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| **HL7 Electronic Health Records Sub Work Group: RMES****Weekly Conference** **Presiding Co-facilitators:** **Reed Gelzer, Diana Warner****Duration:  60 minutes****Time:  12:00 -1:00 pm Eastern U.S.** | **RMES****Meeting Agenda/Summary****December 16, 2013** |
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| 1. Go to <https://ahima.webex.com/ahima/j.php?J=927002088&PW=NZjc4ODYzZDIz>2. If requested, enter your name and email address.3. If a password is required, enter the meeting password: 15194. Click "Join".5. Follow the instructions that appear on your screen.-------------------------------------------------------Audio conference information-------------------------------------------------------To receive a call back, provide your phone number when you join the meeting, or call the number below and enter the access code.Call-in toll-free number (US/Canada): 1-877-668-4493 Call-in toll number (US/Canada): 1-650-479-3208Global call-in numbers: <https://ahima.webex.com/ahima/globalcallin.php?serviceType=MC&ED=243543942&tollFree=1>Toll-free dialing restrictions: <http://www.webex.com/pdf/tollfree_restrictions.pdf>**Access code:927 002 088** |
| **Attendees: Barbara Drury, Joyce Davis, Diana Warner, Reed Gelzer, Serafina Versaggi, Beth Acker Moodhard, Gary Dickenson** |  |
| **Organizer/Note Taker: Diana Warner** |
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| **TOPIC / DISCUSSION ITEMS** | **TIME** | **Responsible** | **Summary** |
| Welcome/Attendance/Minutes | 5 Min | Diana | S&I – esMDCDA template attachment guide – ballot opens 12/20/2013. If anyone has comments, please contact Serafina. |
| Will discuss R3 for the meeting in December. Potential to use updated RMES to inform R3. | 15 min | Steve |  |
| Continue Review | 40 min | All | RI: Record entry content description does not have key metadata. Record/Report Event all have: Evidence of Record Entry Output/Report Event includes key metadata, ensures health record integrity (and trust) and enables record audit. When we determine if a criteria, the rule for when to use SHALLs vs, SHOULDs and MAYs. We need to be aware of the state of the industry, so if we know that only a small percentage of EHRs, can do this, we would then keep this a SHOULD vs. a SHALL. However, how do we treat this in RMES profile? Or do we upgrade and only respond at the time of ballot?Decided since ambulatory and other healthcare setting EHRs are not as complex as the inpatient EHR, we need to be aware and if we make it Shall, realize we will probably have to change back to a should. But will current reports and issues in the healthcare environment, Shalls may be more appropriate.Discuss marketing this in a new way to give higher market value. Is there a shift on how profiling is down, should there be a readers guide to establish our goals to what we are wanting to do and make it worthwhile for others. |
| Next Meetings |  | Diana/Reed | Next meeting 12/23/2013Discuss how to divvy up work to the group.Follow up on criteria that went before the EHR WG. |