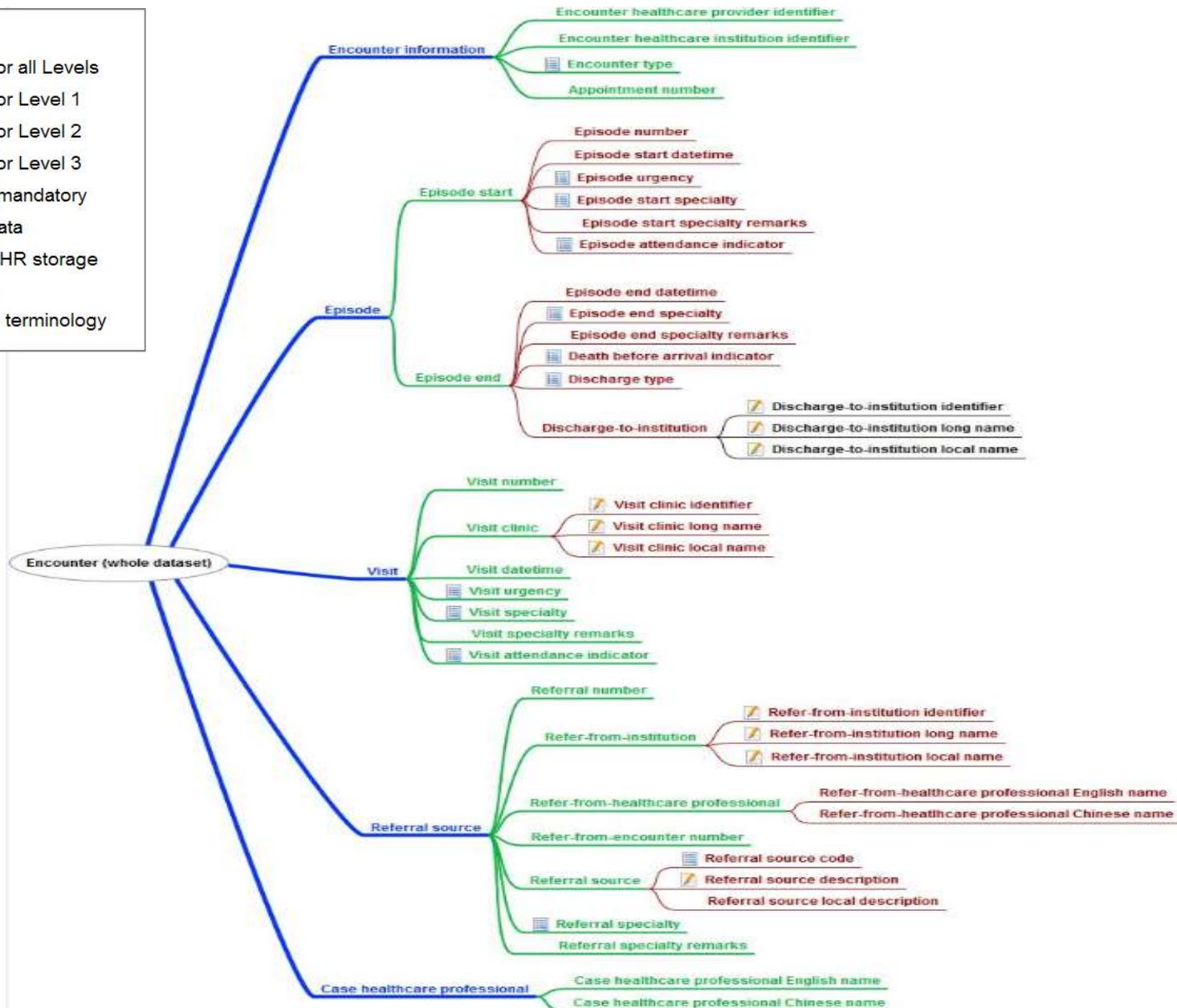


# eHR Sharable Data - Encounter

**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



eHR Sharable Data - Encounter

Form	Entity Name	Entity ID	Definition	Data Type (Code)	Data Type (description)	Validation rule	Repeated Data	Code Table	Remark	Data requirement (Certified Level 3)	Example (Certified Level 3)
Encounter	Encounter healthcare provider identifier	1003803	[Healthcare provider identifier] in the Healthcare Provider Index for the healthcare provider who created the encounter record	ST	String					Refer to use case	Refer to use case
Encounter	Encounter healthcare institution identifier	1003804	[Healthcare institution identifier] in the Healthcare Provider Index for the healthcare institution who created the encounter record	ST	String					Refer to use case	Refer to use case
Encounter	Encounter type	1003805	[eHR value] of the "Encounter type" code table which is used to identify the type of the encounter received / to be received by the patient	CE	Coded Element	Encounter type must be grouped with the use case type (details refer to Use Case)		Encounter type		Refer to use case	Refer to use case
Encounter	Appointment number	1003808	A unique reference number assigned by the healthcare institution to an appointment (a scheduled encounter)	ST	String					Refer to use case	Refer to use case
Encounter	Episode number	1003809	A unique reference number assigned by the healthcare institution to an episode of care. An episode is composed of one or more encounter(s). The episode of care can be of inpatient or outpatient nature.	ST	String					Refer to use case	Refer to use case
Encounter	Episode start datetime	1003810	The date and time when the episode of care is started. If it is a future date or time, it represents a scheduled episode.	TS	Time stamp					Refer to use case	Refer to use case
Encounter	Episode urgency	1003811	[eHR value] of the "Urgency" code table. [Episode urgency] refers to the urgency of the care when the episode was started.	CE	Coded Element	1) If Urgency type is 'E', Encounter type must be 'I' or 'T' or 'H' 2) If Urgency type is 'S', Encounter type must be 'I' or 'O' or 'T' or 'H' 3) If Urgency type is 'W', Encounter type must be 'O' or 'H'		Urgency		Refer to use case	Refer to use case
Encounter	Episode start specialty	1003812	[eHR value] of the "Specialty" code table. [Episode start specialty] refers to the specialty of the patient upon commencement of an episode.	CE	Coded Element			Specialty		Refer to use case	Refer to use case
Encounter	Episode start specialty remarks	1003813	Details on specialty of the patient upon commencement of an episode	ST	String					Refer to use case	Refer to use case
Encounter	Episode attendance indicator	1003814	[eHR value] of the "Attendance indicator" code table. [Episode attendance indicator] is an indicator to identify whether the episode has been attended in relation to inpatient or emergency service.	CE	Coded Element			Attendance indicator		Refer to use case	Refer to use case
Encounter	Episode end datetime	1003815	The date and time when the episode of care was ended	TS	Time stamp					Refer to use case	Refer to use case
Encounter	Episode end specialty	1003816	[eHR value] of the "Specialty" code table. [Episode end specialty] refers to the specialty of the patient upon completion of an episode.	CE	Coded Element			Specialty		Refer to use case	Refer to use case
Encounter	Episode end specialty remarks	1003817	Details on specialty of the patient upon completion of an episode.	ST	String					Refer to use case	Refer to use case

eHR Sharable Data - Encounter

Form	Entity Name	Entity ID	Definition	Data Type (Code)	Data Type (description)	Validation rule	Repeated Data	Code Table	Remark	Data requirement (Certified Level 3)	Example (Certified Level 3)
Encounter	Death before arrival indicator	1003818	[eHR value] of the "Yes No Unspecified" code table. [Death before arrival indicator] is an indicator to identify whether the patient was dead before arrival to the healthcare institution.	CE	Coded Element			Yes No Unspecified		Refer to use case	Refer to use case
Encounter	Discharge type	1003819	[eHR value] of the "Discharge type" code table which is used to indicate category of location where the patient was discharged from an inpatient / accident & emergency episode	CE	Coded Element			Discharge type		Refer to use case	Refer to use case
Encounter	Discharge-to-institution identifier	1003820	[Healthcare institution identifier] in the Healthcare Provider Index for the healthcare institution where the patient was discharged to	ST	String					Refer to use case	Refer to use case
Encounter	Discharge-to-institution long name	1003821	[Healthcare institution displayed English long name] or the [Healthcare institution displayed Chinese long name] in the Healthcare Provider Index for the healthcare institution where the patient was discharged to. It should be the corresponding description of the selected [Discharge-to-institution identifier].	ST	String	1) [Discharge-to-institution long name] should match with [Discharge-to-institution identifier]. If unmatched, display [Discharge-to-institution local name]				Refer to use case	Refer to use case
Encounter	Discharge-to-institution local name	1003822	Local description of the healthcare institution where the patient was discharged to	ST	String					Refer to use case	Refer to use case
Encounter	Visit number	1003823	A unique reference number assigned by the healthcare institution to a particular visit for healthcare service which the patient received / will receive	ST	String					Refer to use case	Refer to use case
Encounter	Visit clinic identifier	1003824	[Healthcare institution identifier] in the Healthcare Provider Index for the healthcare institution where the patient received / will receive healthcare services	ST	String					Refer to use case	Refer to use case
Encounter	Visit clinic long name	1003825	[Healthcare institution displayed English long name] or [Healthcare institution displayed Chinese long name] in the Healthcare Provider Index for the healthcare institution where the patient received / will receive healthcare services. It should be the corresponding description of the selected [Visit clinic identifier].	ST	String	1) [Visit clinic long name] should match with [Visit clinic identifier]. If unmatched, display [Visit clinic local name]				Refer to use case	Refer to use case
Encounter	Visit clinic local name	1003826	Local description of the healthcare institution where the patient received / will receive healthcare services	ST	String					Refer to use case	Refer to use case
Encounter	Visit datetime	1003827	The date and time of the visit. If it is a future date or time, it represents an healthcare service appointment	TS	Time stamp					Refer to use case	Refer to use case

eHR Sharable Data - Encounter

Form	Entity Name	Entity ID	Definition	Data Type (Code)	Data Type (description)	Validation rule	Repeated Data	Code Table	Remark	Data requirement (Certified Level 3)	Example (Certified Level 3)
Encounter	Visit urgency	1003828	[eHR value] of the "Urgency" code table. [Visit urgency] refers to the urgency of the care of the visit.	CE	Coded Element	1) If Urgency type is 'E', Encounter type must be 'I' or 'T' or 'H' 2) If Urgency type is 'S', Encounter type must be 'I' or 'O' or 'T' or 'H' 3) If Urgency type is 'W', Encounter type must be 'O' or 'H'		Urgency		Refer to use case	Refer to use case
Encounter	Visit specialty	1003829	[eHR value] of the "Specialty" code table. [Visit specialty] refers to the specialty for the visit.	CE	Coded Element			Specialty		Refer to use case	Refer to use case
Encounter	Visit specialty remarks	1003830	Details on specialty of the patient for the visit	ST	String					Refer to use case	Refer to use case
Encounter	Visit attendance indicator	1003831	[eHR value] of the "Attendance indicator" code table. [Visit attendance indicator] is an indicator to identify whether the-visit has been attended.	CE	Coded Element			Attendance indicator		Refer to use case	Refer to use case
Encounter	Referral number	1003832	A unique number issued by the healthcare institution for each referral	ST	String					Refer to use case	Refer to use case
Encounter	Refer-from-institution identifier	1003833	[Healthcare institution identifier] in the Healthcare Provider Index for the healthcare institution where the patient is referred from	ST	String					Refer to use case	Refer to use case
Encounter	Refer-from-institution long name	1003834	[Healthcare institution displayed English long name] or [Healthcare institution displayed Chinese long name] in the Healthcare Provider Index for the healthcare institution-where the patient is referred from. It should be the corresponding description of the selected [Refer-from-institution identifier].	ST	String	1) [Refer-from-institution long name] should match with [Refer-from-institution identifier]. If unmatched, display [Refer-from-institution local name]				Refer to use case	Refer to use case
Encounter	Refer-from-institution local name	1003835	Local description of the healthcare institution where the patient is referred from	ST	String					Refer to use case	Refer to use case
Encounter	Refer-from-healthcare professional English name	1003836	Full English name with prefix of the healthcare professional who referred the episode	ST	String					Refer to use case	Refer to use case
Encounter	Refer-from-healthcare professional Chinese name	1003837	Full Chinese name with suffix of the healthcare professional who referred the episode	ST	String					Refer to use case	Refer to use case
Encounter	Refer-from-encounter number	1003838	A unique reference number assigned by the healthcare institution, e.g. episode number or visit number, to a particular episode / visit under which the referral was made	ST	String					Refer to use case	Refer to use case
Encounter	Referral source code	1003839	[eHR value] of the "Referral source" code table, to define the referral source for the current episode / visit	CE	Coded Element			Referral source		Refer to use case	Refer to use case
Encounter	Referral source description	1003840	[eHR description] of the "Referral source" code table, to indicate the referral source for the current episode / visit. The [Referral source description] should be the corresponding description of the selected [Referral source code].	ST	String			Referral source		Refer to use case	Refer to use case

eHR Sharable Data - Encounter

Form	Entity Name	Entity ID	Definition	Data Type (Code)	Data Type (description)	Validation rule	Repeated Data	Code Table	Remark	Data requirement (Certified Level 3)	Example (Certified Level 3)
Encounter	Referral source local description	1003841	Local description of referral source for the current episode / visit, defined by healthcare institution	ST	String					Refer to use case	Refer to use case
Encounter	Referral specialty	1004034	[eHR value] of the "Specialty" code table. [Referral specialty] refers to the specialty of the patient in which the referral was initiated	CE	Coded Element			Specialty		Refer to use case	Refer to use case
Encounter	Referral specialty remarks	1003843	Details on specialty of the patient in which the referral was initiated	ST	String					Refer to use case	Refer to use case
Encounter	Case healthcare professional English name	1003844	Full English name with prefix of the healthcare professional who was in-charge of the care	ST	String					Refer to use case	Refer to use case
Encounter	Case healthcare professional Chinese name	1003845	Full Chinese name with suffix of the healthcare professional who was in-charge of the care	ST	String					Refer to use case	Refer to use case

eHR Sharable Data - Encounter

	Use Case 1		Use Case 2		Use Case 3		Use Case 4	
	AE Admission		AE Discharge		IP Appointment		IP Admission	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View	Technical View	Business View
<b>Encounter information</b>								
Encounter healthcare provider identifier	M	1234567895	M	1234567890	M	1234567890	M	1234567890
Encounter healthcare institution identifier	M	1234567896	M	1234567891	M	1234567891	M	1234567891
Encounter type	M & eHR value = A	A	M & eHR value = A	A	M & eHR value = I	I	M & eHR value = I	I
Appointment number					M	1111555	O	1111555
<b>Episode Start</b>								
Episode number	M	33333	M	33333	O	123456	M	222222
Episode start date time	M	03/09/11 10:00:00	M	03/09/11 10:00:00	M	01/09/11 10:00:00	M	01/09/11 10:00:00
Episode urgency					O	S	O	S
Episode start specialty	O	EM	O	EM	O	MED	O	MED
Episode start specialty remarks	O	(no data)	O	(no data)	O	(no data)	O	(no data)
Episode attendance indicator	O	A	O	A	O	(no data)	O	A
<b>Episode End</b>								
Episode end date time			M	03/09/2011 23:00:00				
Episode end specialty			O	EM				
Episode end specialty remarks			O	(no data)				
Death before arrival indicator			O	(no data)				
Discharge type			M	HOME				
Discharge-to-institution identifier			O	(no data)				
			M if [Discharge-to-institution long name] is not blank					
Discharge-to-institution long name			O	(no data)				
			M if [Discharge-to-institution identifier] is not blank					
Discharge-to-institution local name			O	(no data)				
			M if [Discharge-to-institution identifier] is not blank					
<b>Visit</b>								
Visit number								
Visit clinic identifier								
Visit clinic long name								

eHR Sharable Data - Encounter

	Use Case 1		Use Case 2		Use Case 3		Use Case 4	
	AE Admission		AE Discharge		IP Appointment		IP Admission	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View	Technical View	Business View
Visit clinic local name								
Visit date time								
Visit urgency								
Visit specialty								
Visit specialty remarks								
Visit attendance indicator								
<b>Referral Source</b>								
Referral number	O	6666	O	6666	O	(no data)	O	RE11234
Refer-from-institution identifier	O	(no data)	O	(no data)	O	(no data)	O	112345567
	M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank	
Refer-from-institution long name	O	(no data)	O	(no data)	O	(no data)	O	Hospital Z ABC Group
	M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank	
Refer-from-institution local name	O	(no data)	O	(no data)	O	(no data)	O	Hospital Z
	M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank	
Refer-from-healthcare professional English name	O	Dr Chan Tai Man	O	Dr Chan Tai Man	O	(no data)	O	Dr Chan Tai Man
Refer-from-healthcare professional Chinese name	O	陳大文醫生	O	陳大文醫生	O	(no data)	O	陳大文醫生
Refer-from-encounter number	O	222222	O	(no data)	O	(no data)	O	(no data)
Referral source code	O	I	O	I	O	(no data)	O	I
Referral source description	O	(no data)	O	(no data)	O	(no data)	O	Inpatient
	M if [Referral source code] is not blank		M if [Referral source code] is not blank		M if [Referral source code] is not blank		M if [Referral source code] is not blank	
Referral source local description	O	(no data)	O	(no data)	O	(no data)	O	IP
Referral specialty	O	(no data)	O	(no data)	O	(no data)	O	MED
Referral specialty remarks	O	(no data)	O	(no data)	O	(no data)	O	Medicine
<b>Case Healthcare Professional</b>								
Case healthcare professional English name	O	(no data)	O	Dr Lee Tai Man	O	(no data)	O	Dr Lee Tai Man
Case healthcare professional Chinese name	O	(no data)	O	李大文醫生	O	(no data)	O	李大文醫生

eHR Sharable Data - Encounter

	Use Case 5		Use Case 6		Use Case 7		Use Case 8	
	IP Discharge		OP appointment w/o Episode no. (also include Consultation without patient's physical presence)		OP Attendance w/o Episode no. (also include Consultation without patient's physical presence)		OP Appointment w/ Episode no. (also include Consultation without patient's physical presence)	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View	Technical View	Business View
<b>Encounter information</b>								
Encounter healthcare provider identifier	M	1234567890	M	1234567890	M	1234567890	M	1234567890
Encounter healthcare institution identifier	M	1234567891	M	1234567891	M	1234567891	M	1234567891
Encounter type	M & eHR value = I	I	M & eHR value = O / T	O	M & eHR value = O / T	O	M & eHR value = O / T	O
Appointment number	O	1111555	M	33334444	O	33334444	M	33334444
<b>Episode Start</b>								
Episode number	M	222222					M	123456
Episode start date time	M	01/09/11 10:00:00					O	01/09/2011 10:00:00
Episode urgency	O	S						
Episode start specialty	O	MED					O	NS
Episode start specialty remarks	O	(no data)					O	(no data)
Episode attendance indicator	O	A						
<b>Episode End</b>								
Episode end date time	M	03/09/2011 23:00:00						
Episode end specialty	O	SUR						
Episode end specialty remarks	O	(no data)						
Death before arrival indicator	O	(no data)						
Discharge type	M	NACUTE						
Discharge-to-institution identifier	O	1234567880						
	M if [Discharge-to-institution long name] is not blank							
Discharge-to-institution long name	O	Hospital Association hospital C						
	M if [Discharge-to-institution identifier] is not blank							
Discharge-to-institution local name	O	Hospital C						
	M if [Discharge-to-institution identifier] is not blank							
<b>Visit</b>								
Visit number			O	(no data)	M	22222	O	(no data)
Visit clinic identifier			O	1234567891	O	1234567891	O	(no data)
			M if [Visit clinic long name] is not blank		M if [Visit clinic long name] is not blank		M if [Visit clinic long name] is not blank	
Visit clinic long name			O	ABC clinic B	O	ABC clinic B	O	(no data)
			M if [Visit clinic identifier] is not blank		M if [Visit clinic identifier] is not blank		M if [Visit clinic identifier] is not blank	



eHR Sharable Data - Encounter

	Use Case 5		Use Case 6		Use Case 7		Use Case 8	
	IP Discharge		OP appointment w/o Episode no. (also include Consultation without patient's physical presence)		OP Attendance w/o Episode no. (also include Consultation without patient's physical presence)		OP Appointment w/ Episode no. (also include Consultation without patient's physical presence)	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View	Technical View	Business View
Visit clinic local name			O M if [Visit clinic identifier] is not blank	Clinic B	O M if [Visit clinic identifier] is not blank	Clinic B	O M if [Visit clinic identifier] is not blank	(no data)
Visit date time			M	01/09/2011 10:00:00	M	01/09/2011 10:00:00	M	01/09/2011 10:00:00
Visit urgency			O	S	O	S	O	S
Visit specialty			O	FM	O	FM	O	NEUROL
Visit specialty remarks			O	(no data)	O	(no data)	O	(no data)
Visit attendance indicator			O	(no data)	O	A	O	(no data)
<b>Referral Source</b>								
Referral number	O	R20140710455	O	(no data)	O	(no data)	O	(no data)
Refer-from-institution identifier	O	123456770	O	(no data)	O	(no data)	O	(no data)
	M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank		M if [Refer-from-institution long name] is not blank	
Refer-from-institution long name	O	ABC hospital Z	O	(no data)	O	(no data)	O	(no data)
	M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank	
Refer-from-institution local name	O	Hospital Z	O	(no data)	O	(no data)	O	(no data)
	M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank		M if [Refer-from-institution identifier] is not blank	
Refer-from-healthcare professional English name	O	Dr Chan Tai Man	O	(no data)	O	Dr Chan Tai Man	O	Dr Chan Tai Man
Refer-from-healthcare professional Chinese name	O	陳大文醫生	O	(no data)	O	陳大文醫生	O	陳大文醫生
Refer-from-encounter number	O	(no data)	O	(no data)	O	(no data)	O	(no data)
Referral source code	O	(no data)	O	(no data)	O	(no data)	O	(no data)
Referral source description	O	(no data)	O	(no data)	O	(no data)	O	(no data)
	M if [Referral source code] is not blank		M if [Referral source code] is not blank		M if [Referral source code] is not blank		M if [Referral source code] is not blank	
Referral source local description	O	(no data)	O	(no data)	O	(no data)	O	(no data)
Referral specialty	O	(no data)	O	(no data)	O	(no data)	O	(no data)
Referral specialty remarks	O	(no data)	O	(no data)	O	(no data)	O	(no data)
<b>Case Healthcare Professional</b>								
Case healthcare professional English name	O	Dr Lee Tai Man	O	Dr Lee Tai Man	O	Dr Lee Tai Man	O	Dr Lee Tai Man
Case healthcare professional Chinese name	O	李大文醫生	O	李大文醫生	O	李大文醫生	O	李大文醫生

eHR Sharable Data - Encounter

	Use Case 9		Use Case 10		Use Case 11	
	OP Attendance w/ Episode no. (also include Consultation without patient's physical presence)		Other Encounter Type - Appointment (e.g. radiology appointment)		Other Encounter Type - Attendance (e.g. radiology appointment)	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View
<b>Encounter information</b>						
Encounter healthcare provider identifier	M	1234567890	M	1234567890	M	1234567890
Encounter healthcare institution identifier	M	1234567891	M	1234567891	M	1234567891
Encounter type	M & eHR value = O / T	O	M & eHR value = H	H	M & eHR value = H	H
Appointment number	O	33334444	M	33334444	O	33334444
<b>Episode Start</b>						
Episode number	M	55555	O	2014071021	O	2014071021
Episode start date time	O	01/09/2011 10:00:00	O	01/09/2014 10:00:00	O	01/04/2014 10:00:00
Episode urgency			O	S	O	S
Episode start specialty	O	PAED	O	RAD	O	RAD
Episode start specialty remarks	O	(no data)	O	(no data)	O	X-ray chest
Episode attendance indicator			O	(no data)	O	A
<b>Episode End</b>						
Episode end date time	O	(no data)	O	(no data)	O	01/04/2014 13:00:00
Episode end specialty	O	(no data)	O	(no data)	O	RAD
Episode end specialty remarks	O	(no data)	O	(no data)	O	X-ray chest
Death before arrival indicator	O	(no data)	O	(no data)	O	(no data)
Discharge type	O	(no data)	O	(no data)	O	HOME
Discharge-to-institution identifier	O	(no data)	O	(no data)	O	(no data)
	M if [Discharge-to-institution long name] is not blank		M if [Discharge-to-institution long name] is not blank		M if [Discharge-to-institution long name] is not blank	
Discharge-to-institution long name	O	(no data)	O	(no data)	O	(no data)
	M if [Discharge-to-institution identifier] is not blank		M if [Discharge-to-institution identifier] is not blank		M if [Discharge-to-institution identifier] is not blank	
Discharge-to-institution local name	O	(no data)	O	(no data)	O	(no data)
	M if [Discharge-to-institution identifier] is not blank		M if [Discharge-to-institution identifier] is not blank		M if [Discharge-to-institution identifier] is not blank	
<b>Visit</b>						
Visit number	M	22222	O	(no data)	M	2014071021
Visit clinic identifier	O	1234567891	O	(no data)	O	1234567891
	M if [Visit clinic long name] is not blank		M if [Visit clinic long name] is not blank		M if [Visit clinic long name] is not blank	
Visit clinic long name	O	Hospital B Clinic C	O	(no data)	O	Hospital B
	M if [Visit clinic identifier] is not blank		M if [Visit clinic identifier] is not blank		M if [Visit clinic identifier] is not blank	

eHR Sharable Data - Encounter

	Use Case 9		Use Case 10		Use Case 11	
	OP Attendance w/ Episode no. (also include Consultation without patient's physical presence)		Other Encounter Type - Appointment (e.g. radiology appointment)		Other Encounter Type - Attendance (e.g. radiology appointment)	
Entity Name	Technical View	Business View	Technical View	Business View	Technical View	Business View
Visit clinic local name	O M if [Visit clinic identifier] is not blank	Clinic C	O M if [Visit clinic identifier] is not blank	(no data)	O M if [Visit clinic identifier] is not blank	Hospital B Radiology Centre
Visit date time	M	01/09/2011 10:00:00	M	01/09/2011 10:00:00	M	01/04/2011 10:00:00
Visit urgency	O	S	O	S	O	S
Visit specialty	O	FM	O	RAD	O	RAD
Visit specialty remarks	O	(no data)	O	(no data)	O	X-ray chest
Visit attendance indicator	O	A	O	(no data)	O	A
<b>Referral Source</b>						
Referral number	O	R2016531	O	(no data)	O	557645A
Refer-from-institution identifier	O M if [Refer-from-institution long name] is not blank	133421561	O M if [Refer-from-institution long name] is not blank	(no data)	O M if [Refer-from-institution long name] is not blank	321654987
Refer-from-institution long name	O M if [Refer-from-institution identifier] is not blank	Hospital Z	O M if [Refer-from-institution identifier] is not blank	(no data)	O M if [Refer-from-institution identifier] is not blank	Hospital Z
Refer-from-institution local name	O M if [Refer-from-institution identifier] is not blank	Hospital Z	O M if [Refer-from-institution identifier] is not blank	(no data)	O M if [Refer-from-institution identifier] is not blank	Hospital Z
Refer-from-healthcare professional English name	O	Dr Chan Tai Man	O	Dr Chan Tai Man	O	Dr Chan Tai Man
Refer-from-healthcare professional Chinese name	O	陳大文醫生	O	陳大文醫生	O	陳大文醫生
Refer-from-encounter number	O	AE13244321	O	(no data)	O	O11234E
Referral source code	O	AE	O	(no data)	O	O
Referral source description	O M if [Referral source code] is not blank	Accident and Emergency	O M if [Referral source code] is not blank	(no data)	O M if [Referral source code] is not blank	Outpatient
Referral source local description	O	(no data)	O	(no data)	O	OPD
Referral specialty	O	EM	O	(no data)	O	(no data)
Referral specialty remarks	O	(no data)	O	(no data)	O	(no data)
<b>Case Healthcare Professional</b>						
Case healthcare professional English name	O	Dr Lee Tai Man	O	Dr Lee Tai Man	O	Dr Lee Tai Man
Case healthcare professional Chinese name	O	李大文醫生	O	李大文醫生	O	李大文醫生

eHR Sharable Data - Codex: Yes No Specified

**YesNoUnspecified**

**Reference:** HL7

<b>Term ID</b>	<b>eHR Value</b>	<b>eHR Description</b>
9050485	Y	Yes
9050298	N	No
9050469	U	Unspecified

## eHR Sharable Data - Codex: Attendance indicator

### Attendance indicator

**Purpose:** To indicate whether the booked episode or visit has attended or not, or cancelled

**Reference:** HA

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050024	A	Attended	已到診
9050058	C	Cancelled	已取消
9050304	N	Not attended	沒有到診

## eHR Sharable Data - Codex: Encounter type

### Encounter type

**Purpose:** To identify the type of encounter received / to be received by the patient

**Reference:** ---

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050001	A	Accident and emergency	急症室
9050197	I	Inpatient	住院
9050327	O	Outpatient	門診
9050090	T	Consultation without patient's physical presence	其他
9050318	H	Other encounter type	其他

## eHR Sharable Data - Codex: Urgency

### Urgency

**Purpose:** To indicate urgency of care

**Reference:** HA

Term ID	eHR Value	eHR Description
9050119	E	Emergency
9050400	S	Scheduled
9050481	W	Walk-in

eHR Sharable Data - Codex: Specialty

**Specialty**

**Purpose:** To identify a list of specialty in healthcare setting

**Reference:** Hong Kong Medical Council & Hospital Authority

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050012	ANA	Anaesthesiology	麻醉科
9050061	CARDIO	Cardiology	心臟科
9050062	CTS	Cardio-thoracic Surgery	心胸肺外科
9050078	ONC	Clinical Oncology	臨床腫瘤科
9050079	CLIN_PHAR	Clinical Pharmacology and Therapeutics	臨床藥理學
9050084	COM_MED	Community Medicine	社會醫學
9050093	CRIT_MED	Critical Care Medicine	深切治療科
9050101	DEN	Dental Medicine	牙科
9050103	DERMAT	Dermatology & Venereology	皮膚及性病科
9050120	EM	Emergency Medicine	急症科
9050121	ENDO_DM	Endocrinology, Diabetes & Metabolism	內分泌及糖尿科
9050133	FM	Family Medicine	家庭醫學
9050146	GI_HEP	Gastroenterology and Hepatology	腸胃肝臟科
9050150	SUR	General Surgery	外科
9050152	GER	Geriatric Medicine	老人科
9050168	GYN_ONC	Gynaecological Oncology	婦科腫瘤科
9050171	HAEMAT	Haematology & Haematological Oncology	血液及血液腫瘤科
9050191	IMMUNO	Immunology & Allergy	免疫及過敏病科
9050196	INFECT_D	Infectious Disease	感染及傳染病科
9050199	ICU	Intensive Care	危重病學
9050201	MED	Internal Medicine	內科
9050258	OBS	Maternal & Fetal Medicine	母胎醫學科
9050263	MED_ONCO	Medical Oncology	內科腫瘤科
9050287	NEPHRO	Nephrology	腎病科



eHR Sharable Data - Codex: Specialty

**Specialty**

**Purpose:** To identify a list of specialty in healthcare setting

**Reference:** Hong Kong Medical Council & Hospital Authority

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050289	NEUROL	Neurology	腦神經科
9050290	NS	Neurosurgery	神經外科
9050307	OG	Obstetrics & Gynaecology	婦產科
9050308	OCCMED	Occupational Medicine	職業醫學
9050312	OPH	Ophthalmology	眼科
9050315	ORT	Orthopaedics & Traumatology	骨科
9050326	ENT	Otorhinolaryngology	耳鼻喉科
9050330	PAESUR	Paediatric Surgery	小兒外科
9050331	PAE	Paediatrics	兒科
9050335	PALMED	Palliative Medicine	紓緩醫學科
9050340	PATH	Pathology	病理學
9050349	PLASTICS	Plastic Surgery	整形外科
9050362	PSY	Psychiatry	精神科
9050367	RAD	Radiology	放射科
9050373	REH	Rehabilitation	復康科
9050376	REPMED	Reproductive Medicine	生殖醫學科
9050380	RESPMED	Respiratory Medicine	呼吸系統科
9050381	RHEUMA	Rheumatology	風濕病科
9050471	UROGYN	Urogynaecology	泌尿婦科
9050472	UROL	Urology	泌尿外科
9050506	CM	Chinese Medicine	中醫
9050025	AUD	Audiology	聽力學
9050507	CHIRO	Chiropractic	脊醫
9050080	CLPSY	Clinical Psychology	臨床心理服務
9050505	DIET	Dietetics	營養學

eHR Sharable Data - Codex: Specialty

**Specialty**

**Purpose:** To identify a list of specialty in healthcare setting

**Reference:** Hong Kong Medical Council & Hospital Authority

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050264	MSW	Medical Social Work	醫務社會工作
9050309	OT	Occupational Therapy	職業治療
9050313	OPT	Optometry	視光檢查
9050316	ORTH	Orthoptics	視覺矯正
9050347	PT	Physiotherapy	物理治療
9050350	POD	Podiatry	足病診療服務
9050359	P&O	Prosthetics & Orthotics	義肢及矯形服務
9050421	SPTH	Speech Therapy	言語治療
9050306	NUR	Nursing service	護士服務
9050345	PHAR	Pharmacist service	藥劑師服務
9050323	OTH	Other specialty	其他專科服務

## eHR Sharable Data - Codex: Discharge Type

### Discharge type

**Purpose:** To indicate the category of location where the patient was discharged from an inpatient / accident & emergency episode

**Reference:** HA

Term ID	eHR Value	eHR Description	eHR Description (Chinese)
9050106	NACUTE	Discharged and sent to non-acute hospital	轉往非緊急醫院
9050105	ACUTE	Discharged and sent to acute hospital	轉往緊急醫院
9050108	HOME	Discharged home without follow up	出院 (無需覆診)
9050107	HFU	Discharged home with follow up	出院 (需覆診)
9050109	DAMA	Discharged with acknowledgement to medical advice	聽取醫生解釋後自願離院
9050099	DEATH	Death	死亡
9050270	MISS	Missing	失蹤
9050480	WA	Walk away	自行離院
9050317	OTHER	Other discharge type	其他

## eHR Sharable Data - Codex: Referral source

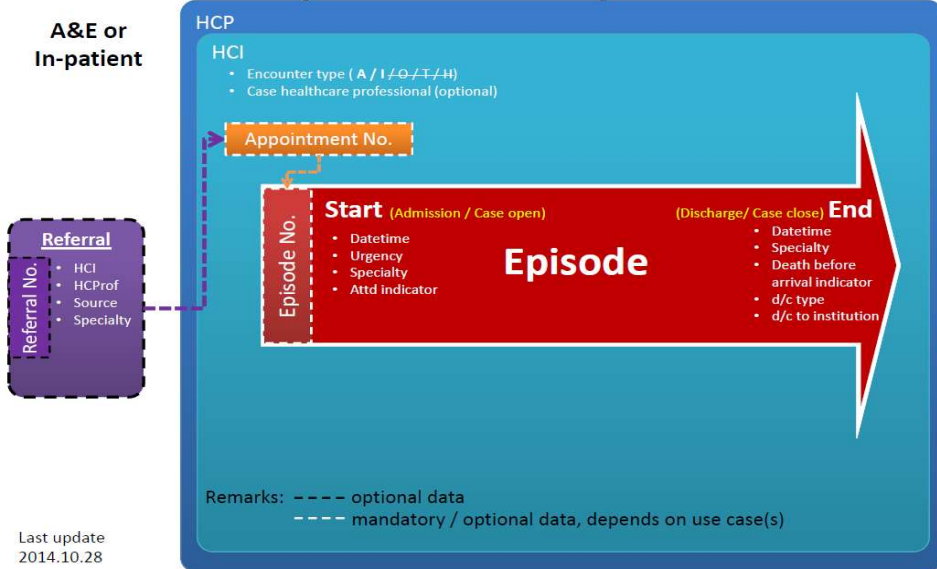
### Referral source

**Purpose:** To identify the source for referring the person for inpatient, outpatient or accident & emergency attendance

**Reference:** HL7 Table 0284 Referral category

Term ID	eHR Value	eHR Description
9050001	A	Accident and emergency
9050197	I	Inpatient
9050327	O	Outpatient

## Relationship between Episode & Visit



## Relationship between Episode & Visit

