LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
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LACDMH CLIENT SERVICE FHIR API COMPANION GUIDE

VERSION 2024.01

DATE: JULY 31, 2024

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Introduction

Los Angeles County Department of Mental Health (**LACDMH**) has adopted the new HL7 FHIR standards to exchange healthcare related data between Trading Partners' (**TP**) electronic health record systems and LACDMH's Integrated Behavioral Health Information Systems (**IBHIS**). This guide explains this new standard's platform, data structures, data dictionary, sample payloads, error handling and various other aspects of it.

Legal Background

The 21st Century Cures Act (CCA) was passed by the 114th United States Congress and signed into law by President in 2016. The CCA was a bipartisan bill that was supported by a broad coalition of stakeholders, including healthcare providers, patients, and the pharmaceutical industry. The CCA does not explicitly mandate the use of FHIR. However, the law does encourage the use of FHIR by healthcare organizations. CCA includes a number of provisions that are related to FHIR which is designed to improve the quality, efficiency, and effectiveness of healthcare.

Technical Overview

LACDMH is using JSON format in REST service to exchange client information between TPs' electronic health record systems and IBHIS using FHIR resources identified in HL7. Let's take a brief look into what these terms mean.

HL7 stands for Health Level Seven. It is a set of international standards that define a common format for the exchange of healthcare data. HL7 standards are used by healthcare providers to transfer clinical and administrative data between software applications.

FHIR stands for Fast Healthcare Interoperability Resources. It is the newest HL7 standard that defines a set of data elements and resources that can be used to exchange healthcare information between different systems. FHIR is designed to be lightweight, easy-to-use, flexible, and extensible, making it a suitable standard for a wide range of healthcare applications. FHIR is a promising standard that has the potential to improve the interoperability, efficiency, and quality of healthcare. It is based on the web standards REST and JSON.

REST stands for Representational State Transfer. It is an architectural style for designing web services. RESTful web services are based on the HTTP methods, such as GET, POST, PUT, and DELETE. RESTful web services are designed to be simple and easy to use. They are also designed to be scalable and extensible. This makes them a good choice for a variety of applications of many industries including healthcare

JSON stands for JavaScript Object Notation. It's a lightweight data-interchange format that's often used in web applications and APIs. JSON is text-based and uses human-readable text to store and transmit data.

FHIR Resource is a data model that represents a single health-related entity, such as a patient, a doctor, a prescription, or a lab result. These are designed to be interoperable, meaning that they can be easily exchanged between different health care systems, and are defined in a standard format such as JSON or XML.

LACDMH is using the following FHIR resources:

- Patient
- Encounter
- Coverage
- Observation
- Condition
- QuestionnaireResponse
- EpisodeOfCare
- OperationOutcome

In addition the above resources also refer to the following resources to complete a transaction:

- Practitioner
- Organization

In the following sections we will identify all the above resources in details.

1. PATIENT

Patient resource is used to represent the core information about a client including unique identifier, name, address, phone and other demographics in IBHIS.

1.1 Patient Use-Cases

Use Case #	Description	LACDMH FHIR Service Method
1	TPs want to create a new client in IBHIS by providing all demographic information.	PostPatient
2	TPs want to update demographic information of an existing client in IBHIS.	PutPatient
3	TPs want to retrieve a client record.	GetPatient

1.2 Patient Resource Content

DataElement	FHIRDataType	Cardinality	Comment
Patient.Identifier[0].value	Identifier	1..1	PutPatient only
Patient.name[0].prefix	HumanName	0..1	
Patient.name[0].given[0]	HumanName	1..1	ClientFirstName
Patient.name[0].given[1]	HumanName	0..1	ClientMiddleInitial
Patient.name[0].family	HumanName	1..1	ClientLastName
Patient.name[0].suffix	HumanName	0..1	
Patient.Identifier[2].value Patient.name[1].text	Identifier HumanName	0..1	For Alias ID use Identifier For Alias Name use HumanName
Patient.telecom[1].value	ContactPoint	0..1	
Patient.gender	code	1..1	
Patient.birthDate	Date	1..1	YYYY-MM-DD
Patient.Identifier[1].value	Identifier	1..1	SSN, format #########
Patient.maritalStatus	CodeableConcept	1..1	
Patient.communication.language	CodeableConcept	1..1	PrimaryLanguage
Patient.extension[0]	CodeableConcept	1..1	Education
Patient.extension[1]	CodeableConcept	1..1	EmploymentStatus
Patient.extension[3]	CodeableConcept	1..1	Ethnicity
Patient.extension[4]	CodeableConcept	1..5	ClientOtherRace

DataElement	FHIRDataType	Cardinality	Comment
Patient.extension[2]	CodeableConcept	1..1	LivingArrangements
Patient.telecom[0].value	ContactPoint	0..1	ClientsHomePhone
Patient.address.line[0]	Address	1..1	StreetAddress1
Patient.address.line[1]	Address	0..1	StreetAddress2
Patient.address.postalCode	Address	1..1	Zip code, format #####-####
Patient.extension[5]	CodeableConcept	0..1	
Patient.extension[6]	tbd	0..1	
Patient.extension[7]	CodeableConcept	0..1	
Patient.extension[8]	tbd	0..1	
Patient.extension[9]	CodeableConcept	0..1	
Patient.extension[10]	CodeableConcept	0..1	
Patient.extension[11]	CodeableConcept	0..1	
Patient.extension[12]	Date	0..1	YYYY-MM-DD
Patient.extension[13]	Date	0..1	YYYY-MM-DD

*Note-1: Full name can't exceed 40 characters. Note that full name will be saved using the following format: LastName,FirstName<space>MiddleInitial<space>Suffix<space>Prefix.

1.3 Patient Sample Payloads

Here are sample payloads for each of the FHIR Service methods:

1.3.1 PostPatient

```
{
    "resourceType": "Patient",
    "extension": [
        {
            "url": "http://hl7.org/fhir/us/core/StructureDefinition/us-core-
ethnicity",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "4",
                        "display": "Mexican",
                        "system": "8 "
                    }
                ]
            }
        },
        {
```

```
            "url": "http://hl7.org/fhir/us/core/StructureDefinition/us-core-race",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "2",
                        "display": "Asian, Cambodian",
                        "system": "116"
                    }
                ]
            }
        },
        {
            "url": "http://hl7.org/fhir/StructureDefinition/patient-genderIdentity",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "FTM",
                        "display": "Transgender (Female to Male)",
                        "system": "3"
                    }
                ]
            }
        },
        {
            "url": "{{url}}/v4/StructureDefinition/patient-sexualOrientation",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "2",
                        "display": "Lesbian (female)",
                        "system": "15"
                    }
                ]
            }
        },
        {
            "url": "{{url}}/v4/StructureDefinition/patient-educationLevel",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "2",
                        "display": "Bachelors Degree",
                        "system": "625"
                    }
                ]
            }
        },
        {
```

```
            "url": "{{url}}/v4/StructureDefinition/patient-employmentStatus",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "2",
                        "display": "Disabled",
                        "system": "517"
                    }
                ]
            }
        },
        {
            "url": "{{url}}/v4/StructureDefinition/patient-housingSituation",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "code": "2",
                        "display": "House/apt - req some supp w daily living",
                        "system": "1167"
                    }
                ]
            }
        }
    ],
    "identifier": [
        {
            "type": {
                "coding": [
                    {
                        "system": "http://terminology.hl7.org/CodeSystem/v2-0203",
                        "code": "SS"
                    }
                ]
            },
            "system": "http://hl7.org/fhir/sid/us-ssn",
            "value": "459778888"
        }
    ],
    "name": [
        {
            "text": "TEST E INTEGRATION",
            "prefix": [
                "Mr"
            ],
            "family": "INTEGRATION",
            "given": [
                "TEST",
                "E"
```

```
            ],
            "suffix": [
                "SR"
            ]
        }
    ],
    "maritalStatus": {
        "coding": [
            {
                "system": "http://terminology.hl7.org/CodeSystem/v3-MaritalStatus",
                "code": "M",
                "display": "Married"
            }
        ]
    },
    "communication": [
        {
            "language": {
                "coding": [
                    {
                        "system": "urn:ietf:bcp:47",
                        "code": "nl",
                        "display": "Dutch"
                    }
                ],
                "text": "Nederlands"
            },
            "preferred": true
        }
    ],
    "telecom": [
        {
            "system": "email",
            "value": "my@email.com"
        },
        {
            "system": "phone",
            "value": "5555555555",
            "use": "home"
        }
    ],
    "gender" : "male",
    "birthDate": "1990-11-27",
    "deceasedBoolean": false,
    "address": [
        {
            "use": "home",
            "line": [
```

```
                "555 real st",
                "Apt 1"
            ],
            "city": "Overland Park",
            "district": "JO",
            "state": "KS",
            "postalCode": "66211-4565"
        }
    ]
}
```


1.3.2 PutPatient


```
{
    "resourceType": "Patient",
    "id": "3462959",
    "extension": [
        {
            "url": "http://hl7.org/fhir/us/core/StructureDefinition/us-core-
ethnicity",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "8 ",
                        "code": "4",
                        "display": "Mexican"
                    }
                ]
            }
        },
        {
            "url": "http://hl7.org/fhir/us/core/StructureDefinition/us-core-race",
            "valueCodeableConcept": {
                "coding": [
                    {
                        "system": "116",
                        "code": "2",
                        "display": "Asian, Cambodian"
                    }
                ]
            }
        },
        {
            "url": "http://hl7.org/fhir/StructureDefinition/patient-genderIdentity",
            "valueCodeableConcept": {
```

```
            "coding": [
                {
                    "system": "3",
                    "code": "FTM",
                    "display": "Transgender (Female to Male)"
                }
            ]
        }
    },
    {
        "url": "{{url}}/v4/StructureDefinition/patient-sexualOrientation",
        "valueCodeableConcept": {
            "coding": [
                {
                    "system": "15",
                    "code": "2",
                    "display": "Lesbian (female)"
                }
            ]
        }
    },
    {
        "url": "{{url}}/v4/StructureDefinition/patient-educationLevel",
        "valueCodeableConcept": {
            "coding": [
                {
                    "system": "625",
                    "code": "2",
                    "display": "Bachelors Degree"
                }
            ]
        }
    },
    {
        "url": "{{url}}/v4/StructureDefinition/patient-employmentStatus",
        "valueCodeableConcept": {
            "coding": [
                {
                    "system": "517",
                    "code": "2",
                    "display": "Disabled"
                }
            ]
        }
    },
    {
        "url": "{{url}}/v4/StructureDefinition/patient-housingSituation",
        "valueCodeableConcept": {
```

```
            "coding": [
                {
                    "system": "1167",
                    "code": "2",
                    "display": "House/apt - req some supp w daily living"
                }
            ]
        }
    }
],
"identifier": [
    {
        "type": {
            "coding": [
                {
                    "system": "http://terminology.hl7.org/CodeSystem/v2-0203",
                    "code": "SS"
                }
            ]
        },
        "system": "http://hl7.org/fhir/sid/us-ssn",
        "value": "459778888"
    }
],
"name": [
    {
        "text": "TEST E TEST",
        "family": "TEST",
        "given": [
            "TEST",
            "E"
        ],
        "prefix": [
            "Mr"
        ],
        "suffix": [
            "SR"
        ]
    }
],
"telecom": [
    {
        "system": "email",
        "value": "my@email.com"
    },
    {
        "system": "phone",
        "value": "5555555555",
```

```
            "use": "home"
        }
    ],
    "gender": "male",
    "birthDate": "1990-11-27",
    "deceasedBoolean": false,
    "address": [
        {
            "use": "home",
            "line": [
                "555 real st",
                "Apt 1"
            ],
            "city": "Overland Park",
            "district": "JO",
            "state": "KS",
            "postalCode": "66211-4565"
        }
    ],
    "maritalStatus": {
        "coding": [
            {
                "system": "http://terminology.hl7.org/CodeSystem/v3-MaritalStatus",
                "code": "M",
                "display": "Married"
            }
        ]
    },
    "communication": [
        {
            "language": {
                "coding": [
                    {
                        "system": "urn:ietf:bcp:47",
                        "code": "nl",
                        "display": "Dutch"
                    }
                ],
                "text": "Nederlands"
            },
            "preferred": true
        }
    ]
}
```

1.3.3 GetPatient

- Get Patient by client name, gender and date of birth:

{{fhirurl}}/Patient?family:exact=TEST&given:exact=HELLO&gender=female&birthdate=1925-11-27

Description: In the above example, a Get method is submitted to search for a client with family name TEST, given name HELLO and gender as female with a DOB 1925-11-27.

- Get Patient by client ID:

{{fhirurl}}/Patient?identifier=3462959

Description: In the above example, a Get method is submitted to perform a search by Client ID 3462959.

Note: replace ***fhirurl*** by the url for respective environments such as TST, QA or PRODUCTION.

2. ENCOUNTER

The encounter resource is a standardized way of representing an interaction between a client and a healthcare provider. This is used to create and end episodes in IBHIS for a client.

2.1 Encounter Use-Cases

Use Case #	Description	LACDMH FHIR Service Method
1	TPs want to create a new episode for a client in IBHIS who has no episode associated to their organization.	PostEncounter_admission
2	TPs want to file a discharge for an active episode for a client in IBHIS (episode is associated to TPs organization).	PostEncounter_discharge
3	TPs want to update an existing active episode	Not allowed. No method.
4	TPs want to update a discharged episode.	PutEncounter_discharge
5	TPs want to retrieve a client's discharged encounter record.	GetEncounter
6	TPs want to retrieve an active encounter record	GetEpisodeOfCare

2.2 Encounter Resource Content

DataElement	FHIRDataType	Cardinality	Comment
Patient.Identifier[0].value	Identifier	1..1	PutPatient only
Patient.name[0].prefix	HumanName	0..1	
Patient.name[0].given[0]	HumanName	1..1	ClientFirstName
Patient.name[0].given[1]	HumanName	0..1	ClientMiddleInitial
Patient.name[0].family	HumanName	1..1	ClientLastName
Patient.name[0].suffix	HumanName	0..1	
Patient.Identifier[2].value Patient.name[1].text	Identifier HumanName	0..1	For Alias ID use Identifier For Alias Name use HumanName
Patient.telecom[1].value	ContactPoint	0..1	
Patient.gender	code	1..1	
Patient.birthDate	Date	1..1	YYYY-MM-DD
Patient.Identifier[1].value	Identifier	1..1	SSN, format #########
Patient.maritalStatus	CodeableConcept	1..1	
Patient.communication.language	CodeableConcept	1..1	PrimaryLanguage
Patient.extension[0]	CodeableConcept	1..1	Education
Patient.extension[1]	CodeableConcept	1..1	EmploymentStatus

DataElement	FHIRDataType	Cardinality	Comment
Patient.extension[3]	CodeableConcept	1..1	Ethnicity
Patient.extension[4]	CodeableConcept	1..5	ClientOtherRace
Patient.extension[2]	CodeableConcept	1..1	LivingArrangements
Patient.telecom[0].value	ContactPoint	0..1	ClientsHomePhone
Patient.address.line[0]	Address	1..1	StreetAddress1
Patient.address.line[1]	Address	0..1	StreetAddress2
Patient.address.postalCode	Address	1..1	Zip code, format #####-####
Patient.extension[5]	CodeableConcept	0..1	
Patient.extension[6]	tbd	0..1	
Patient.extension[7]	CodeableConcept	0..1	
Patient.extension[8]	tbd	0..1	
Patient.extension[9]	CodeableConcept	0..1	
Patient.extension[10]	CodeableConcept	0..1	
Patient.extension[11]	CodeableConcept	0..1	
Patient.extension[12]	Date	0..1	YYYY-MM-DD
Patient.extension[13]	Date	0..1	YYYY-MM-DD

2.3 Encounter Sample Payloads

Here are sample payloads for each of the FHIR Service methods:

PostEncounter_Admission

PutEncounter_Admission

GetEncounter_Admission

PostEncounter_Discharge

PutEncounter_Discharge

GetEncounter_Discharge

3. CONDITION_PREGNANCY

The CONDITION resource is used to create/update/get a pregnancy record in IBHIS.

3.1 Condition_Pregnancy Use-Cases

Use Case #	Description	LACDMH FHIR Service Method
1	TPs want to create a new pregnancy record for a female client in IBHIS who has an active episode associated to their organization.	PostCondition
2	TPs want to update an existing pregnancy record for a female client in IBHIS who has an active episode associated to their organization.	PutCondition
3	TPs want to retrieve an existing pregnancy record by the pregnancy record ID from IBHIS for a female client who has an active episode associated to their organization.	GetCondition
4	TPs want to search and retrieve any existing pregnancy record for a female client from IBHIS who has an active episode associated to their organization.	GetCondition

3.2 Condition Resource Content for Pregnancy

3.2.1 PostCondition (Pregnancy)

DataElement	FHIRDataType	Cardinality	Comment
Condition.meta.profile	canonical	1..1	default: https://hl7.org/fhir/condition.html
Condition.meta.tag.code	code	1..1	default: 'Pregnancy'
Condition.meta.tag.display	string	1..1	default: 'Pregnancy'
Condition.clinicalStatus.coding.system	uri	1..1	default: http://terminology.hl7.org/CodeSystem/condition-clinical
Condition.clinicalStatus.coding.code	code	1..1	default to 'active' or 'inactive' based on condition identified below
Condition.clinicalStatus.coding.display	string	1..1	default to 'Active' or 'Inactive' based on condition identified below
Condition.subject.identifier	identifier	1..1	
Condition.subject.reference	string	1..1	construct: Patient/<ClientID>

Condition.encounter.identifier	identifier	1..1	
Condition.encounter.reference	string	1..1	construct: Encounter/<EncounterID>
Condition.onsetDateTime	dateTime	1..1	format: YYYY-MM-DD
Condition.abatementDateTime	dateTime	0..1	format: YYYY-MM-DD
Condition.recordedDate	dateTime	1..1	format: YYYY-MM-DD
Condition.code.coding.system	uri	0..1	default: http://loinc.org
Condition.code.coding.code	code	0..1	default: 11449-6
Condition.code.coding.display	string	0..1	default: 'Pregnancy status'

3.2.2 PutCondition (Pregnancy)

DataElement	FHIRDataType	Cardinality	Comment
Condition.identifier	identifier	1..1	
Condition.meta.profile	canonical	1..1	default: https://hl7.org/fhir/condition.html
Condition.meta.tag.code	code	1..1	default: 'Pregnancy'
Condition.meta.tag.display	string	1..1	default: 'Pregnancy'
Condition.clinicalStatus.coding.system	uri	1..1	default: http://terminology.hl7.org/CodeSystem/condition-clinical
Condition.clinicalStatus.coding.code	code	1..1	default to 'active' or 'inactive' based on condition identified below
Condition.clinicalStatus.coding.display	string	1..1	default to 'Active' or 'Inactive' based on condition identified below
Condition.subject.identifier	identifier	1..1	
Condition.subject.reference	string	1..1	construct: Patient/<ClientID>
Condition.encounter.identifier	identifier	1..1	
Condition.encounter.reference	string	1..1	construct: Encounter/<EncounterID>
Condition.onsetDateTime	dateTime	1..1	format: YYYY-MM-DD
Condition.abatementDateTime	dateTime	1..1	format: YYYY-MM-DD
Condition.recordedDate	dateTime	1..1	format: YYYY-MM-DD
Condition.code.coding.system	uri	0..1	default: http://loinc.org
Condition.code.coding.code	code	0..1	default: 11449-6
Condition.code.coding.display	string	0..1	default: 'Pregnancy status'

3.2.3 GetCondition (Pregnancy)

- Submit a 'Get' method using the qry string as below for Use-Case # 3

{lacdmh_fhir_url}/Condition/pregnancy_<PregnancyUniqueID>

- Submit a 'Get' method using the qry string as below for Use-Case # 4

{lacdmh_fhir_url}/Condition?category=pregnancy&patient=<ClientID>&encounterID

3.3 Pregnancy Sample Payloads

3.3.1 PostCondition (Pregnancy)


```
{
   "resourceType" : "Condition",
   "meta" : {
      "profile" : [
         "https://hl7.org/fhir/condition.html"
      ],
       "tag": [
            {
                "code": "Pregnancy",
                "display": "Pregnancy"
            }
        ]
   },
   "clinicalStatus" : {
    "coding" : [{
      "system" : "http://terminology.hl7.org/CodeSystem/condition-clinical",
      "code" : "active",
      "display" : "Pregnancy status"
    }]
  },
   "subject" :  {
      "identifier" : "3462959",
      "reference" : "Patient/3462959"
   },
   "encounter" : {
      "identifier" : "3462959||6635.61",
      "reference" : "Encounter/3462959||6635.61"
```

```
    },

    "onsetDateTime" : "2010-05-24",
    "abatementDateTime":"2010-12-24",
    "recordedDate" : "2019-06-13",
    "code" : {
       "coding" : [
          {
             "system" : "2.16.840.1.113883.6.1",
             "code" : "11449-6",
             "display" : "Pregnancy status"
          }
       ]
    }
}
```

3.3.2 PutCondition (Pregnancy)

```
{
   "resourceType" : "Condition",
   "identifier" : "1||3462959||PRG.001",
   "meta" : {
      "profile" : [
         "https://hl7.org/fhir/condition.html"
      ],
       "tag": [
            {
                "code": "Pregnancy",
                "display": "Pregnancy"
            }
        ]
   },
   "clinicalStatus" : {
    "coding" : [{
      "system" : "http://terminology.hl7.org/CodeSystem/condition-clinical",
      "code" : "active",
      "display" : "Pregnancy status"
    }]
  },
   "subject" :  {
      "identifier" : "3462959",
      "reference" : "Patient/3462959"
   },
   "encounter" : {
      "identifier" : "3462959||6635.61",
```

```
      "reference" : "Encounter/3462959||6635.61"
   },

   "onsetDateTime" : "2010-05-24",
   "abatementDateTime":"2010-12-24",
   "recordedDate" : "2019-06-13",
   "code" : {
      "coding" : [
         {
            "system" : "2.16.840.1.113883.6.1",
            "code" : "11449-6",
            "display" : "Pregnancy status"
         }
      ]
   }
}
```


3.3.3 GetCondition (Pregnancy)

4. CONDITION_DIAGNOSIS

The CONDITION resource is used to create/update/get a diagnosis record in/from IBHIS.

3.1 Condition_Diagnosis Use-Cases

Use Case #	Description	LACDMH FHIR Service Method
1	TPs want to create a new diagnosis record for a client in IBHIS who has an active episode associated to their organization.	PostCondition
2	TPs want to update an existing diagnosis record for a client in IBHIS who has an active episode associated to their organization.	PutCondition
3	TPs want to retrieve an existing diagnosis record by the diagnosis record ID from IBHIS for a client who has an active episode associated to their organization.	GetCondition
4	TPs want to search and retrieve any existing diagnosis record for a client from IBHIS who has an active episode associated to their organization.	GetCondition

3.2 Condition Resource Content for Diagnosis

3.2.1 PostCondition (Diagnosis)

DataElement	**Cardinality**	**FHIRDataType**	**Comment**
Condition.subject.identifier	1..1	identifier	
Condition.subject.reference	1..1	string	construct: Patient/<ClientID>
Condition.encounter.identifier	1..1	identifier	
Condition.encounter.reference	1..1	string	construct: Encounter/<EncounterID>
Condition.onsetDateTime	1..1	dateTime	format: YYYY-MM-DD
Condition.encounter.diagnosis.role	1..1	string	use dictionary service
Condition.severity.coding.code	0..1	string	

Condition.severity.coding.display	0..1		
Condition.evidence.code.coding.code	0..1	string	
Condition.evidence.code.coding.display	0..1		
Condition.evidence.detail.reference	0..1		default: TRAUMA
Condition.evidence.code.coding.code	0..1	string	
Condition.evidence.code.coding.display	0..1	string	
Condition.evidence.detail.reference	0..1		default: SUBSTANCE_ABUSE_DEPENDENCE
Condition.evidence.code.coding.system	1..1		
Condition.evidence.code.coding.code	1..1	string	
Condition.evidence.code.coding.display	1..1	string	
Condition.evidence.detail.reference	1..1	string	default: SUBSTANCE_ABUSE_DEPENDENCE_DIAGNOSIS
Condition.meta.profile	1..1	canonical	default: https://hl7.org/fhir/condition.html
Condition.meta.tag.code	1..1	code	default: 'Diagnosis'
Condition.meta.tag.display	1..1	string	default: 'Diagnosis'
Condition.clinicalStatus.coding.system	1..1	uri	default: http://terminology.hl7.org/CodeSystem/condition-clinical
Condition.clinicalStatus.coding.code	1..1	code	use dictionary service
Condition.clinicalStatus.coding.display	1..1	string	
Condition.abatementDateTime	0..1		format: YYYY-MM-DD
Condition.category.coding.system	1..1	string	default: http://hl7.org/fhir/ValueSet/condition-category
Condition.category.coding.code	1..1	string	default: encounter-diagnosis
Condition.participant.actor.reference	1..1	string	

Condition.extension.url	1..1	string	
Condition.extension.valueInteger			
Condition.encounter.diagnosis.rank	1..1	string	
Condition.code.coding.system	0..1	uri	default: urn:oid:2.16.840.1.113883.6.90
Condition.code.coding.code	0..1	string	
Condition.code.coding.display	0..1	string	for soap to fhir map - copy the ICD10 code
Condition.code.text	0..1	string	calculate, see rule below

5. ENCOUNTER_DISCHARGE

The ENCOUNTER resource is used to file a discharge and retrieve the discharged record in/from IBHIS.

5.1 ENCOUNTER_Discharge Use-Cases

Use Case #	Description	LACDMH FHIR Service Method
1	TPs want to create discharged record for a client in IBHIS who has an active episode associated to their organization.	PostEncounter_Discharge
3	TPs want to retrieve a discharged record by the client ID from IBHIS for a client who has an inactive episode associated to their organization.	GetEncounter_Discharge

5.2 ENCOUNTER Resource Content for Discharge

5.2.1 PutEncounter (Discharge) Request

DataElement	Cardinality	FHIRDataType	Comment
Encounter.meta.tag.code	1..1	string	default: CSEncounterDischarge
Encounter.meta.tag.display	1..1	string	default: CS Discharge Encounter
Encounter.identifier	0..1	string	for PutEncounter only
Encounter.status	1..1	coding	default: discharged
Encounter.class.coding.code	1..1	coding	if ProgramOfAdmission exists IMP else AMB
Encounter.class.coding.system	1..1	coding	default: http://terminology.hl7.org/CodeSystem/v3-ActCode
Encounter.class.coding.display	1..1	coding	if ProgramOfAdmission exists inpatient encounter else ambulatory
Encounter.serviceprovider.reference	1..1	string	construct: Organization/<ProgramID or ProgramOfAdmission>
Encounter.subject.identifier	1..1	identifier	
Encounter.subject.reference	1..1	string	construct: Patient/<ClientID>
Encounter.episodeOfCare.reference	1..1	string	construct: "EpisodeOfCare/<episodeID>"
Encounter.participant.type.coding.code	1..1	code	default: DIS

Encounter.participant.type.coding.system	1..1	string	default: http://terminology.hl7.org/CodeSystem/v3-ParticipationType
Encounter.participant.type.coding.display	1..1	string	default: discharger
Encounter.participant.individual.identifier	1..1	identifier	
Encounter.actualPeriod.end	1..1	dateTime	construct date and time in the following format:
Encounter.actualPeriod.end	1..1	dateTime	YYYY-MM-DDTHH:MM:SSZ
Encounter.admission.dischargeDisposition.coding.system	1..1	string	
Encounter.admission.dischargeDisposition.coding.code	1..1	string	
Encounter.admission.dischargeDisposition.coding.display	1..1	string	
Encounter.admission.dischargeDisposition.text	1..1	string	
Encounter.reason.value.concept.text	0..1	string	

5.2.1 PutEncounter (Discharge) Response

DataElement	Cardinality	FHIRDataType
Encounter.subject.identifier	1..1	identifier
Encounter.identifier	1..1	identifier
Encounter.status	1..1	string
Encounter.class.coding.system	1..1	string
Encounter.class.coding.code	1..1	string
Encounter.class.coding.display	1..1	string
Encounter.subject.reference	1..1	string
Encounter.participant.individual.identifier	1..1	identifier
Encounter.participant.actor.reference	1..1	string
Encounter.participant.type.coding.code	1..1	string
Encounter.participant.type.coding.system	1..1	string
Encounter.participant.type.coding.display	1..1	string
Encounter.actualPeriod.end	1..1	string
Encounter.serviceprovider.reference	1..1	string
Encounter.admission.dischargeDisposition.coding.system	1..1	string
Encounter.admission.dischargeDisposition.coding.code	1..1	string

Encounter.admission.dischargeDisposition.coding.display	1..1	string
Encounter.admission.dischargeDisposition.text	1..1	string
Encounter.reason.value.concept.text	0..1	string
Encounter.meta.tag.code	1..1	string
Encounter.meta.tag.display	1..1	string
Encounter.episodeOfCare.reference	1..1	string