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IHE PCC
Technical Framework Supplement

EMS Transfer of Care
(ETC)

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Trial Implement Supplement

August 10, 2009

20 **Foreward**

This page is standard language for all IHE supplements. The Introduction section following will list all other IHE documents that are modified by this supplement. This document is a supplement to the IHE Patient Care Coordination Technical Framework 5.0. The technical framework can be found at http://www.ihe.net/Technical_Framework/index.cfm#pcc.

25 This and all IHE supplements are written as changes to a base document. The base document is normally one or more IHE Final Text documents. Supplements tell a technical editor and the reader how to modify the final text (additions, deletions, changes in wording). In order to understand this supplement, the reader needs to read and understand all of the base documents that are modified by this supplement. In this supplement you will see "boxed" instructions

30 similar to the following:

Replace Section X.X by the following:

These "boxed" instructions are for the author to indicate to the Volume Editor how to integrate the relevant section(s) into the overall Technical Framework.

This format means the reader has to integrate the base documents and the supplement. When the
35 material in the supplement is considered ready for incorporation into the final text of the Technical Framework, the IHE committees will update the technical framework documents with the final text. Supplements are written in this format to avoid duplication material. This means that two IHE documents (one possibly final text, and the other a supplement) should not contain contradictory material.

40 Text in this document is not considered final for the Technical Framework. It becomes Final Text only after the IHE PCC Technical Committee ballots the supplement (after testing) and agrees that the material is ready for integration with the existing TF documents.

It is submitted for Trial Implementation starting August 10, 2009.

Comments on this supplement may be submitted http://forums.rsna.org:

45   1. Select the "IHE" forum

      2. Select Patient Care Coordination Technical Framework

      3. Select 2009-2010 Supplements for Public Comment

      4. Select Immunization Care Plan

Please use the Public Comment Template provided there when starting your New Thread.

50 **Details about IHE may be found at:** www.ihe.net

Details about the IHE Patient Care Coordination may be found at:
http://www.ihe.net/Domains/index.cfm

Details about the structure of IHE Technical Frameworks and Supplements may be found at: http://www.ihe.net/About/process.cfm and http://www.ihe.net/profiles/index.cfm

55 **Introduction**

This supplement is written for Trial Implementation. It is written as changes to the documents listed below. The reader should have already read and understood these documents:

1. PCC Technical Framework Volume 1, Revision 5.0
2. PCC Technical Framework Volume 2, Revision 5.0

60 This supplement also references other documents[1]. The reader should have already read and understood these documents:

1. IT Infrastructure Technical Framework Volume 1, Revision 6.0
2. IT Infrastructure Technical Framework Volume 2, Revision 6.0
3. The Patient Identifier Cross-Reference (PIX) and Patient Demographic Query (PDQ) HL7 v3 Supplement to the IT Infrastructure Technical Framework.
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4. HL7 and other standards documents referenced in Volume 1 and Volume 2
5. Dilbert 2.0: 20 Years of Dilbert by Scott Adams, ISBN-10: 0740777351, ISBN-13: 978-0740777356

This supplement adds the EMS Transfer of Care Profile to Volume I of the IHE PCC Technical
70 Framework, and the EMS Transfer Document Content Module and related modules to Volume II.

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[1] The first three documents can be located on the IHE Website at
http://www.ihe.net/Technical_Framework/index.cfm#IT. The remaining documents can be obtained from their respective publishers.

CONTENTS

Profile Abstract

105   The EMS Transfer of Care (ETC) Profile supports the exchange of clinically relevant data between pre-hospital providers and emergency care facilities.

The exchange of key clinical information between prehospital providers and emergency department personnel improves the quality of care provided to emergency patients. Currently this exchange is mostly a paper-based process. The application of health information technology

110   to exchange patient information between prehospital providers and emergency departments may improve care and survivability for patients suffering from a health emergency. ANSI/HITSP identified the lack of electronic exchange of prehospital data to emergency care centers as a critical gap in the Emergency Responder use case in 2007 and requested the assistance of organizations like IHE to address the issue. The EMS Transfers of Care profile is designed to

115   meet this need and has been developed in part as a response to that request.

Open Issues and Questions

1. Need to consider work in HITSP IS04 and IHE ITI -08 ID/ECON White Paper and align where necessary. This was discussed in an email thread just before the public comment publication deadline and there was not sufficient time to incorporate these changes,

120   however, those involved in this discussion feel strongly that these considerations need to be addressed.

Closed Issues

Volume 1 – Integration Profiles

Glossary

125	*Add the following terms to the Glossary:*

2.5 Dependencies among Integration Profiles

Add the following to Table 2-5

Integration Profile	Dependency	Dependency Type	Purpose
EMS Transfers of Care	None	N/A	N/A

2.7 History of Annual Changes

130	*Add the following bullet to the end of the bullet list in Section 2.7*

In the 2009-2010 cycle of the Patient Care Coordination Initiative, the following content profile was added as a supplement to the technical framework.

- Added the EMS Transfer of Care (ETC) Profile that supports the exchange of clinically relevant data between EMS providers and emergency care facilities.

135	*Add Section X*

X EMS Transfer of Care Content Profile

The exchange of key clinical information between pre-hospital providers and emergency department personnel improves the quality of care provided to emergency patients. This exchange is mostly a paper-based process today. This is a critical gap in the emergency care process. ANSI/HITSP identified this gap in IS04 Emergency Responder Interoperability Specification[2] published in 2007 and requested the assistance of organizations like IHE to fill this gap. The EMS Transfers of Care profile has been developed in response to that request and is designed to meet this need.

The profile makes use of the HL7 Clinical Document Architecture standard to define a clinical document that would enable the exchange of this clinical information. IHE Patient Care Coordination has already developed a number of profiles in support of emergency patients:

- The Emergency Department Referral (EDR) profile to supports physician referral of patients to an emergency care facility.

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[2] The ANSI/HITSP IS04 publication is a relevant supporting document. You can find this document on the web at http://www.hitsp.org/InteroperabilitySet_Details.aspx?MasterIS=true&InteroperabilityId=51&PrefixAlpha=1&APrefix=IS&PrefixNumeric=04

- The Emergency Department Encounter Summary (EDES) profile supports reporting of
150   emergency care given to a patient in an emergency care facility.

Many of the key data elements needed in the above profiles are also pertinent to pre-hospital emergency treatment provided by pre-hospital providers. For example, emergency contact information, the chief complaint and problems, medications and allergies are relevant in both pre-hospital and ED settings. These data elements have been reused in this profile. Other data
155   elements, such as the description of the event or injury leading to the need for emergency care are more specific to the pre-hospital setting and have been added to the technical framework by this supplement.

Some countries have already established national level standards for reporting of prehospital care. For example, National EMS Information System (NEMSIS) is an effort in the United
160   States to standardize the information collected across the 50 states. This profile identifies key information found in that standard to support the exchange of the necessary clinical data to emergency department personnel.

In addition to information exchange from the pre-hospital providers to the ED, emergency responders can also benefit from the ability to access information available from personal health
165   records, emergency contact registries, or health information exchanges. For example, an emergency data set could be exchanged using the Exchange of Personal Health Record (XPHR) Content profile. This information can then be transferred to the EMS Transfer of Care document, which would support access to the information by the emergency department personnel providing care. When the Content Creator of this profile is grouped with the Content
170   Consumer of other IHE PCC profiles, this profile requires the exchange of the key clinical data from one to the other.

X.1 Actors and Transactions

There are two actors in this profile, the Content Creator and the Content Consumer. Content is generated by a Content Creator and is to be consumed by a Content Consumer. The sharing or
175   transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of
180   appropriate IHE profiles described by section 3.7 Content Bindings with XDS, XDM and XDR found in the Patient Care Coordination Technical Framework
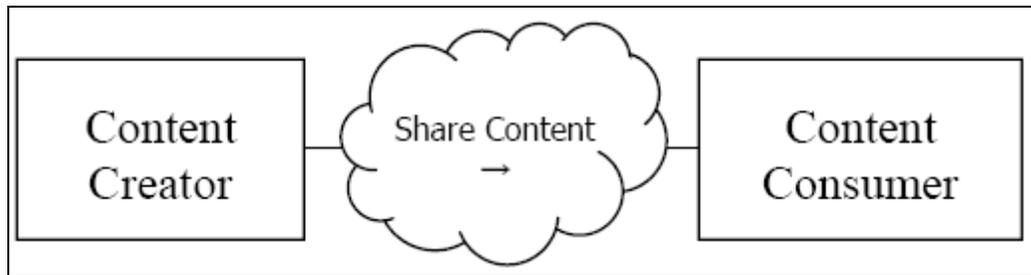
Figure X.1-1 EMS Transfer of Care Actors and Transactions

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X.2 EMS Transfer of Care Options

Actor	Option	Section
Content Consumer	View Option (See Note 1)	PCC TF-2: 3.0.1
	Document Import Option (See Note 1) Section Import Option (See Note 1) Discrete Data Import Option (See Note 1)	PCC TF-2: 3.0.2 PCC TF-2: 3.0.3 PCC TF-2: 3.0.4
Content Creator	None	

Note 1: The Actor shall support at least one of these options.

X.3 Grouping

This section describes the behaviors expected of the Content Creator and Content Consumer
190 actors of this profile when grouped with actors of other IHE profiles.

X.3.1 Content Bindings with XDS, XDM and XDR

It is expected that the exchanges of this content will occur in an environment where prehospital
providers and emergency care centers have a coordinated infrastructure that serves the
information sharing needs of this community of care. Several mechanisms are supported by IHE
195 profiles:

- A registry/repository-based infrastructure is defined by the IHE Cross Enterprise
  Document Sharing (XDS) and other IHE Integration Profiles such as patient
  identification (PIX & PDQ) and notification of availability of documents (NAV).

- A media-based infrastructure is defined by the IHE Cross Enterprise Document
200 Media Interchange (XDM) profile.

- A reliable messaging-based infrastructure is defined by the IHE Cross Enterprise
  Document Reliable Interchange (XDR) profile.

- All of these infrastructures support Security and privacy through the use of the
  Consistent Time (CT) and Audit Trail and Node Authentication (ATNA) profiles.

205   For more details on these profiles, see the IHE IT Infrastructure Technical Framework[3]. Content
        profiles may impose additional requirements on the transactions used when grouped with actors
        from other IHE Profiles.

X.3.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

210   Actors from the ITI XDS, XDM and XDR profiles most often embody the Content Creator and
        Content Consumer sharing function of this profile. A Content Creator or Content Consumer may
        be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent
        in the document sharing or interchange messages has specific relationships to the content of the
        clinical document described in the content profile.

215   X.3.3 Audit Trail and Node Authentication (ATNA)

        When the Content Creator or Content Consumer actor of this profile is grouped with the Secure
        Node or Secure Application actor of the ATNA profile, the content creator actor shall generate
        appropriate audit record events for each of the following trigger events:

220   Table X.3-1 Audit Events

Trigger Event	Description
Actor-start-stop	Start up and shut-down of the content creator or content consumer actor.
Patient-Record-Event	Creation, access, modification[4] or deletion of the content described within this profile.
Node-Authentication-Failure	Secure node authentication failure is detected.

        The above list is a minimum set that must be demonstrated by all actors of this profile when
        grouped with the secure node or secure application actor. Additional audit records shall also be
        generated depending upon the actions available the product implementing the secure node or
        secure application actor.

225   X.3.4 Notification of Document Availability (NAV)

        A Document Source should provide the capability to issue a Send Notification Transaction per
        the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or
        more Document Consumer(s) of the availability of one or more documents for retrieval. One of
        the Acknowledgement Request options may be used to request from a Document Consumer that
230   an acknowledgement should be returned when it has received and processed the notification. A
        Document Consumer should provide the capability to receive a Receive Notification Transaction

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[3] See http://www.ihe.net/Technical_Framework/index.cfm#IT

[4] Clinical documents are not normally modified after being finalized. However, prior to that event one or more
parties may author the content in stages. Each subsequent stage should be treated as a modification of the previous
stage.

per the NAV Integration Profile in order to be notified by Document Sources of the availability
of one or more documents for retrieval. The Send Acknowledgement option may be used to issue
a Send Acknowledgement to a Document Source that the notification was received and
235   processed.

X.3.5 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may
support the Digital Signature (DSG) Content Profile as a Document Source. When a Content
Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature
240   document and may perform the verification against the signed document content.

X.3.6 Grouping with Other PCC Content Profiles

When the Content Creator of this profile is grouped with a Content Consumers of other profiles
found in the IHE PCC Technical Framework, the following key information available in
documents specified in these profiles must be able to transferred from consumer to the creator
245   for incorporation into the exchange.

Table X.3–2 Information Exchanged between Consumers and Creators

Profiles Entries	XDS-MS (Cross Enterprise Document Sharing of Medical Summaries)	XPHR (Exchange of Personal Health Record)	EDR (Emergency Department Referral)	EDES (Emergency Department Encounter Summary)
Emergency Contact Information	R	R	R	R
Problems	R	R	R	R
Medications	R	R	R	R
Allergies	R	R	R	R
Advance Directives (e.g., DNR status)	R2	R2	R	R
Pregnancy Status	R2	R2	R2	R2

R = Required, R2 = Required if data available

X.4 Content Modules

250   Content Modules describe the content of a payload found in an IHE transaction. Content profiles
are transaction neutral. They do not have dependencies upon the transaction that they appear in.
This integration profile defines one content module, the EMS Transfer of Care, defined in
section PCC TF-2:6.1.1.Y.

The EMS Transfer of Care content module is intended to support the exchange of information
255   gathered during pre-hospital emergency care and obtained via other IHE content profiles (e.g., in
the case where the EMS system is able to obtain relevant information from a PHR or other HIT
system, such as an emergency contact registry (i.e., VIN# ECON, DL# ECON).

This content module incorporates other content modules already present in this Technical Framework. The names of these content modules do not always use the terminology used by
260   emergency care providers (e.g., Review of Systems). However, the data elements found in these sections are identical in content regardless of the level of training of the care providing that information, be they a nurse, physician or other health care professional. The purpose of section classification is to identify the type of information found in it. The author that generated this information is separately identified within the content module.

265   **X.5 EMS Transfer of Care Process Flow**

The process flow for EMS Transfers of care is shown in Figure X.5-1 below. Upon determination of the patient identity, the prehospital provider consumes data previously gathered in other IHE PCC Profiles (e.g., through PHR or HIE system). The prehospital provider creates new data relevant to the care provided. This combined data of the prehospital emergency care
270   provided is then shared with the emergency department content consumer (EDIS). The shaded actors are defined elsewhere in IHE PCC profiles. For details on these actors, see section X.3.6 Grouping with Other PCC Content Profiles.
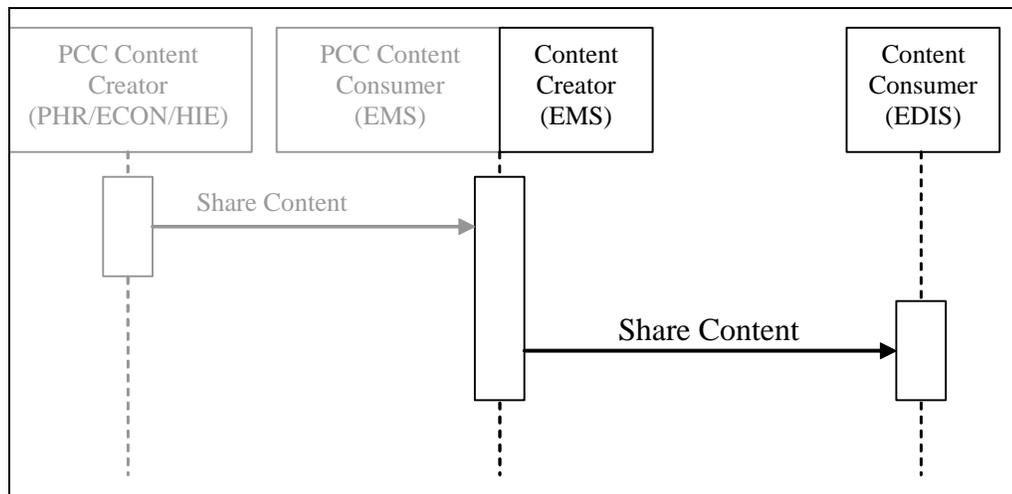

Figure X.5-1 EMS Transfers of Care Process Flow

275   **X.6 EMS Transfer of Care Security Considerations**

Prehospital providers may have access to a great deal of personal health information for emergency patients by virtue of their role. The identity of personnel accessing this information should be provided to the suppliers of this information to ensure adequate access control and auditing. The IHE XUA profile may be used to support the exchange of identity information
280   between the different systems. The IHE ATNA profile may be used to support auditing of information access and to secure the communications between systems. The IHE BPPC profile can be used by patients to authorize release of certain information, and to mark the information that can be released to emergency providers.

Information communicated by prehospital providers to emergency departments is sensitive
285   healthcare data. The health status of an emergency patient prior to an emergency care incident

could have legal or financial impacts on the emergency patient. Communication of this information in an automated fashion between prehospital providers and an EDIS will require security measures, especially when communicated using physical media. Policies over the control, access and erasure of this media need to be established and followed to secure the data.

290   Procedures need to be established to ensure adequate linkage of the media with the patient. The establishment of patient identity often presents difficulties in the emergency setting. Not all patients will be readily identifiable in emergency situations, and multiple patients may be transferred at the same time. Appropriate policies and procedures need to be established to ensure that adequate and accurate patient identification is exchanged between prehospital

295   providers and ED personnel. Even if actual patient identification is not possible, the data collected by prehospital providers needs to be transferred to the receiving emergency care setting EDIS

Volume 2 – Transactions and Content

Add Section 6.1.1.Y to the end of Section 6.1.1

300 **6.1.1 CDA Document Content Modules**

6.1.1.Y EMS Transfer of Care 1.3.6.1.4.1.19376.1.5.3.1.1.19.1

The EMS Transfer of Care Document Content module lists the necessary clinical data elements for communication between prehospital providers and Emergency Department personnel. This content module has shown the mapping of these data elements to LOINC, DEEDS and NEMSIS
305 standards to show the coorrespondence between these standards and vocabularies. The mapping of DEEDS is present to show the progression from EMS care to the Emergency Department.

6.1.1.Y.1 LOINC Code

The LOINC code for this document is **X-EMS** EMS Report

6.1.1.Y.2 Standards

CDAR2	HL7 CDA Release 2.0
CCD	ASTM/HL7 Continuity of Care Document
NEMCIS	http://www.nemsis.org/softwareDevelopers/datasetComponentsRequirements.html
DEEDS	http://www.cdc.gov/ncipc/pub-res/deedspage.htm
ASTM 1744	http://www.astm.org/Standards/E1744.htm

310 **6.1.1.Y.3 Data Element Index**

Table 6.1.1.Y-1 EMS Transfers of Care Data Element Index

Data Element	Opt	LOINC	DEEDS	NEMSIS
Emergency Contact Information	R2	Not available in LOINC	1.14 to 1.17 Emergency Contact	E07_18 to E07_26 Closest Relative
Chief Complaint	R	10154-3 CHIEF COMPLAINT	4.06 Chief Complaint	E09_05 Chief Complaint
Injury Incident Description	R	11374-6 INJURY INCIDENT DESCRIPTION	5.03 Injury Incident Description	E09 Situation E10 Situation/Trauma
History of Present Illness	R2	10164-2 HISTORY OF PRESENT ILLNESS	5.15 ED Clinical Finding	Not available in NEMSIS
Acuity Assessment	R2	11283-9 ACUITY	4.08 First ED	Not available in NEMSIS

		ASSESSMENT	Acuity Assessment	
Active Problems	R2	11450-4 PROBLEM LIST	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Current Medications	R2	10160-0 CURRENT MEDICATIONS	5.09 Current Therapeutic Medication	E12_14 Current Medications
Allergies	R2	48765-2 ALLERGIES, ADVERSE REACTIONS, ALERTS	5.15 ED Clinical Finding	E12_08 Medication Allergies, E12_09 Environmental/Food Allergies
Immunizations	R2	11369-6 HISTORY OF IMMUNIZATIONS	5.15 ED Clinical Finding	E12_12 Immunization History
History of Past Illness	R2	11348-0 HISTORY OF PAST ILLNESS	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
History of Pregnancies	R2	10162-6 HISTORY OF PREGNANCIES	5.15 ED Clinical Finding	E12_20 Pregnancy
Advance Directives	R2	42348-3 ADVANCE DIRECTIVES	5.15 ED Clinical Finding	E12_07 Advanced Directives
Family History	R2	10157-6 HISTORY OF FAMILY MEMBER DISEASES	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Social History	R2	29762-2 SOCIAL HISTORY	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Vital Signs	R	8716-3 VITAL SIGNS	5.15 ED Clinical Finding	E14 Assessment/ Vital Signs
Pertinent ROS	R	10187-3 REVIEW OF SYSTEMS	5.15 ED Clinical Finding	E09_13 Primary Symptom
Physical Examination	O	29545-1 PHYSICAL EXAMINATION	5.15 ED Clinical Finding	E16 Assessment/ Exam
Assessment	R	X-ASSESS ASSESSMENTS	8.30 Patient Problem Assessed	E09_15 Providers Primary Impression
Intravenous Fluids Administered	R	X-IVFLU INTRAVENOUS FLUID ADMINISTERED	6.02 ED Procedure	D04_04 E18_04 Medications Given Route, 4205 Intravenous
Medications Administered	R	18610-6 MEDICATION ADMINISTERED (COMPOSITE)	7.04 ED Medication	E18_03 Medication Given
Procedures	R	X-PROC	6.02 ED Procedure	E19_03 Procedure

Performed		PROCEDURES PERFORMED		
Transport Mode	R	11459-5 TRANSPORT MODE	4.02 Mode of Transport	E20 Disposition

R = Required, R2 = Required if data available, O = optional, C = Conditional

6.1.1.Y.4   Specification

This section references content modules using Template ID as the key identifier. Definitions of
315   the modules are found in either:

- IHE Patient Care Coordination Volume 2: Final Text
- IHE PCC Content Modules 2009-2010 Supplement (For Public Comment)

Table 6.1.1.Y-2 EMS Transfers of Care Specification

Data Element Name	Opt	Template ID	Volume 2 Location
Encounter Data The EMS encounter identifier shall appear in the componentOf/encompassingEncounter element of the CDA header. The effective time of the encounter starts when the emergency responder contacts the patient. It ends at the transfer of care or when the patient is no longer receiving care.	R	Not Applicable	Not Applicable
Patient Contacts This section shall contain the name and a phone number of an emergency contact, including a sub-set of emergency contact cross reference identifiers (i.e., vehicle identification number (VIN#) and/or driver license number (DL#) for emergency responder ECON systems.	R2	1.3.6.1.4.1.19376.1.5.3.1.2.4	PCC TF-2:6.3.2.4
Chief Complaint This section shall contain a condition entry describing the chief complaint in coded form. The effective time of the chief complaint should be the best estimate or actual time of occurrence of the incident or onset leading to emergency care. It may contain a simple observation describing the cause of the injury.	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1	PCC TF-2:6.3.3.1.3
Injury Incident Description See note 1. This section shall include a description of the incident leading to the injury, including status of relevant safety equipment in use (e.g., safety belts, air bag, helmet).	C	1.3.6.1.4.1.19376.1.5.3.1.1.19.2.1	PCC CDA Content Modules:6.3.3.1.10
History of Present Illness See Note 1	C	1.3.6.1.4.1.19376.1.5.3.1.3.4	PCC TF-2:6.3.3.2.1
Acuity Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2	PCC CDA Content Modules:6.3.3.1.10

Active Problems See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.6	PCC CDA Content Modules:6.3.3.9.6
Current Medications See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.19	PCC TF-2:6.3.3.3.1
Allergies See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.13	PCC TF-2:6.3.3.2.11
Immunizations	O	1.3.6.1.4.1.19376.1.5.3.1.3.23	PCC TF-2:6.3.3.3.5
Past Medical History See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.8	PCC TF-2:6.3.3.2.5
History of Pregnancies See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4	PCC TF-2:6.3.3.2.18
Advanced Directives See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.34	PCC TF-2:6.3.3.6.5
Family History	O	1.3.6.1.4.1.19376.1.5.3.1.3.14	PCC TF-2:6.3.3.2.12
Social History	O	1.3.6.1.4.1.19376.1.5.3.1.3.16	PCC TF-2:6.3.3.2.14
Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2	PCC TF-2:6.3.3.4.4
Pertinent ROS See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.18	PCC TF-2:6.3.3.2.16
Physical Examination See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.9.15	PCC TF-2:6.3.3.4.2
Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4	PCC CDA Content Modules:6.3.3.9.7
Intravenous Fluids Administered See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6	PCC CDA Content Modules:6.3.3.8.4
Medications Administered See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.21	PCC TF-2:6.3.3.3.3
Procedures Performed See Note 2. The procedures section shall contain procedure entries describing the type and timing of each intervention performed (e.g., CPR)	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11	PCC CDA Content Modules:6.3.3.8.3
Transport Mode The transport mode entry contains the time of departure from the scene with the patient and the time of arrival at the treatment facility, along with the mode of transport of the patient.	R	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2	PCC TF-2:6.3.3.6.7

320 *R = Required, R2 = Required if data available, O = optional, C = Conditional*

Note 1 Either the Injury Incident Description or the History of Present Illness section shall be present. Both are permitted to be present. A content creator must demonstrate the ability to complete both, though not necessarily in the same report.

325 **Note 2** The content creator must demonstrate the ability to complete these sections. If no data is available, the recommended behavior is to send indication that the data is not known, but this is not required.

6.1.1.Y.5 Conformance

CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below.

Sample Pre-hospital Patient Care Report Document

```
     <ClinicalDocument xmlns='urn:hl7-org:v3'>
      <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
      <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.19.1'/>
335   <id root=' ' extension=' '/>
      <code code='X-EMS' displayName='EMS Report'
       codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
      <title>Prehospital Patient Care Report</title>
      <effectiveTime value='20090506012005'/>
340   <confidentialityCode code='N' displayName='Normal'
       codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
      <languageCode code='en-US'/>
        :
      <component><structuredBody>
345    <component>
        <section>
         <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1'/>
         <!-- Required Chief Complaint Section content -->
        </section>
350    </component>

       <component>
        <section>
         <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.19.2.1'/>
355      <!-- Conditional Injury Incident Description Section content -->
        </section>
       </component>

       <component>
360     <section>
         <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4'/>
         <!-- Conditional History of Present Illness Section content -->
        </section>
       </component>
365
       <component>
        <section>
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