4'/>
        <!-- Required Assessments Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.12.2.1'/>
        <!-- Optional Functional Status Assessments Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11'/>
        <!-- Required Procedures and Interventions Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.21'/>
        <!-- Required Medications Administered Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6'/>
        <!-- Required Intravenous Fluids Administered Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.10'/>
        <!-- Required ED Disposition Section content -->
      </section>
    </component>


  </structuredBody></component>
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</ClinicalDocument>
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Figure 6.3.1.B.6-1: Sample Triage Note Document

Add section 6.3.C to the end of 6.3

6.3.1.C Composite Triage and Nursing Note Specification 1.3.6.1.4.1.19376.1.5.3.1.1.13.1.3

The Composite Triage and ED Nursing Note specification may be employed where the ED Triage Note and ED Nursing Notes exist within a single document. The elements below are an exact composite of the elements from the Triage Note specification and the ED Nursing Note specification.

6.3.1.C.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:pcc:ctnn:2007**

6.3.1.C.2 Parent Template

This document is an instance of the Medical Document template.

6.3.1.C.3 LOINC Code

The LOINC code for this document is **X-TRIAGE** Triage Note

6.3.1.C.4 Data Element Index

Data Element	LOINC
Chief Complaint	10154-3 CHIEF COMPLAINT
Reason for Visit	29299-6 REASON FOR VISIT
Mode of Arrival	11459-5 TRANSPORT MODE
History of Present Illness	10164-2 HISTORY OF PRESENT ILLNESS
Past Medical History	11348-0 HISTORY OF PAST ILLNESS
List of Surgeries	47519-4 HISTORY OF PRIOR SURGERIES
Immunizations	11369-6 HISTORY OF IMMUNIZATIONS
Family History	10157-6 HISTORY OF FAMILY ILLNESS
Social History	29762-2 SOCIAL HISTORY
History of Pregnancies	10162-6 HISTORY OF PREGNANCIES
Current Medications	10160-0 CURRENT MEDICATIONS
Allergies	48765-2 ALLERGIES, ADVERSE REACTIONS, ALERTS
Acuity Assessment	11283-9 ACUITY ASSESSMENT
Vital Signs	8716-3 VITAL SIGNS

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Data Element	LOINC
Assessments	X-ASSESS ASSESSMENTS Template:O
Procedures and Interventions	X-PROC PROCEDURES PERFORMED
Medications Administered	18610-6 MEDICATION ADMINISTERED (COMPOSITE)
Intravenous Fluids Administered	X-IVFLU INTRAVENOUS FLUID ADMINISTERED (COMPOSITE)
ED Disposition	11302-7 ED DISPOSITION

6.3.1.C.5 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Technical Framework Volume 2: Final Text
- IHE Patient Care Coordination CDA Content Modules Supplement

Data Element Name	Opt	Template ID
Chief Complaint	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1
Reason for Visit	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1.1
Transport Mode	R	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2
History of Present Illness	R	1.3.6.1.4.1.19376.1.5.3.1.3.4
History of Past Illness	R2	1.3.6.1.4.1.19376.1.5.3.1.3.8
List of Surgeries	R2	1.3.6.1.4.1.19376.1.5.3.1.3.11
Immunizations	R2	1.3.6.1.4.1.19376.1.5.3.1.3.23
Family Medical History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.14
Social History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.16
Pregnancy History This section should contain one entry containing the date (TS) of last menstrual period for women of childbearing age, using LOINC Code 8665-2 DATE LAST MENSTRUAL PERIOD	R2	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4
Medications	R	1.3.6.1.4.1.19376.1.5.3.1.3.19
Allergies and Other Adverse Reactions	R	1.3.6.1.4.1.19376.1.5.3.1.3.13
Acuity Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2
Coded Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2
Assessments	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4
Coded Functional Status Assessment Record of assessments of patient's functional status	O	1.3.6.1.4.1.19376.1.5.3.1.1.12.2.1
Procedures and Interventions This section is used to record interventions or nursing procedures	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11

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Data Element Name	Opt	Template ID
performed		
Medications Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.3.21
Intravenous Fluids Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6
ED Disposition The ED Disposition shall have a Mode of Transport entry describing how the patient departed.	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.10

6.3.1.C.6 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the Medical Document content module, and so must conform to the requirements of that template as well, thus all <templateId> elements shown in the example below shall be included.

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  <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.1'/>
 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.1.3'/>
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  <code code='X-TRIAGE' displayName='Triage Note'
    codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
  <title>Composite Triage and Nursing Note</title>
  <effectiveTime value='20081110012005'/>
  <confidentialityCode code='N' displayName='Normal'
    codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
  <languageCode code='en-US'/>
    :
  <component><structuredBody>
   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1'/>
        <!-- Required Chief Complaint Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1.1'/>
        <!-- Required Reason for Visit Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2'/>
        <!-- Required Mode of Arrival Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4'/>
        <!-- Required History of Present Illness Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.8'/>
        <!-- Required if known Past Medical History Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.11'/>
        <!-- Required if known List of Surgeries Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.23'/>
        <!-- Required if known Immunizations Section content -->
      </section>
    </component>

    <component>
      <section>
```


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```
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.14'/>
        <!-- Required if known Family History Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16'/>
        <!-- Required if known Social History Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4'/>
        <!-- Required if known History of Pregnancies Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.19'/>
        <!-- Required Current Medications Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13'/>
        <!-- Required Allergies Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2'/>
        <!-- Required Acuity Assessment Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2'/>
        <!-- Required Coded Vital Signs Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4'/>
        <!-- Required if known Assessments  Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.12.2.1'/>
        <!-- Optional Functional Status Assessments Section content -->
      </section>
    </component>

    <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11'/>
        <!-- Required Procedures and Interventions Section content -->
```


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```
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.21'/>
        <!-- Required if known Medications Administered Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6'/>
        <!-- Required if known IV Fluids Administered Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.10'/>
        <!-- Required ED Disposition Section content -->
      </section>
    </component>


  </structuredBody></component>
</ClinicalDocument>
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Figure 6.3.1.C.6-1: Sample Triage Note Document

Add section 6.3.D to the end of 6.3

6.3.1.D ED Physician Note Specification 1.3.6.1.4.1.19376.1.5.3.1.1.13.1.4

The ED Physician note specification includes sections for data commonly reported by the physician as part of an ED encounter. It includes relevant historical information about the patient, pertinent arrival information, vital signs, history and physical examination findings, assessment and plan, interventions including medications, fluids and procedures, diagnosis and disposition.

6.3.1.D.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:pcc:edpn:2007**

6.3.1.D.2 Parent Template

This document is an instance of the Medical Document template.

6.3.1.D.3 LOINC Code

The LOINC code for this document is **28568-4** ED Visit Note

6.3.1.D.4 Data Element Index

Data Element	LOINC
Referral Source	11293-8 ED REFERRAL SOURCE

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Data Element	LOINC
Mode of Arrival	11459-5 TRANSPORT MODE
Chief Complaint	10154-3 CHIEF COMPLAINT
Reason for Visit	29299-6 REASON FOR VISIT
History of Present Illness	10164-2 HISTORY OF PRESENT ILLNESS
Advance Directives	42348-3 ADVANCE DIRECTIVES
Active Problems	11450-4 PROBLEM LIST
Past Medical History	11348-0 HISTORY OF PAST ILLNESS
Current Medications	10160-0 CURRENT MEDICATIONS
Allergies	48765-2 ALLERGIES, ADVERSE REACTIONS, ALERTS
List of Surgeries	47519-4 History of procedures
Immunizations	11369-6 HISTORY OF IMMUNIZATIONS
Family History	10157-6 HISTORY OF FAMILY MEMBER DISEASES
Social History	29762-2 SOCIAL HISTORY
History of Pregnancies	10162-6 HISTORY OF PREGNANCIES
Pertinent ROS	10187-3 REVIEW OF SYSTEMS
Vital Signs	8716-3 VITAL SIGNS
Physical Examination	29545-1 PHYSICAL EXAMINATION
Assessment and Plan	X-AANDP ASSESSMENT AND PLAN X-ASSESS ASSESSMENT 18776-5 TREATMENT PLAN
Medications Administered	18610-6 MEDICATION ADMINISTERED (COMPOSITE)
Intravenous Fluids Administered	X-IVFLU INTRAVENOUS FLUID ADMINISTERED
Procedures Performed	PROC-X PROCEDURE PERFORMED
Test Results - Lab, ECG, Radiology	30954-2 STUDIES SUMMARY
Consultations	18693-2 ED CONSULTANT PRACTITIONER
Progress Note	18733-6 SUBSEQUENT EVALUATION NOTE (ATTENDING PHYSICIAN)
ED Diagnoses	11301-9 ED DIAGNOSIS
Medications at Discharge	10183-2 HOSPITAL DISCHARGE MEDICATIONS
ED Disposition	11302-7 ED DISPOSITION

6.3.1.D.5 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Technical Framework Volume 2: Final Text
- IHE Patient Care Coordination CDA Content Modules Supplement

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Data Element Name	Opt	Template ID
Referral Source	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.3
Transport Mode	R	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2
Chief Complaint	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1
Reason for Visit	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1.1
History of Present Illness	R	1.3.6.1.4.1.19376.1.5.3.1.3.4
Advance Directives	R	1.3.6.1.4.1.19376.1.5.3.1.3.34
Active Problems	R2	1.3.6.1.4.1.19376.1.5.3.1.3.6
History of Past Illness	R2	1.3.6.1.4.1.19376.1.5.3.1.3.8
Medications	R	1.3.6.1.4.1.19376.1.5.3.1.3.19
Allergies and Other Adverse Reactions	R	1.3.6.1.4.1.19376.1.5.3.1.3.13
List of Surgeries	R	1.3.6.1.4.1.19376.1.5.3.1.3.11
Immunizations	R	1.3.6.1.4.1.19376.1.5.3.1.3.23
Family Medical History	R	1.3.6.1.4.1.19376.1.5.3.1.3.14
Social History	R	1.3.6.1.4.1.19376.1.5.3.1.3.16
Pregnancy History This section should contain one entry containing the date (TS) of last menstrual period for women of childbearing age, using LOINC Code 8665-2 DATE LAST MENSTRUAL PERIOD	R2	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4
Review of Systems	R2	1.3.6.1.4.1.19376.1.5.3.1.3.18
Coded Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2
Coded Physical Exam	R	1.3.6.1.4.1.19376.1.5.3.1.1.9.15
Assessments This section shall be present when assessments and plans are recorded separately.	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4
Care Plan This section shall be present when assessments and plans are recorded separately.	C	1.3.6.1.4.1.19376.1.5.3.1.3.31
Assessment and Plan This section shall be present when assessments and plans are recorded together.	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.5
Medications Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.3.21
Intravenous Fluids Administered	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6
Procedures and Interventions	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Results	R	1.3.6.1.4.1.19376.1.5.3.1.3.27
ED Consultations	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.8
Progress Note	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.7
ED Diagnosis	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.9
Hospital Discharge Medications	R2	1.3.6.1.4.1.19376.1.5.3.1.3.22

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Data Element Name	Opt	Template ID
ED Disposition The ED Disposition shall contain a mode of transport entry describing how the patient departed.	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.10

6.3.1.D.6 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the Medical Document content module, and so must conform to the requirements of that template as well, thus all <templateId> elements shown in the example below shall be included.

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 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.1.4'/>
  <id root=' ' extension=' '/>
  <code code='28568-4' displayName='ED Visit Note'
    codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
  <title>ED Physician Note</title>
  <effectiveTime value='20081110012005'/>
  <confidentialityCode code='N' displayName='Normal'
    codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
  <languageCode code='en-US'/>
    :
  <component><structuredBody>
   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.3'/>
        <!-- Required Referral Source Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2'/>
        <!-- Required Mode of Arrival Section content -->
      </section>
    </component>

   <component>
      <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1'/>
        <!-- Required Chief Complaint Section content -->
      </section>
    </component>

   <component>
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        <!-- Required History of Present Illness Section content -->
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   <component>
      <section>
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        <!-- Required if known Past Medical History Section content -->
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    <component>
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    </component>

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  </structuredBody></component>
</ClinicalDocument>
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Figure 6.3.1.D.6-1: Sample Triage Note Document

6.3.3 CDA Section Content Modules

These content modules were originally listed in this supplement. You will now find these definitions in either

- IHE Patient Care Coordination Technical Framework Volume 2
- IHE Patient Care Coordination CDA Content Modules Supplement

These two documents are complementary in that a content module will be defined in only one of the documents. As modules are finalized, they will be moved from the Trial Implementation version of PCC CDA Content Modules to the Final Text version of the PCC Technical Framework.

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