

## InfoRMS

Grouping: v1.1.0BlockVote7

Sorted by: Key descending

1-6 of 6 as at: 19/Aug/25 5:25 PM

Key	Summary	Description	Resolution	Resolution Description
ER-198	<a href="#">HealthcareService.type: valueset binding inconsistency with usage note</a>	<p>HealthcareService.type is bound to ServiceType (example).</p> <p>Usage note for the element says: P2P is the specific service needed (same value set as ServiceRequest.category), for CAT/CI the type is "CAT/CI service". - which is InterventionCodeSubsetCare</p> <p>Which valueSet should be used here?</p> <p>Submitted By: Mark Fernandes, CHI</p>	Persuasive	<ul style="list-style-type: none"> <li>• Update Usage Notes on <b>HealthcareService.type</b> on the profile page for clarity: <ul style="list-style-type: none"> <li>◦ Remove "P2P is the specific service needed, for CAT/CI the type is CAT/CI Service"</li> <li>◦ Add: "When representing a <b>HealthcareService</b> in a service directory, the <b>HealthcareService.type</b> element could represent either the type(s) of healthcare services (e.g. Orthopedics surgery service, Meals on wheels service) or it could represent medical/clinical specialties (e.g. Orthopedics, Urology)."</li> <li>◦ Keep: (same valueSet as <b>ServiceRequest.category</b>)</li> </ul> </li> <li>• Add Usage Note for <b>HealthcareService.category</b> <ul style="list-style-type: none"> <li>◦ Add: Optional high-level categorization of the HealthcareService</li> <li>◦ Add: <b>SHALL NOT</b> be used for taxonomy classification, use .type for taxonomy</li> <li>◦ Retain: Example base FHIR binding</li> </ul> </li> <li>• Add Usage Note for <b>HealthcareService.specialty</b> <ul style="list-style-type: none"> <li>◦ Add: <b>SHALL NOT</b> be used to represent specialties, use <b>HealthcareService.type</b> instead for specialty (recommended valueSet on <b>HealthcareService.type</b> element includes specialties)</li> </ul> </li> <li>• Use the same ValueSet and binding strength as <b>ServiceRequest.category</b> (ER-88) i.e. a new combined valueSet from SNOMED-CT CA Medical Specialties and Healthcare Service hierarchies with <b>preferred</b> binding</li> <li>• Change <b>HealthcareService.type</b> cardinality from 1..1 to 1..*</li> </ul>

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ER-171	<a href="#">MessageHeader.extension:RoutingOptions</a>	MessageHeader: extension – RoutingOptions - Value Set binding is missing The On eReC has a binding to ReferralSourceType Extension - <a href="https://simplifier.net/packages/ca.on.oh-erec-ig/0.12.2-alpha1.0.1/files/2807484">https://simplifier.net/packages/ca.on.oh-erec-ig/0.12.2-alpha1.0.1/files/2807484</a> Submitted By: OH Standards, OH Standards	Persuasive	Any ValueSet published as part of a Pan-Canadian spec. cannot be considered a jurisdictional valueset and needs to go through the defined process to ensure it meets eligibility of that scope. The ON valueSet is not standards-based and would need to be determined if implementable by other jurisdictions for promotion as a Pan-Canadian valueset published on our Terminology Server.  Since the extension exists without the valueSet currently, we will add it into CA:eReC as a stub valueSet for this release (without promoting to Terminology Server)
ER-150	<a href="#">Patient.identifier:JHN.system: Link to valueSet of provincial JHN systems in the Canadian URI registry with Required binding</a>	Create a hyperlink to assist implementers to find the provincial JHN systems in the Canadian URI registry. I believe this should have a binding of Required? Existing Wording: A Health Number Naming System from the Canadian URI Registry Submitted By: Yaron Derman, OceanMD	Persuasive with Modification	No valueSet exists for provincial JHN systems. To assist implementers, we can: <ul style="list-style-type: none"> <li>• Add a page under FHIR Artifacts : <b>Identifier Naming Systems</b></li> <li>• Add a table for Jurisdictional Health Number (JHN), which will include published JHN naming systems from all Canadian jurisdictions</li> <li>• link to this page from the Patient.identifier:JHN.system element comments and usage notes</li> </ul>
ER-90	<a href="#">ServiceRequest.reasonCode valueset inclusion questions.</a>	ServiceRequest.reasonCode Binding value set currently includes procedures - why would procedures be included when category and code are built to identify services and procedures? Why are situations excluded from this field - would suspected conditions, history of conditions or procedures, or family history of particular diseases not be relevant explanations or justifications for requesting services? Submitted By: Debbie Onos, Alberta Health Services	Persuasive	This data element is intended to capture the Explanation/Justification for procedure or service. Propose to leverage HealthConditionCode. This is a Pan-Canadian valueset developed for the CACDI. Includes concepts from the following hierarchies: 404684003 [Clinical finding (finding)] 272379006 [Event (event)] , 243796009 [Situation with explicit context (situation)  Maintain <b>preferred</b> binding
ER-89	<a href="#">ServiceRequest.code use and purpose, definition, and terminology binding valueset</a>	ServiceRequest.code Under the 'Tree View' this is identified as a particular service (i.e., procedure, diagnostic investigation, or panel of investigations) that have been requested. Further down the page it similarly notes this is a specific type of	Persuasive	<ul style="list-style-type: none"> <li>• Usage notes on the element need to be refined to align with <a href="#">Specifying a Service</a>. <ul style="list-style-type: none"> <li>◦ Change short description to add 'or PractitionerRole': i.e. Note that the meaning of this field is to be used in conjunction with</li> </ul> </li> </ul>

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		<p>service to be performed, eg. Urinalysis, Renal/Bladder Ultrasound.</p> <p>The value set that is used is the same as category. The value set doesn't include most investigations or tests, it includes very specific procedures or therapies that appear quite random, and don't include a wide array of services that referrals would be made for. For example, how would a primary care physician indicate that they want a specialist to take on the care of a patient, or they don't need someone to care for the patient but need a specific screening test only, maybe the patient needs immunizations, or what about those situations where a primary care physician doesn't know - they are looking for a consultation and assessment of their patient with further advice.</p> <p>Submitted By: Debbie Onos, Alberta Health Services</p>		<p>ServiceRequest.performer pointing to a HealthcareService or PractitionerRole and .code further specifies the service.</p> <ul style="list-style-type: none"> <li>Change valueSet binding to https://fhir.infoway-inforoute.ca/ValueSet/procedurecode and update the usage note to: <b>SHOULD</b> include a code from https://fhir.infoway-inforoute.ca/ValueSet/procedurecode</li> <li>Use <b>extensible</b> binding strength</li> </ul>
ER-88	ServiceRequest.category use and purpose, definition, and terminology binding valueset	<p>ServiceRequest.category</p> <p>The value set indicated doesn't seem to fit the definition of the field. In the 'Tree view' the definition is 'a code that classified the service for searching, sorting and display purposes (e.g. "Surgical Procedure")'. Lower down on the page it is indicated that this is for CAT/CI and is the specialty being requested. The valueset identified in the terminology binding is full of very specific services, often nursing or inpatient based, and doesn't include either of the example content (surgical procedure, urology, orthopedics, etc). What exactly is the intent and purpose of this field?</p> <p>Submitted By: Debbie Onos, Alberta Health Services</p>	Persuasive	<ul style="list-style-type: none"> <li>Recommendation depends on use case for the data element. Once confirmed, A pan-Canadian value set can be identified that is fit for purpose</li> <li>ServiceRequest.category could represent both clinical specialty and healthcare service groupings</li> <li>Curate a <b>new valueSet</b> that is logically defined from the Healthcare Services and Medical Specialty SNOMED-CT CA hierarchies</li> <li>Usage notes on the element need to be updated with a clear narrative on <b>ServiceRequest.category</b> relationship with <b>HealthcareService.type</b> and <b>PractitionerRole.specialty</b> and how the combined valueSet should be used: <ul style="list-style-type: none"> <li>Remove: "<i>this is not needed for P2P referrals</i>"</li> <li>Remove: "<i>for CAT/CI, this is the specialty being request, Urology, Othopedics, etc.</i>"</li> <li>Add: "Refer to the rules for populating <b>.category</b> and link to Use of HealthcareService vs PractitionerRole in eReC Messages</li> </ul> </li> </ul>

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				<ul style="list-style-type: none"> <li>• Under Use of HealthcareService vs PractitionerRole in eReC Messages, below "When transmitting the referral using eReC Messaging, the eReC Requester <b>SHALL</b> include the HealthcareService or PractitionerRole in the FHIR payload as a ServiceRequest.performer."</li> <li>• <ul style="list-style-type: none"> <li>◦ Add: "When referring to a <b>HealthcareService</b> (i.e. <b>ServiceRequest.performer</b> references a <b>HealthcareService</b>), <b>HealthcareService.type</b> from the directory listing is used in <b>ServiceRequest.category</b> to represent the either the type(s) of services being requested e.g. Orthopedic surgery service, Meals on wheels service or it could represent medical/clinical specialties e.g. Orthopedics, Urology (same valueSet as <b>HealthcareService.type</b>)"</li> <li>◦ Add: "When referring to a <b>PractitionerRole</b> (i.e. <b>ServiceRequest.performer</b> references a <b>PractitionerRole</b>), <b>PractitionerRole.specialty</b> from the directory listing is used in <b>ServiceRequest.category</b> to represent the medical/clinical specialties being requested e.g. Urology, Orthopedics"</li> </ul> </li> <li>• Maintain <b>preferred</b> binding</li> </ul>