



# eDOCSNL

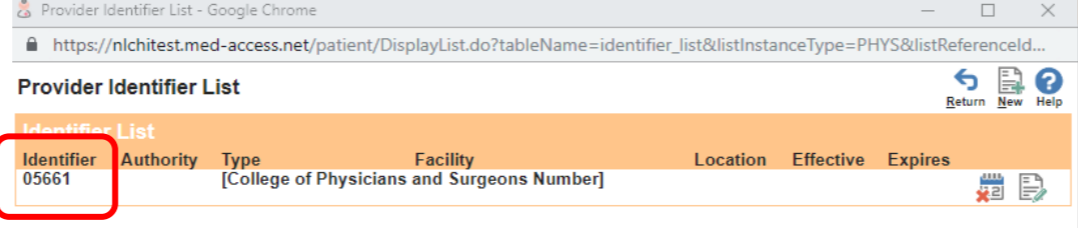
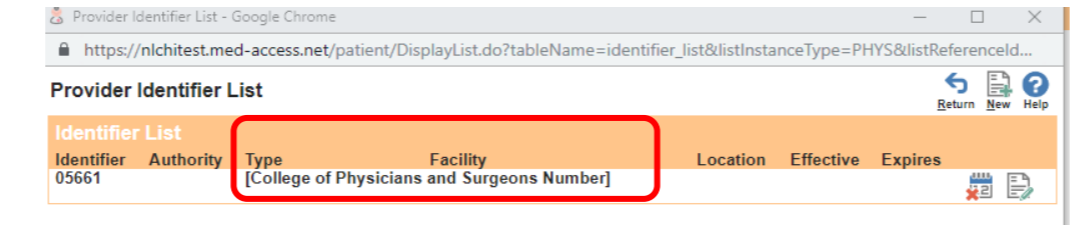
## ELECTRONIC MEDICAL RECORD

eDOCSNL/NLCHI Data Warehouse Approved Med Access Data Elements for Secondary Use

ID	Discrete Element	Med Access Source Location
PATIENT		
1	Primary Identifier	<b>Fields: Primary Identifier Number</b> <input type="text" value="129850451391"/> <input type="text" value="Primary Identifier Type 'Group'"/> <input type="text" value="NL PHN"/>
2	Primary Identifier Type 'Group'	<b>Fields: Primary Identifier Type 'Group'</b> <input type="text" value="129850451391"/> <input type="text" value="Primary Identifier Type 'Group'"/> <input type="text" value="NL PHN"/>
3	Patient Status	<b>Fields: Status</b> <input type="text" value="Patient Status"/> <input type="text" value="Active"/> <input type="text" value="dd-MMM-yyyy"/>
4	Client Street Address	<b>Fields: Address</b> <input type="text" value="Address &amp; Phone"/> <input type="text" value="247 PENNEY AVE"/> <input type="text" value="CLARENVILLE"/> <input type="text" value="Newfoundland"/> <input type="text" value="A5A 4R1"/>
5	Client City/Town	<b>Fields: City</b> <input type="text" value="Address &amp; Phone"/> <input type="text" value="247 PENNEY AVE"/> <input type="text" value="CLARENVILLE"/> <input type="text" value="Newfoundland"/> <input type="text" value="A5A 4R1"/>
6	Client Province	<b>Fields: Province</b> <input type="text" value="Address &amp; Phone"/> <input type="text" value="247 PENNEY AVE"/> <input type="text" value="CLARENVILLE"/> <input type="text" value="Newfoundland"/> <input type="text" value="A5A 4R1"/>
7	Client Postal Code	<b>Fields: Postal Code</b> <input type="text" value="Address &amp; Phone"/> <input type="text" value="247 PENNEY AVE"/> <input type="text" value="CLARENVILLE"/> <input type="text" value="Newfoundland"/> <input type="text" value="A5A 4R1"/>

8	Emergency Contact First Name	<p>Fields: First Name</p> <p><b>Emergency Contact and Other Information</b></p> <p><b>Primary Contact</b></p> <p>Prefix <input type="text"/> <b>First Name</b> <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/></p>
9	Emergency Contact Last Name	<p>Fields: Last Name</p> <p><b>Emergency Contact and Other Information</b></p> <p><b>Primary Contact</b></p> <p>Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> <b>Last Name</b> <input type="text"/></p>
10	Emergency Contact Telephone	<p>Fields: Either Home Phone, Cell Phone, or Work Phone.</p> <p><b>Home Phone</b> <input type="text"/> <b>Cell Phone</b> <input type="text"/> <b>Work Phone</b> <input type="text"/> <b>Ext.</b> <input type="text"/></p>
11	Primary Provider	<p><b>Primary Provider</b> <input type="text"/></p> <p><b>Secondary Provider</b> <input type="text"/></p>
12	Secondary Provider	<p><b>Referring Provider</b> <input type="text"/> </p> <p><b>Family Provider</b> <input type="text"/> </p>
13	Family Provider	
14	Referring provider	
15	Communication	<p>This is not included in EMR data currently except in the case of an immigrant</p> <p><b>Immigration Information</b></p> <p>Previous Country <input type="text"/> Previous Jurisdiction <input type="text"/> Arrival in Canada <input type="text"/> Arrival in Jurisdiction <input type="text"/> Ethnic Origin <input type="text"/> <b>Preferred Language</b> <input type="text"/></p>
PRESCRIBED MEDICATIONS		

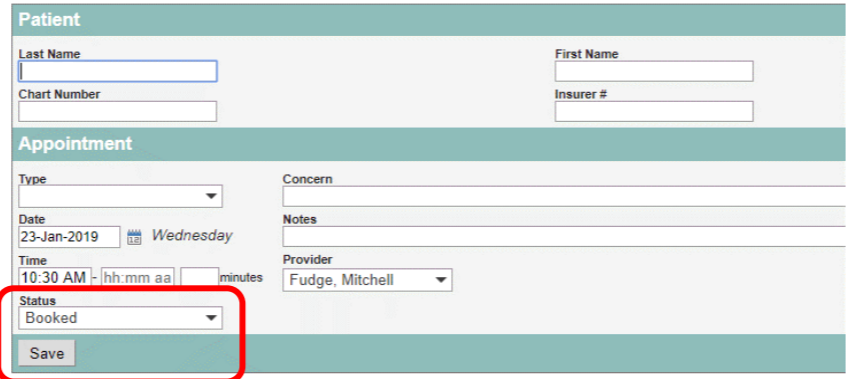
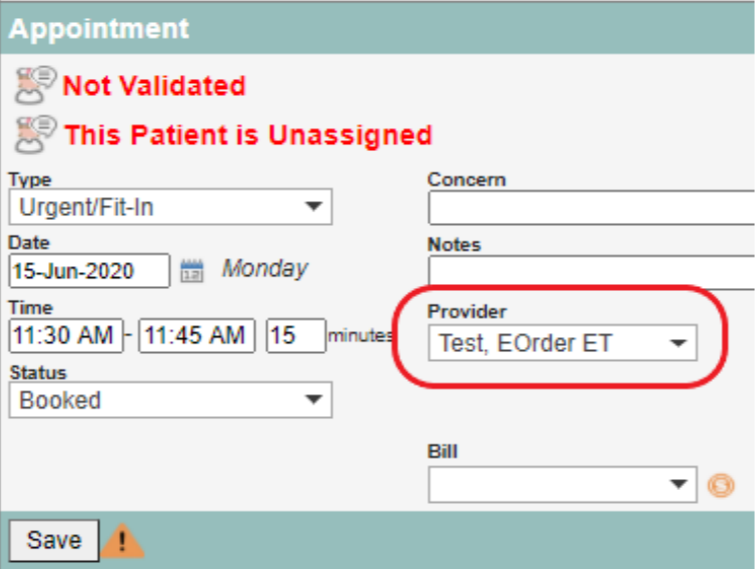
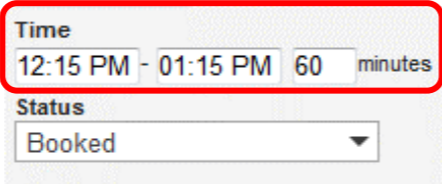
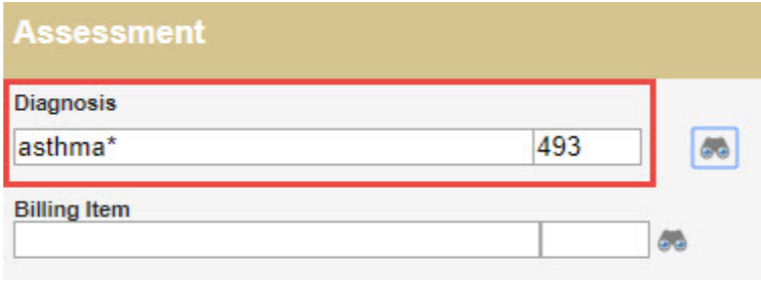
16	Medication Prescribed Name	<p>Fields: Drug Name and Generic Drug Name</p> <p><b>Prescription Id: 87596</b>      <b>Status: Approved</b> <span>▼</span></p> <p>Prescription Type <input type="radio"/> Simple <input checked="" type="radio"/> Continuous <input type="radio"/> Short Term</p> <p>Drug Name* AUBAGIO 14 MG TABLET</p> <p>Generic Drug Name TERIFLUNOMIDE</p>																					
17	Medication Dosage	<p>Fields: Dose</p> <p>Dose</p> <p>1 Tablet(s)</p>																					
18	Medication Dosage Unit of Measure	<p>Fields: Dose</p> <p>Dose</p> <p>1 Tablet(s)</p>																					
19	Medication Form	<p>Fields: Form</p> <table border="1"> <thead> <tr> <th>Fav</th> <th>Id</th> <th>Code</th> <th>Sys Name</th> <th>Route</th> <th>Form</th> <th>Strength</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>2416328</td> <td>DIN</td> <td>AUBAGIO 14 MG TABLET (SANOFI GENZYME,)</td> <td>Oral</td> <td>TABLET</td> <td>4 MG</td> </tr> <tr> <td></td> <td>69980</td> <td>GF</td> <td>TERIFLUNOMIDE 14 mg TABLET</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Fav	Id	Code	Sys Name	Route	Form	Strength	<input type="checkbox"/>	2416328	DIN	AUBAGIO 14 MG TABLET (SANOFI GENZYME,)	Oral	TABLET	4 MG		69980	GF	TERIFLUNOMIDE 14 mg TABLET			
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20	Medication Frequency	<p>Fields: Frequency and PRN (when necessary)</p> <p>Frequency      PRN</p> <p>QD - Once <input type="checkbox"/></p>																					
21	Medication Route	<p>Fields: Route</p> <p>Refills      Route*</p> <p>3      Oral</p> <p>Start Date*      End Date*</p> <p>22-Jan-2018      22-May-2018</p>																					
22	Medication Prescription Date	<p>Fields: Start Date(?)</p> <p>Refills      Route*</p> <p>3      Oral</p> <p>Start Date*      End Date*</p> <p>22-Jan-2018      22-May-2018</p>																					
PROVIDER																							
28	Provider Role	<p><b>User Settings: gharrison</b></p> <p>Role: MD</p> <p>Username: gharrison</p>																					

29	Provider First Name	<p>Identification</p> <p>Linked to user: Harrison, George</p> <p>Last Name Harrison</p> <p>First Name George</p>														
30	Provider Middle Name	<p>First Name George</p> <p>Initials</p>														
31	Provider Last Name	<p>Identification</p> <p>Linked to user: Harrison, George</p> <p>Last Name Harrison</p> <p>First Name George</p>														
32	Provider Identifier	 <p>Provider Identifier List - Google Chrome</p> <p>https://nlchitest.med-access.net/patient/DisplayList.do?tableName=identifier_list&amp;listInstanceType=PHYS&amp;listReferenceld...</p> <p>Provider Identifier List</p> <table border="1"> <thead> <tr> <th>Identifier</th> <th>Authority</th> <th>Type</th> <th>Facility</th> <th>Location</th> <th>Effective</th> <th>Expires</th> </tr> </thead> <tbody> <tr> <td>05661</td> <td></td> <td></td> <td>[College of Physicians and Surgeons Number]</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Identifier	Authority	Type	Facility	Location	Effective	Expires	05661			[College of Physicians and Surgeons Number]			
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05661		[College of Physicians and Surgeons Number]														
34	Provider Identifier Assigning Authority	<p>Assigning Authority</p> <p>College of Physicians and St</p>														
35	Submitting Site Identifier	Back end data only														
36	Submitting Site Name	Back end data only														
POSSIBLE ALLERGIES AND INTOLERANCES																

37	Drug Allergen	<div data-bbox="831 185 1479 388"> <h3>Drug Allergy</h3> <p>Allergen: amoxicillin</p> <p>Date of Reaction: 23-Jan-2018</p> </div>
38	Drug Intolerance	<div data-bbox="831 388 1479 591"> <h3>Drug Intolerance</h3> <p>Allergen: tinnitus after aspirin</p> <p>Date of Reaction: 23-Jan-2018</p> </div>
39	Non-Drug Allergen	<div data-bbox="831 591 1479 794"> <h3>Non-Drug Allergy</h3> <p>Allergen: mushrooms</p> <p>Date of Reaction: 23-Jan-2018</p> </div>
40	Non-Drug Intolerance	<div data-bbox="831 794 1479 1039"> <h3>Non-Drug Intolerance</h3> <p>Allergen: dairy</p> <p>Date of Reaction: 23-Jan-2018</p> </div>
41	Severity	<div data-bbox="831 1039 1916 1290"> <p>Chicken Ball 33 years (709) 384-1114</p> <h3>Non-Drug Intolerance</h3> <p>Allergen: [ ]</p> <p>Drug Allergen Group: Not Applicable</p> <p>Reaction*: Other</p> <p>Date of Reaction: 24-Jan-2019</p> <p>Date Reported*: 24-Jan-2019</p> <p>Severity*: Unknown</p> <p>Confirmation Status: Suspect</p> <p>reported by: Physician</p> <p>Secondary Reaction:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anaphylaxis</li> <li><input type="checkbox"/> Conjunctivitis</li> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Liver Toxicity</li> <li><input type="checkbox"/> Nausea/Vomiting</li> <li><input type="checkbox"/> Nephrotoxicity</li> <li><input type="checkbox"/> Ototoxicity</li> <li><input type="checkbox"/> Rash</li> <li><input type="checkbox"/> Respiratory Distress</li> <li><input type="checkbox"/> Rhinorrhea</li> </ul> <p>Comments*</p> <p>Save</p> </div>
42	Date of Reaction	
43	Date Reported	
44	Confirmation Status	
45	Allergy Asserter	Could be flagged as being from EMR when information stored in Data Lab and indicated when PS generated


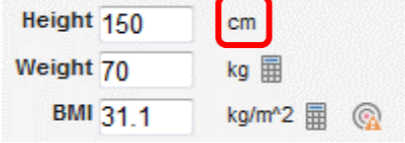

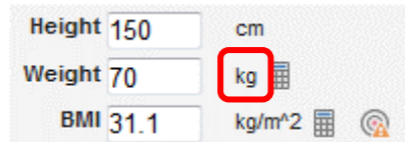
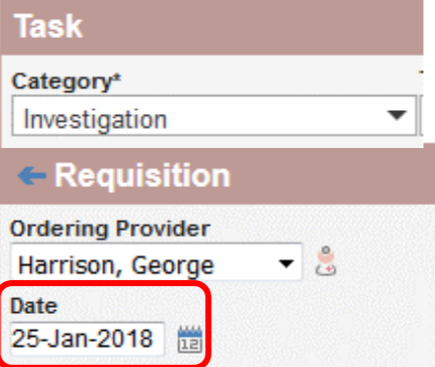
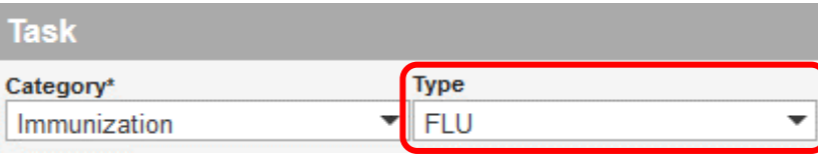
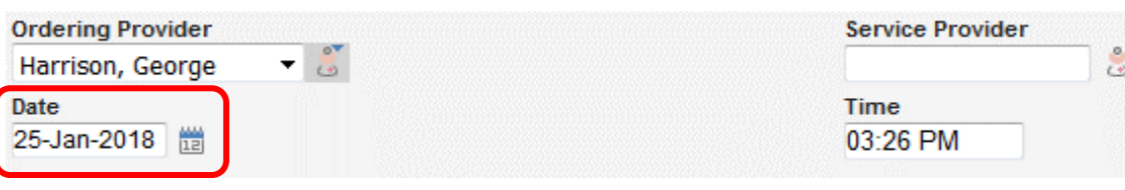
<p>46 Nature of reaction</p>	<p>Would involve taking the "Reaction", "Other Reaction" and "Secondary Reaction" fields</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="936 323 1396 668"> <p><b>Drug Allergy</b></p> <p>Allergen  <input type="text"/></p> <p>Drug Allergen Groups  <input type="text"/></p> <p>Reaction*  <input type="text" value="Other"/></p> <p>Other Reaction  <input type="text"/></p> </div> <div data-bbox="1573 279 1967 703"> <p><b>Secondary Reaction</b></p> <p><input type="checkbox"/> Anaphylaxis</p> <p><input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Liver Toxicity</p> <p><input type="checkbox"/> Nausea/Vomiting</p> <p><input type="checkbox"/> Nephrotoxicity</p> <p><input type="checkbox"/> Ototoxicity</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Respiratory Distress</p> <p><input type="checkbox"/> Rhinorrhea</p> </div> </div>
<p>SERVICE DELIVERY LOCATION</p>	
<p>47 Service Delivery Location Identifier</p>	<p style="text-align: center;"><b>Location Settings</b></p> <p>Group Working Hours:  </p> <p>Facility: <input type="text"/></p> <p style="border: 2px solid red; padding: 2px;">Location Code: 123</p>
<p>48 Service Delivery Location Name</p>	<p style="border: 2px solid red; padding: 2px;"><b>Update Facility</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #f9a825; margin: -1px -1px 1px -1px;"><b>Identification</b></p> <p>Name: Health Sciences Centre, <span style="float: right;">Type: Hospital</span></p> <p>Facility Number: 0256 <span style="float: right;">Sending Facility: <input type="text"/></span></p> <p>Specialty: No Known Specialties</p> <p>Billable: <input checked="" type="checkbox"/></p> </div>
<p>49 Service Delivery Location Type of Service</p>	<p style="border: 2px solid red; padding: 2px;"><b>Update Facility</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p style="background-color: #f9a825; margin: -1px -1px 1px -1px;"><b>Identification</b></p> <p>Name: Health Sciences Centre, <span style="float: right; border: 2px solid red; padding: 2px;">Type: Hospital</span></p> <p>Facility Number: 0256 <span style="float: right;">Sending Facility: <input type="text"/></span></p> <p>Specialty: No Known Specialties</p> <p>Billable: <input checked="" type="checkbox"/></p> </div>
<p>50 Service Delivery Street Address</p>	<p style="border: 2px solid red; padding: 2px;"><b>Address &amp; Phone</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Country: Canada</p> <p>Province: Newfoundland</p> <p>Postal Code: <input type="text"/></p> <p>Phone #: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: Office</p> </div>
<p>51 Service Delivery City/Town</p>	<p style="border: 2px solid red; padding: 2px;"><b>Address &amp; Phone</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Address: <input type="text"/></p> <p style="border: 2px solid red; padding: 2px;">City: <input type="text"/></p> <p>Country: Canada</p> <p>Province: Newfoundland</p> <p>Postal Code: <input type="text"/></p> <p>Phone #: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: Office</p> </div>

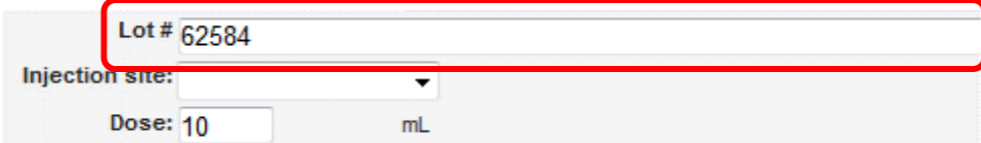
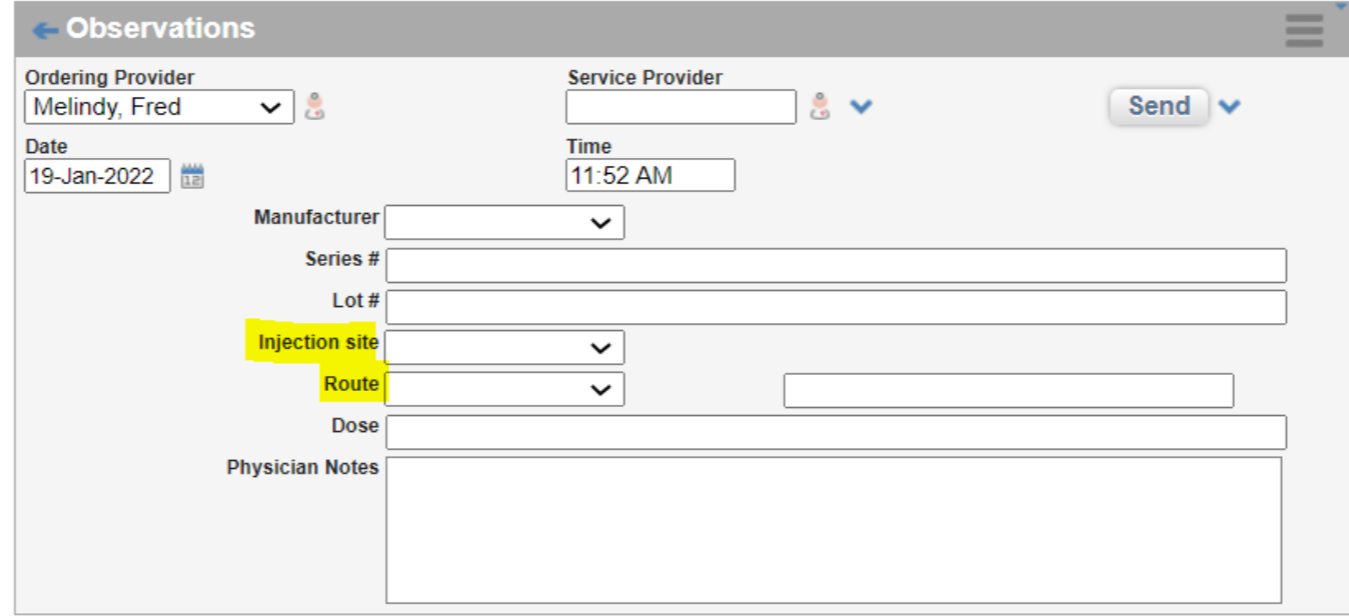
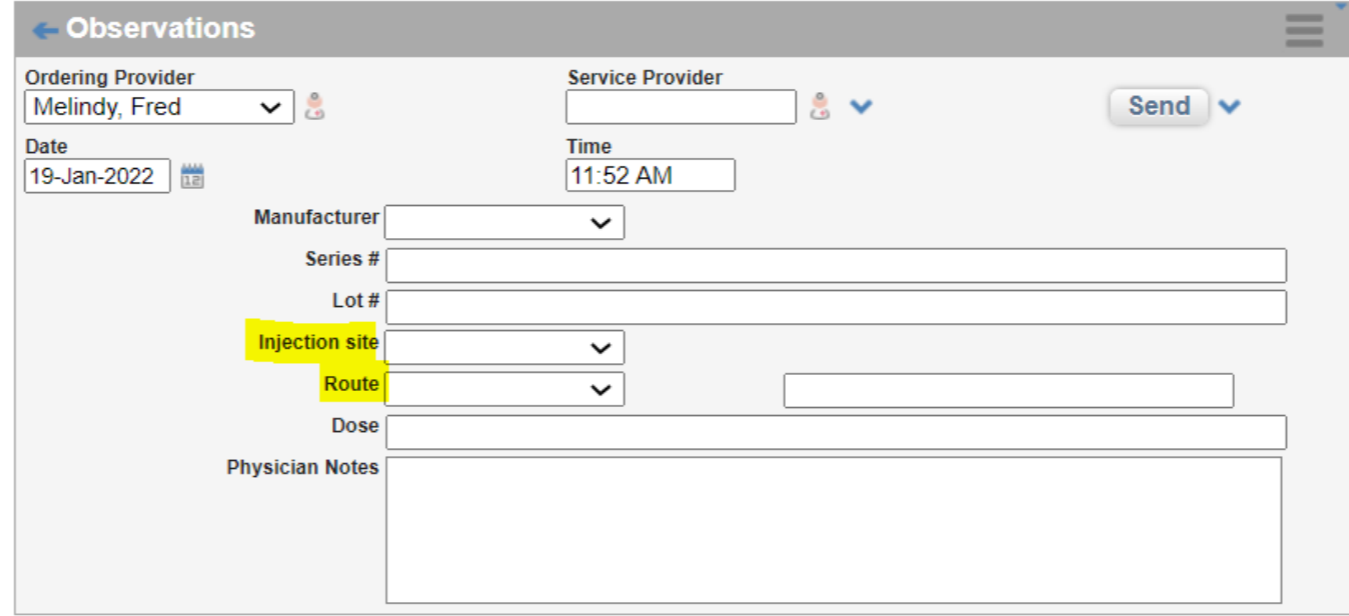
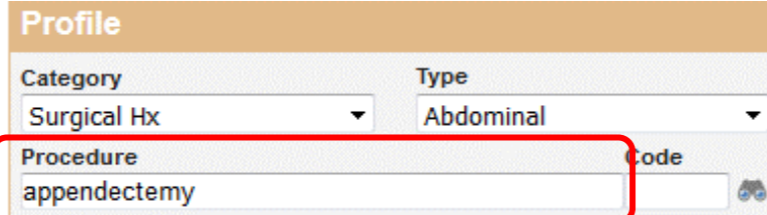
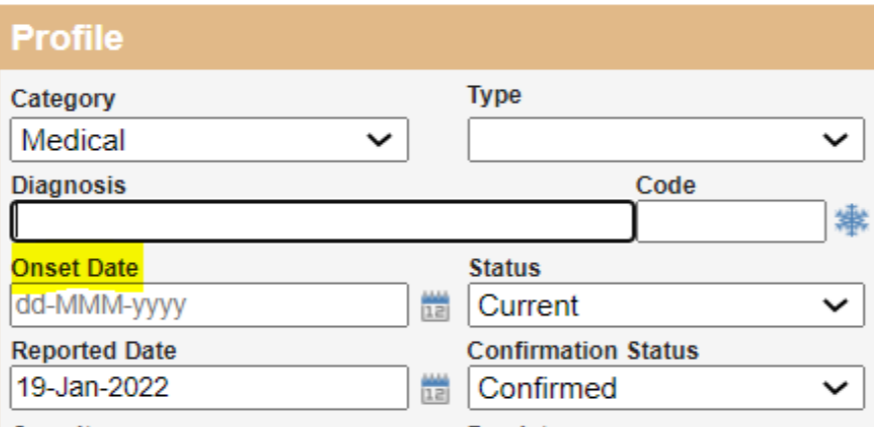
52	Service Delivery Province	<div data-bbox="831 207 1999 404"> <p><b>Address &amp; Phone</b></p> <p>Address: <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>City: <input type="text"/> </p> <p>Country: <input type="text" value="Canada"/></p> <p>Province: <input type="text" value="Newfoundland"/> </p> <p>Phone #: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: <input type="text" value="Office"/></p> </div>
53	Service Delivery Postal Code	<div data-bbox="831 436 1999 633"> <p><b>Address &amp; Phone</b></p> <p>Address: <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>City: <input type="text"/> </p> <p>Country: <input type="text" value="Canada"/></p> <p>Province: <input type="text" value="Newfoundland"/> </p> <p>Phone #: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: <input type="text" value="Office"/></p> </div>
54	Service Delivery Phone Number	<div data-bbox="831 666 1999 862"> <p><b>Address &amp; Phone</b></p> <p>Address: <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>City: <input type="text"/> </p> <p>Country: <input type="text" value="Canada"/></p> <p>Province: <input type="text" value="Newfoundland"/> </p> <p>Phone #: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: <input type="text" value="Office"/></p> </div>
55	Service Delivery Fax Number	<div data-bbox="831 873 1999 1070"> <p><b>Address &amp; Phone</b></p> <p>Address: <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>City: <input type="text"/> </p> <p>Country: <input type="text" value="Canada"/></p> <p>Province: <input type="text" value="Newfoundland"/> </p> <p>Phone #: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>Address Type: <input type="text" value="Office"/></p> </div>
ENCOUNTER		
56	Encounter Start Date	<div data-bbox="831 1135 1242 1288"> <p>Type: <input type="text" value="CDM"/></p> <p>Date: <input type="text" value="02-Feb-2018"/>  Friday</p> </div>
57	Encounter Appt Creation Date	Back end data only
58	Encounter Billing Code	<div data-bbox="831 1354 1242 1539"> <p>Facility: <input type="text"/></p> <p>Bill: <input type="text" value="145 Test"/></p> </div>


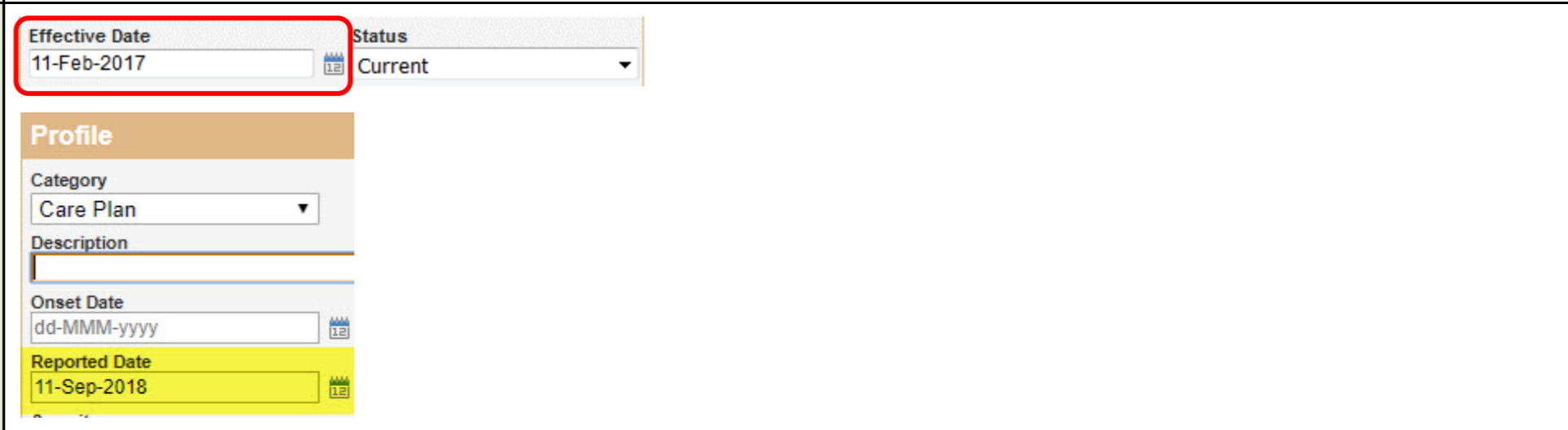
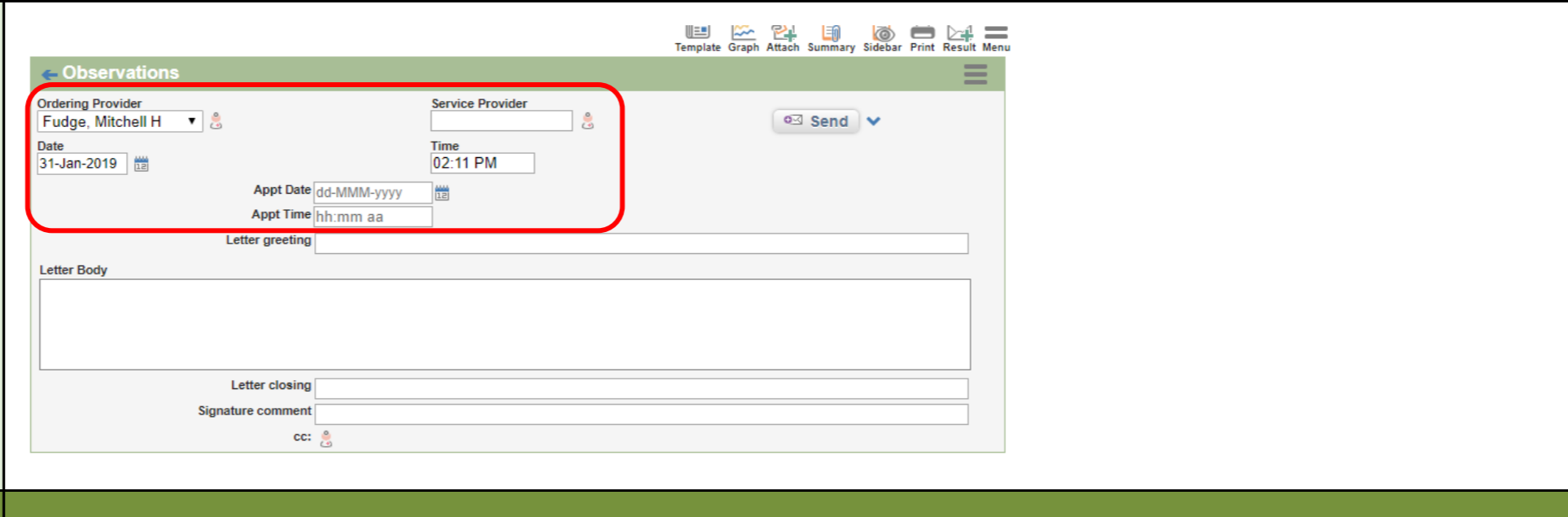
<p>59 Appointment Status</p>	 <p>The screenshot shows a form titled "Appointment" with a "Patient" section containing fields for Last Name, Chart Number, First Name, and Insurer #. The "Appointment" section includes Type, Date (23-Jan-2019, Wednesday), Time (10:30 AM), Status (Booked), and Provider (Fudge, Mitchell). A red box highlights the "Status" dropdown menu.</p>
<p>60 Appointment Provider</p>	 <p>The screenshot shows an "Appointment" form with a "Not Validated" warning and "This Patient is Unassigned" message. The "Appointment" section includes Type (Urgent/Fit-In), Date (15-Jun-2020, Monday), Time (11:30 AM - 11:45 AM, 15 minutes), Status (Booked), and Provider (Test, EOrder ET). A red box highlights the "Provider" dropdown menu. A "Save" button with a warning icon is at the bottom.</p>
<p>61 Appointment Date Time</p>	 <p>The screenshot shows a "Time" field with a red box around it, displaying "12:15 PM - 01:15 PM 60 minutes". Below it is a "Status" dropdown menu set to "Booked".</p>
<p>62 Encounter/Visit Health Concern (Diagnosis)</p>	 <p>The screenshot shows an "Assessment" form with a "Diagnosis" field containing "asthma*" and "493". A red box highlights the "Diagnosis" field. Below it is a "Billing Item" field.</p>
<p>CONDITIONS</p>	

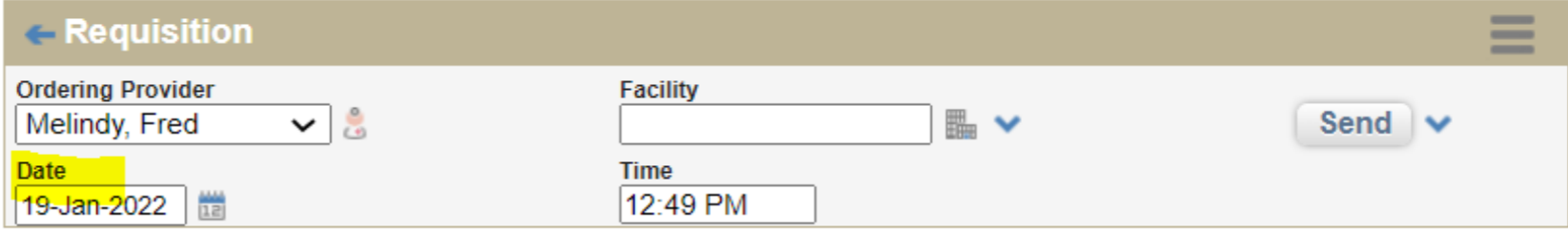


63 Medical Profile Diagnosis	<div data-bbox="851 203 1573 628"> <h3>Profile</h3> <p>Category: Medical   Type: [ ]</p> <p>Diagnosis: chronic bronchitis*   Code: 491</p> <p>Onset Date: 13-Mar-2018   Status: Current</p> <p>Reported Date: 19-Mar-2018   Confirmation Status: Confirmed</p> <p>Severity: [ ]   Persistence: [ ]</p> <p>Risk Factor: <input checked="" type="checkbox"/>   Confidential: <input type="checkbox"/></p> </div>
64 Medical Profile Diagnosis Date of Onset	<div data-bbox="851 683 1573 1109"> <h3>Profile</h3> <p>Category: Medical   Type: [ ]</p> <p>Diagnosis: chronic bronchitis*   Code: 491</p> <p>Onset Date: 13-Mar-2018   Status: Current</p> <p>Reported Date: 19-Mar-2018   Confirmation Status: Confirmed</p> <p>Severity: [ ]   Persistence: [ ]</p> <p>Risk Factor: <input checked="" type="checkbox"/>   Confidential: <input type="checkbox"/></p> </div>
65 Condition Asserter	<p>Could be flagged as being from EMR when information stored in Data Lab and indicated when PS generated</p>
OBSERVATIONS	
66 Systolic Blood Pressure	<div data-bbox="851 1633 1250 1830"> <h3>Visit</h3> <p>← Observations</p> <p>BP 120/59 mm Hg</p> </div>
67 Diastolic Blood Pressure	<div data-bbox="851 1852 1250 1928"> <p>BP 120/59 mm Hg</p> </div>

68	Height	
69	Height Unit Of Measure	
70	Weight	
71	Weight Unit Of Measure	
72	Date Collected	This is back end data and could be collected from the date of the task or visit wherein the vitals were collected
. DIAGNOSTIC ORDERS		
73	Investigation Ordered Date	
74	Investigation Category, Type, Description, Reason and Date	The decision here was to pull the title of the requisition sent and date
. IMMUNIZATIONS		
75	Vaccine Administered Name	
76	Vaccine Administered Recorded Date	

77 Vaccine Administered Lot Number	
78 Vaccination Site	
79 Vaccination Route	
80 Vaccinator	Back end data -"task owner"
. SURGICAL HISTORY	
81 Surgical Procedure	
82 Date of procedure	
. ADVANCE DIRECTIVES	

83 Advance Directive Type	 <p>The screenshot shows two 'Profile' sections. The top section has 'Category' set to 'Preferences' and 'Type' set to 'Do Not Resuscitate', with the latter highlighted by a red box. The bottom section has 'Category' set to 'Care Plan' and 'Type' set to 'Advance Care Directive'.</p>
84 Advance Directive Type Last Modified	 <p>The screenshot shows the 'Effective Date' field set to '11-Feb-2017' and the 'Status' field set to 'Current', both highlighted by a red box. Below this is another 'Profile' section with 'Category' set to 'Care Plan' and 'Reported Date' set to '11-Sep-2018'.</p>
. Consults	
85 Consult Category, Type, Description, Reason and Date	The decision here was to pull the title of the requisition sent and date
86 Consult Ordering Provider, Service Provider, Appt Date, App Time, Date, Time.	 <p>The screenshot shows a 'Consult' form with fields for 'Ordering Provider' (Fudge, Mitchell H), 'Service Provider', 'Date' (31-Jan-2019), 'Time' (02:11 PM), 'Appt Date', and 'Appt Time'. A red box highlights the 'Ordering Provider', 'Service Provider', 'Date', and 'Time' fields. Below these are fields for 'Letter greeting', 'Letter Body', 'Letter closing', 'Signature comment', and 'cc:'.</p>
. LAB ORDERS	

87	Investigation Ordered Date	 <p>The screenshot shows a requisition form with the following fields: Ordering Provider (Melindy, Fred), Facility (empty), Date (19-Jan-2022), and Time (12:49 PM). A 'Send' button is visible on the right. The form title is 'Requisition'.</p>
88	Lab Category, Type, Description, Reason and Date	The decision here was to pull the title of the requisition sent and date