

eHR Sharable Data - Procedure (Simplified Version)

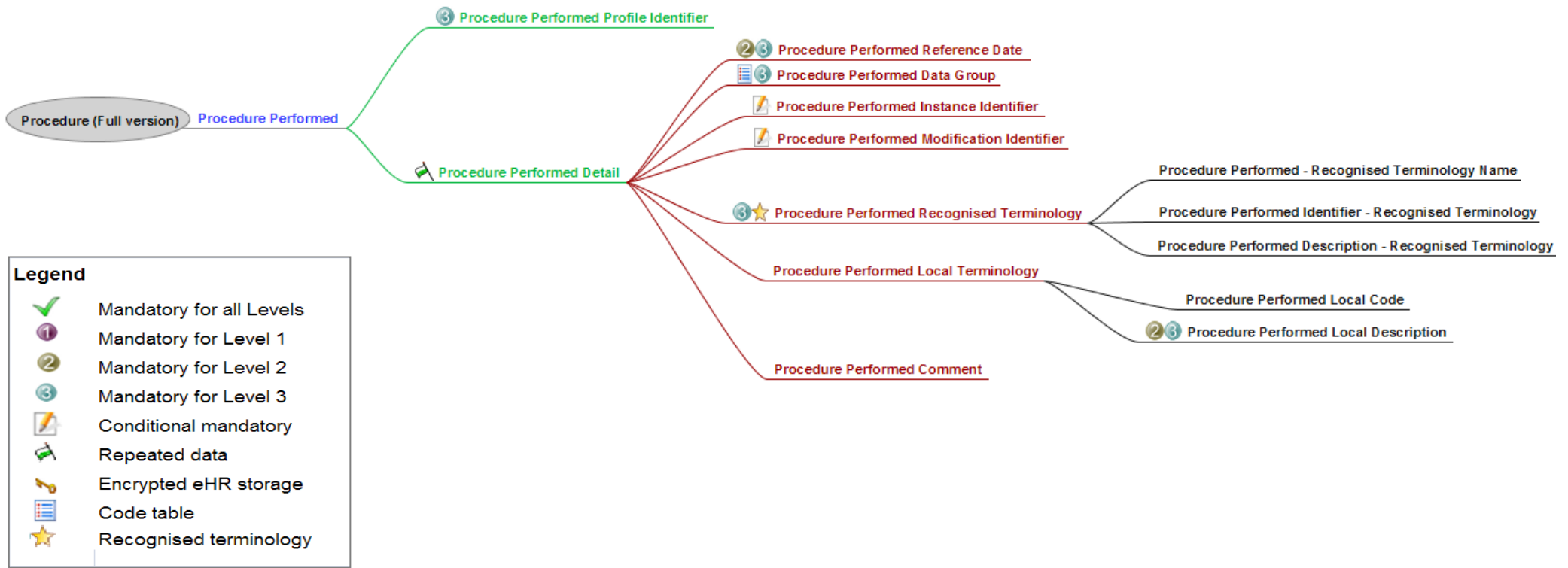


Legend	
✓	Mandatory for all Levels
①	Mandatory for Level 1
②	Mandatory for Level 2
③	Mandatory for Level 3
📄	Conditional mandatory
🔍	Repeated data
🔑	Encrypted eHR storage
📋	Code table
★	Recognised terminology

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Form	Category 1	Category 2	Entity Name	Entity ID	Definition	Data Type (code)	Data Type (description)	Validation Rule	Repeated Data	Code Table	Data requirement (Certified Level 1)	Data requirement (Certified Level 2)	Data requirement (Certified Level 3)	Example (Certified Level 1)	Example (Certified Level 2)	Example (Certified Level 3)
Procedure (Simplified version)	Procedure Performed		Procedure performed reference date	1003406	Date when the procedure was performed. For eHR, if this date is not available, the create date of the procedure data should be used when submitting data to the eHR.	TS	Time Stamp		R		NA	M	M		06/12/2010	06/12/2010
Procedure (Simplified version)	Procedure Performed	Procedure Performed Recognised Terminology	Procedure performed - recognised terminology name	1003407	Name of the recognised terminology / classification from which the procedure performed is referenced to	CE	Coded Element	If eHR value = 1)HKCTT, nature must be Procedure;2)SNOMED CT, hierarchy must be Procedure or Situation with explicit context ;3)ICPC2, allowable items would be all codes ended in the range of 30-69	R	Recognised terminology name - procedure	NA	NA	M			HKCTT
Procedure (Simplified version)	Procedure Performed	Procedure Performed Recognised Terminology	Procedure performed identifier - recognised terminology	1003412	Unique identifier of the procedure performed in the recognised terminology	CE	Coded Element	It should be included in the selected terminology of the [Recognised Terminology Name - Procedure ] code table : 1)HKCTT should be TermID; 2)SNOMED CT should be ConceptID; 3)ICPC2 should be code	R		NA	NA	M			23815
Procedure (Simplified version)	Procedure Performed	Procedure Performed Recognised Terminology	Procedure performed description - recognised terminology	1003413	The description of the procedure performed in the recognised terminology. It should be the corresponding description of the selected [Procedure performed identifier - recognised terminology]	CE	Coded Element	It should be matched with the corresponding description of the selected [Procedure performed identifier - recognised terminology]: 1) HKCTT should be eHR description; 2) SNOMED CT should be Preferred term; 3) ICPC2 should be Full description	R		NA	NA	M			Lobectomy of lung - left lower lobe
Procedure (Simplified version)	Procedure Performed	Procedure Performed Local Terminology	Procedure performed local code	1003414	Local code created by the healthcare provider for the procedure performed	ST	String		R		NA	O	O		2231	2231
Procedure (Simplified version)	Procedure Performed	Procedure Performed Local Terminology	Procedure performed local description	1003415	Local description created by the healthcare provider for the procedure performed	ST	String		R		NA	M	M		Lobectomy of left lung	Lobectomy of left lung
Procedure (Simplified version)	Procedure Performed		Procedure performed comment	1003416	Comment made on the procedure performed	ST	String		R		NA	O	O		lower lobe	lower lobe

eHR Sharable Data - Procedure (Full Version)



eHR Sharable Data - Procedure (Full Version)

Form	Category 1	Category 2	Category 3	Entity Name	Entity ID	Definition	Data Type (code)	Data Type (description)	Validation Rule	Repeated Data	Code Table	Data requirement (Certified Level 1)	Data requirement (Certified Level 2)	Data requirement (Certified Level 3)	Example (Certified Level 1)	Example (Certified Level 2)	Example (Certified Level 3)
Procedure (Full version)	Procedure Performed			Procedure performed profile identifier	1003440	Identifier of individual procedure profile which means the individual occasion of procedure	ST	String				NA	NA	M			4567
Procedure (Full version)	Procedure Performed	Procedure Performed Detail		Procedure performed reference date	1003406	Date when the procedure was performed. For eHR, if this date is not available, the create date of the procedure data should be used when submitting data to the eHR.	TS	Time Stamp		R		NA	M	M		06/12/2010	06/12/2010
Procedure (Full version)	Procedure Performed	Procedure Performed Detail		Procedure performed data group	1003441	[eHR value] of the "Data Group" code table which is used to define the group of data submitted for the procedure	CE	Coded Element	Only if "Data Group" = C or D or E, allow multiple	R	Data group	NA	NA	M			C
Procedure (Full version)	Procedure Performed	Procedure Performed Detail		Procedure performed instance identifier	1003442	Identifier of individual procedure which was not created in "Clinical Data Framework"	ST	String	Mandatory for data with "Data Group" = C or D or E ; Optional for data with "Data Group" = H	R		NA	NA	M if "Data Group" = C or D or E ; O if "Data Group" = H			35885
Procedure (Full version)	Procedure Performed	Procedure Performed Detail		Procedure performed modification identifier	1003443	Identifier of individual procedure which was created in "Clinical Data Framework"	ST	String	Mandatory for data with "Data Group" = C or E or H ; Optional for data with "Data Group" = D	R		NA	NA	M if "Data Group" = C or E or H ; O if "Data Group" = D			20005
Procedure (Full version)	Procedure Performed	Procedure Performed Detail	Procedure Performed Recognised Terminology	Procedure performed - recognised terminology name	1003407	Name of the recognised terminology / classification from which the procedure performed is referenced to	CE	Coded Element	If eHR value = 1)HKCTT, nature must be Procedure;2)SNOMED CT, hierarchy must be Procedure or Situation with explicit context ;3)ICPC2, allowable items would be all codes ended in the range of 30-69	R	Recognised terminology name - procedure	NA	NA	M			HKCTT
Procedure (Full version)	Procedure Performed	Procedure Performed Detail	Procedure Performed Recognised Terminology	Procedure performed identifier - recognised terminology	1003412	Unique identifier of the procedure performed in the recognised terminology	CE	Coded Element	It should be included in the selected terminology of the [Recognised Terminology Name - Procedure ] code table : 1)HKCTT should be TermID; 2)SNOMED CT should be ConceptID; 3)ICPC2 should be code	R		NA	NA	M			23815
Procedure (Full version)	Procedure Performed	Procedure Performed Detail	Procedure Performed Recognised Terminology	Procedure performed description - recognised terminology	1003413	The description of the procedure performed in the recognised terminology. It should be the corresponding description of the selected [Procedure performed identifier - recognised terminology]	CE	Coded Element	It should be matched with the corresponding description of the selected [Procedure performed identifier - recognised terminology]: 1) HKCTT should be eHR description; 2) SNOMED CT should be Preferred term; 3) ICPC2 should be Full description	R		NA	NA	M			Lobectomy of lung - left lower lobe
Procedure (Full version)	Procedure Performed	Procedure Performed Detail	Procedure Performed Local Terminology	Procedure performed local code	1003414	Local code created by the healthcare provider for the procedure performed	ST	String		R		NA	O	O		2231	2231
Procedure (Full version)	Procedure Performed	Procedure Performed Detail	Procedure Performed Local Terminology	Procedure performed local description	1003415	Local description created by the healthcare provider for the procedure performed	ST	String		R		NA	M	M		Lobectomy of left lung	Lobectomy of left lung
Procedure (Full version)	Procedure Performed	Procedure Performed Detail		Procedure performed comment	1003416	Comment made on the procedure performed	ST	String		R		NA	O	O		lower lobe	lower lobe

**Data Group**

Purpose: to identify the group of data in diagnosis and procedure

Reference: eHR &amp; Hospital Authority

Term ID	eHR Value	eHR Description
9050076	H	Clinical Data Framework name
9050075	C	Clinical Data Framework intrinsic data
9050074	E	Clinical Data Framework extrinsic data
9050369	D	Recognised terminology

**Recognised terminology name - procedure**

Purpose: to define the names of the recognised terminology for procedure

Reference: eHR

Term ID	eHR Value	eHR Description	Allowable Values
9050183	HKCTT	Hong Kong Clinical Terminology Table	Nature = Procedure
9050434	SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms	Hierarchy = Procedure, Situation
9050202	ICPC2	International Classification for Primary Care, Second edition	Valid ICPC2 codes - the last 2 digits should be in the range of 30-69