

FHIR Tracker Summary from 2018-01-02 to 2018-01-08

This shows the current state of tracker resolution as of the end of 2018-01-08. (UTC). It also provides a summary of the significant FHIR tracker item changes for the period from 2018-01-02 to 2018-01-08, inclusive.

[Summary Statistics](#)

[Change list](#)

Statistics

Numbers in brackets represent approximate net change in the specified time period

Red indicates open ballot items. Green indicates closed ballot items.

Rows in *Italics* are for items related to resources/pages/projects that are "of interest" to the work group but aren't owned by the work group.

	Triaged	Waiting for Input	Resolved-Unapplied	Closed	Updated	Stale (>90 days)	Total
Everything	30 (624) (+72)	2 (31) (+1)	54 (262) (+11)	953 (1780) (+6)	112	382 (58%)	8287
By Specification							
FHIR Core	26 (567) (+63)	2 (31) (+1)	32 (220) (+10)	790 (1546) (+6)	101	345 (58%)	7268
Argonaut (do not use)	(2) (+0)	(0) (+0)	(0) (+0)	(0) (+0)	0	1 (50%)	5
C-CDA on FHIR	(8) (+0)	(0) (+0)	10 (14) (+0)	22 (60) (+0)	0	8 (100%)	154
Clinical Quality Information Framework (CQIF)	(2) (+0)	(0) (+0)	6 (6) (+0)	38 (40) (+0)	0	2 (100%)	208
DAF Research	(6) (+0)	(0) (+0)	(5) (+0)	10 (11) (+0)	0	5 (83%)	86
FHIRPath	(3) (+1)	(0) (+0)	(2) (+0)	9 (15) (+0)	1	0 (0%)	52
Guideline Appropriate Ordering (GAO)	(7) (+0)	(0) (+0)	(0) (+0)	(0) (+0)	0	7 (100%)	8
QI Core	(9) (+5)	(0) (+0)	(2) (+1)	6 (8) (+0)	7	0 (0%)	90
Structured Data Capture (SDC)	(1) (+0)	(0) (+0)	6 (8) (+0)	26 (28) (+0)	0	0 (0%)	125
Structured Data Capture (SDC-DE)	(0) (+0)	(0) (+0)	(0) (+0)	12 (12) (+0)	0	N/A	14
US Core	(13) (+3)	(0) (+0)	(1) (+0)	36 (49) (+0)	3	8 (62%)	244
US Lab	4 (5) (+0)	(0) (+0)	(0) (+0)	4 (10) (+0)	0	5 (100%)	17
US Pharmacy	(1) (+0)	(0) (+0)	(4) (+0)	(1) (+0)	0	1 (100%)	15
By Responsible Group							
Biomedical Research & Regulation	(30) (+10)	(0) (+0)	(1) (+0)	(1) (+0)	10	2 (7%)	33
CBCC	1 (7) (+1)	(2) (+0)	4 (17) (+0)	25 (35) (+0)	1	4 (44%)	100
(interested)	4 (8) (+0)	(0) (+0)	(0) (+0)	8 (8) (+0)	0		33
CGIT	(0) (+0)	(0) (+0)	(1) (+0)	2 (6) (+0)	0	N/A	25
(interested)	1 (25) (+1)	(2) (+0)	2 (7) (+0)	14 (52) (+0)	1		347
Clinical Decision Support	(6) (+5)	(0) (+0)	5 (11) (+0)	52 (63) (+0)	5	1 (17%)	305
(interested)	(2) (+0)	(2) (+0)	(0) (+0)	15 (22) (+0)	0		75
Clinical Genomics	(11) (+2)	(0) (+0)	(6) (+0)	19 (25) (+0)	3	5 (45%)	111
(interested)	1 (17) (+4)	1 (1) (+0)	(10) (+1)	61 (105) (+0)	5		373
Clinical Quality Information	(4) (+2)	(0) (+0)	4 (7) (+0)	9 (11) (+0)	2	0 (0%)	145
Devices	(7) (+0)	(0) (+0)	(3) (+0)	11 (17) (+0)	0	7 (100%)	49

Â Â (interested)	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	11 Â Â Â 26Â Â Â (+0)	0		78
Electronic Health Record	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	N/A	7
Â Â (interested)	1 Â Â Â 13Â Â Â (+2)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	24 Â Â Â 36Â Â Â (+0)	2		148
FHIR Core Tooling/Pubs	Â Â Â 17Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	2 Â Â Â 12Â Â Â (+1)	8 Â Â Â 63Â Â Â (+0)	3	9 (53%)	492
FHIR Director	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	1 (100%)	2
FHIR Governance Board	1 Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	1 (100%)	2
FHIR IG Tooling/Pubs	Â Â Â 28Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	5 Â Â Â 26Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	0	19 (66%)	61
FHIR Infrastructure	5 Â Â Â 189Â Â Â (+14)	Â Â Â Â 7Â Â Â (+0)	6 Â Â Â 50Â Â Â (+3)	202 Â Â 390Â Â Â (+3)	24	129 (66%)	2343
FHIR Mgmt Group	1 Â Â Â Â 9Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	9 Â Â Â 13Â Â Â (+0)	0	10 (100%)	42
Financial Mgmt	7 Â Â Â 30Â Â Â (+4)	Â Â Â Â 0Â Â Â (+0)	1 Â Â Â 10Â Â Â (+0)	59 Â Â Â 73Â Â Â (+0)	4	19 (63%)	228
Â Â (interested)	2 Â Â Â Â 5Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	13 Â Â Â 18Â Â Â (+0)	1		64
Health Standards Integration	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	2 Â Â Â 10Â Â Â (+0)	0	N/A	41
ITS	Â Â Â Â 6Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	25 Â Â Â 52Â Â Â (+0)	1	1 (17%)	171
Â Â (interested)	1 Â Â Â 17Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	23 Â Â Â 46Â Â Â (+0)	1		186
Imaging Integration	Â Â Â Â 5Â Â Â (+2)	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	10 Â Â Â 41Â Â Â (+0)	2	3 (43%)	111
Â Â (interested)	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	0		15
Infrastructure & Messaging	Â Â Â Â 6Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	17 Â Â Â 19Â Â Â (+0)	0	6 (100%)	134
Modeling & Methodology	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	2 Â Â Â 5Â Â Â (+0)	24 Â Â Â 46Â Â Â (+0)	0	1 (50%)	239
Orders & Observations	2 Â Â Â 12Â Â Â (+2)	Â Â Â Â 0Â Â Â (+0)	2 Â Â Â 22Â Â Â (+1)	118 Â Â 211Â Â Â (+0)	3	1 (8%)	717
Patient Administration	1 Â Â Â 38Â Â Â (+2)	Â Â Â Â 6Â Â Â (+0)	Â Â Â 20Â Â Â (+0)	62 Â Â 124Â Â Â (+1)	4	25 (57%)	508
Â Â (interested)	Â Â Â Â 6Â Â Â (+3)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	3 Â Â Â 6Â Â Â (+0)	3		37
Patient Care	3 Â Â Â 24Â Â Â (+1)	2 Â Â Â 7Â Â Â (+0)	2 Â Â Â 4Â Â Â (+0)	131 Â Â 213Â Â Â (+1)	2	25 (81%)	881
Â Â (interested)	Â Â Â Â 4Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 4Â Â Â (+0)	26 Â Â Â 40Â Â Â (+0)	0		128
Pharmacy	Â Â Â 12Â Â Â (+0)	Â Â Â Â 1Â Â Â (+1)	1 Â Â Â 4Â Â Â (+1)	50 Â Â 129Â Â Â (+0)	4	5 (38%)	515
Â Â (interested)	1 Â Â Â Â 5Â Â Â (+4)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 6Â Â Â (+2)	15 Â Â Â 24Â Â Â (+0)	6		88
Public Health	1 Â Â Â Â 8Â Â Â (+7)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 6Â Â Â (+3)	16 Â Â Â 26Â Â Â (+0)	10	1 (13%)	70
Â Â (interested)	Â Â Â Â 4Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	4 Â Â Â 5Â Â Â (+0)	1		18
Publishing	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	1 (100%)	2
Security	3 Â Â Â 20Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	26 Â Â Â 42Â Â Â (+0)	1	13 (65%)	175
Service Oriented Architecture	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	1 Â Â Â 1Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	0	N/A	6
Â Â (interested)	Â Â Â 13Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	1 Â Â Â 2Â Â Â (+1)	5 Â Â Â 10Â Â Â (+0)	3		86
Structured Documents	1 Â Â Â 24Â Â Â (+2)	Â Â Â Â 1Â Â Â (+0)	10 Â Â Â 22Â Â Â (+0)	37 Â Â Â 90Â Â Â (+1)	9	11 (44%)	295
Â Â (interested)	Â Â Â Â 3Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	4 Â Â Â 12Â Â Â (+0)	0		46
Templates	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 3Â Â Â (+0)	0	N/A	13
US Realm Task Force	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	6 Â Â Â 9Â Â Â (+0)	0	N/A	20
Vocabulary	Â Â Â 81Â Â Â (+8)	Â Â Â Â 2Â Â Â (+0)	4 Â Â Â 11Â Â Â (+0)	38 Â Â Â 74Â Â Â (+0)	13	49 (59%)	453
Â Â (interested)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 4Â Â Â (+0)	0		22
Argonaut (do not use) project	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	1 (50%)	3
C-CDA on FHIR project	Â Â Â Â 7Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	0	7 (100%)	12
Clinical Quality Information Framework (CQIF) project	Â Â Â Â 2Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 2Â Â Â (+0)	0	2 (100%)	4
DAF Research project	Â Â Â Â 4Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 5Â Â Â (+0)	Â Â Â Â 1Â Â Â (+0)	0	4 (100%)	10
FHIR Core project	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 1Â Â Â (+1)	Â Â Â Â 0Â Â Â (+0)	1	N/A	1
Guideline Appropriate Ordering (GAO) project	Â Â Â Â 7Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	Â Â Â Â 0Â Â Â (+0)	0	7 (100%)	7

QI Core project	8 (5)	0 (0)	1	7	0 (0%)	10
Structured Data Capture (SDC) project	0 (0)	5 (5)	25 (25)	0	N/A	103
Structured Data Capture (SDC-DE) project	0 (0)	12 (12)	0	0	N/A	13
US Core project	3 (3)	4 (4)	3	3	6 (55%)	82
US Lab project	4 (4)	1 (1)	0	0	5 (100%)	9
US Pharmacy project	0 (0)	2 (2)	0	0	1 (100%)	3
By Resource						
Account	2 (2)	0 (0)	0 (0)	1	2 (40%)	9
ActivityDefinition	0 (0)	0 (0)	2 (2)	0	N/A	33
AdverseEvent	0 (0)	0 (0)	1 (1)	1	4 (57%)	15
AdverseReaction_old	0 (0)	0 (0)	0 (0)	0	N/A	2
AllergyIntolerance	1 (1)	1 (1)	26 (26)	0	1 (100%)	112
Appointment	0 (0)	0 (0)	5 (5)	0	6 (75%)	55
AppointmentResponse	0 (0)	0 (0)	1 (1)	0	1 (100%)	9
AuditEvent	1 (1)	0 (0)	8 (8)	1	2 (29%)	66
BaseResource	0 (0)	0 (0)	4 (4)	0	3 (50%)	71
Basic	0 (0)	0 (0)	1 (1)	0	N/A	16
Binary	0 (0)	0 (0)	0 (0)	0	3 (100%)	8
BodySite	0 (0)	0 (0)	8 (8)	0	N/A	20
Bundle	-1 (-1)	0 (0)	7 (7)	1	1 (50%)	91
CapabilityStatement (Conformance)	0 (0)	0 (0)	1 (1)	2	6 (67%)	97
CarePlan	1 (1)	1 (1)	14 (14)	0	4 (100%)	127
CareTeam	0 (0)	0 (0)	2 (2)	1	1 (50%)	22
ChargeItem	0 (0)	0 (0)	0 (0)	0	1 (100%)	1
Claim	0 (0)	0 (0)	1 (1)	16	1 (50%)	64
ClaimResponse	0 (0)	0 (0)	2 (2)	0	1 (50%)	22
ClinicalImpression	1 (1)	1 (1)	11 (11)	0	4 (80%)	49
CodeSystem	4 (4)	0 (0)	0 (0)	4	15 (58%)	67
Communication	0 (0)	0 (0)	4 (4)	0	3 (100%)	39
CommunicationRequest	0 (0)	0 (0)	3 (3)	0	1 (100%)	24
CompartmentDefinition	0 (0)	0 (0)	0 (0)	1	1 (50%)	5
Composition	0 (0)	0 (0)	10 (10)	23	7 (44%)	190
ConceptMap	0 (0)	0 (0)	3 (3)	3	7 (54%)	67
Condition	1 (1)	1 (1)	20 (20)	0	3 (100%)	132
Consent	1 (1)	4 (4)	18 (18)	1	4 (44%)	82
Contract	4 (4)	0 (0)	8 (8)	0	8 (100%)	33
Coverage	3 (3)	0 (0)	3 (3)	3	0 (0%)	37
DataElement	0 (0)	0 (0)	23 (23)	0	N/A	68
DecisionSupportServiceModule	0 (0)	0 (0)	1 (1)	0	N/A	6
DetectedIssue	0 (0)	0 (0)	1 (1)	3	N/A	25
Device	0 (0)	0 (0)	11 (11)	0	2 (100%)	78
DeviceComponent	0 (0)	0 (0)	0 (0)	0	5 (100%)	22

DeviceMetric	1	1	1	12	0	1 (100%)	37
DeviceObservationReport_old				2	0	N/A	18
DeviceUseRequest				6	0	N/A	23
DeviceUseStatement					0	0 (0%)	20
DiagnosticReport				10	0	N/A	83
DiagnosticRequest	1			15	0	0 (0%)	69
DocumentManifest					0	1 (100%)	17
DocumentReference				1	0	1 (50%)	52
DomainResource				2	0	3 (100%)	24
EligibilityRequest				4	0	N/A	15
EligibilityResponse				4	0	1 (100%)	20
Encounter				9	1	4 (36%)	124
EndPoint					0	2 (67%)	21
EnrollmentRequest				1	0	1 (100%)	7
EnrollmentResponse				1	0	N/A	7
EpisodeOfCare				8	0	N/A	28
ExpansionProfile					0	1 (100%)	3
ExplanationOfBenefit				2	0	4 (80%)	38
ExtensionDefinition_old				1	0	N/A	10
FamilyMemberHistory				8	1	0 (0%)	56
Flag				2	0	N/A	26
Goal				6	0	N/A	58
GraphDefinition					0	1 (100%)	2
Group				4	1	1 (25%)	18
GuidanceResponse				1	0	N/A	10
HealthcareService					0	2 (67%)	14
ImagingManifest				2	0	N/A	28
ImagingStudy				10	2	3 (43%)	75
Immunization	1			7	6	1 (20%)	58
ImmunizationEvaluation					2	0 (0%)	2
ImmunizationRecommendation	1			3	1	1 (50%)	15
ImplementationGuide			1	1	0	4 (100%)	25
Library					0	N/A	6
Linkage					0	N/A	3
List				4	0	3 (100%)	46
Location				1	0	5 (83%)	32
Measure	1				1	1 (33%)	13
MeasureReport			1	1	1	0 (0%)	18
Media					0	0 (0%)	15
Medication			1	4	0	2 (100%)	88
MedicationAdministration				13	2	2 (40%)	123
MedicationDispense				7	2	1 (25%)	89

MedicationRequest	3	1	0	0 (0%)	181
MedicationStatement	7	0	16	1 (14%)	162
MessageDefinition	4	0	0	4 (100%)	5
MessageHeader	3	1	0	3 (100%)	27
MetadataResource	3	0	0	2 (67%)	7
NamingSystem	1	0	0	1 (100%)	22
NutritionRequest	0	0	8	N/A	52
Observation	16	1	53	8 (47%)	317
OccupationalData	1	0	0	0 (0%)	1
OperationDefinition	2	0	0	1 (50%)	40
OperationOutcome	1	0	0	0 (0%)	17
Order	0	0	7	N/A	19
OrderResponse	0	0	6	N/A	12
Organization	1	0	4	2 (100%)	32
Parameters	0	0	0	N/A	7
Patient	5	0	17	2 (22%)	143
PaymentNotice	0	0	1	N/A	6
PaymentReconciliation	0	0	1	N/A	10
PendedRequest_old	0	0	1	N/A	2
Person	0	0	8	N/A	23
PlanDefinition	1	0	5	1 (100%)	56
Practitioner	0	0	11	2 (67%)	58
PractitionerRole	0	0	0	1 (100%)	4
Procedure	5	0	16	4 (57%)	96
ProcedureRequest	1	0	5	0 (0%)	49
ProcessRequest	0	0	4	N/A	14
ProcessResponse	0	0	3	N/A	14
Provenance	8	0	17	6 (75%)	89
Query_old	0	0	0	N/A	3
Questionnaire	16	0	17	11 (65%)	154
QuestionnaireResponse	2	0	4	1 (50%)	55
ReferralRequest	0	0	5	N/A	27
RelatedPerson	0	0	8	N/A	40
RequestGroup	0	0	0	N/A	11
ResearchStudy	25	0	0	1 (4%)	26
ResearchSubject	7	0	0	1 (14%)	7
Reversal_old	0	0	1	N/A	1
RiskAssessment	1	0	7	0 (0%)	24
Schedule	1	0	1	1 (100%)	10
SearchParameter	3	0	1	3 (100%)	27
Sequence	2	0	0	0 (0%)	42
ServiceDefinition	0	0	0	N/A	3
Slot	1	0	0	1 (100%)	10

Specimen	0 (+0)	0 (+0)	0 (+0)	1 4 (+0)	0	N/A	25
StructureDefinition	15 (+0)	0 (+0)	1 3 (+0)	4 34 (+0)	0	10 (67%)	194
StructureMap	0 (+0)	0 (+0)	0 (+0)	1 1 (+0)	0	N/A	6
Subscription	3 (+0)	0 (+0)	0 (+0)	1 1 (+0)	0	2 (67%)	16
Substance	0 (+0)	0 (+0)	1 (+0)	0 (+0)	0	N/A	11
Supply	0 (+0)	0 (+0)	5 (+0)	7 12 (+0)	0	N/A	36
SupportingDocumentation_old	0 (+0)	0 (+0)	0 (+0)	3 3 (+0)	0	N/A	3
Task	3 (+0)	0 (+0)	1 1 (+0)	1 4 (+0)	0	1 (33%)	25
TestScript	3 (+0)	0 (+0)	0 (+0)	1 1 (+0)	0	3 (100%)	32
ValueSet	1 23 (+2)	0 (+0)	4 9 (+0)	11 31 (+0)	3	15 (65%)	209
VisionPrescription	1 1 (+1)	0 (+0)	0 (+0)	3 4 (+0)	1	0 (0%)	13
_Definition	2 (+2)	0 (+0)	1 (+0)	1 1 (+0)	2	0 (0%)	13
_Event	2 (+2)	0 (+0)	2 (+0)	1 1 (+0)	2	0 (0%)	24
_Request	6 (+2)	0 (+0)	4 (+0)	3 6 (+0)	2	2 (33%)	39

Significant tracker changes in the last 7 day(s)

Significant changes include status change, re-assignment or addition of comments or attachments. Some items may be listed under more than one work group and/or resource/page

Bold items are owned by the associated work groups. Non-bold items are "of interest" to the work group (see interestedParties.xml).

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Jump to spec: [OI Core](#), [FHIRPath](#), [US Core](#)

Specification	Work Group	Resource/page	Item(s)
FHIR Core	Biomedical Research & Regulation	ResearchStudy	14285 , 14286 , 14287 , 14288 , 14289 , 14290 , 14291 , 14292
		ResearchSubject	14285 , 14293 , 14314
	CBCC	Consent	14335
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		_Request	14386

	(many)	14400
	operations	11491
FHIR Infrastructure	Account	14402
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	CompartmentDefinition	14332
	Composition	13973
	FamilyMemberHistory	14403
	Group	14385
	MetadataResource	14394
	_Definition	14387
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	conformance-module	14401
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Financial Mgmt	Account	14402
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Healthcare Standards Integration	Provenance	14370
IG Project	(profiles)	14399
ITS	CompartmentDefinition	14332
	http	14332
Imaging Integration	ImagingStudy	14357 , 14358
Orders & Observations	Observation	14339 , 14392
	resources	14336
Patient Administration	Coverage	14380 , 14381 , 14382
	Encounter	14307
	Patient	14393
	Slot	9989
	terminologies-valuesets	14341

	Patient Care	AdverseEvent	14376
		CareTeam	14334
	Pharmacy	Immunization	14366 , 14367 , 14369 , 14373 , 14374 , 14377
		MedicationAdministration	14364 , 14377
		MedicationDispense	14364 , 14377
		MedicationRequest	13935 , 14364
		MedicationStatement	14364 , 14377
		medications-module	14365
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		Immunization	14366 , 14367 , 14369 , 14373 , 14374 , 14377
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		MedicationDispense	14377
		MedicationStatement	14377
		OccupationalData	14337
	RCRM	Group	14385
	Security	Provenance	14370
	Service Oriented Architecture	ConceptMap	13509
		operations	11491 , 13509 , 14295
	Structured Documents	Composition	13387 , 13388 , 13426 , 13825 , 14167 , 14235 , 14298 , 14379 , 14391
	Vocabulary	CodeSystem	14302 , 14303 , 14329 , 14356
		ConceptMap	13481 , 13509 , 14297
		ValueSet	13554 , 14351 , 14355
		operations	13509
		terminologies-systems	14359
		terminologies-valuesets	13493 , 13547 , 14355
		terminology-service	13481
FHIRPath	ITS	fhirpath (fluentpath)	14350
QI Core	IG Project	(profiles)	14342 , 14343 , 14344 , 14345 , 14346 , 14347 , 14348
US Core	Electronic Health Record	AuditEvent	14388
		Provenance	14388
		(profiles)	14388
	Healthcare Standards Integration	AuditEvent	14388
		Provenance	14388
		(profiles)	14388
	IG Project	AuditEvent	14388
		Provenance	14388
		(profiles)	14362 , 14363 , 14388

Change Details

[11491](#) - Make Operations a multi-tab page - 2016-09 core #658

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Core Tooling/Pubs
HTML Page(s): [operations](#)

Changes

- **Vote information was recorded**
- **Item was resolved - Change required**

Detail Submitted by: Melva Peters Â (HL7 Canada)

On behalf of: Lloyd McKenzieÂ

Comment:

Operations should perhaps be a multi-tab page as well with the definition of what operations are and how they're used and examples, just like the Extensions page. Â It may make sense to do at least some of the same for Services too

Summary:

Make Operations a multi-tab page

Resolution The actual proposal is to let each operation have each own page, just like extensions.Â This page could then have the definition, scope, examples etc. etc, and no "nested" tabs or anything are needed.

This should be done for the next ballot (May 2018)

13387 - Consider constraining Composition.text.status to generated (Same with Patient.text.status) In the Clinical Document profile

Categorization *Specification:* FHIR Core
Work Group(s): Structured Documents
Resource(s): [Composition](#)

Detail Would allow the Composition.text and Patient.text content to be safely discarded and regenerated much like CDA.Â

Comments 2017-05-

11 A central pillar of FHIR is to allowÂ for text only "out of the box", so this would be appropriate for a profile but not on aÂ base resource.

Eric Haas

2017-05-

11 Agree w/ Eric. Â You might start out the authoring process with several pages of text in Composition.text which eventually gets broken out into sections. Â (And in some cases, that's what you might end up with forever.)

Lloyd McKenzie

2017-12-

21 Agree that 'header ' information should be full generated into Composition.text. I am a little fuzzy if fixing to generated is correct, what if entire Composition is about a single 'Note' -- do you put that into a section.text or would you include all in composition.text.?

Brett Marquard

I agree that is really unclear what to do here with all these NarrativesÂ (See GF#14167 for a related issue)

REÂ "what if entire Composition is about a single 'Note' -- do you put that into a section.text or would you include all in composition.text.?"

2018-01-

02 Option 1 is to stick it all in Composition.text all nice and pretty like with status "[additional](#)"Â and only represent the required stuff as structured.Â (status, type, date, and

Eric title)

Haas

Option 2 is to stick it in Composition.section.text all nice and pretty like with status "additional" as well as repeat in Composition.text all nice and pretty like with a status "generated" which is redundant which is why I think using Annotation instead of Narrative datatype makes sense see GF#13388. Then the answer is clear you generate an narrative in only one place in composition.

13388 - Consider adding author and subject to Composition.section

Categorization *Specification:* FHIR Core

Work Group(s): Structured Documents

Resource(s): [Composition](#)

Detail Author is currently missing from Composition.section. It is present in CDA and is important to capture if sections are authored by different persons.

Comments 2017-05-11
Rick Geimer ... or maybe as an extension in the Clinical Document profile

2018-01-02
Eric Haas clarify if author of section.text? I think that the Annotation datatype is more appropriate here. see my other comment about section.text GF#14167

Resolution Will add.

13426 - Composition not solely used in Document paradigm, generalize doc/requirements

Categorization *Specification:* FHIR Core

Work Group(s): Structured Documents

Resource(s): [Composition](#)

Detail Currently it is assumed that the Composition resource will only ever be used as part of the Document paradigm. One can use Composition as part of the other paradigms as well.

This has one implication: The documentation of the resource will need to be updated, where either the word Document should be replaced by 'package' or some other generic (paradigm-agnostic) term, or where specific notes/sections need to be added "If used in the context of the Document paradigm THEN". Document specific constraints do not apply when using the Composition as part of another paradigm.

Comments Catalog will be a profile on document.

I think the resolution needs to go further and discuss *in detail* Composition restfully and in the document paradigm.

2018-01-02
Eric Haas ""A set of healthcare-related information that is assembled together into a single logical resource that provides a single coherent statement of meaning, establishes its own context and that has clinical attestation with regard to who is making the statement"" still sounds like a document to me. The attestation bit is not required when using the resource outside of a document paradigm.

Restfully at a minimum this resource allows listing of other resources in a structured manner (i.e nested sections or a table of contents) This includes cataloging items, as well as representing a clinical picture such as a subject encounter.

edit my text above to say

2018-01-02
Eric Haas At a minimum in the RESTful paradigm this resource allows listing of other resources in a structured manner (i.e., think of the Composition as being like a document's Outline with hyperlinks and or text blobs that detail the contents) This includes cataloging items, as well as representing a clinical picture such as a subject encounter.

2018-01-02
and add this for RESTful use case too...

Eric Haas When bundling several resources together, Composition serves as a table of contents of the bundles contents.

2018-01-02 FHIR documents aren't necessarily clinical in nature. So the definition can't include that as a required element. Nor can it require clinical attestation. A document might just be a price catalogue.

Lloyd

McKenzie

Resolution Will update opening sentence to make it clear Composition is more than just for Documents.

"A set of healthcare-related information that is assembled together into a single logical resource that provides a single coherent statement of meaning, establishes its own context and that has clinical attestation with regard to who is making the statement"

In main body we have a Document profile, if another non-document profile is available it would be great to add.

13481 - Closure Operation Version Parameter Incorrectly Typed

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

Resource(s): [ConceptMap](#)

HTML Page(s): [terminology-service](#)

Detail In parameter version is type as id - this should be string. All examples in the spec show this to be a string and that data type suits the use cases, rather than an identifier type.

Comments **2018-01-08** Discussed on FHIR Tracker Issues call 2018-01-08.
Robert Hausam

Resolution Will change parameter type to string as suggested - this is consistent with the use cases and other usages of version.

13493 - URL description clarification

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

HTML Page(s): [terminologies-valuesets](#)

Detail Front page description is "Logical URI to reference this value set (globally unique)"

This does not suggest an implemented service. To me.

When you click through, you get "An absolute URI that is used to identify this value set when it is referenced in a specification, model, design or an instance. This SHALL be a URL, SHOULD be globally unique, and SHOULD be an address at which this value set is (or will be) published."

This does suggest an implemented service.

Suggest replacing the short one with the long one, or with something like "URL for retrieving the value set definition or expansion".

Comments **2018-01-08** Discussed on FHIR Tracker Issues call 2018-01-08. This was discussed in detail on the VSE call 2018-01-02. Will update the wording accordingly in order to make this distinction clearer - "logical url", in particular, should be explained. Will put on the agenda for further discussion and decision on the main Vocab call Thursday this week
Robert Hausam (2018-01-11).

13509 - add 'url' parameter to \$translate for type-level invocation

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

Resource(s): [ConceptMap](#)

HTML Page(s): [operations](#)

- Detail** In order to invoke translate for implicit concept maps (e.g. <http://hl7.org/fhir/snomedct.html#implicit-cm>), it needs to be possible to identify a conceptMap by URL (in a type-level invocation) rather than by ID (instance-level invocation), in the same manner as for expand.
- This requires the addition of an optional (0..1) input parameter named 'url' of type 'uri', with a description along the lines of 'A canonical url for a concept map. The server must know the concept map (e.g. it is defined explicitly in the server's concept maps, or it is defined implicitly by some code system known to the server'
- Comments** 2017-07-25 Moreover, not only is there no **url** parameter for **\$translate** to support using an implicit **ConceptMap**, there's also no **conceptMap** parameter to allow you to provide a **ConceptMap** inline in a **POST** request for a type-level invocation (analogous to the **valueSet** parameter for **\$expand**). In fact it's not clear what to expect from a type-level invocation.
Michael Lawley
- 2018-01-08 Discussed on FHIR Tracker Issues call 2018-01-08.
Robert Hausam
- Resolution** Support the addition of the 'url' parameter as described.
For inline concept maps suggest creating a new tracker item that can be linked to this one.

[13547](#) - add NINF and PINF to DAR codesystem

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

HTML Page(s): [terminologies-valuesets](#)

Detail See GF#10566

Since the Observation Value Absent Reason uses codesystem:

Code System <http://hl7.org/fhir/data-absent-reason>

would like to add NINF and PINF under the code Error using the definitions from

<https://www.hl7.org/fhir/v3/NullFlavor/cs.html>

- Comments** 2018-01-08 Discussed on Vocab FHIR Tracker Issues 2018-01-08. We recommend not including the NINF + PINF codes in DAR, as this capability should already be available using the off scale high and off scale low codes interpretation codes. This would entail removing these codes from the current build. The presence of an interpretation code implies a result (even if "off scale"), and therefore also using a data absent reason code would likely not be applicable. This would be appropriate for the joint Vocab/MnM session on Wed Q1 in New Orleans - we can invite OO to participate. It may be appropriate to refer this back to OO for a final decision for use in the Observation resource.
Robert Hausam

[13554](#) - Value set based validation

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

Resource(s): [ValueSet](#)

Detail I would like to extend value set based validation to accommodate this scenario: I want a terminology server to tell me whether or not a given code was ever in (the current or any prior version of) the value set. (Historic code use case, where the date the code is entered is not known)

- Comments** 2018-01-08 Discussed on Vocab FHIR Tracker Issues 2018-01-08.

Robert Hausam

Resolution We assume this is referring to the presence of this code in value set expansions (either current or past expansions), rather than value set definitions. Having this requirement would put a huge burden on terminology service providers. We think this capability is unlikely to be widely supported, and most likely should be handled in the extension space (if at all). It can be done presently by validating the code against whatever versions of the value set are of interest (and are available on the server).

13825 - Composition Context

Categorization *Specification:* FHIR Core

Work Group(s): Structured Documents

Resource(s): [Composition](#)

Detail A composition, such as an LIVD Mapping Publication, or another type of catalog, may be applicable in a certain context, e.g., the publication only applies to the US, or North America, etc. We suggest to add the ability to provide that context to the Composition rather than supporting it through an extension. Suggested name is Composition.context, and may be a coded concept allowing for just a string value as well.

Comments 2017-09-11
Rick Geimer Needs more discussion, follow up with submitter. Use case is still a bit unclear.

2017-12-21
Brett Marquard Should this extension be added to the new [Catalog](#) profile?

2018-01-02
Eric Haas avoid naming it .context since this is a workflow pattern name as the mapping here suggests: <http://build.fhir.org/composition-mappings.html#workflow>

13935 - Intent field options for Medication Request and CommunicationRequest

Categorization *Specification:* FHIR Core

Work Group(s): Pharmacy

Resource(s): [MedicationRequest](#)

Changes • **Item is now waiting for input on:**

Detail Hi, The intent options for MedicationRequest and CommunicationRequest do not have comprehensive options like the intent field defined in Procedure or Device Request. Since all of these are orders can we include the same valueset.

In our world we need to classify the orders based on the following workflow:

1) Global Order (we are planning to use [original-order](#))

2) Occurrence Order (We are planning to use [instance-order](#))

3) Orders purely used for authorization purposes they are just placeholders to keep track of Exception medications/Devices that require approval (We are planning to use [order](#))

Thanks

Ravi Kuchi

Comments 2017-09-21
Melva Peters Added a second tracker item specific to CommunicationRequest and assigned to Patient Care.

2017-09-22
The intent needs to be added to NutritionOrder as well. Please consider this.

ravi kuchi

2018-01-

08

Melva Peters Email sent to Ravi - Jan 8, 2018: Pharmacy has discussed your request in GF#13935 but need clarification. Can you please provide more detail on your use case so that understand the specific uses for the different intent and the distinction between them?

13973 - Ability to profile Composition.section as a data type

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [Composition](#)

Changes • **Item was marked as a duplicate of**

Detail C-CDA on FHIR has a ballot comment, that requests each of the Composition.sections be turned into profiles so that sections which are used in multiple Composition profiles are re-usable. However, according to Lloyd and Grahame in a FHIR chat (<https://chat.fhir.org/#narrow/stream/implementers/subject/profiling.20sub-elements>), this is not possible because you cannot profile a set of sub-elements on a resource, unless the sub-elements represents a complex data-type.

This request is to consider creating a custom complex data-type for Composition.section called CompositionSection so that CompositionSection can be profiled.

14103 - Searching by logical references (Reference.identifier)

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [search](#)

Detail <https://www.hl7.org/fhir/search.htm#reference> describes how to search by literal reference (Reference.reference) but there is no way to search by logical reference (Reference.identifier).

Literal / Logical terms are defined here: <https://www.hl7.org/fhir/references.html>

Comments **2018-01-02 Michele Mottini** Searching by referenced identifier is already possible using chained searches: <http://hl7.org/fhir/STU3/search.htm#chaining>

14167 - Composition.section.text vs Narrative in resource for non-document compositions

Categorization *Specification:* FHIR Core

Work Group(s): Structured Documents

Resource(s): [Composition](#)

Detail Composition.section.text vs Narrative in resource:

see related discussion a while back: <https://chat.fhir.org/#narrow/stream/implementers/subject/Encounter.20narrative/near/103296>

For example a History of present illness section as a narrative in Composition.section.text vs a Narrative in a Observation resource. how is this stitched together in the non-document Composition narrative (Composition.text)?

The current guidance is pretty sketchy: "The narrative content of the various sections in a Composition are supported by the resources referenced in the section entries". I recommend providing specific guidance like . (focus on the non-Document Composition use case):

There are 4 possible scenarios that could arise.

1) Composition.section.text present and referenced resource(s).text present

Here I would use the section.text since I assume that there was some reason the extra effort was taken to add it.

2) Composition.section.text absent and referenced resource(s).text present

I would use the resource narrative if there is a reference and the .text element is absent

3) Composition.section.text present and referenced resource(s).text absent

Here I would use the section.text.

4) Composition.section.text absent and referenced resource(s).text absent

? leave empty or default render the resource narrative and use that.

Comments **2018-01-08**
Brett Marquard Need additional information describing non-Document use case

[14235](#) - Structure contradicts Introduction

Categorization *Specification:* FHIR Core
Work Group(s): Structured Documents
Resource(s): [Composition](#)

Changes • **Item was marked as a duplicate of**

Detail The introduction states: "While a Composition defines the structure, it does not actually contain the content: rather the full content of a document is contained in a Bundle, of which the Composition is the first resource contained." Contradicts the actual structure contains content here: Composition.section.text <http://build.fhir.org/composition-definitions.html#Composition.section.text> in lieu of a reference to another resource.

I propose changing the text to

While a Composition defines the structure, **typically** it does not actually contain the content: rather the full content of a document is contained in a Bundle of referenced resources, of which the Composition is the first resource contained.

Comments An example would be in a narrative only section (or possible a 'clinical notes' type entry) you would have

```
< section > <!-- 0..* Composition is broken into sections -->
```

```
< text > <!-- 0..1 Narrative Text summary of the section, for human interpretation -->
```

```
2018-01-02 < status value="additional" />
```

```
Eric Haas < div xmlns="http://www.w3.org/1999/xhtml" > <!-- Limited xhtml content --> Blah blah blah </div>
```

```
</text>
```

....

In addition, I think that GF#14167, GF#13388, GF#13387, GF#13426 need to be fully reconciled as a prerequisite to disposing of this comment.

Resolution Related to #13426

[14272](#) - Clarify invariants for ElementDefinition.isSummary

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [elementdefinition](#)

Changes • **Item was triaged**

Detail The description of ElementDefinition.isSummary states:

"Modifier elements or elements with minimum cardinality = 1 must be marked as summary elements."

1) Does this invariant only apply to specializations? It appears that most of the existing constraining profiles don't conform to this rule. I tried to enable validation of this Rule in Forge, but this triggered massive amounts of warnings on various example profiles. So I'm reluctant to start enforcing this from the tool.

2) There is no fhirpath expression for this invariant. I suggest the specification defines an eld-NNN expression to validate this invariant.

3) The invariant states "with minimum cardinality = 1". Shouldn't this be "with minimum cardinality >= 1"?

[14273](#) - Split Sequence.referenceSeq.strand into two fields

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Genomics
Resource(s): [Sequence](#)

Detail This is a proposal to split Sequence.referenceSeq.strand into two fields.Â

Background: STU3 [<https://hl7.org/fhir/genomics.html>] asserts that Sequence.sense "Positive" and "Negative" are synonymous to "Sense" and "Antisense". However, these are not synonymous on, say, the UCSC Genome Browser where positive is an absolute reference to the 5'-to-3' strand, as oriented with p-arm on the left; and sense/antisense are relative references based on gene location. In addition, there are examples where it might be important to differentiateÂ which strand contains a geneÂ from which strand we are reporting the sequence: [1] HBB Gene -Â Per UCSC Genome Browser, HBB is at position chr11:5246696-5248301, on theÂ **negative**Â strand, but the FASTA mRNA display shows a sequence corresponding to theÂ **sense**Â strand;Â [2] ATXN8OS Gene -Â Per UCSC Genome Browser, ATXN8OS is on theÂ **positive**Â strand, but is defined as "opposite strand (non-protein coding),Â **antisense**Â RNA";Â [3]Â In some cases (e.g. as described in [<https://www.biostars.org/p/45810/>]), a gene is on the **negative** strand, but the sequence is reported from the **positive** strand.

Proposal: Split Sequence.referenceSeq.strand into two fields:

1. Sequence.referenceSeq.direction = "forward" | "reverse". Definition: An absolute reference to a strand that is in an assumed chromosome orientation of P-arm on the left. The 5'-to-3' strand is the "forward" strand, and the 3'-to-5' strand is the "reverse" strand.

2. Sequence.referenceSeq.sense = "sense" | "antisense". Definition: A relative reference to a DNA strand based on gene orientation. The strand that contains the gene is the "sense" strand, and the opposite complementary strand is the "antisense" strand.

3. Deprecate Sequence.referenceSeq.strand.

4. For all Sequence fields that indicate position, modify the definition to include something like "position is based on an assumed chromosome orientation of P-arm on the left".

Comments 2017-12-14
Bob Dolin 12/14/2017 discussion: Consider "Watson" | "Crick" instead of "forward" | "reverse".Â Per [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3055211/>] "Under our proposal, the Watson strand is standardized as the strand whose 5'-end is on the short arm of the chromosome, and the Crick strand as the one whose 5'-end is on the long arm. Furthermore, the Watson strand should be retained as the reference (plus) strand in a genomic database."

1/4/18: (both fields are 0..1, optional)

2018-01-04 **1. Sequence.referenceSeq.strand**Â = "watson" | "crick". Definition: An absolute reference to a strand. TheÂ Watson strand isÂ the strand whose 5'-end is on the short arm of the chromosome, and the Crick strand as the one whose 5'-end is on the long arm.Â

Bob Dolin 2. **Sequence.referenceSeq.orientation** = "sense orientation" | "antisense orientation". Definition: A relative reference to a DNA strand based on gene orientation. The strand that contains the gene is the "sense" strand, and the opposite complementary strand is the "antisense" strand.

CG FHIR subcommittee vote: motion is to accept proposal as written. (Bob Dolin/Bob Milius). Abstain: 2; Nay: 0; Yeah: 17.

14285 - Add state machine diagrams to ResearchStudy and ResearchSubject

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchSubject](#), [ResearchStudy](#)

Changes • **Item was triaged**

Detail These 2 resources have status elements that need corresponding state machine diagrams to be published in the FHIR spec.

14286 - Drop the TO DO on ResearchStudy.status

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Drop the TO DO on ResearchStudy.status

14287 - Remove bio-banking and epidemiologic from ResearchStudyPrimaryPurposeType value set

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail These 2 values are not part of the original vetted list of values, so they are being removed.

14288 - Change binding from Preferred to Example for ResearchStudyPhase valueset

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Phase should not have a preferred binding to a US-realm vocabulary (clinicaltrials.gov).

14289 - Make changes related to making condition a separate element from focus

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Condition became a separate element from focus, so should no longer be the short description.

14290 - Drop the TO DO on ResearchStudy.status

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Names should be as short as possible.

14291 - Drop requirement text for ResearchStudy.period

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Info in the requirements text isn't relevant to this element

14292 - Move RIM mappings from TODO to Mappings for enrollment, period, sponsor & note

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchStudy](#)

Changes • **Item was triaged**

Detail Move RIM mappings from TODO to Mappings for enrollment, period, sponsor & note

14293 - Correct short description and definition for ResearchSubject.identifier to refer to subject

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchSubject](#)

Changes • **Item was triaged**

Detail Also be sure to add that the subject id is for a study

14295 - Individual FMM Levels Should Be Displayed on the Operation Page

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [operations](#)

Changes • **Item was triaged**

Detail Add a column to the table of operations that specifies the individual FMM level of each operation. The operation tabs of the individual resource pages sometimes contain more than one operation, e.g. ValueSet, CodeSystem and ConceptMap, so it's not possible to determine the individual levels from the FMM level of the page as a whole.

[14296](#) - **extensibility.html need new examples**

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [extensibility](#)

Changes • **Item was triaged**

Detail With the removal of the ClinicalTrial extension as per [GF#12441](#), the page needs new examples...

Resolution added new examples, need revision and approval.

[14297](#) - **either...or**

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [ConceptMap](#)

Changes • **Item was triaged**

Detail A statement of relationships from one set of concepts to one or more other concepts - **either code systems or data elements, or classes in class models.**

?-->

A statement of relationships from one set of concepts to one or more other concepts - **either concepts in code systems, or data element/data element concepts, or classes in class models.**

[14298](#) - **Composition.confidentiality is duplicate of Composition.meta**

Categorization *Specification:* FHIR Core
Work Group(s): Structured Documents
Resource(s): [Composition](#)

Changes • **Item was triaged**

Detail There is a Composition.confidentiality element, this element should be removed.

It is duplicate functionality to the security tags found in Composition.meta. duplicate ways to carry the same information is not helpful wout an explanation of why there is duplication, how this is different, why this should be used rather than meta?

Please remove the Composition.confidentiality element.

You could remind your reader that the Composition.meta element exists for the same functionality found in CDA confidentiality code...

Comments

2018-01-08

Composition.[confidentiality](#) is a high-level classification of the clinical content. See ClinicalDocument.confidentialityCode in CDA.

Brett Marquard

it's unclear to me if Composition.meta can change without a versioning the Resource.

2018-01-08

I don't understand the point you make about Composition.meta and versioning. Why is that a factor? There are some use-cases where POLICY is allowed to let meta change without forcing a version. However meta is not really any different than any other element.

John Moehrke

My concern is that the definition of Composition.confidentiality and Composition.meta are not distinct. To have two elements with the same information is an opportunity for mistakes. Thus I first ask that the redundant element be eliminated so that consistent use of meta is the focus.

14299 - CapabilityStatement - of requirements kind - should be able to import (nesting) other CapabilityStatements of requirements kind

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [CapabilityStatement \(Conformance\)](#)

Changes

- **Item was triaged**

Detail During IHE use of CapabilityStatement we have found that when kind=requirements it would be nice to be able to point at a base CapabilityStatement that this one is based on, thus importing that set of capabilities requirements. Likely need 0..*?

14300 - Loosen up cardinality of RiskAssessment.prediction.outcome

Categorization *Specification:* FHIR Core

Work Group(s): Clinical Decision Support

Resource(s): [RiskAssessment](#)

Changes

- **Item was triaged**

Detail Why is outcome required (in context of prediction)? Stated another way, why can't we have a prediction that is only numeric in nature (e.g. relativeRisk or probability) without the outcome CodeableConcept?

14301 - Slice by Rank/Position

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [profiling](#), [elementdefinition](#)

Changes

- **Item was triaged**

Detail

Based on chat: <https://chat.fhir.org/#narrow/stream/conformance/subject/Slicing.20by.20order>

Re-open of issue #9729: https://gforge.hl7.org/gf/project/fhir/tracker/?action=TrackerItemEdit&tracker_item_id=9729

After discussion, it appears that there is no supported way to slice by rank/position. Use cases include things like "First Name" from HumanName.given and the coverage example given in the chat thread.

Re-propose this feature using a dedicated discriminator type with defined sort rules since I'm not aware of any existing rules for equivalence of simple or complex types.

14302 - Define additional codes in designation use value set

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [CodeSystem](#)

Changes • **Item was triaged**

Detail the value set contains 3 snomed codes, but we need codes for translations of display and definition - these are used extensively in the build process. Currently it is using display and definition in <http://hl7.org/fhir/CodeSystem/designation-usage>

14303 - Support for Code System supplements

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [CodeSystem](#)

Changes • **Item was triaged**

Detail we need to be able to define code system supplements - code system resources that add additional properties, designations etc to codes defined in the code system. Suggest: content = supplement, and a rule that any new codes are an error.

14307 - Consider property name clarification for Encounter.class and Encounter.type

Categorization *Specification:* FHIR Core
Work Group(s): Patient Administration
Resource(s): [Encounter](#)

Changes • **Item was triaged**

Detail During the review of the US Encounter profile, a few folks (Brett and Cooper) indicated that there has been confusion between type and class properties.
Out of that discussion, we opted to open a tracker so that we could gather input and potentially clarify or rename the properties to make them more clear.

14314 - De-identification of patients within the ResearchSubject resource

Categorization *Specification:* FHIR Core
Work Group(s): Biomedical Research & Regulation
Resource(s): [ResearchSubject](#)

Changes • **Item was triaged**

Detail The “individual” is mandatory (1..1) within the ResearchSubject resource. Has anyone considered how to de-identify the patient comprising the ResearchSubject resource? The link from the ResearchSubject to Patient resource itself might serve to identify the patient even if an “empty-shell” Patient resource is provided.

14326 - Re-add range-2 invariant

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [datatypes](#)

Changes • **Item was triaged**

Detail Once FHIRPath ahs been enhanced to support comparisons on Quantity (#14324), renewable invariant 2 on Range.

14328 - No of datatypes miscalculation

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [terminologies](#)

Changes • **Item was triaged**

Detail "When codes are carried in resources, one of 4 different data types is used:"
followed by a list of either 3 or 6 datatypes depending on how you count.

14329 - CodeSystem\$lookup needs a more comprehensive example(s)

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [CodeSystem](#)

Changes • **Item was triaged**

Detail CodeSystem\$lookup has only a single simple example of a result that does not include how to handle the result's property.subproperty.* for SNOMED CT.
As a possible example, consider

GET [base]/CodeSystem/\$lookup?

system=<http://snomed.info/sct&code=231051004&property=version&property=display&property=260686004&property=363704007&property=363700003&property=405813007>

```
<Parameters xmlns="http://hl7.org/fhir">
  & & <parameter>
    & & & & <name value="property"/>
    & & & & <part>
      & & & & & & <name value="subproperty"/>
      & & & & & & <part>
        & & & & & & & <name value="code"/>
        & & & & & & & <valueCode value="260686004"/>
        & & & & & & </part>
        & & & & & & <part>
          & & & & & & & <name value="valueCode"/>
          & & & & & & & <valueCode value="129284003"/>
          & & & & & & </part>
        & & & & & & </part>
        & & & & & & <part>
          & & & & & & & <name value="subproperty"/>
          & & & & & & & <part>
            & & & & & & & <name value="code"/>
            & & & & & & & <valueCode value="363704007"/>
            & & & & & & </part>
          & & & & & & </part>
        & & & & & & </part>
      & & & & & & </part>
    & & & & & & </parameter>
  & & & & & & </Parameters>
```

```

    <part>
      <name value="valueCode"/>
      <valueCode value="280401006"/>
    </part>
  </parameter>
  <parameter>
    <name value="property"/>
    <part>
      <name value="subproperty"/>
      <part>
        <name value="code"/>
        <valueCode value="260686004"/>
      </part>
      <part>
        <name value="valueCode"/>
        <valueCode value="360240009"/>
      </part>
    </part>
    <part>
      <name value="subproperty"/>
      <part>
        <name value="code"/>
        <valueCode value="363700003"/>
      </part>
      <part>
        <name value="valueCode"/>
        <valueCode value="75797008"/>
      </part>
    </part>
    <part>
      <name value="subproperty"/>
      <part>
        <name value="code"/>
        <valueCode value="405813007"/>
      </part>
      <part>
        <name value="valueCode"/>
        <valueCode value="39916009"/>
      </part>
    </part>
  </parameter>
  <parameter>
    <name value="version"/>
    <valueString value="http://snomed.info/sct/32506021000036107/version/20171130"/>
  </parameter>
  <parameter>
    <name value="display"/>
    <valueString value="Creation of connection from spinal syrinx"/>
  </parameter></Parameters>

```

14330 - Measure Report Proposal

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Quality Information
Resource(s): [MeasureReport](#)

Changes • **Item was triaged**

Detail Hello,Â

While implementing Measure Calculation logic we found that Measure Report does not have any connection to Practitioner. We are not sure that this is correct - as even in Measure there is a statement "A quality measure is a quantitative tool to assess the performance of an individual or organization". We are calculating measures for individual practitioner, and therefore when generating report we need somehow to connect it to Practitioner (individual). What do you think?

Thanks,

Andrew

14331 - Typy in messaging.html

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
HTML Page(s): [messaging](#)

Changes • **Item was resolved - Change required**

Detail In Asynchronous messaging, the server acknowledges receipt of the message immediately, and responds to the sender separately. The server may respond more than once to any given message.

The following rules apply when using the \$process-message operation synchronously:

Should be

In Asynchronous messaging, the server acknowledges receipt of the message immediately, and responds to the sender separately. The server may respond more than once to any given message.

The following rules apply when using the \$process-message operation **asynchronously**:

Resolution Auto-approved

14332 - Clarify access to resourcetypes not listed in a CompartmentDefinition

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
Resource(s): [CompartmentDefinition](#)
HTML Page(s): [http](#)

Changes • **Item was triaged**

Detail If the client does a request for /Organization within a Patient compartment, is the client authorized to get:- all Organizations (since the compartment is not linked to Organization, so it does not restrict it)- no Organizations (since the compartment is not linked to Organization, and you cannot query outside of it)?

Obviously access to Organization could be restricted in another way (e.g. Smart scopes), but I see this decision apart from that.

A common case for this could be via an `_include`:

`[base]/Patient?_include=general-practitioner`

where Practitioner nor Organization are part of the Patient CompartmentDefinition.

Other example (still Patient compartment):

`[base]/MedicationRequest?_include:medication`

where MedicationRequest is in the CD, but Medication is not.

I would expect the resources of types outside of the CD to be not privacy sensitive and hence safe to include in the result, but I think it requires a thorough analysis to check this assumption.

[14334](#) - allow `CareTeam.participant,member` to reference a Practitioner role

Categorization *Specification:* FHIR Core
Work Group(s): Patient Care
Resource(s): [CareTeam](#)

Changes • **Item was triaged**

Detail We have a requirement to be able to refer from a care team to a particular practitioner in a role at a facility - eg a particular physiotherapist at a facility - including information such as a phone number (telecom) at that facility and when they are actually working there, which is provided by PractitionerRole .

Comments **Patient Care conference call discussion on Jan 4, 2018**

Add support for Reference(PractitionerRole) to CareTeam.participant.member -- general support for this change

Remove CareTeam.participant.onBehalfOf-- this is more controversial.

2018-01-04 Michelle Miller PRO: 1) this is consistent with other FHIR resources and the broader workflow patterns where there is a reference to Practitioner | PractitionerRole and removal of the onBehalfOf element 2) keeping onBehalfOf creates 2 ways to communicate the same thing - either using member as PractitionerRole OR using member(Practitioner)+onBehalfOf(Org)

CON: 1) Stephen and Emma believe that it is confusing to use PractitionerRole in use cases when the PractitionerRole.code is not known (this is ok because code is an optional element) 2) Stephen and Emma had questions about how to best represent a single Practitioner working at multiple organizations. Stephen and Emma think is cumbersome to create multiple PractitionerRoles - one per org. Alternatively, they believe it is cumbersome to reference a single Practitioner and have to query for all possible PractitionerRoles

NEXT STEPS: 1) Michelle to let Lisa Nelson know about this discussion. 2) Michelle to ask Dave Carlon (FHIR Connectathon Care Plan track leader) to add this to the agenda at the New Orleans Connectathon. Ask implementers if they support the removal of onBehalfOf (assuming we added support for member to be PractitionerRole).

[14335](#) - Consider making identifier 0..*

Categorization *Specification:* FHIR Core
Work Group(s): CBCC
Resource(s): [Consent](#)
HTML Page(s): [resources](#)

Changes • **Item was triaged**

Detail Consent.identifier is 0..1 - only a single identifier is permitted

Many other resources have 0..*, e.g. [Observation](<http://build.fhir.org/observation.html>) and [Immunization](<http://build.fhir.org/immunization.html>)

Consider making this 0..*

14336 - Add BiologicallyDerivedProduct resource

Categorization *Specification:* FHIR Core
Work Group(s): Orders & Observations
HTML Page(s): [resources](#)

Changes • **Item was triaged**

Detail Add new BiologicallyDerivedProduct resource as proposed. http://wiki.hl7.org/index.php?title=BiologicallyDerivedProduct_FHIR_Resource_Proposal

14337 - Add OccupationalData resource

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [OccupationalData](#)

Changes • **Item was triaged**

Detail Add OccupationalData resource per proposal: http://wiki.hl7.org/index.php?title=OccupationalDataforHealth_FHIR_Resource_Proposal pre-applied 12/14/2017 - svn 12724

14338 - Empty search parameters

Categorization *Specification:* FHIR Core
Work Group(s): None

Changes • **Tracker change was applied**

Detail The standard does not specify how a server should react to parameters with no value (i.e. in '?subject=&code=foo' where 'subject' is empty). Maybe we should explicitly state that such values should be ignored (which is the behavior already implemented in HAPI and is in line with how HTML forms work)

Resolution Accept this change, so empty parameters are not in error; they are just ignored by the server.

14339 - Typo in Observation blood pressure example code display

Categorization *Specification:* FHIR Core
Work Group(s): Orders & Observations
Resource(s): [Observation](#)

Changes • **Item was resolved - Change required**

Detail The display element for LOINC code 85354-9 contains a typo. It should be "Blood" instead of "Bood".

Resolution Auto-approved

14341 - Replace "hermaphrodite" with "intersex"

Categorization *Specification:* FHIR Core
Work Group(s): Patient Administration
HTML Page(s): [terminologies-valuesets](#)

Changes • **Item was triaged**

Detail Request to have the term hermaphrodite replaced with intersex in the definition for UN in the administrativeGender. Hermaphrodite is an outdated term.
<http://www.isna.org/faq/hermaphrodite>

14342 - Cardinality and type information not visible in differential table for many profiles

Categorization *Specification:* QI Core
Work Group(s): IG Project
HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail The cardinality and type information isn't available in the differential table for the following profiles:

Device, DiagnosticReport, Goal, Immunization, Location, Medication, MedicationRequest, MedicationStatement, Organization, Patient, Practitioner, and Procedure.

14343 - Change verificationStatus and category cardinality to match US Core in Condition profile

Categorization *Specification:* QI Core
Work Group(s): IG Project
HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail Update cardinalities to match US Core:

verificationStatus: 0..1 -> 1..1

category: 0..* -> 1..*

14344 - Incorrect reference mapping and missing pattern in DiagnosticReport profile

Categorization *Specification:* QI Core
Work Group(s): IG Project
HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail References should be corrected to point to QI Core profiles for the following elements:

basedOn, performer.actor, and locationPerformed extension.

Required pattern should be added for category element to match US Core (?).

14345 - Derive Encounter profile from newly added profile in US Core

Categorization *Specification:* QI Core

Work Group(s): IG Project

HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail US Core has added an Encounter profile, which a QI Core should be deriving from. Add any missing properties, bindings, etc...

14346 - Remove Group reference from subject element for several profiles

Categorization *Specification:* QI Core

Work Group(s): IG Project

HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail QI Core currently has several references to the Group resource that aren't present in the corresponding US Core profiles:

Goal, MedicationRequest, MedicationStatement, and Procedure

The Group references should be removed to conform to US Core.

14347 - Observation profile should be derived from US Core Results profile and fix reference mapping

Categorization *Specification:* QI Core

Work Group(s): IG Project

HTML Page(s): (profiles)

Changes • **Vote information was recorded**
• **Item was resolved - Change required**

Detail The QI Core Observation profile should derive from the US Core Results profile. Also, reference mappings in the basedOn element should be edited to point to QI Core profiles where possible.

Comments Review on CQI WG call, the US-Core profile for Result only represents laboratory results, which is narrower than the Observation in QI-Core is currently defined.

2018-

01-05 To do this, we would need to define new profiles (or adopt directly) derived from the US-Core profiles for Vital Signs, Smoking Status and Result, and then define profiles for everything we use Observation for that is not covered by those (physical exam, assessment, etc).

Bryn

Rhodes Alternatively, we could just leave the QI-Core-Observation profile for generic use, and adopt the US-Core profiles as they are developed.

Resolution Adopt the US Core Results and US Core Smoking Status profiles, as well as the FHIR Core Vital Signs profile.

Modify the QI-Core-Observation profile to make clear that it is exclusive with the other Observation-based profiles.

Update the QDM Mapping to account for Laboratory Results, Smoking Status, and Vital Signs.

In addition, note that the use of Normative LOINC codes for test results is valid within the QI-Core-Results profile.

14348 - Patient extensions are incomplete/missing - add birthsex extension

Categorization *Specification:* QI Core

Work Group(s): IG Project

HTML Page(s): (profiles)

Changes

- **Item was triaged**

Detail

The following extensions in the Patient profile are missing urls to their corresponding StructureDefinition (urls that should be used are in parenthesis following the extension name):

race.ombCategory (<http://hl7.org/fhir/us/core/StructureDefinition/us-core-race#ombCategory>),

ethnicity.ombCategory (<http://hl7.org/fhir/us/core/StructureDefinition/us-core-ethnicity#ombCategory>),

clinicalTrial.NCT (<http://hl7.org/fhir/StructureDefinition/patient-clinicalTrial#NCT>),

clinicalTrial.period (<http://hl7.org/fhir/StructureDefinition/patient-clinicalTrial#period>),

clinicalTrial.reason (<http://hl7.org/fhir/StructureDefinition/patient-clinicalTrial#reason>)

Add the birthsex extension (see here: <http://build.fhir.org/ig/HL7/US-Core/StructureDefinition-us-core-birthsex.html>) and mark as “must support”.

14349 - Revisit and clarify "Allele Frequency"

Categorization

Specification: FHIR Core

Work Group(s): Clinical Genomics

Resource(s): [Observation](#)

Changes

- **Item was triaged**

Detail

I think Allelic Frequency might be an overloaded term. Perhaps everyone understands exactly what it means, but just in case, here is how this is defined:

LOINC: <https://r.details.loinc.org/LOINC/81258-6.html?sections=Comprehensive>

The allelic frequency is the relative frequency of a particular allele in the population, expressed as a number from 0 to 1.

FHIR (STU3): A physical quality which inheres to the allele by virtue of the number of instances of the allele within a population. LOINC Code: 81258-6

<https://s.details.loinc.org/LOINC/81258-6.html?sections=Comprehensive>

In both of those, the ‘population’ is not defined. But in the LRI, it was defined like this: Reports the fraction of all of the reads at this genomic location that were represented by the given allele. For homozygotes it will be close to 1.0; for heterozygotes it will be close to 0.5. It can be a smaller number when there are mosaics or multiple chromosome, or mixtures of tumor cells and normal cells.

So, by the LRI definition, I think it makes sense as something to be delivered with the variant observation? And I don’t know that it would need to be structured as its own Observation. I am not sure that value “can reasonably be interpreted and used independently” as stated in the Considerations for representing information using Observation. Now, if we want to consider “Population Frequency”, that does feel more like “annotation / enrichment, interpretation, significance or prediction” as Amnon said below. It seems to be a good and fairly simple candidate for us to test the waters of delivering knowledge as something else (a new resource, a profile on Observation, something else?). As an aside, we need to allow the population to be specified as well. For anyone curious about it, here is an example of where those population frequencies might come from:

<http://exac.broadinstitute.org/variant/22-46615880-T-C>

---from Gil---The STU3 definition came from Sequence Ontology (as a number of definitions did) based on group's selection in past doing it that the way where SO fit. I believe these were Bob M's use cases. Either way, they are a couple of CDS ones related to DAM. As part of recon process, LOINC codes were added where they may be closest fit last year (as in discussion here, it appears LOINC code was altered in the LRI later (but not on the site)- and is used differently than the use in SO we selected). One solution is that LOINC code itself (or name of term) should be more clearly defined on the actual LOINC site. We can also revisit SO definition. For both SO and LOINC, there are also ways to make recommended changes (and we did it successfully in both cases in past).

---from Clem---Think the definition was shortened by accident in the transfer to the FHIR model. -which change I had not noticed. So as Gil suggests we should get it to be its original intention. Clearly there are two different concepts that belong as separate terms. And if the population based one is needed it should be a separate new attribute (Not sure what resource these "external knowledge" things are supposed to live.)

---from Kevin---it feels like we need to do the following:• Ensure we are comfortable with the wording from the LRI, or come up with common wording and update the LRI• Ask

LOINC to refine the definition• Update FHIR definitions to match• Optionally, ask SO to refine their definition (or, decide we are just breaking with their definition since it is a little too vague?)

Once we make that decision, we could then talk about adding “Population Frequency” – however I would suggest we hold off on that for now, as that really does get into the ‘knowledge’ realm, not ‘observable’, and I am not sure our group is really ready for that just yet.

---from Gil---OK with me. I would just recommend that workgroup decide on what the term name should be because many databases use 'allele freq' for what some are thinking is pop allele freq (NCBI, Broad, SO, etc). They specifically use and define "allele freq" that way. While we may be able to get some to change, may be hard to change all. So, one option is to think of a modifier like sample allele freq or something else..

14350 - Need sum() function

Categorization *Specification:* FHIRPath

Work Group(s): ITS

HTML Page(s): fhirpath (fluentpath)

Changes • **Item was triaged**

Detail We have a need to implement a constraint using FHIRPath to validate the sum of the sizes of the attachments in FHIR messages, but there is no existing facility in FHIRPath to do that.

It would be highly advantageous to add the sum() function, possibly along with other aggregate functions such as mean() and median(), to the API.

14351 - Improve documentation for valuesets

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

Resource(s): [ValueSet](#)

Changes • **Item was triaged**

Detail I find that explanation of intensional and extensional on valuesets could be improved. I found an explanation that I found useful on <http://blog.healthlanguage.com/the-difference-between-intensional-and-extensional-value-sets> and I think it could be beneficial to have parts of that in the FHIR doc for ValueSets. I've copied the parts that I find essential and that could be somewhat pasted into the doc.

A value set may be structured as intensional or extensional. The terms intensional and extensional come from the fields of mathematical logic and set theory. In the healthcare context, the distinctions between an intensional and an extensional value set have important implications for code group management.

The Terms Defined

An intensional value set is typically algorithmically defined. That is, the code group is defined as a rule. The rule might say, for example, extract all codes with the word diabetes. The key benefit of intensional code groups is that they can be dynamically updated. Dynamic updating helps healthcare organizations keep current when new drugs (and their associated codes) become available or codes for diseases and other clinical concepts change. An intensional value set designed to contain all of the drugs in the beta blocker category can automatically receive a new beta blocker's code as soon as it hits the market.

Extensional value sets, meanwhile, are enumerated lists of codes that are not algorithmically based. According to [HL7 International](#), “value sets defined by extension are comprised of an explicitly enumerated set of codes.” [Integrating the Healthcare Enterprise](#), in its Sharing Value Sets white paper, states that extensional value sets are “defined in terms of a list of concepts.

14355 - Mis-named in-parameter In text introduction to ValueSet \$validate-code operation

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [ValueSet](#)
HTML Page(s): [terminologies-valuesets](#)

Changes • **Item was triaged**

Detail ..."If the operation is not called at the instance level, one of the in parameters "constraint" or "valueset" must be provided." "constrain" should read "context" ...and, to be really pedantic, "valueset" should read "valueSet"

14356 - CodeSystem.supplements should have a ballot status of Trial Use

Categorization *Specification:* FHIR Core
Work Group(s): Vocabulary
Resource(s): [CodeSystem](#)

Changes • **Item was triaged**

Detail CodeSystem.supplements is too new, too briefly documented, and has significant impact on existing CodeSystem (and ValueSet) functionality to be considered ready for normative status. It should have a BallotStatus of Trial Use.

Some outstanding questions that arise based on the definition *"Code System this adds designations and properties to"*.

1. If CodeSystem/A supplements CodeSystem/B, what are fields in CodeSystem/A that can / should / must be populated?
2. What are the consistency criteria between the two CodeSystems? Can A only *"add designations and properties"*?
3. By *properties*, does this mean properties attached to codes, or properties of the CodeSystem in general.
4. Can A add filters as well?
5. Are the added property values only *additional*?
6. Can you add values for pre-existing properties?

14357 - Clarify use of availability when a study is available from multiple endpoints.

Categorization *Specification:* FHIR Core
Work Group(s): Imaging Integration
Resource(s): [ImagingStudy](#)

Changes • **Item was triaged**

Detail ImagingStudy.availability is supposed to indicate the availability of the instances, however that might vary by endpoint. E.g. A study might be nearline on PACS A, but online for VNA B. How should this be recorded?

I think availability only applies when there is only a single endpoint. If there are multiple endpoints, we can define a repeatable extension that would document per-endpoint availability; in this case the availability element should only have the extension values.

14358 - Consider whether ImagingStudy should be per endpoint

Categorization *Specification:* FHIR Core

Work Group(s): Imaging Integration

Resource(s): [ImagingStudy](#)

Changes

- **Item was triaged**

Detail

There are some complications using ImagingStudy when the instances are available from multiple servers.

In particular, not all servers may have the same availability--for both the online/offline definition of availability, and the "what instances that server knows about" definition.

Some metadata could also get updated on some endpoints, but not on others.

We should consider if ImagingStudy should be restricted to representing what is available on a single server. If there are multiple servers for the same study, then there would multiple ImagingStudy instances. Each would reflect that server's understanding of the study.

14359 - align new SNOMED ECL implicit valueset URI with existing implicit URI formats

Categorization *Specification:* FHIR Core

Work Group(s): Vocabulary

HTML Page(s): [terminologies-systems](#)

Changes

- **Item was triaged**

Detail

The new ECL Implicit ValueSet format has a syntax variation from the existing formats. This appears to be unnecessary and will create confusion for users and implementers.

Specifically, the existing URI patterns for ISA and REFSET use a / to separate the prefix from the variable suffix:

Â Â ?fhir_vs=isa/[sctid] - all concept IDs that are subsumed by the specified Concept.

Â Â ?fhir_vs=refset/[sctid] - all concept IDs in the specified reference set

The new ECL form instead uses a : as the separator

Â Â ?fhir_vs=ecl[ec] - all concept IDs that meet the supplied expression

It would be more consistent and simpler for producers and consumers to also use a / unless there is a compelling reason otherwise.

14360 - related to?

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [overview](#)

Changes

- **Item was resolved - Change required**

Detail

From a TOGAF perspective, FHIR addresses aspects of architecture views **related** information model definition and data exchange ...

?--->

From a TOGAF perspective, FHIR addresses aspects of architecture views **related to** information model definition and data exchange

Resolution

Auto-approved

14361 - module or measure

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Quality Information
Resource(s): [Measure](#)

Changes • **Item was triaged**

Detail In the table, the Description of the search parameter "topic" is "Topics associated with the **module**".
Should it be "**module**" or "**measure**"?

14362 - CVX value set is out of date

Categorization *Specification:* US Core
Work Group(s): IG Project
HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail Comment related to the January 2018 US Core ballot.

The most recent CVX code in the CVX value set for the US core Immunization profile is CVX 164 (Men B unspecified). Since then, multiple CVX codes have been added to the code set (<https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx>). The US Core value set needs to be updated regularly as new CVX codes are added, or the value set should just point to the CDC site which lists the CVX codes.

14363 - NDC vaccine code list for US Core immunization profile contains duplicates

Categorization *Specification:* US Core
Work Group(s): IG Project
HTML Page(s): (profiles)

Changes • **Item was triaged**

Detail Comment for January 2018 US Core ballot.

The NDC value set contains duplicate NDC codes. Presumably this is because the CDC table from which they are derived (<https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=ndc>) actually maps pairs of NDC codes.

An NDC code can either be Unit of Use (on the syringe or vial) or Unit of Sale (on the outer packaging). The CDC site links associated Unit of Use and Unit of Sale NDCs as pairs. Sometimes, a single Unit of Use is associated with multiple Unit of Sale NDCs and therefore listed a couple of times in the CDC table.

The FHIR value set only appears to contain Unit of Use NDCs. The CDC has provided guidance that a provider may record/exchange either Unit of Use or Unit of Sale NDCs and so presumably the value set should include both.

The NDC value set should be updated to include both types of NDCs or clarify which type of NDC is present. It should also be updated to filter out duplicate codes (note that some NDCs are used as both Unit of Use and Unit of Sale codes).

14364 - Review NotGiven Status - all Pharmacy resources

Categorization *Specification:* FHIR Core
Work Group(s): Pharmacy
Resource(s): [MedicationAdministration](#), [MedicationDispense](#), [MedicationRequest](#), [MedicationStatement](#)

Detail From Grahame:(<https://chat.fhir.org/#narrow/stream/implementers/subject/Change.20to.20SubstanceAdministration.20NotGiven>)
I don't follow the grounds for this change. NotGiven + reasonNogGiven have been collapsed to "statusReason" - ok, but it doesn't match the definition, and the name is misleading - particularly when compared to the same change in communication, where not given became a status, and so status reason makes sense.
From Lloyd:
Agree that the definition of statusReason should be adjusted to align with the event pattern definition - unless Pharmacy believes that the only reason that would ever be captured would be "notDoneReason", in which case the rename to statusReason was unnecessary. However Melva's currently on holidays. @John Hatem - your thoughts?

Comments **2018-01-04** There are instances where documenting the 'reason' why a status change was made occur. This includes more than just the reason for documenting that something was John "notDone". It is common to document the reason for placing a medication order or a medication administration "on-hold".
Hatem

[14365](#) - Medications Module Immunization Index missing ImmunizationEvaluation

Categorization *Specification:* FHIR Core
Work Group(s): Pharmacy
HTML Page(s): [medications-module](#)
Changes • **Item was resolved - Change required**
Detail Section 11.0.2.2 Immunizations only lists 2 of the 3 immunization related resources. ImmunizationEvaluation should be added to the list.
Resolution Auto-approved

[14366](#) - Add potency elements to Immunization resource

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [Immunization](#)
Changes • **Item was triaged**
Detail Either at the time of administration or at some point afterwards, factors affecting the potency of a dose administered may be known. For example, at the time of administration, the provider may know that less than the full intended amount of vaccine was administered (eg the patient moved unexpectedly and only part of the dose was actually administered). Or after the dose has been reported, the manufacturer may inform the provider that the lot of vaccine was sub-potent due to a manufacturing issue. In these cases, it's important to flag the dose as potentially being sub-potent.
Note that this sort of declaration is different than an "evaluation" of the dose (using the ImmunizationEvaluation resource) where the dose is compared to published recommendations. In this case, the dose is assumed to be fully potent (unless noted otherwise) but may still not be "valid" because of issues such as the age of the patient at the time of administration or the interval since a previous dose.
Proposed resolution would be to add a two new elements:
isPotent - a boolean indicating whether or not the dose is fully potent (Y) or sub-potent (N). If not populated, the dose should be assumed to be fully potent
subpotentReason - would be a codeable concept with an extensible value set of reasons why the dose is subpotent. Suggested values would be:
-Partial dose

- Cold chain break
- Manufacturing problem
- Manufacturer recall

[14367](#) - Typo in Definition of Immunization.education.documentType

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [Immunization](#)

Changes • **Item was resolved - Change required**

Detail typo: "ot" should be "to"
 Definition
 Identifier of the material presented ot the patient.

Resolution Auto-approved

[14368](#) - Typo in Carnality of Related Resources for ImmunizationEvaluation

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [ImmunizationEvaluation](#)

Changes • **Item was resolved - Change required**

Detail Note that this error is in ImmunizationEvaluation, but that's not a resource option in gForge right now.
 Section 11.14.5 of ImmunizationEvaluation has several typos
 Typically a single "recommendation" is prepare d for the patient based on the evaluation of all of the vaccine administration events in the patient's history. This "recommendation" may include individual recommendations for multiple vaccines/vaccine groups. For example, a recommendation may be generate d that includes recommendations for both ~~influenza~~ influenza and a diphtheria/tetanus vaccination s. Such recommendations use the ImmunizationRecommendation resource.

Resolution auto-approved

[14369](#) - Typo in Cardinality of Related Resources for ImmunizationEvaluation

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [Immunization](#)

Changes • **Item was resolved - Change required**

Detail Note that this error is in ImmunizationEvaluation, but that's not a resource option in gForge right now.
 Section 11.14.5 of ImmunizationEvaluation has several typos
 Typically a single "recommendation" is prepare d for the patient based on the evaluation of all of the vaccine administration events in the patient's history. This "recommendation" may

include individual recommendations for multiple vaccines/vaccine groups. For example, a recommendation may be generate d that includes recommendations for both ~~influenza~~ and a diphtheria/tetanus vaccinations. Such recommendations use the ImmunizationRecommendation resource.

Resolution Auto-approved

14370 - Provenance - Party References needs update now that userId is gone

Categorization *Specification:* FHIR Core
Work Group(s): Security
Resource(s): [Provenance](#)

Changes • **Item was triaged**

Detail With the new Reference definition, and removal of redundant URL elements; Section 6.3.4.4 "Party References" needs to be re-written, or removed totally. Removal might be all that is needed now days.

If leaving it, then this section can explain when to use whoIdentifier vs whoReference....
but this explanation is already included in the element comments...

Recommend removal of this section.

14371 - Consider restricting the targetDisease cardinality of ImmunizationEvaluation

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [ImmunizationEvaluation](#)

Changes • **Item was triaged**

Detail ImmunizationEvaluation.targetDisease currently has a cardinality of 1..* which is probably because this is the cardinality that targetDisease had as part of Immunization.protocol in Release 3 and before. We should consider changing the cardinality to 1..1 so that each evaluation can only relate to a single targetDisease. For example, the Twinrix vaccine contains antigen for both HepA and HepB. The dose could need to be evaluated separately against schedules for both diseases and it may confuse implementers if multiple diseases can be named in targetDisease. We can restrict it in profiles, but someone may implement before we have reason to produce a profile.

14372 - Consider whether ImmunizationRecommendation should be a profile of the Careplan resource

Categorization *Specification:* FHIR Core
Work Group(s): Public Health
Resource(s): [ImmunizationRecommendation](#)

Changes • **Item was triaged**

Detail Currently, the Boundaries and Relationships section of ImmunizationRecommendation says the following:

One of the considerations for this resource is if it is better for this resource to be a profile of the CarePlan resource, or if it is more appropriate for this to be a separate resource due to the number of immunization profile-specific data elements.

We should discuss this and make a decision. I lean towards having a separate resource, but it's worth discussing and making a decision one way or the other.

14373 - Review all immunization related resources to ensure "is-Modifier" is applied correctly

Categorization *Specification:* FHIR Core

Work Group(s): Public Health

Resource(s): [Immunization](#)

Changes • **Item was triaged**

Detail Currently only Immunization.status is flagged as a modifier. We should look at all 3 immunization related resources and make sure no other elements should be flagged as a modifier. Ones to really look at include:

Immunization.primarySource - does the interpretation of the immunization event record change if it is a primary or secondary report?

ImmunizationEvaluation.status - should this be a modifier?

ImmunizationRecommendation - there is no status element. We've discussed this before, but we can revisit

14374 - Multiple value sets for Immunization.reason

Categorization *Specification:* FHIR Core

Work Group(s): Public Health

Resource(s): [Immunization](#)

Changes • **Item was triaged**

Detail Now that notGiven has been incorporated into status (as not-done) and the two reason elements (reason done and reason not done) have been collapsed into a single element, is there a way to define two different value sets for reason (one for reasons vaccines are given and one for reasons vaccines are not given) and link the value set to the status of the record? It seems cleaner to have multiple value sets.

14375 - Behavior of reference search parameter type with respect to logical references needs clarification

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [search](#)

Changes • **Item was triaged**

Detail The spec is unclear as to how search works if a reference is given as a logical reference (identifier) instead of a url

seeÂ <https://chat.fhir.org/#narrow/stream/implementers/topic/reference.20type.20search.20parameters>

14376 - made adverse event severity codes lower case

Categorization *Specification:* FHIR Core

Work Group(s): Patient Care

Resource(s): [AdverseEvent](#)

Changes • **Item was resolved - No change**

Detail Typically, FHIR defined codes are lower case, but the adverse event severity codes start with an upper case letter. Unless there is a reason for this, the codes should be lowercased.

14377 - "reasons" out of spec for medication and immunization resources

Categorization *Specification:* FHIR Core

Work Group(s): Pharmacy, Public Health

Resource(s): [MedicationStatement](#), [MedicationDispense](#), [Immunization](#), [MedicationAdministration](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail

The Immunization and Medication resources try to stay in sync, but there are some differences with STU4 changes.

Both types of resources have incorporated "not done/not given" into the status element (with the removal of the previous notDone/notGiven element) but the "reason" elements are a bit out of sync.

MedicationStatement:

reasonCode - why the medication is being/was taken

ReasonReference - support for why the medication is being/was taken

No mention of an element for why a medication is not being taken (status = not-taken)

MedicationAdministration:

reasonCode - reason administration performed

reasonReference - supports why the medication as administered

statusReason - reason administration not performed

Medication Dispense:

statusReason - why a dispense was not performed (codeableConcept or Reference (DetectedIssue))

supportingInformation - supports the dispensing of the medication

Immunization:

reason - why the immunization did or did not occur

Immunization doesn't have separate "did" and "did not" reasons.

Comments

2018-01- Per Lloyd in #14374

02

Craig Newman Based on the Event pattern, there'd be an Immunization.reason and an Immunization.statusReason. The former would have a value set for why the immunization occurred (or was intended to occur). The latter would be the reason why it didn't happen (or possibly other statuses if you have statuses like stopped or suspended, though I doubt that suspended is relevant).

2018-01- Per Lloyd in #14374

02

Craig Newman Based on the Event pattern, there'd be an Immunization.reason and an Immunization.statusReason. The former would have a value set for why the immunization occurred (or was intended to occur). The latter would be the reason why it didn't happen (or possibly other statuses if you have statuses like stopped or suspended, though I doubt that suspended is relevant).

[14378](#) - capabilitystatement-expectation

Categorization *Specification*: FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [CapabilityStatement \(Conformance\)](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail

NHS Digital (UK) is currently building a 'generic' STU3 CapabilityStatement profile and looking to use the core HL7 capabilitystatement-expectation FHIR extension <http://hl7.org/fhir/STU3/extension-capabilitystatement-expectation.html> to support expected conformance.

For NHS Digital there is a problem. The extension has been built with a root cardinality of 1:1 which means that when you use this extension (e.g. via Forge) it becomes mandatory and therefore you can't optionally support it for specific profile elements that don't have a conformance use case. We have a number of national capability statement profiles that don't yet require use of this extension for the proposed FHIR contextual use.

For NHS Digital STU3 usage we intend to create a copy of the extension with a root of 0:1.

Based on the discussions on Zulip: <https://chat.fhir.org/#narrow/stream/implementers/topic/Mandatory.20Extensions>, please can the root cardinality of this extension be relaxed to 0:1 for R4 and a future release?

[14379](#) - Composition introduction focus in only Document paradigm, General for RESTful implementation

Categorization

Specification: FHIR Core

Work Group(s): Structured Documents

Resource(s): [Composition](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail

The entire Introduction is in the context of the Document Paradigm and I needs to be partitioned out and addressed under a Notes section specific for Documents or to a Document Profile

See related comments and follow-up in GF#13426

I propose the following (paradigm-less) **Description:**

Composition is a structure for organizing information for purposes of defining a set of healthcare-related information that establishes context and may have clinical attestation with regard to who is making the statement.

Scope and Usage

Composition can be thought of as an outline with hyperlinks and/or textual notes that detail the contents. The resource organizes clinical and administrative content into sections, each of which may contain a narrative/text blob, and/or references other resources for supporting data. The full content of the information may be represented using a Bundle containing the Composition and its entries. For example, a catalogue of services, a clinical encounter, or a clinical event that is reportable to a public (population) health authority.

(add the Document specific stuff here...The Composition resource provides the basic structure of a FHIR [document](#).)

Boundaries Section:

Change "Composition is a structure for grouping information for purposes of persistence and attestability. There are several other grouping structures in FHIR with distinct purposes."

to

"Composition is a structure for grouping information, There are several other grouping structures in FHIR with distinct purposes."

Remove:

"The [Composition](#) resource - defines a set of healthcare-related information that is assembled together into a single logical document that provides a single coherent statement of

meaning, establishes its own context and that has clinical attestation with regard to who is making the statement. The Composition resource provides the basic structure of a FHIR [document](#). The full content of the document is expressed using a bundle containing the Composition and its entries."

Move the Document Specific stuff starting with "The Composition resource organizes clinical and administrative content into sections..." to the Notes section specific for Documents or to a Document Profile

Background and Context Section:

Move this content to the Notes section

14380 - fix grouping structure

Categorization *Specification:* FHIR Core

Work Group(s): Financial Mgmt

Resource(s): [Coverage](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail Coverage.grouping is very un FHIR-like. Since these are identifiers use the Identifier datatype mapping the elements as follows:

Option A:

grouping.group --> group 0..1 Identifier

+ add new code for 'Payor Group Number' to <http://hl7.org/fhir/ValueSet/identifier-type> for Identifier.type

grouping.groupDisplay --> Identifier.assigner.display

+ add new code for 'Payor SubGroup Number' to <http://hl7.org/fhir/ValueSet/identifier-type> for Identifier.type

grouping.subgroup --> subgroup 0..1 Identifier

etc..

Option B:

.grouping --> .plan 0..* BackboneElement

plan.type 1..1 type codeableConcept (valueset of 'plan', 'group', 'subplan', 'subgroup', etc. and allows for display)

plan.identifier 1..1 type Identifier (add code for payor plan number to type)

e.g., grouping.group --> plan.type.coding.code = "plan" + plan.identifier.value = [id]

e.g., grouping.groupDisplay --> plan.type.text = "Kaiser Bronze Plan"

14381 - subscriberId is type string - why not type Identifier?

Categorization *Specification:* FHIR Core

Work Group(s): Financial Mgmt

Resource(s): [Coverage](#)

Changes • **New Tracker item**
• **Item was triaged**

Detail identifier vs subscriberId may often be the same.

no identifier.type value for this element

Change subscriberId type from string to identifier

14382 - document how to provide subscriber information when not registered

Categorization *Specification:* FHIR Core
Work Group(s): Financial Mgmt
Resource(s): [Coverage](#)

Changes • **New Tracker item**
• **Item was triaged**

Detail subscriber is not always a registered patient, which leaves us with these options:

contained resource

bundle with patient somehow

Document this guidance in the Notes.

14383 - Add new code "genetic" into coding Observation.category code system list

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Genomics
Resource(s): [Observation](#)

Changes • **New Tracker item**
• **Item was triaged**

Detail Add the "genetic" code for observation category code list, so that all the genetic observation resources will have this status for clarification.

Code: genetic

Display: Genetic

Definition(Draft): Genetics Observation record the interpretive genetic data.

Comments Questions/Issues:

2018-01-02 - This sounds more like a subcategory of laboratory
Eric Haas - why not simple extend the existing valueset for these use cases.

- The definition needs more work since it does not adequately describe a broad generic category.

14384 - Allow multiple prisms with VisionPrescription

Categorization *Specification:* FHIR Core

Work Group(s): Financial Mgmt
Resource(s): [VisionPrescription](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail There needs to be the ability to support two prisms.

[14385](#) - Group Resource as an eligible member of Group Resource

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
Resource(s): [Group](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail The Group Resource feels like it should allow for a Group that also contains other groups as members. An example would be to have two clinics that are a member of the same department. I should be able to add both groups of Practitioners to a group and just reference the individual groups rather than listing out each physician in each group.

[14386](#) - No way to get to StructureDefinition for logical models

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Core Tooling/Pubs
Resource(s): [_Definition](#), [_Event](#), [_Request](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail For resources, there's a tab with the XML and JSON view of the structure definitions. Those tabs are suppressed for logical models. There should at least be a hyperlink that lets you go to the structure definition for the logical models

[14387](#) - Workflow - update Example tab with links to resources that reference a pattern

Categorization *Specification:* FHIR Core
Work Group(s): FHIR Infrastructure
Resource(s): [_Request](#), [_Definition](#), [_Event](#)
HTML Page(s): [workflow-module](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail In each Workflow logical model: Event, Request, Definition, there is an Example tab. This tracker item is suggesting we update each of those tabs by providing links to the Resources that should be in alignment with the logical model.

Comments **2018-01-03**
Lloyd McKenzie Should do W5 too

[14388](#) - US Core: Require Provenance Resource for Create/Update/Delete Events, AuditEvent for Read

Categorization *Specification:* US Core
Work Group(s): IG Project

	<i>Resource(s):</i> Provenance , AuditEvent
	<i>HTML Page(s):</i> (profiles)
Changes	<ul style="list-style-type: none"> • New Tracker item • Item was triaged
Detail	<p>1) Require creation/binding of Provenance resource instance at creation, update or deletion event for any other instance(s).</p> <p>2) Require creation/binding of AuditEvent resource instance at read event for any other instance(s).</p> <p>Suggest incorporation of, or reference to, Provenance and AuditEvent Profiles as defined for the FHIR EHR System Record Lifecycle Event Implementation Guide (RLE IG).</p> <p>EHR-S RLE IG: http://hl7.org/fhir/2018Jan/ehrsrl/ehrsrl.html</p> <p>EHR-S RLE Provenance Profile: http://www.hl7.org/FHIR/2018Jan/ehrsrl/ehrsrl-provenance.html</p> <p>EHR-S RLE AuditEvent Profile: http://www.hl7.org/FHIR/2018Jan/ehrsrl/ehrsrl-auditevent.html</p>
Comments	<p>2018-01-04 Grahame Grieve</p> <p>I think that it's a very good idea for systems to do this, but I think it's a very bad idea for the US core technical specification to mandate a policy issue like this. The US core technical specification should describe exactly how this is done - *if we can get enough interest from US stakeholders to test it*. (note: the US core spec is for *all* healthcare systems, not just EHR systems. We can't even get EHR vendors to line up on this one.</p>

14389 - eld-16 doesn't allow "@default" as slice name

Categorization	<i>Specification:</i> FHIR Core <i>Work Group(s):</i> FHIR Infrastructure <i>HTML Page(s):</i> elementdefinition
Changes	<ul style="list-style-type: none"> • New Tracker item • Item was triaged
Detail	<p>It appears that eld-16 doesn't allow "@default" as a slice name in the current build: http://build.fhir.org/elementdefinition-definitions.html</p> <p>even though the spec explicitly reserves this as name for the default slice:</p> <p>https://www.hl7.org/fhir/profiling.html#default-slice</p>

14390 - Fix erroneous text on :contains

Categorization	<i>Specification:</i> FHIR Core <i>Work Group(s):</i> FHIR Infrastructure <i>HTML Page(s):</i> search
Changes	<ul style="list-style-type: none"> • New Tracker item • Item was triaged
Detail	<p>"(case insensitive and accent-insensitive, partial matches at the end of the string)."- should be "partial matches at the start of the string"</p> <p>see http://community.fhir.org/t/contains-on-string-search-parameters/654</p>

14391 - Composition/\$document should take GraphDefinition as a parameter

Categorization	<i>Specification:</i> FHIR Core
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Work Group(s): Structured Documents

Resource(s): [Composition](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail A Composition resource doesn't identify what profiles entries need to comply with, nor does it indicate how deeply the referenced resource trail should follow, nor when/if reverse links should also be included (e.g. Provenance).
Passing a GraphDefinition along with the composition should be enough to completely describe what the resulting document should look like.
In fact, you might be able to invoke it on Composition root without having to provide a Composition instance to generate the Composition as well if you pass in the subject as a parameter.
This would be helpful for true on-the-fly document generation.

Resolution Will add.

14392 - Observation needs to make more clear what can and can't be done with components

Categorization *Specification*: FHIR Core

Work Group(s): Orders & Observations

Resource(s): [Observation](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail At present, the definition for Observation.component only allows for true components (e.g. systolic & diastolic for blood pressure or color & cry for apgar).
It doesn't make clear that components can also qualify (e.g. cuff size or sitting/standing/lying for blood pressure).
Such qualifying information can't be sent as a separate observation because it cannot be interpreted on its own and its occurrence and status is intrinsically tied to the base observation.
The definition needs to make this clear.
As well, there needs to be text added that the presence or value of components cannot change the interpretation of an Observation unless the Observation.code explicitly identifies those components.
I.e. the understanding gleaned by looking only at Observation.code & value and ignoring components must still be valid unless the Observation.code identifies explicit components that must also be taken into account.

14393 - Patient.animal needs a meaning when absent

Categorization *Specification*: FHIR Core

Work Group(s): Patient Administration

Resource(s): [Patient](#)

- Changes
- **New Tracker item**
 - **Item was triaged**

Detail It's not clear whether the meaning of a Patient with no "animal" element is "Patient is a human" or "It's unknown whether the patient is a human or an animal" (meaning that if you want to force it to be a human, you must declare animal with species of homo sapiens in some code system or other).
That meaning must be clear and be consistent across all systems.
This can be done by defining the "meaning when missing" property.
If the decision is "Patient.animal absent = human", then there should also be guidance about what to do for systems that don't necessarily know if they're dealing with humans or animals.

14394 - Need to define triggers on more than one resource type

Categorization *Specification*: FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [MetadataResource](#)

HTML Page(s): [metadatatypes](#)

- Changes
- **New Tracker item**

Detail

- **Item was triaged**

EventDefinition has one trigger, and triggerDefinition has one DataRequirement, and DataRequirement has one (and only one) type. There's lots of contexts in which you want to make a single event definition for more than one type of resource e.g. any event where patient medications change (4 different resource types)

14395 - A redundant word "the"

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Decision Support
HTML Page(s): [cqif-knowledge-artifact-representation](#)

Changes

- **New Tracker item**
- **Tracker reassigned specification from "Clinical Quality Information Framework (CQIF)" to "FHIR Core"**
- **Item was triaged**

Detail

...and the parameters to **the** apply are available as context to expressions within the plan definition, ...

-->

...and the parameters to apply are available as context to expressions within the plan definition, ...

14396 - The verb "render" is not easy to understand

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Decision Support
HTML Page(s): [clinicalreasoning-module](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail

The \$apply operation is used to **render** a plan definition, ...

14397 - Root element <actionDefinition> Not Found in the Lager Example

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Decision Support
HTML Page(s): [cqif-knowledge-artifact-representation](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail

The Root element <actionDefinition> in this example fragment couldn't be found in the larger *example for the PlanDefinition resource, available [here](#)* (<http://build.fhir.org/plandefinition-example.xml.html>).

And *the* Root element <actionDefinition> doesn't have a closing tag at the end of this example fragment.

14398 - Inconsistent element names in the example

Categorization *Specification:* FHIR Core
Work Group(s): Clinical Decision Support
HTML Page(s): [cqif-knowledge-artifact-representation](#)

- **New Tracker item**

Changes	<ul style="list-style-type: none"> • Item was triaged
Detail	<p>In the example fragment, the names of the <code>actionDefinition</code> and <code>activityDefinition</code> are not consistent with the Spec and the larger example instance (http://build.fhir.org/plandefinition-example.xml.html).</p> <pre> <actionDefinition> <!-- Refer to outpatient mental ... --> <textEquivalent value="Refer to outpatient mental ..."/> Â <activityDefinition> Â Â <reference value="#referralToMentalHealthCare"/> Â </activityDefinition> ... </actionDefinition>Â </pre>

[14399](#) - Capsule rather than tablet

Categorization	<p><i>Specification:</i> FHIR Core <i>Work Group(s):</i> IG Project <i>HTML Page(s):</i> (profiles)</p>
Changes	<ul style="list-style-type: none"> • New Tracker item • Item was resolved - Change required
Detail	<p>In both example fragments, the word tablet should be <u>capsule</u> .</p> <pre> <!-- fluoxetine 20 mg <u>capsule</u> 1 capsule oral 1 time daily now (30 tablet; 3 refills) --> <textEquivalent value="fluoxetine 20 mg <u>capsule</u> 1 capsule oral 1 time daily now (30 tablet; 3 refills)"/> </pre>
Resolution	Auto-approved

[14400](#) - Inconsistency in how comments, definitions, etc. are exposed for extensions

Categorization	<p><i>Specification:</i> FHIR Core <i>Work Group(s):</i> FHIR Core Tooling/Pubs <i>HTML Page(s):</i> (many)</p>
Changes	<ul style="list-style-type: none"> • New Tracker item • Item was triaged
Detail	<p>At present, the data dictionary page has special logic for extensions. The purpose of this special logic is to avoid inheriting the default name, definition, usage notes, etc. for all extension slices in the data dictionary view, because that would be totally useless. However there are three issues with the current logic:</p> <ol style="list-style-type: none"> 1. It's not an extension-specific issue. The logic should be based on whether you're looking at slices of any sort that have a profiled type definition, not only when you're looking at extensions 2. The current logic ends up suppressing any inline comments that have been provided.

3. The current logic isn't consistent across all views and isn't reflected in the snapshot

Proposal (based on previous discussions):a) When generating the snapshot for a slice, if the root slice element declares a type and the type is resolvable, that should be treated as the "base" for the purposes of determining the expansion. If the type is not available, the snapshot generation process should use the base type, but spit out a warning message.

b) Remove all slice-specific and extension-specific rendering logic from the different generated views

Rationale: The content for the base definitions, usage notes, etc. will be visible in the "slice definition" elements, so skipping these and drawing information from the profile declared on each set of slicing elements will not result in any lost information. And it will always provide more contextually appropriate information. However, we can't just grab information from the profile, we need to integrate it with any in-line constraints. And that means we need to use the snapshot generation logic. Doing this will also simplify rendering logic - which will make it easier for others who want to come up with additional rendering widgets.

14401 - Typo on introduction of Conformance Module

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [conformance-module](#)

Changes

- **New Tracker item**
- **Item was resolved - Change required**

Detail - *AA capability statement* which uses the conformance resources to document how a client or server has implemented FHIR, i.e. which aspects of the specification and API are implemented and how.

Remove extra word "which" in beginning of this sentence.

-> *AA capability statement* uses the conformance resources to document how a client or server has implemented FHIR, i.e. which aspects of the specification and API are implemented and how.

Resolution Auto-approved

14402 - Need guidance on when aggregationMode applies

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [Account](#)

HTML Page(s): [elementdefinition](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail It's not clear whether it's an error if an element with a type Reference and an aggregationMode of "contained" or "bundled" is present but doesn't actually have a "reference/@value" that resolves. For example, is it legal to do this:

1.<subject><display value="foo"/></subject>

or

2.<subject><reference><extension url="...whatever"><valueString value="foo"/></extension></reference></subject>

I see three possibilities:a) If the aggregation mode is "contained" or "bundled", then it must *always* resolve to a resource that's either contained or in the same bundle. (So both #1 and #2 are errors)

b) If the aggregation mode is "contained" or "bundled" AND the Reference.reference element is present, then it must resolve to a resource that's either contained or in the same

bundle. (So #1 is fine, but #2 is an error)

c) Aggregation mode is only relevant if the Reference.reference.value element is present. (So both #1 and #2 are fine.)

Comments **2018-01-08**
Lloyd McKenzie See <https://chat.fhir.org/#narrow/stream/conformance/subject/Non-resolving.20bundled.2Fcontained.20reference>

14403 - clarify text and add examples using modifiers for the uri parameter

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [FamilyMemberHistory](#)

HTML Page(s): [search](#)

Changes

- **New Tracker item**
- **Item was triaged**

Detail see question here: <http://community.fhir.org/t/above-and-below-modifiers-on-uri-search-parameters/658>

propose add examples:

illustrating the modifiers :above and :below

clarify the language so that as is clear the existing examples use *only* the base search parameter.

5869 - add comment about ADT processing to valueset

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

HTML Page(s): [messaging](#)

Changes

- **Vote information was recorded**
- **Item was resolved - No change**

Detail Make it explicit that the 'admin-notify' category is for v2 ADT processing...

Resolution admin-notify is not only meant for that. Lacking implementer experience with this valueset, we will not update or change it until we have more feedback about the contents and use of this valueset.

5933 - Add a search criteria for Bundle.entry

Categorization *Specification:* FHIR Core

Work Group(s): FHIR Infrastructure

Resource(s): [Bundle](#)

Changes

- **Vote information was recorded**
- **Item was resolved - No change**

Detail Add a search criteria for Bundle.entry

Comments 2015-03-19
Lloyd McKenzie It would be helpful to be able to find documents (and possibly messages) that reference a particular encounter or procedure. Or to find documents that reference resources with particular characteristics.

2015-03-19 Grahame Grieve you already can. nothing needed to do that now

2015-05-10 FHIR Bot Vote: #333 - Neg-Mi
Submitted by: Lloyd McKenzie Â (HL7 Canada)

2015-06-21 Grahame Grieve Lloyd wants to search on any entry. But I don't know how we'd do that. It violates all the search rules we haveÂ
Vote: #669 - NEG

2016-09-18 FHIR Bot Submitted by: Melva Peters Â (HL7 Canada)
On behalf of: Lloyd McKenzieÂ
June 30, 2015 Considered for Future Use

2016-10-31 Lloyd McKenzie Reasonable use cases but structurally challenging. Defer until we have practical experience with implementations of the bundle end-point, post DSTU 2
James Agnew / Grahame Grieve: 4-0-0

2017-11-06 Lloyd McKenzie Lloyd will raise this on the implementer stream and we'll see if we have solid use-cases and also get a sense of how much work it will be for server implementers.
June 30, 2015 Considered for future useÂ James Agnew / Grahame Grieve: 4-0-0

2018-01-08
Ewout Kramer Reasonable use cases but structurally challenging. Defer until we have practical experience with implementations of the bundle end-point, post DSTU 2
Re-voted as negatives can't be resolved "Considered for future use"

2018-01-08
Ewout Kramer Dec 19 2016, Not persuasiveÂ Â Grahame Grieve/Josh Mandel: 6-0-1

Resolution Reasonable use cases but structurally challenging.
Will not make this change. Might bring this issue back up when a major usecase and need arrives.

9989 - Slot is resource-specific, which makes client handling of multi-resource appts hard

Categorization *Specification:* FHIR Core
Work Group(s): Patient Administration
Resource(s): [Slot](#)

Changes

- **Retract/Withdraw was set to "withdrawn"**
- **Item was resolved - No change**

Detail As designed today, the Slot resource is specific to a single scheduable resource, not the agregate of all required scheduable resources for an appointment. Â In order to schedule an appointment, a FHIR client needs to know all of the resources it needs, retrieve the available slots for all those resources. Â Then it must "line up the swiss cheese" to find a time period that all resources are available.

This approach seems fine if a scheduling system is attempting to coordinate resources owned by multiple organizations, but in the simple case, where a client just wants to book an appointment with a server, the client has to do more work than is necessary, such as figuring out what resources are actually required. Â In the simple case, the client doesn't reallyÂ *care*Â what resources are required, it just wants to schedule an CT scan, and the server is responsible for knowing that an "CT scan" visit involves a visit of a certian length, with a CT machine,Â tech, etc.

Additionally, the client doesn't really care about the schedules of all required resources, they only care that for the Slots returned by a search, all available resources *are* available.

The proposal is to allow a 0..* reference from Slot directly to the related actors. Where exactly Schedule falls out in that change is an open question.

Alternatively, we could do a new resource that represents a AppointmentSlot (distinct from the ResourceSlot (a.k.a. "Slot")). AppointmentSlot would include 0..* references to ResourceSlots.

Coop

P.S. Sorry for the novel.

Resolution

As the submitter, I'm closing this. Since I initially submitted this, several other changes to other resources have occurred, as well as work by the Argonauts group to make this not really needed.