



Canada Health Infoway

Patient Summary Working Group (PSWG)

March 28, 2025

Agenda

TOPIC	TIME
Welcome/Announcements	5 mins
Narrative Block Guidance Backlog Items	50 mins
Next Steps	5 mins

Guidance on Narrative Blocks

- Do we need guidance on how to use the 3 possibilities?
 - Composition.text
 - Composition.section.text
 - Composition.section.extension:section-note

IPS Narrative Content Guidance

- IPS has the following guidance:
 - This specification does not dictate the conditions under which narrative is generated and acknowledges the wide range of implementing workflows and systems, some of which may use human manual intervention or automatic generation using resource content to generate the narrative or other means. While no constraints are implemented, early implementers have recommended that IPS documents not duplicate the content contained in `Composition.section.text` (which is required) in the `Composition.text`. This may lead to validation issues with duplicate IDs and also excess document size. This recommendation currently aligns with forthcoming guidance in the "FHIR Clinical Documents" implementation guide.
- `Composition.text`:
 - A human-readable narrative that contains a summary of the resource and can be used to represent the content of the resource to a human. The narrative need not encode all the structured data, but is required to contain sufficient detail to make it "clinically safe" for a human to just read the narrative. Resource definitions may define what content should be represented in the narrative to ensure clinical safety.

Section.text

- A human-readable narrative that contains the attested content of the section, used to represent the content of the resource to a human. The narrative need not encode all the structured data, but is required to contain sufficient detail to make it "clinically safe" for a human to just read the narrative.

Section.extension:section-note

- Additional notes that apply to the section (but not to specific resource).
- This extension SHALL NOT be used if the resource already has standard 'note' element (or equivalent) of type Annotation on the same element

Notes

- Alberta uses section-note on Procedure
- Also use empty reason on Procedure to indicate why the section is empty and no section.text
- Guidance on Section-note
- From Finnie
 - a section of the patient summary containing information about any past medical procedures or interventions that are pertinent to assessment or treatment decisions for this patient
 - if patient has procedure history:
 - .emptyReason.text **SHALL** be set to “text-only”
 - .extension.note **SHALL** contain the unstructured textual content, with one entry for each reported procedure
 - .entry **SHALL NOT** be used
- **Extensions**
 - **.section.extension.note**
 - a note applicable to the whole section rather than each entry
 - **MAY** be populated with notes specific to the whole section

Disposition:

- **Disposition** - add guidance regarding not duplicating section.text in composition.text as per IPS, but to consult further on any additional guidance regarding the use of the 3 narrative sections.
- **Vote:** Allana Cameron / James Jahns 20-0-0

PS-26 AllergyIntolerance.Clinical status

- **Comment:** In AllergyIntolerance.clinicalStatus HL7 codes are required (active|inactive|resolved) We have created slice for statusCodeSCTA but there is no equivalent value for Inactive in that values set. We should add the equivalent snomed 773425007 Inactive (qualifier value) to value set . (and perhaps remove Canceled from value set)
Similarly for verification status (unconfirmed | confirmed | refuted | entered-in-error), unconfirmed and entered in error have no clear equivalent – maybe proposed and invalidated?
- **Discussion:** The HL7 value sets are required bindings so they must be used. Are the existing codes from the statusCodeSCTA value set slice in use?
- **Proposed Disposition:** Remove the statusCodeSCTA slice and revert to using the existing required bindings.
 - Take this back to jurisdictions. ON not using the SNOMED

PS-30 clinicalStatus in AllergyIntolerance profile has limited values.

- **Comment:** The data element 'clinicalStatus' within the AllergyIntolerance Profile has restricted potential values or options, including but not limited to 'active,' 'inactive,' 'resolved,' 'cancelled,' 'invalidated,' and others. It is important to note that none of these options may be applicable or "clinically accurate" in specific scenarios where the presence/absence (i.e., AllergyIntolerance.code) of the allergy is either "No known allergies" or "No information about allergies."
- **Discussion:** This ticket was logged against PS-CA 1.1, before section.emptyReason was available. The current guidance is to use section.emptyReason for the described use case. IPS 2.0 has added SNOMED codes for no known to upcoming valueset for AllergyIntolerance.code. Using emptyReason rather than Allergy.code prevents creating “dummy” allergy resources
- **Proposed Disposition:** Provide recommendation to use EmptyReason to align with International approaches. No change to PS-CA
- **Vote:** Ken Sinn / David Cummings 17-1-0 (Phillip from ON against)

PS-41 Inconsistent naming, version convention, and canonical URL for ValueSet PharmaceuticalBiologicProductAndSubstanceCode

- **Comment:** The ValueSet SubstanceAndPharmaceuticalBiologicProductCode has notable differences when it comes to the url and naming convention depending on where it is sourced.

Source	canonical url	version	name
Terminology Gateway	https://fhir.infoway-inforoute.ca/ValueSet/pharmaceuticalbiologicproductandsubstancecode	1.0.0	PharmaceuticalBiologicProductAndSubstanceCode
Infoway Ontoserver	https://fhir.infoway-inforoute.ca/ValueSet/pharmaceuticalbiologicproductandsubstancecode	20240831	PharmaceuticalBiologicProductAndSubstanceCode
ca.infoway.io.pzca 2.0.0-dft-ballot	http://fhir.infoway-inforoute.ca/io/pzca/ValueSet/substanceandpharmaceuticalbiologicproductcode	1900010	SubstanceAndPharmaceuticalBiologicProductCode

- **Discussion:** These discrepancies will be addressed so that they all align. There is a hot fix for this. Ontoserver url available now. Redirection to Ontoserver will go live end of April. Registered in tx.fhir.org. Versioning will go back to 1.0.0 Working to remove stubs
- **Proposed Disposition:** Persuasive. Will fix.
- Motion: Ken Sinn / Philip Sales 18-0-0

PS-47 update canonical URL for MedicationCodes

- **Comment:** In v2.0.0 DFT-Ballot, under Medication profile - one of the AdditionalBinding candidate VS for the data element Medication.code is the SNOMED CT IPS, it appears that in this profile (<https://simplifier.net/PS-CA-R1/MedicationPSCA/~overview>) the url binding is still pointing to MedicationsSnomedCtIpsFreeSet (<https://hl7.org/fhir/uv/ips/STU1.1/ValueSet-medications-snomed-ct-ips-free-set.html>) which is still under IPS version 1.1.0 - STU 1. It was also noted that the PS-CA has an IPS dependency package is 2.0.0-ballot. That said, We wanted to confirm if the binding should be pointing to MedicationsUvIps (<https://build.fhir.org/ig/HL7/fhir-ips/ValueSet-medication-uv-ips.html>) instead? This Valueset is under the IPS package of 2.0.0-ballot.
- **Discussion:** We do have CCCD codes. Removed the freeset and are pointing the the SNOMED CT codes. We will continue to have the additional binding to the SNOMED codes. We need to review the additional bindings on MedicationRequest and MedicationStatement to match medication.code. Consider adding Din to additional bindings. Create a separate ticket for additional bindings
- **Proposed Disposition:** Yes, the binding should point to MedicationsUvIps
- **Vote:** Ken Sinn / Omar Hoblos 17-0-0

PS-33 AllergyIntolerance.code - recommending to remove ICD-10-CA from the bindings

- **Comment:** In AllergyIntolerance.code
 - What was the rationale for using ICD-10-CA versus SNOMED CT-CA?
 - Recommending SNOMED CT-CA subset (i.e. clinicalFindings) as the best fit due to the limitation of the allergy codes in ICD-10-CA.
- **Discussion:** BC, NL, and PEI were using ICD-10 for allergens. BC and PEI classify it under reaction.manifestation, whereas NL integrate adverse reaction/allergy information, suggesting that some systems might continue using allergyintolerance.code in this manner.
- **Resolution Description:** ICD-10-CA remains as an additional binding. ON is not using this binding as it does not contain actual substances, but concepts like "propensity to allergies". Resolve to leave bindings as they are, but consult with the jurisdictions on the use and consider removing in future versions
- **Resolution Vote:** Allana Cameron / Sandy Ketler 22-0-0

Helpful Links

Published specifications (available on InfoScribe):

- [PS-CA v2.0.0 DFT-Ballot](#)
- [PS-CA v2.0.0 DFT-PreBallot](#)
- [PS-CA v1.1.0 DFT-Ballot](#)
- [CA:FeX v2.0.0 DFT-Ballot](#)
- [CA Core+ v0.1.0 DFT-Ballot](#)

Working Groups (hosted on InfoCentral):

- [Patient Summary](#)
- [eReferral](#)

Projectathon Information (available on InfoScribe):

- [IHE North America Connectathon Week 2025](#)

44 [2023 Final Report](#)



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Thank you!

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