ILHDPEncounter* IG

Simple Community, HMO and Ambulatory Encounters

- Singular Encounter profile that stands on its own
  - Example:
    - Patient visits GP at HMO, who sends him to a nurse to take an EKG.
    - The result is two distinct Encounters that are not directly connected (may be connected indirectly – e.g. - via ServiceRequest.Encounter and Encounter.basedOn)
- Denoted by a special type
- Additional slices on type for various kinds of Encounters (face-to-face, virtual, doctor-to-doctor, without-patient, etc.)
- Slices for participating practitioner (primary, consultant, referring, etc.)
- Chief Complaint (תלונות מטופל/ת) – Observation profile to capture Patient's CC in free text.
- diagnosis element to capture coded diagnosis

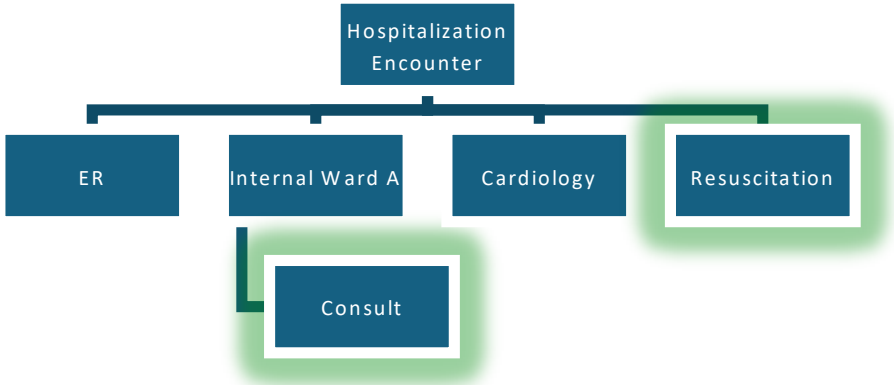
Hierarchical Encounter for hospitalization, complex ambulatory visits and emergency medicine centers

- Two Encounter profiles – one for top level Encounter and another (child) profile for inpatient care segments
  - Example:
    - Patient arrives to ER, hospitalized in Internal Ward A, transferred to Cardiology and then released.
    - The result is **four** Encounters – one top level (Mikre) and three child Encounters (ER, Internal Ward A, Cardiology) – connected to top level Encounter via partOf.
- Each Encounter type is denoted by a special type code
- Top level Encounter (ILHDPEncounterHospitalization) holds mostly administrative data about hospitalization in general
  - Coded סיבת ביקור/סיבה לאשפוז – primarily using MoH codes
  - admitSource and dischargeDisposition
- Child Encounters (ILHDPEncounterInpatientCareSegment) hold clinical and administrative data about specific care segment
  - Additional slices on type for various kinds of Encounters (face-to-face, virtual, doctor-to-doctor, without-patient, etc.)
  - Chief Complaint (תלונות מטופל/ת) – Observation profile to capture Patient's CC in free text.
  - diagnosis element to capture coded diagnosis
  - connected to top level Encounter via partOf

Hierarchical Encounter for hospitalization, complex ambulatory visits and emergency medicine centers

- New child Encounter is created when switching clinical context (i.e. – moving to another ward)
- While in the same clinical context (ward) all information is captured on the same Encounter resource. In other words – Internal Ward A has a single Encounter with all the relevant information, even if there are 3 or more EMR sheets (i.e. - admission, stay, discharge)
- Change of nursing unit does not create a new Encounter, but rather requires update of location:nursing-unit array on existing Encounter

Hierarchical Encounter for hospitalization, complex ambulatory visits and emergency medicine centers



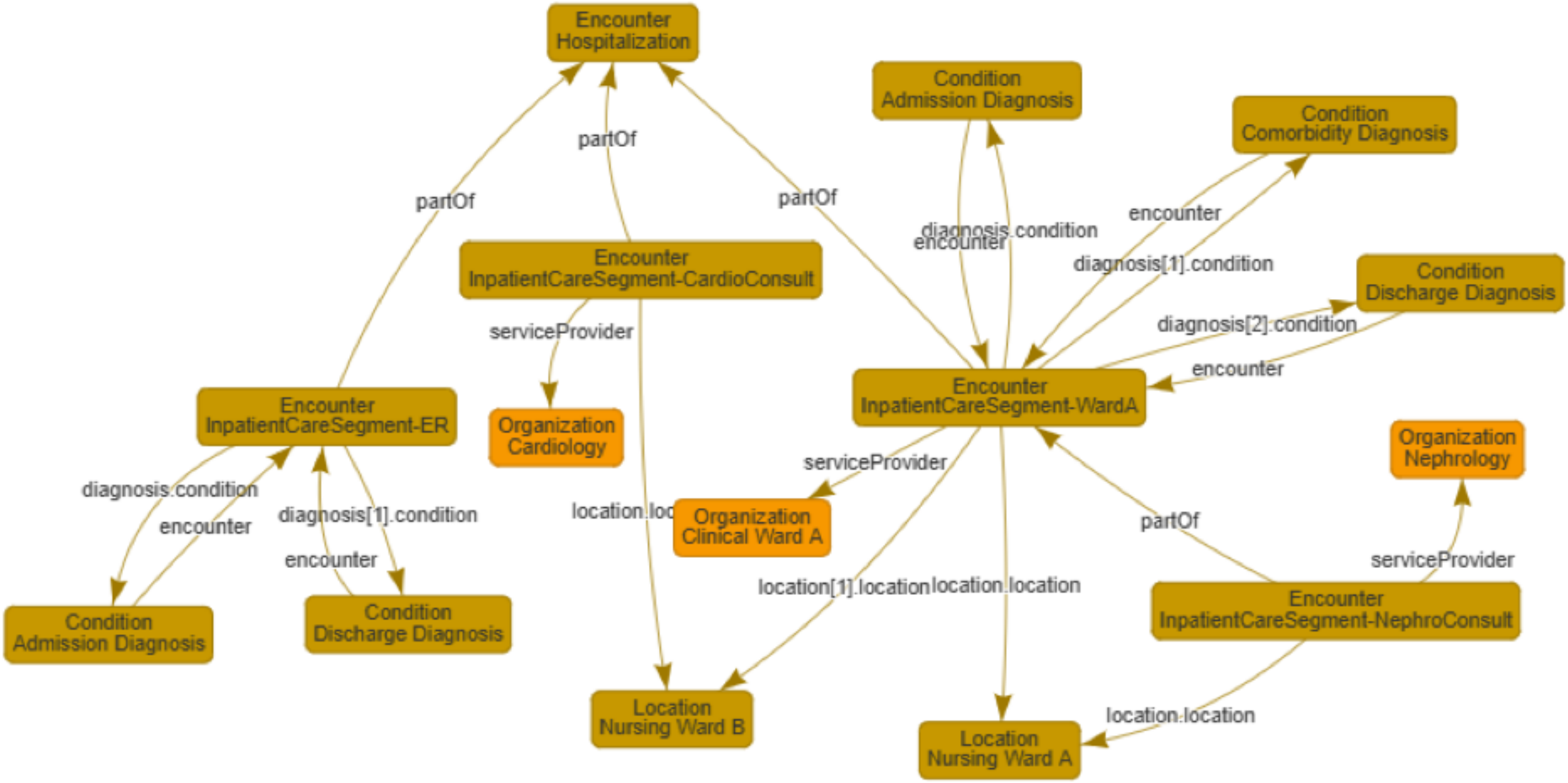
- In case there is a clinically significant event that happened during child Encounter (e.g. – resuscitation, consilium, visit to an outpatient clinic for consult, etc.) – it should be documented as a separate Encounter.

- **Question:** should those Encounters be connected to top-level hospitalization Encounter or to the corresponding child-level ward Encounter?

Scenario

- Patient arrives at ER, looked at and hospitalized in Internal Ward A
- While staying in Internal Ward A he gets Cardiology consult
- At some point they move him to Internal Ward B due to lack of beds, but he stays under clinical responsibility of Internal Ward A
- In Internal Ward B he gets a visit from Nephrology consult
- After a while he is released home

Simple model



Complex model