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Exported Sep 09, 2020 at 12:58 PM

HL7 FHIR eReferral Workstream



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Added by Austin Irvine • Updated Jun 11, 2018 at 12:27 PM

/Patient

60% Pilot Ready

Links:

- [/Patient - Canadian eReferral Profile](#)
- [/Patient - FHIR 3.3 Standard](#)

Relevant chat.fhir.org Threads:

- none

Valuesets

- **.gender** - [AdministrativeGender](#) value set (binding strength is "Required", cannot modify)
- **.maritalStatus** - [MaritalStatusCodes](#) value set, + use .text.
- **.contact.Relationship** - [v2 contact Role](#), + .text. Just use .text when there is no matching code.
- **.communication** - [Language](#) value set (extensible) + use .text

Notes

- none

Proposed decisions

- none

Important Decisions & Rationale:

- Patient.identifier:
 - Accept and save any identifier sent by the sending system. Include the full list of identifiers in update messages that are send back to sending system or passed on to other systems.
 - If the sending system wants to include a local identifier to be used for lookups with updated payloads sent later, it should be included here as an identifier, and can be defined by the sending system.
 - For basic patient identifiers that are not strongly defined systematically (e.g., at the provincial level), use *identifier.type.text* to "label" the identifier (e.g., XYZcare #), and

identifier.value for the value of the identifier (e.g., 123456AB)

Comments:

Use the comments on this page to discuss the development of this resource profile. Conclusions made from the discussion will be added into this document, and the profile where applicable.

Comments & Events



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

I have added my proposed decisions to be made to the Patient resource. There are only 3 at the moment. I think some of my suggestions might be a bit provocative, my orientation is mainly towards ease of implementation, so I invite discussion and debate around them.

Also, to what degree should we target this resource to match the client registry? I have done a quick review of the client registry patient profile ([here](#)) and it seems that the profile I am suggesting is indeed quite different.

Jun 26, 2018 at 10:15 PM · Notified 1 person



John Wills

Great question re alignment with the Ontario Client Registry (PCR).

A) My initial feeling was that we should base our profile on the PCR and do deltas to support our referrals needs. I believe the PCR IG is based on STU 2 however and has a number of sliced extensions so looks quite complex to my unpracticed eye. And there might be a number of other differences to support DSTU 3.x and referrals.

B) The alternative is to be lightweight and stick to just what is required for referrals on top of 3.x/4 as has been started. I'm not aware of any integrations in the current eReferral space that would need to query the PCR (would patient portals need this?).

On balance, my instinct is to keep it simple (B) for the initial 3.x roll-out and look at reconciling when we align with R4.

Jul 04, 2018 at 10:18 AM · Notified 2 people