



# FHIR<sup>®</sup> 101

Remise à niveau

# Agenda et structure

- Règlement intérieur, introduction et ordre du jour
- Thèmes de normalisation
- FHIR® basics - Récapitulatif + couverture en profondeur
  1. Q&A Pourquoi FHIR® ; qu'est-ce que FHIR® ; types de ressources ; types de données ; méthodes d'échange ; terminologies ; recherche ; Q&R
  2. Assemblage - références, contenu, bundles, documents
  3. Comment nous créons et étendons FHIR® ; Q&R
  4. Communauté FHIR®, outils, documentation
- Q&A, discussion, activités et evenements à venir

# Remarques et clauses de non-responsabilité

- *FHIR® est une marque déposée de Health Level Seven®(HL7®) International.*
- *- L'utilisation de la marque FHIR® ne constitue pas une approbation de ce cours/produit/service par HL7®.*
- *Il ne s'agit pas d'une formation officielle de HL7. Pour de telles formations, nous vous invitons à consulter le site <http://www.hl7.org/training>*

# Objectifs

Cette présentation est une collection de documents disponibles et libres d'accès.

- Cette présentation est partagée sous une licence Creative Commons Attribution 4.0 (CCBY 4.0) - (il est possible de la partager et de l'adapter si les crédits sont indiqués)
- Notre objectif est d'aider / de rafraîchir les compétences de navigation et de découverte. Le contenu utilisé n'est pas exhaustif, et se veut plus "large" que "profond".
- Nous disposons de peu de temps, mais nous essaierons de répondre à toutes vos questions - et nous apprécions vos commentaires pour les prochaines sessions

# Avant de commencer...

**Le résultat le plus important est que nous collaborons, expérimentons et participons ensemble:**

- <https://chat.fhir.org>
- <http://community.fhir.org>

**Événements à venir : DevDays 2023- <https://www.devdays.com/registration-2023/>**

***Participants des pays à revenu faible et intermédiaire (LMICs)***

*Les personnes vivant dans des pays à revenu faible ou moyen inférieur ont la possibilité de s'inscrire à un tarif réduit. Frais pour les participants d'Afrique : 75 €, tout compris. Frais pour les autres pays à revenu faible ou moyen inférieur : 125 €, tout compris. Envoyez votre demande via ce formulaire LMIC.*

- <https://www.devdays.com/lmic-discount-code-application-form/>

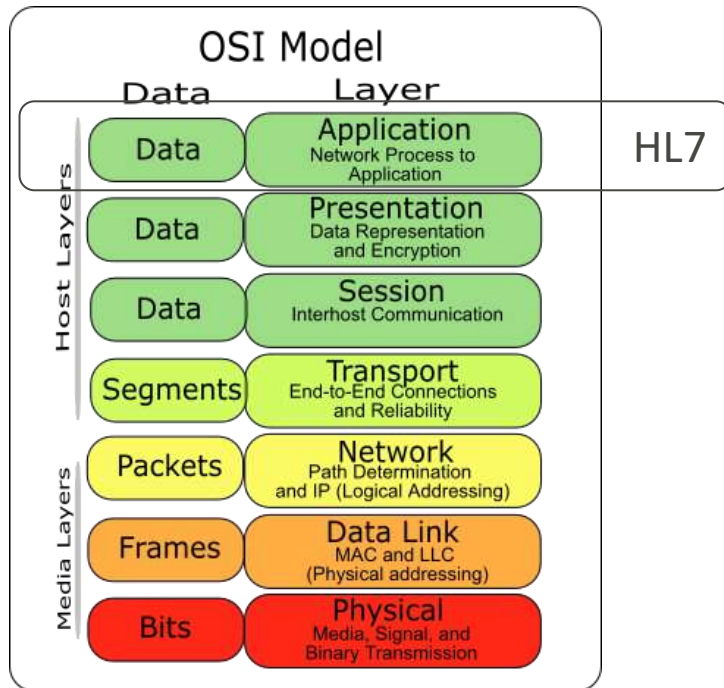
# Notes sur la standardisation



# Raisons pour la standardization

- Être conforme à la norme X
- Prendre en charge l'internationalisation
- Être compatible avec la solution Y
- Normaliser les données
- Réduire la complexité tout en favorisant la diversité

# Situation: Niveaux / types de normes



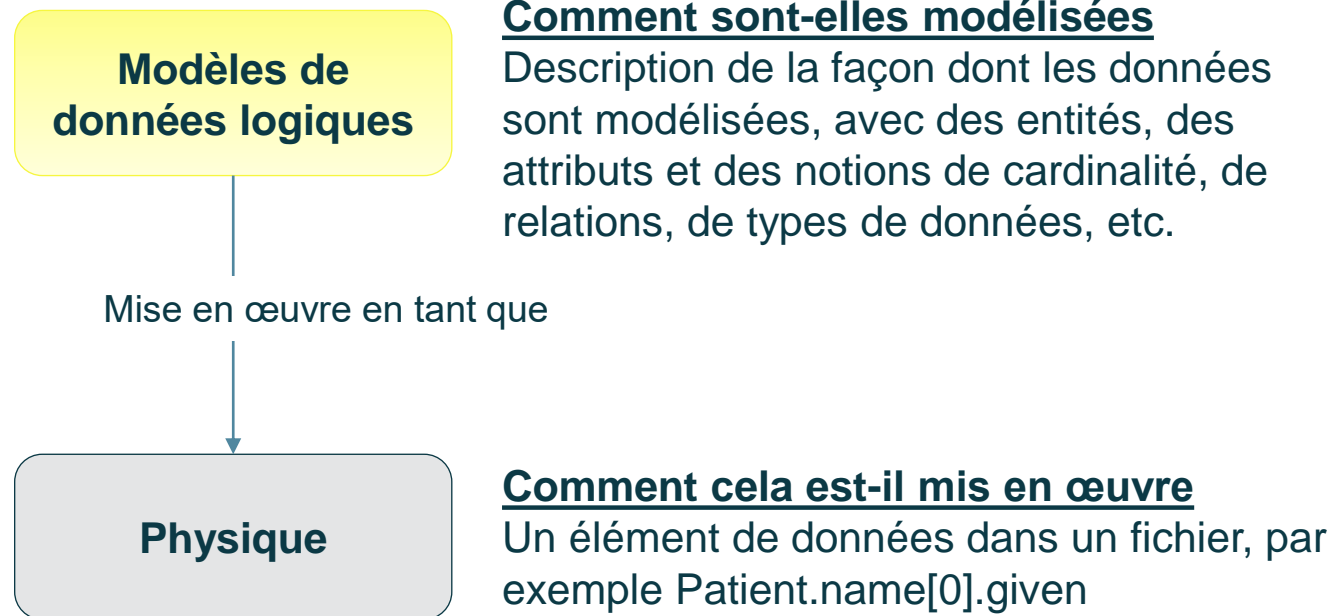
<https://commons.wikimedia.org/wiki/File:Osi-model-jb.svg>

	Why	How	What	Who	Where	When
Contextual	Goal List	Process List	Material List	Organisational Unit & Role List	Geographical Locations List	Event List
Conceptual	Goal Relationship	Process Model	Entity Relationship Model	Organisational Unit & Role Relationship Model	Locations Model	Event Model
Logical	Rules Diagram	Process Diagram	Data Model Diagram	Role Relationship Diagram	Locations Diagram	Event Diagram
Physical	Rules Specification	Process Function Specification	Data Entity Specification	Role Specification	Location Specification	Event Specification
Detailed	Rules Details	Process Details	Data Details	Role Details	Location Details	Event Details

[https://commons.wikimedia.org/wiki/File:The Zachman Framework of Enterprise Architecture.jpg](https://commons.wikimedia.org/wiki/File:The_Zachman_Framework_of_Enterprise_Architecture.jpg)



# Niveaux d'information

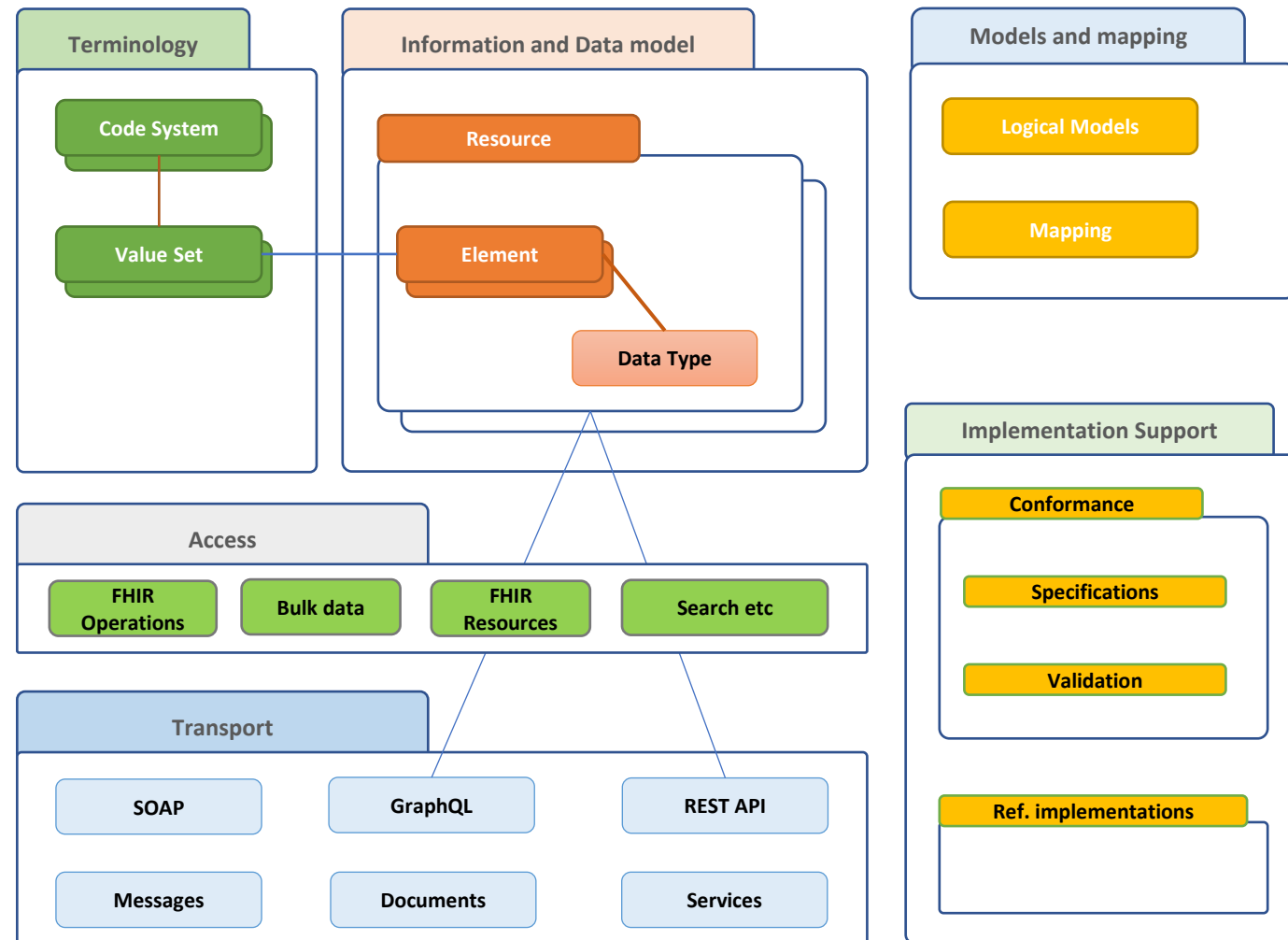


# Qu'est-ce que FHIR® ?

## Fast Healthcare Interoperability Resources

- Une spécification technique pour l'échange de données
- Une spécification calculable
- S'appuyant sur des technologies et des formats standard (JSON, XML, REST, etc.)
- Définit des objets de données standard (ressources) qui peuvent être composés pour former n'importe quel type de communication - de la déclaration d'une mesure de tension artérielle à l'interrogation sur les articles disponibles en stock.
- Relever certains des défis de la normalisation
- Soutenu par une large communauté

# Le standard HL7<sup>®</sup> FHIR<sup>®</sup>



Source: HL7 Belgium

# Publication FHIR (toujours) disponible en ligne

- <http://hl7.org/fhir.org>
- <http://build.fhir.org>

**HL7 FHIR® Release 4**

Home Getting Started Documentation Resources Profiles Extensions Operations Terminologies

Home

This page is part of the FHIR Specification (v4.0.1: R4 - Mixed Normative and STU). This is the current published version. For a full list of available versions, see the [Directory of published versions](#).

## Welcome to FHIR®

FHIR is a standard for health care data exchange, published by HL7®.

**First time here?**  
See the [executive summary](#), the [developer's introduction](#), [clinical introduction](#), or [architect's introduction](#), and then the [FHIR overview / roadmap & Timelines](#). See also the [open license](#) (and don't miss the full [Table of Contents](#) and the [Community Credits](#) or you can [search this specification](#)).

**Technical Corrections:**

- 4.0.1, Oct-30 2019: Corrections to invariants & generated conformance resources, and add AVST Normative Status Notes

### Level 1 Basic framework on which the specification is built

**Foundation** Base Documentation, XML, JSON, Data Types, Extensions

### Level 2 Supporting implementation and binding to external specifications

<b>Implementer Support</b> Downloads, Version Mgmt, Use Cases, Testing	<b>Security &amp; Privacy</b> Security, Consent, Provenance, AuditEvent	<b>Conformance</b> StructureDefinition, CapabilityStatement, ImplementationGuide, Profiling	<b>Terminology</b> CodeSystem, ValueSet, ConceptMap, Terminology Svc	<b>Exchange</b> REST API + Search, Documents, Messaging, Services, Databases
---	--	--	---	---

### Level 3 Linking to real world concepts in the healthcare system

**Administration** Patient, Practitioner, CareTeam, Device, Organization, Location, Healthcare Service

### Level 4 Record-keeping and Data Exchange for the healthcare process

<b>Clinical</b> Allergy, Problem, Procedure, CarePlan/Goal, ServiceRequest, Family History, RiskAssessment, etc.	<b>Diagnostics</b> Observation, Report, Specimen, ImagingStudy, Genomics, Specimen, ImagingStudy, etc.	<b>Medications</b> Medication, Request, Dispense, Administration, Statement, Immunization, etc.	<b>Workflow</b> Introduction + Task, Appointment, Schedule, Referral, PlanDefinition, etc.	<b>Financial</b> Claim, Account, Invoice, ChargeItem, Coverage + Eligibility Request & Response, ExplanationOfBenefit, etc.
---	---	--	---	--

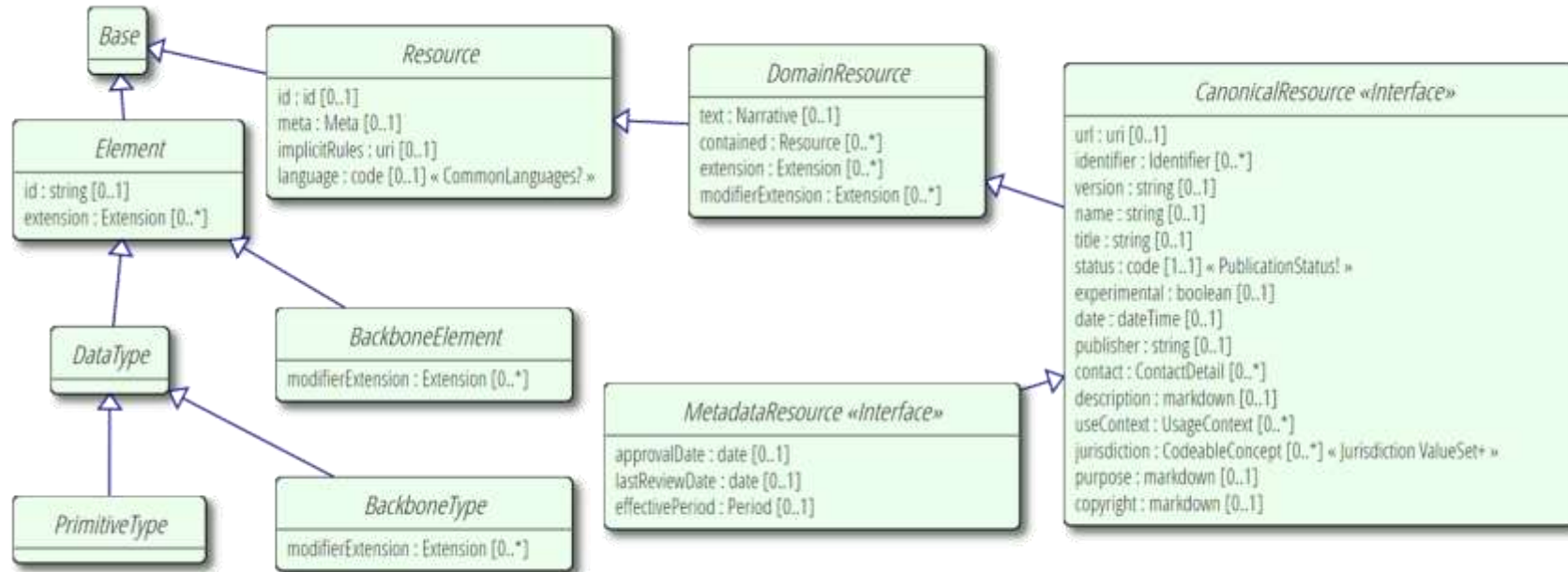
### Level 5 Providing the ability to reason about the healthcare process

**Clinical Reasoning** Library, PlanDefinition & GuidanceResponse, Measure/MeasureReport, etc.

#### External Links:

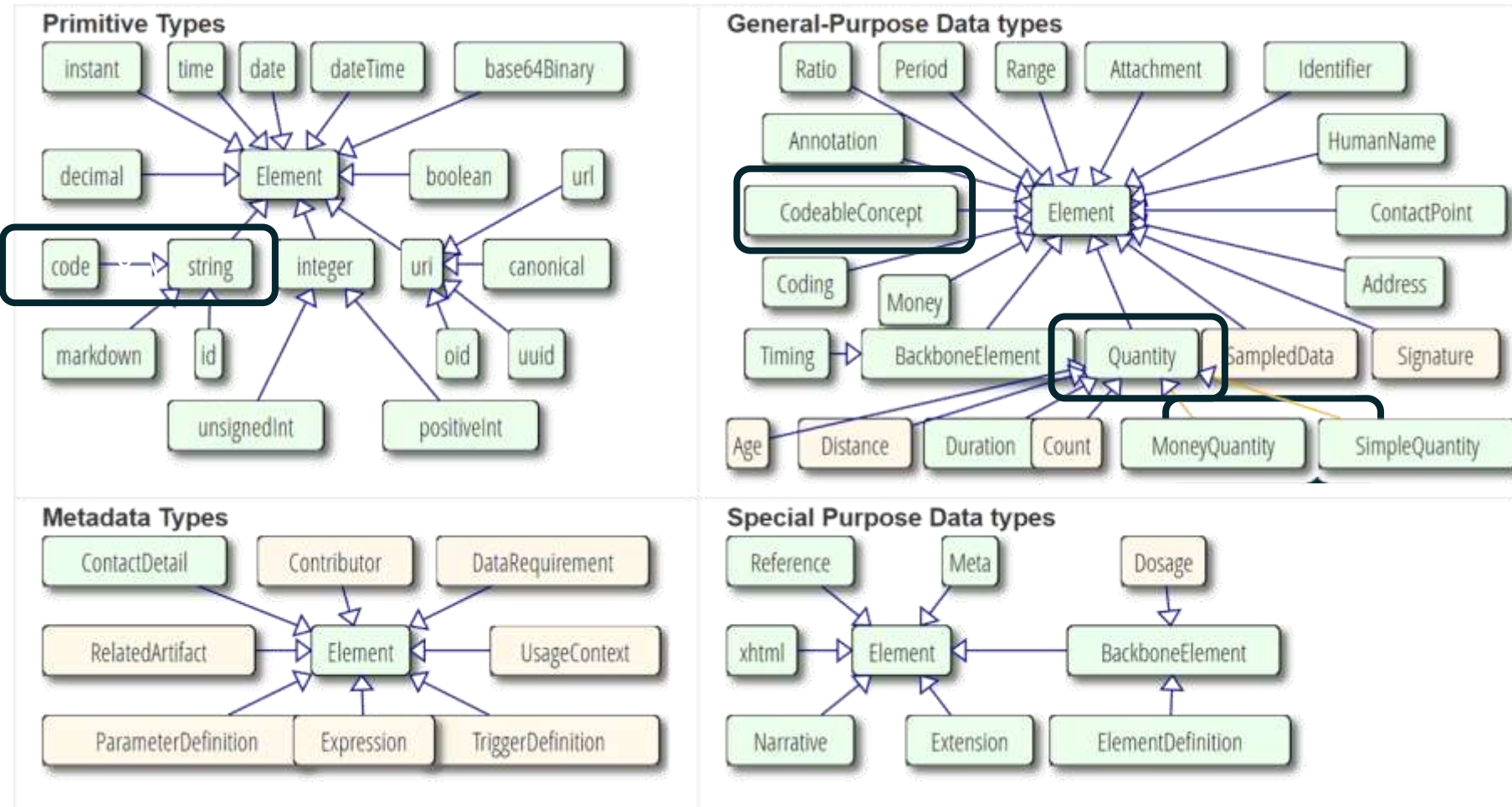
<b>Implementation Guides</b> Specifications based on the FHIR standard <ul style="list-style-type: none"><li>• Published by HL7, Affiliates &amp; FHIR Foundation</li><li>• Other IGs (FHIR Confluence)</li></ul>	<b>FHIR Foundation</b> Enabling health interoperability through FHIR <ul style="list-style-type: none"><li>• Community Forum + FHIR Chat</li><li>• Public Test Servers &amp; Software</li><li>• Blogs that cover FHIR</li><li>• FHIR Confluence</li></ul>	<b>Translations</b> Note that translations are not always up to date <ul style="list-style-type: none"><li>• Russian</li><li>• Chinese</li><li>• Japanese</li></ul>
--	--	--

# Types de ressources FHIR



<http://build.fhir.org/types.html>

# Types de données



<http://build.fhir.org/datatypes.html>





# Types de données dans les instances

```
{
  "resourceType" : "Patient",
  "id" : "43961584-bf55-4ddf-9462-a37465fe4440",
  "identifier" : [
    {
      "type" : {
        "coding" : [
          {
            "system" : "http://terminology.hl7.org/CodeSystem/v2-0203/",
            "code" : "MR",
            "display" : "Medical record number"
          }
        ]
      },
      "system" : "http://myhospital.org/identifiers/patients",
      "value" : "P0000001"
    }
  ],
  "name" : [
    {
      "family" : "Doe",
      "given" : [
        "John"
      ]
    }
  ],
  "gender" : "male",
  "birthDate" : "1971-04-28T00:20:00Z"
}
```

Name	Flags	Card.	Type	Description & Constraints
Identifier	I N		Element	An identifier intended for computation Elements defined in Ancestors: <a href="#">id</a> , <a href="#">extension</a> usual   official   temp   secondary   old (If known) <a href="#">IdentifierUse</a> (Required)
use	?! I	0..1	code	
type	I	0..1	CodeableConcept	Description of identifier <a href="#">IdentifierType</a> (Extensible)
system	I	0..1	uri	The namespace for the identifier value
value	I	0..1	string	The value that is unique
period	I	0..1	Period	Time period when id is/was valid for use
assigner	I	0..1	Reference(Organization)	Organization that issued id (may be just text)

Documentation for this format

Name	Flags	Card.	Type	Description & Constraints
CodeableConcept	I N		Element	Concept - reference to a terminology or just text Elements defined in Ancestors: <a href="#">id</a> , <a href="#">extension</a> Code defined by a terminology system
coding	I	0..*	Coding	
text	I	0..1	string	Plain text representation of the concept

Name	Flags	Card.	Type	Description & Constraints
Coding	I N		Element	A reference to a code defined by a terminology system Elements defined in Ancestors: <a href="#">id</a> , <a href="#">extension</a>
system	I	0..1	uri	Identity of the terminology system
version	I	0..1	string	Version of the system - if relevant
code	I	0..1	code	Symbol in syntax defined by the system
display	I	0..1	string	Representation defined by the system
userSelected	I	0..1	boolean	If this coding was chosen directly by the user

Name	Flags	Card.	Type	Description & Constraints
HumanName	I N		Element	Name of a human - parts and usage Elements defined in Ancestors: <a href="#">id</a> , <a href="#">extension</a> usual   official   temp   nickname   anonymous   old   maiden <a href="#">NameUse</a> (Required)
use	?! I	0..1	code	
text	I	0..1	string	Text representation of the full name
family	I	0..1	string	Family name (often called 'Surname')
given	I	0..*	string	Given names (not always 'first'). Includes middle names
prefix	I	0..*	string	This repeating element order: Given Names appear in the correct order for presenting the name Parts that come before the name
suffix	I	0..*	string	This repeating element order: Prefixes appear in the correct order for presenting the name Parts that come after the name
period	I	0..1	Period	This repeating element order: Suffixes appear in the correct order for presenting the name Time period when name was/is in use



# Types de ressources FHIR

- Sont définis de manière calculable
- Peuvent être étendus (comme la plupart des autres types)

<http://hl7.org/fhir/resourcelist.html>

**HL7 FHIR** Release 4

Home Getting Started Documentation Resources Profiles Extensions Operations Terminologies

Table of Contents > Resources

This page is part of the FHIR Specification (v4.0.1: R4 - Mixed Normative and STU). This is the current published version. For a full list of available versions, see the Directory of published versions or

## 1.2 Resource Index

FHIR Infrastructure of Work Group Maturity Level: N/A Standards Status: Informative

This page is provided to help find resources quickly. There is also a more detailed classification, ontology, and description. For background to the layout on the layers in this page, see the Architect's Overview. See also the abstract Base Resources Resource and DomainResource.

**Categorized** Alphabetical R2 Layout By Maturity Security Category By Standards Status By Committee

<b>Foundation</b>	<b>Conformance</b> <ul style="list-style-type: none"><li>• CapabilityStatement <b>N</b></li><li>• StructureDefinition <b>N</b></li><li>• ImplementationGuide <b>1</b></li><li>• SearchParameter <b>3</b></li><li>• MessageDefinition <b>1</b></li><li>• OperationDefinition <b>N</b></li><li>• CompartmentDefinition <b>1</b></li><li>• StructureMap <b>2</b></li><li>• GraphDefinition <b>1</b></li><li>• ExampleScenario <b>0</b></li></ul>	<b>Terminology</b> <ul style="list-style-type: none"><li>• CodeSystem <b>N</b></li><li>• ValueSet <b>N</b></li><li>• ConceptMap <b>3</b></li><li>• NamingSystem <b>1</b></li><li>• TerminologyCapabilities <b>0</b></li></ul>	<b>Security</b> <ul style="list-style-type: none"><li>• Provenance <b>3</b></li><li>• AuditEvent <b>3</b></li><li>• Consent <b>2</b></li></ul>	<b>Documents</b> <ul style="list-style-type: none"><li>• Composition <b>2</b></li><li>• DocumentManifest <b>2</b></li><li>• DocumentReference <b>3</b></li><li>• CatalogEntry <b>0</b></li></ul>	<b>Other</b> <ul style="list-style-type: none"><li>• Basic <b>1</b></li><li>• Binary <b>N</b></li><li>• Bundle <b>N</b></li><li>• Linkage <b>0</b></li><li>• MessageHeader <b>4</b></li><li>• OperationOutcome <b>N</b></li><li>• Parameters <b>N</b></li><li>• Subscription <b>3</b></li></ul>
<b>Base</b>	<b>Individuals</b> <ul style="list-style-type: none"><li>• Patient <b>N</b></li><li>• Practitioner <b>3</b></li><li>• PractitionerRole <b>2</b></li><li>• RelatedPerson <b>2</b></li><li>• Person <b>2</b></li><li>• Group <b>1</b></li></ul>	<b>Entities #1</b> <ul style="list-style-type: none"><li>• Organization <b>3</b></li><li>• OrganizationAffiliation <b>0</b></li><li>• HealthcareService <b>2</b></li><li>• Endpoint <b>2</b></li><li>• Location <b>3</b></li></ul>	<b>Entities #2</b> <ul style="list-style-type: none"><li>• Substance <b>2</b></li><li>• BiologicallyDerivedProduct <b>0</b></li><li>• Device <b>2</b></li><li>• DeviceMetric <b>1</b></li></ul>	<b>Workflow</b> <ul style="list-style-type: none"><li>• Task <b>2</b></li><li>• Appointment <b>3</b></li><li>• AppointmentResponse <b>3</b></li><li>• Schedule <b>3</b></li><li>• Slot <b>3</b></li><li>• VerificationResult <b>0</b></li></ul>	<b>Management</b> <ul style="list-style-type: none"><li>• Encounter <b>2</b></li><li>• EpisodeOfCare <b>2</b></li><li>• Flag <b>1</b></li><li>• List <b>1</b></li><li>• Slot <b>2</b></li><li>• Library <b>2</b></li></ul>
<b>Clinical</b>	<b>Summary</b> <ul style="list-style-type: none"><li>• AllergyIntolerance <b>3</b></li><li>• AdverseEvent <b>0</b></li><li>• Condition (Problem) <b>3</b></li><li>• Procedure <b>3</b></li><li>• FamilyMemberHistory <b>2</b></li><li>• ClinicalImpression <b>0</b></li><li>• DetectedIssue <b>1</b></li></ul>	<b>Diagnostics</b> <ul style="list-style-type: none"><li>• Observation <b>N</b></li><li>• Media <b>1</b></li><li>• DiagnosticReport <b>3</b></li><li>• Specimen <b>2</b></li><li>• BodyStructure <b>1</b></li><li>• ImagingStudy <b>3</b></li><li>• QuestionnaireResponse <b>3</b></li><li>• MolecularSequence <b>1</b></li></ul>	<b>Medications</b> <ul style="list-style-type: none"><li>• MedicationRequest <b>3</b></li><li>• MedicationAdministration <b>2</b></li><li>• MedicationDispense <b>2</b></li><li>• MedicationStatement <b>3</b></li><li>• Medication <b>3</b></li><li>• MedicationKnowledge <b>0</b></li><li>• Immunization <b>3</b></li><li>• ImmunizationEvaluation <b>0</b></li><li>• ImmunizationRecommendation <b>1</b></li></ul>	<b>Care Provision</b> <ul style="list-style-type: none"><li>• CarePlan <b>2</b></li><li>• CareTeam <b>2</b></li><li>• Goal <b>2</b></li><li>• ServiceRequest <b>2</b></li><li>• NutritionOrder <b>2</b></li><li>• VisionPrescription <b>2</b></li><li>• RiskAssessment <b>1</b></li><li>• RequestGroup <b>2</b></li></ul>	<b>Request &amp; Response</b> <ul style="list-style-type: none"><li>• Communication <b>2</b></li><li>• CommunicationRequest <b>2</b></li><li>• DeviceRequest <b>1</b></li><li>• DeviceUseStatement <b>0</b></li><li>• GuidanceResponse <b>2</b></li><li>• SupplyRequest <b>1</b></li><li>• SupplyDelivery <b>1</b></li></ul>
<b>Financial</b>	<b>Support</b> <ul style="list-style-type: none"><li>• Coverage <b>2</b></li><li>• CoverageEligibilityRequest <b>2</b></li><li>• CoverageEligibilityResponse <b>2</b></li><li>• EnrollmentRequest <b>0</b></li><li>• EnrollmentResponse <b>0</b></li></ul>	<b>Billing</b> <ul style="list-style-type: none"><li>• Claim <b>2</b></li><li>• ClaimResponse <b>2</b></li><li>• Invoice <b>0</b></li></ul>	<b>Payment</b> <ul style="list-style-type: none"><li>• PaymentNotice <b>2</b></li><li>• PaymentReconciliation <b>2</b></li></ul>	<b>General</b> <ul style="list-style-type: none"><li>• Account <b>2</b></li><li>• ChargeItem <b>0</b></li><li>• ChargeItemDefinition <b>0</b></li><li>• Contract <b>1</b></li><li>• ExplanationOfBenefit <b>2</b></li><li>• InsurancePlan <b>0</b></li></ul>	
	<b>Public Health &amp; Research</b> <ul style="list-style-type: none"><li>• ResearchStudy <b>1</b></li><li>• ResearchSubject <b>1</b></li></ul>	<b>Definitional Artifacts</b> <ul style="list-style-type: none"><li>• ActivityDefinition <b>2</b></li><li>• DeviceDefinition <b>0</b></li></ul>	<b>Evidence-Based Medicine</b> <ul style="list-style-type: none"><li>• ResearchDefinition <b>0</b></li><li>• ResearchElementDefinition <b>0</b></li></ul>	<b>Quality Reporting &amp; Testing</b> <ul style="list-style-type: none"><li>• Measure <b>2</b></li><li>• MeasureReport <b>2</b></li></ul>	<b>Medication Definition</b> <ul style="list-style-type: none"><li>• MedicinalProduct <b>0</b></li><li>• MedicinalProductAuthorization <b>0</b></li></ul>

# Types de ressources "spéciales" FHIR

- Ressources fondamentales : utilisées pour définir les aspects fondamentaux de FHIR (ressources, cartes, opérations, capacités).

Foundation	Conformance	Terminology	Security	Documents	Other
	<ul style="list-style-type: none"><li>• CapabilityStatement <b>N</b></li><li>• StructureDefinition <b>N</b></li><li>• ImplementationGuide 1</li><li>• SearchParameter 3</li><li>• MessageDefinition 1</li><li>• OperationDefinition <b>N</b></li><li>• CompartmentDefinition 1</li><li>• StructureMap 2</li><li>• GraphDefinition 1</li><li>• ExampleScenario 0</li></ul>	<ul style="list-style-type: none"><li>• CodeSystem <b>N</b></li><li>• ValueSet <b>N</b></li><li>• ConceptMap 3</li><li>• NamingSystem 1</li><li>• TerminologyCapabilities 0</li></ul>	<ul style="list-style-type: none"><li>• Provenance 3</li><li>• AuditEvent 3</li><li>• Consent 2</li></ul>	<ul style="list-style-type: none"><li>• Composition 2</li><li>• DocumentManifest 2</li><li>• DocumentReference 3</li><li>• CatalogEntry 0</li></ul>	<ul style="list-style-type: none"><li>• Basic 1</li><li>• Binary <b>N</b></li><li>• Bundle <b>N</b></li><li>• Linkage 0</li><li>• MessageHeader 4</li><li>• OperationOutcome <b>N</b></li><li>• Parameters <b>N</b></li><li>• Subscription 3</li></ul>

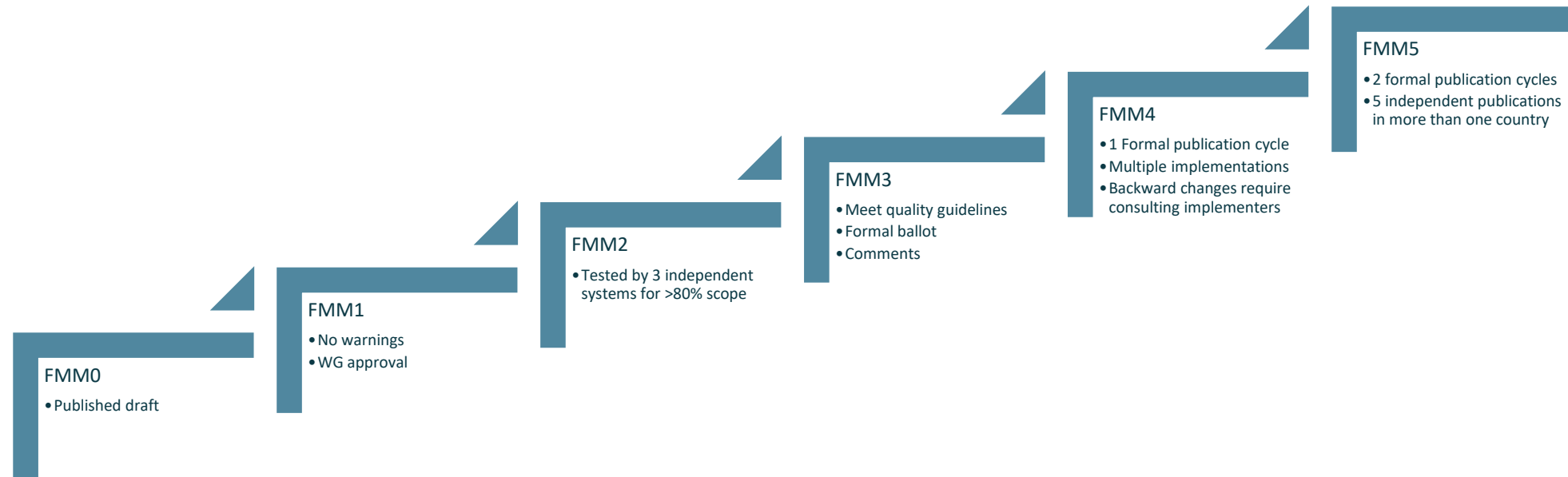
<http://hl7.org/fhir/resourcelist.html>

# Processus de développement de FHIR

- Les groupes de travail HL7 analysent en permanence les besoins et améliorent le contenu de la norme (ressources, conseils, etc.).
- La communauté HL7 et FHIR améliore continuellement l'écosystème et soutient l'adoption.
- Les groupes de travail internationaux et nationaux peuvent faire de même.

# Niveaux de maturité de FHIR

Les ressources FHIR (c'est-à-dire tous les artefacts de conformité) ont un niveau du modèle de maturité du FHIR Maturity Model (FMM):



Les commentaires des personnes chargées de la mise en œuvre sont les bienvenus et font partie du processus!

# Ressources pour les patients

- Champ d'application et d'utilisation

<http://hl7.org/fhir/patient.html>

The screenshot shows the HL7 FHIR Release 4 website. The top navigation bar includes links for Home, Getting Started, Documentation, Resources, Profiles, Extensions, Operations, and Terminologies. Below this, a breadcrumb trail shows 'Administration' and 'Patient'. A yellow banner states: 'This page is part of the FHIR Specification (v4.0.1: R4 - Mixed Normative and STU). This is the current published version. For a full list of available versions, see the Directory of published versions.' Below the banner, a tabbed interface shows 'Content' as the active tab, with other tabs for Examples, Detailed Descriptions, Mappings, Profiles & Extensions, Operations, and R3 Conversions. The main heading is '8.1 Resource Patient - Content'. Below this, a metadata bar shows 'Patient Administration' with a link to 'Work Group', 'Maturity Level: N', 'Normative (from v4.0.0)', 'Security Category: Patient', and 'Compartments: Patient, Practitioner, RelatedPerson'. An ANSI logo and text state: 'This page has been approved as part of an ANSI standard. See the Patient Package for further details.' The main text describes the resource: 'Demographics and other administrative information about an individual or animal receiving care or other health-related services.' Below this, a section titled '8.1.1 Scope and Usage' is highlighted. It states: 'This Resource covers data about patients and animals involved in a wide range of health-related activities, including:' followed by a bulleted list: 'Curative activities', 'Psychiatric care', 'Social services', 'Pregnancy care', 'Nursing and assisted living', 'Dietary services', and 'Tracking of personal health and exercise data'. The text continues: 'The data in the Resource covers the "who" information about the patient: its attributes are focused on the demographic information necessary to support the administrative, financial and logistic procedures. A Patient record is generally created and maintained by each organization providing care for a patient. A patient or animal receiving care at multiple organizations may therefore have its information present in multiple Patient Resources.' It then notes: 'Not all concepts are included within the base resource (such as race, ethnicity, organ donor status, nationality, etc.), but may be found in profiles defined for specific jurisdictions (e.g., US Meaningful Use Program) or standard extensions. Such fields vary widely between jurisdictions and often have different names and valuesets for the similar concepts, but they are not similar enough to be able to map and exchange.' A long list of resources referenced by this resource is provided: 'Annotation, Signature, Account, AdverseEvent, AllergyIntolerance, Appointment, AppointmentResponse, AuditEvent, Basic, BiologicallyDerivedProduct, BodyStructure, CarePlan, CareTeam, ChargeItem, Claim, ClaimResponse, ClinicalImpression, Communication, CommunicationRequest, Composition, Condition, Consent, Contract, Coverage, CoverageEligibilityRequest, CoverageEligibilityResponse, DetectedIssue, Device, DeviceRequest, DeviceUseStatement, DiagnosticReport, DocumentManifest, DocumentReference, Encounter, EnrollmentRequest, EpisodeOfCare, ExplanationOfBenefit, FamilyMemberHistory, Flag, Goal, Group, GuidanceResponse, ImagingStudy, Immunization, ImmunizationEvaluation, ImmunizationRecommendation, Invoice, List, MeasureReport, Media, MedicationAdministration, MedicationDispense, MedicationRequest, MedicationStatement, MolecularSequence, NutritionOrder, Observation, Itself, Person, Procedure, Provenance, QuestionnaireResponse, RelatedPerson, RequestGroup, ResearchSubject, RiskAssessment, Schedule, ServiceRequest, Specimen, SupplyDelivery, SupplyRequest, Task and VisionPrescription'. The bottom section, '8.1.2 Resource Content', shows a table with tabs for Structure, UML, XML, JSON, Turtle, R3 Diff, and All. The 'Structure' tab is active, showing a table with columns: Name, Flags, Card., Type, and Description & Constraints. The table lists the 'Patient' resource and its elements: 'Identifier' (type Identifier, cardinality 0..\*), 'active' (type boolean, cardinality 0..1), 'name' (type HumanName, cardinality 0..\*), and 'telecom' (type ContactPoint, cardinality 0..\*).

HL7 FHIR Release 4

Home Getting Started Documentation Resources Profiles Extensions Operations Terminologies

Administration Patient

This page is part of the FHIR Specification (v4.0.1: R4 - Mixed Normative and STU). This is the current published version. For a full list of available versions, see the Directory of published versions.

Content Examples Detailed Descriptions Mappings Profiles & Extensions Operations R3 Conversions

## 8.1 Resource Patient - Content

Patient Administration [Work Group](#) Maturity Level: N Normative (from v4.0.0) Security Category: Patient Compartments: Patient, Practitioner, RelatedPerson

ANSI This page has been approved as part of an ANSI standard. See the Patient Package for further details.

Demographics and other administrative information about an individual or animal receiving care or other health-related services.

### 8.1.1 Scope and Usage

This Resource covers data about patients and animals involved in a wide range of health-related activities, including:

- Curative activities
- Psychiatric care
- Social services
- Pregnancy care
- Nursing and assisted living
- Dietary services
- Tracking of personal health and exercise data

The data in the Resource covers the "who" information about the patient: its attributes are focused on the demographic information necessary to support the administrative, financial and logistic procedures. A Patient record is generally created and maintained by each organization providing care for a patient. A patient or animal receiving care at multiple organizations may therefore have its information present in multiple Patient Resources.

Not all concepts are included within the base resource (such as race, ethnicity, organ donor status, nationality, etc.), but may be found in profiles defined for specific jurisdictions (e.g., US Meaningful Use Program) or standard extensions. Such fields vary widely between jurisdictions and often have different names and valuesets for the similar concepts, but they are not similar enough to be able to map and exchange.

This resource is referenced by Annotation, Signature, Account, AdverseEvent, AllergyIntolerance, Appointment, AppointmentResponse, AuditEvent, Basic, BiologicallyDerivedProduct, BodyStructure, CarePlan, CareTeam, ChargeItem, Claim, ClaimResponse, ClinicalImpression, Communication, CommunicationRequest, Composition, Condition, Consent, Contract, Coverage, CoverageEligibilityRequest, CoverageEligibilityResponse, DetectedIssue, Device, DeviceRequest, DeviceUseStatement, DiagnosticReport, DocumentManifest, DocumentReference, Encounter, EnrollmentRequest, EpisodeOfCare, ExplanationOfBenefit, FamilyMemberHistory, Flag, Goal, Group, GuidanceResponse, ImagingStudy, Immunization, ImmunizationEvaluation, ImmunizationRecommendation, Invoice, List, MeasureReport, Media, MedicationAdministration, MedicationDispense, MedicationRequest, MedicationStatement, MolecularSequence, NutritionOrder, Observation, Itself, Person, Procedure, Provenance, QuestionnaireResponse, RelatedPerson, RequestGroup, ResearchSubject, RiskAssessment, Schedule, ServiceRequest, Specimen, SupplyDelivery, SupplyRequest, Task and VisionPrescription

### 8.1.2 Resource Content

Structure UML XML JSON Turtle R3 Diff All

Name	Flags	Card.	Type	Description & Constraints
Patient	N		DomainResource	Information about an individual or animal receiving health care services Elements defined in Ancestors: id, meta, implicitRules, language, text, contained, extension, modifierExtension
Identifier	X	0..*	Identifier	An identifier for this patient
active	? X	0..1	boolean	Whether this patient's record is in active use
name	X	0..*	HumanName	A name associated with the patient
telecom	X	0..*	ContactPoint	A contact detail for the individual



# Contenu des ressources

Structure

UML

XML

JSON

Turtle

R3 Diff

All

Structure

Name	Flags	Card.	Type	Description & Constraints
<div> <div></div> <div>Patient</div> </div>	<b>N</b>		DomainResource	Information about an individual or animal receiving health care services. Elements defined in Ancestors: id, meta, implicitRules, language, text, contained, extension, modifierExtension An identifier for this patient
<div> <div></div> <div>identifier</div> </div>	<b>Σ</b>	0..*	Identifier	An identifier for this patient
<div> <div></div> <div>active</div> </div>	<b>? Σ</b>	0..1	boolean	Whether this patient's record is in active use
<div> <div></div> <div>name</div> </div>	<b>Σ</b>	0..*	HumanName	A name associated with the patient
<div> <div></div> <div>telecom</div> </div>	<b>Σ</b>	0..*	ContactPoint	A contact detail for the individual
<div> <div></div> <div>gender</div> </div>	<b>Σ</b>	0..1	code	male   female   other   unknown AdministrativeGender (Required)
<div> <div></div> <div>birthDate</div> </div>	<b>Σ</b>	0..1	date	The date of birth for the individual
<div> <div></div> <div>deceased[x]</div> <div> <div>deceasedBoolean</div> <div>deceasedDateTime</div> </div> </div>	<b>? Σ</b>	0..1	boolean dateTime	Indicates if the individual is deceased or not
<div> <div></div> <div>address</div> </div>	<b>Σ</b>	0..*	Address	An address for the individual
<div> <div></div> <div>maritalStatus</div> </div>		0..1	CodeableConcept	Marital (civil) status of a patient MaritalStatus (Extensible)
<div> <div></div> <div>multipleBirth[x]</div> <div> <div>multipleBirthBoolean</div> <div>multipleBirthInteger</div> </div> </div>		0..1	boolean integer	Whether patient is part of a multiple birth
<div> <div></div> <div>photo</div> </div>		0..*	Attachment	Image of the patient
<div> <div></div> <div>contact</div> <div> <div>relationship</div> <div>name</div> <div>telecom</div> <div>address</div> <div>gender</div> <div>organization</div> <div>period</div> </div> </div>	<b>I</b>	0..*	BackboneElement CodeableConcept HumanName ContactPoint Address code Reference(Organization) Period	A contact party (e.g. guardian, partner, friend) for the patient + Rule: SHALL at least contain a contact's details or a reference to an organization The kind of relationship Patient Contact Relationship (Extensible) A name associated with the contact person A contact detail for the person Address for the contact person male   female   other   unknown AdministrativeGender (Required) Organization that is associated with the contact The period during which this contact person or organization is valid to be contacted relating to this patient
<div> <div></div> <div>communication</div> <div> <div>language</div> <div>preferred</div> </div> </div>		0..*	BackboneElement CodeableConcept boolean	A language which may be used to communicate with the patient about his or her health The language which can be used to communicate with the patient about his or her health Common Languages (Preferred but limited to AllLanguages) Language preference indicator
<div> <div></div> <div>generalPractitioner</div> </div>		0..*	Reference(Organization   Practitioner   PractitionerRole)	Patient's nominated primary care provider
<div> <div></div> <div>managingOrganization</div> </div>	<b>Σ</b>	0..1	Reference(Organization)	Organization that is the custodian of the patient record
<div> <div></div> <div>link</div> <div> <div>other</div> <div>type</div> </div> </div>	<b>? Σ</b>	0..*	BackboneElement Reference(Patient   RelatedPerson) code	Link to another patient resource that concerns the same actual person The other patient or related person resource that the link refers to replaced-by   replaces   refer   seealso LinkType (Required)

?

Documentation for this format

- Certains types de données peuvent avoir des liaisons terminologiques (avec une force variable).
- Tous les éléments peuvent avoir des contraintes (calculables)
  - Les contraintes sont également héritées

- Certains types de données peuvent avoir des liaisons terminologiques (avec une force variable).
- Tous les éléments peuvent avoir des contraintes (calculables)
  - Les contraintes sont également héritées



#### 8.1.2.1 Terminology Bindings

### 8.1.2.2 Constraints

Notes:

- ### 8.1.3 Patient ids and Patient resource ids

Where there is a need to implement an automated MRN Identifier created for a patient record, this could be achieved by providing an identifier in the patient with an appropriate assigner, MRN Type and/or system but with no value assigned. Internal business rules can then detect this and replace/populate this identifier with 1 or more identifiers (as required).

#### 8.1.4 Linking Patients

The `link` element is used to assert that patient resources refer to the same patient. This element is used to support the following scenarios where multiple patient records exist:

#### 8.1.4.1 Duplicate Patient records

Managing Patient registration is a well-known difficult problem. Around 2% of registrations are in error, mostly duplicate records. Sometimes the duplicate record is caught fairly quickly and retired before much data is accumulated. In other cases, substantial amounts of data may accumulate. By using a link of type 'replaced-by', the record containing such a link is marked as a duplicate and the link points forward to a record that should be used instead. Note that the record pointed to may in its turn have been identified as created in error and forward to yet another Patient resource. Records that replace another record may use a link type of 'replaces' pointing to the old record.

#### 8.1.4.2 Patient record in a Patient index

A Patient record may be present in a system that acts as a Patient Index: it maintains a (summary of) patient data and a list of one or more servers that are known to hold a more comprehensive and/or authoritative record of the same patient. The link type 'refer' is used to denote such a link. Note that linked records may contain contradictory information. The record referred to does not point back to the referring record.

#### 8.1.4.3 Distributed Patient record

In a distributed architecture, multiple systems keep separate patient records concerning the same patient. These records are not considered duplicates, but contain a distributed, potentially overlapping view of the patient's data. Each such record may have its own focus or maintaining organization and there need not be a sense of one record being more complete or more authoritative than another. In such cases, links of type 'see also' can be used to point to other patient records. It is not a requirement that such links are bilateral.

### 8.1.5 Patient vs. Person vs. Patient.Link vs. Linkage

The Person resource on the surface appears to be very similar to the Patient resource, and the usage for it is very similar to using the Patient.Link capability. The intention of the Person resource is to be able to link instances of resources together that are believed to be the same individual. This includes across resource types, such as RelatedPerson, Practitioner, Patient and even other Person resources. The Patient Link however is only intended to be used for Patient resources.

# Paramètres de recherche

## 8.1.12 Search Parameters

Search parameters for this resource. The [common parameters](#) also apply. See [Searching](#) for more information about searching in REST, messaging, and services.

Name	Type	Description	Expression	In Common
active <b>TU</b>	token	Whether the patient record is active	Patient.active	
address <b>TU</b>	string	A server defined search that may match any of the string fields in the Address, including line, city, district, state, country, postalCode, and/or text	Patient.address	3 <a href="#">Resources</a>
address-city <b>TU</b>	string	A city specified in an address	Patient.address.city	3 <a href="#">Resources</a>
address-country <b>TU</b>	string	A country specified in an address	Patient.address.country	3 <a href="#">Resources</a>
address-postalcode <b>TU</b>	string	A postalCode specified in an address	Patient.address.postalCode	3 <a href="#">Resources</a>
address-state <b>TU</b>	string	A state specified in an address	Patient.address.state	3 <a href="#">Resources</a>
address-use <b>TU</b>	token	A use code specified in an address	Patient.address.use	3 <a href="#">Resources</a>
birthdate <b>TU</b>	date	The patient's date of birth	Patient.birthDate	2 <a href="#">Resources</a>
death-date <b>TU</b>	date	The date of death has been provided and satisfies this search value	(Patient.deceased as dateTime)	
deceased <b>TU</b>	token	This patient has been marked as deceased, or as a death date entered	Patient.deceased.exists() and Patient.deceased != false	
email <b>TU</b>	token	A value in an email contact	Patient.telecom.where(system='email')	4 <a href="#">Resources</a>
family <b>TU</b>	string	A portion of the family name of the patient	Patient.name.family	1 <a href="#">Resources</a>
gender <b>TU</b>	token	Gender of the patient	Patient.gender	3 <a href="#">Resources</a>
general-practitioner <b>TU</b>	reference	Patient's nominated general practitioner, not the organization that manages the record	Patient.generalPractitioner (Practitioner, Organization, PractitionerRole)	
given <b>TU</b>	string	A portion of the given name of the patient	Patient.name.given	1 <a href="#">Resources</a>
identifier <b>TU</b>	token	A patient identifier	Patient.identifier	
language <b>TU</b>	token	Language code (irrespective of use value)	Patient.communication.language	
link <b>TU</b>	reference	All patients linked to the given patient	Patient.link.other (Patient, RelatedPerson)	
name <b>TU</b>	string	A server defined search that may match any of the string fields in the HumanName, including family, give, prefix, suffix, suffix, and/or text	Patient.name	
organization <b>TU</b>	reference	The organization that is the custodian of the patient record	Patient.managingOrganization (Organization)	
phone <b>TU</b>	token	A value in a phone contact	Patient.telecom.where(system='phone')	4 <a href="#">Resources</a>
phonetic <b>TU</b>	string	A portion of either family or given name using some kind of phonetic matching algorithm	Patient.name	3 <a href="#">Resources</a>
telecom <b>TU</b>	token	The value in any kind of telecom details of the patient	Patient.telecom	4 <a href="#">Resources</a>



# Instance de ressources

```
{
  "resourceType" : "Patient",
  "id" : "43961584",
  "meta" : {
    "versionId" : "1",
    "lastUpdated" : "2020-09-11T13:48:11.266Z"
  },
  "text" : {
    "status" : "generated",
    "div" : "<div xmlns=\"http://www.w3.org/1999/xhtml\"><p><b>Generated Narrative with Details</b></p><p><b>id</b>: 1</p><p><b>identifier</b>: Medical record number = P0000001</p><p><b>name</b>: John Doe </p><p><b>gender</b>: other</p><p><b>birthDate</b>: 28/04/1971 0:20:00 AM</p></div>"
  },
  "identifier" : [
    {
      "type" : {
        "coding" : [
          {
            "system" : "http://terminology.hl7.org/CodeSystem/v2-0203/",
            "code" : "MR",
            "display" : "Medical record number"
          }
        ]
      },
      "system" : "http://myhospital.org/identifiers/patients",
      "value" : "P0000001"
    }
  ],
  "name" : [
    {
      "family" : "Doe",
      "given" : [
        "John"
      ]
    }
  ],
  "gender" : "male",
  "birthDate" : "1971-04-28T00:20:00Z"
}
```

# Recherche FHIR

- Les serveurs FHIR peuvent prendre en charge la recherche par GET ou POST.
- Les possibilités de recherche peuvent être configurées pour des systèmes individuels
- La recherche peut inclure des ressources supplémentaires ou limiter les données

# Recherche FHIR

- La recherche fonctionne comme un filtre:
  - GET /Patient - tous les patients
  - GET /Patient?\_id=180252 - seulement le patient avec cet identifiant
  - GET /Patient?identifiant=http://hl7.org/fhir/sid/us-mbi|0000-000-0000
  - GET/Patient?birthdate=lt2010-10-01
- Une ressource peut être recherchée par ses paramètres de recherche.
- Un serveur peut faire l'objet d'une recherche sur l'ensemble des ressources

<https://www.hl7.org/fhir/search.html>

# Paramètres de recherche

In the simplest case, a search is executed by performing a **GET** operation in the RESTful framework:

```
GET [base]/[type]?name=value&...{&_format=[mime-type]}
```

For this RESTful search (see [definition in RESTful API](#)), the parameters are a series of name=[value] pairs encoded in the URL or as an application/x-www-form-urlencoded submission for a POST:

```
POST [base]/[type]/_search({parameters})(&_format=[mime-type])
```

Search Parameter Types	Parameters for all resources	Search result parameters
Number	<code>_id</code>	<code>_sort</code>
Date/DateTime	<code>_lastUpdated</code>	<code>_count</code>
String	<code>_tag</code>	<code>_include</code>
Token	<code>_profile</code>	<code>_revinclude</code>
Reference	<code>_security</code>	<code>_summary</code>
Composite	<code>_text</code>	<code>_total</code>
Quantity	<code>_content</code>	<code>_elements</code>
URI	<code>_list</code>	<code>_contained</code>
Special	<code>_has</code>	<code>_containedType</code>
	<code>_type</code>	

In addition, there is a special search parameters `_query` and `_filter` that allow for an alternative method of searching, and the parameters `_format` and `_pretty` defined for all interactions.

Structure				
Name	Flags	Card.	Type	Description & Constraints
Practitioner	<b>TU</b>		DomainResource	A person with a formal responsibility in the provisioning of healthcare or related services. Elements defined in Ancestors: id, meta, implicitRules, language, text, contained, extension, modifierExtension. An identifier for the person as this agent.
identifier	<b>Z</b>	0..*	Identifier	
active	<b>Z</b>	0..1	boolean	Whether this practitioner's record is in active use.
name	<b>Z</b>	0..*	HumanName	The name(s) associated with the practitioner.
telecom	<b>Z</b>	0..*	ContactPoint	A contact detail for the practitioner (that apply to all roles).
address	<b>Z</b>	0..*	Address	Address(es) of the practitioner that are not role specific (typically home address).
gender	<b>Z</b>	0..1	code	male   female   other   unknown <i>AdministrativeGender (Required)</i>
birthDate	<b>Z</b>	0..1	date	The date on which the practitioner was born.
photo		0..*	Attachment	Image of the person.
qualification		0..*	BackboneElement	Certification, licenses, or training pertaining to the provision of care.
identifier		0..*	Identifier	An identifier for this qualification for the practitioner.
code		1..1	CodeableConcept	Coded representation of the qualification v2 table B360, Version 2.7 [Example]
period		0..1	Period	Period during which the qualification is valid.
issuer		0..1	Reference(Organization)	Organization that regulates and issues the qualification.
communication		0..*	CodeableConcept	A language the practitioner can use in patient communication. Common Languages (Preferred but limited to AllLanguages)

[Documentation for this format](#)

See the [Profiles & Extensions](#) and the alternate definitions: Master Definition XML + JSON, XML Schema/Schematron + JSON Schema, ShEx (for Turtle) + see the extensions & the dependency analysis.

## 8.4.4.1 Terminology Bindings

Path	Definition	Type	Reference
Practitioner.gender	The gender of a person used for administrative purposes.	Required	<a href="#">AdministrativeGender</a>
Practitioner.qualification.code	Specific qualification the practitioner has to provide a service.	Example	<a href="#">v2.B360.2.7</a>
Practitioner.communication	A human language.	Preferred, but limited to AllLanguages	<a href="#">CommonLanguages</a>

## 8.4.5 Notes:

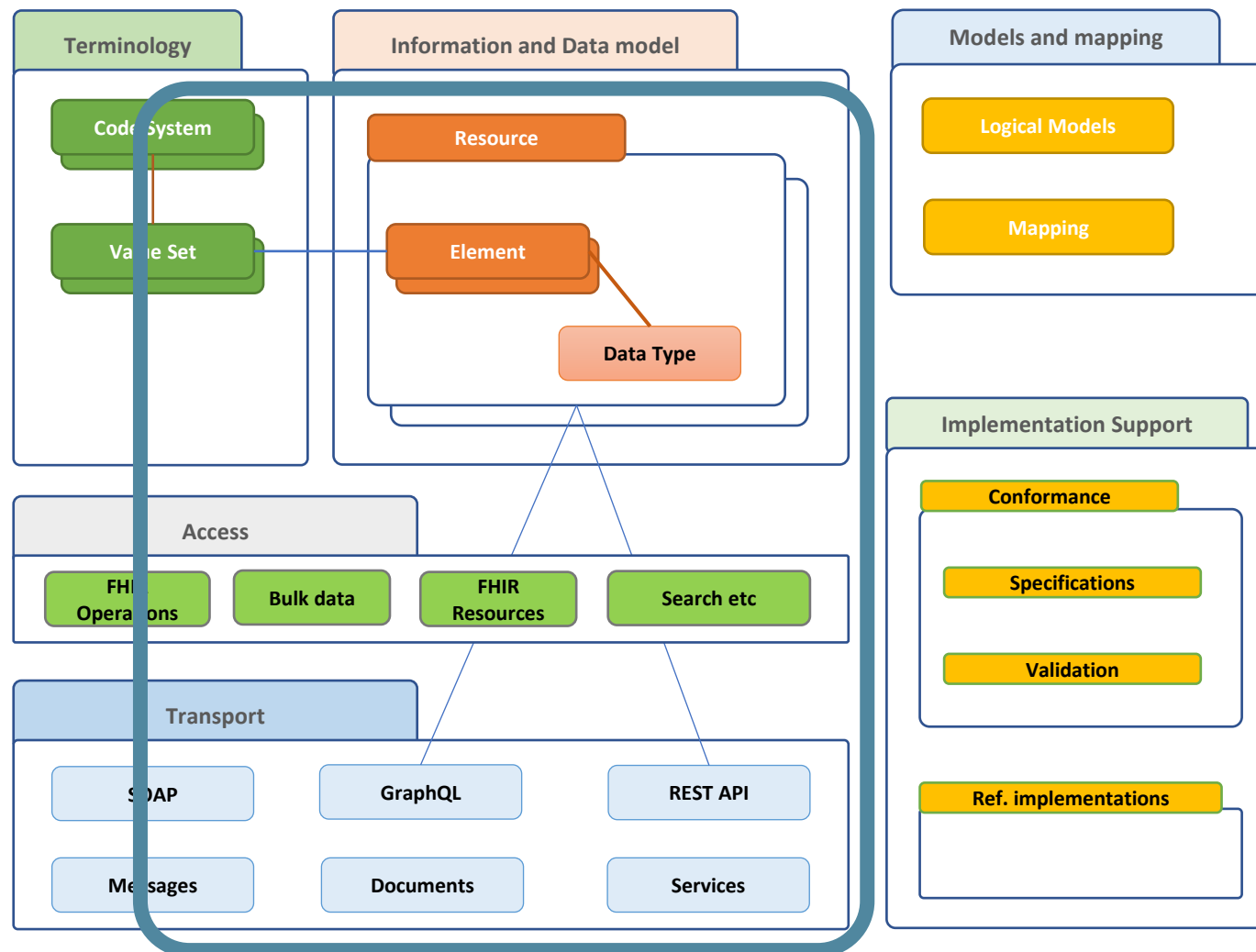
- The practitioner's Qualifications are acquired by the practitioner independent of any organization or role, and do not imply that they are allowed/authorized to perform roles relevant to the qualification at any specific Organization/Location.

## 8.4.6 Search Parameters

Search parameters for this resource. The [common parameters](#) also apply. See [Searching](#) for more information about searching in REST, messaging, and services.

Name	Type	Description	Expression	In Common
active	token	Whether the practitioner record is active.	Practitioner.active	
address	string	A server defined search that may match any of the string fields in the Address, including line, city, district, state, country, postalCode, and/or text.	Practitioner.address	3 Resources
address-city	string	A city specified in an address.	Practitioner.address.city	3 Resources
address-country	string	A country specified in an address.	Practitioner.address.country	3 Resources
address-postalCode	string	A postalCode specified in an address.	Practitioner.address.postalCode	3 Resources

# FHIR et terminologies



# Utilisation de la terminologie FHIR

- Certains éléments de données ont une liaison terminologique (d'une force spécifiée)
  - à un ensemble de valeurs, qui a (généralement) des valeurs provenant d'un système de codes.

contact	I	0..*	BackboneElement	A contact party (e.g. guardian, partner, friend) for the patient. + Rule: SHALL at least contain a contact's details or a reference to an organization
relationship		0..*	CodeableConcept	The kind of relationship. Patient Contact Relationship (Extensible)
name		0..1	HumanName	A name associated with the contact person.
telecom		0..*	ContactPoint	A contact detail for the person.
address		0..1	Address	Address for the contact person.
gender		0..1	code	male   female   other   unknown AdministrativeGender (Required)
organization	I	0..1	Reference(Organization)	Organization that is associated with the contact.

## 4.4.1.388 Value Set <http://hl7.org/fhir/ValueSet/administrative-gender>

Patient Administration Work Group | Maturity Level: N | Normative (from v4.0.0) | Use Context: Any

This page has been approved as part of an FHIR® standard. See the Patient Package for further details.

This is a value set defined by the FHIR project.

### 4.4.1.388.1 Content Logical Definition

• Include all codes defined in: <http://hl7.org/fhir/administrative-gender>

### 4.4.1.388.2 Expansion

This expansion generated 14 Apr 2021.

This value set contains 4 concepts

Expansion based on AdministrativeGender v4.0.0 (CodeSystem)

All codes from system: <http://hl7.org/fhir/administrative-gender>

Code	Display	Definition
male	Male	Male
female	Female	Female
other	Other	Other
unknown	Unknown	Unknown

## 4.4.1.601 Value Set <http://hl7.org/fhir/ValueSet/patient-contactrelationship>

Patient Administration Work Group | Maturity Level: N | Normative (from v4.0.0) | Use Context: Any

This page has been approved as part of an FHIR® standard. See the Patient Package for further details.

This is a value set defined by the FHIR project.

### Summary

Defining URL: <http://hl7.org/fhir/ValueSet/patient-contactrelationship>  
Version: 4.0.0  
Name: PatientContactRelationship  
Title: Patient Contact Relationship  
Definition: The nature of the relationship between the patient and the contact person.  
Committee: Patient Administration Work Group  
OID: 2.16.840.1.113883.4.642.3.1130 (for OID-based terminology systems)  
Source Resource: XML / JSON

This value set is used in the following paths:

• Resource: PatientContactRelationship (CodeableConcept / Extensible)

### 4.4.1.601.1 Content Logical Definition

• Include codes from: <http://terminology.hl7.org/CodeSystem/patient-contactrelationship> of where concept is not 4.0.0

### 4.4.1.601.2 Expansion

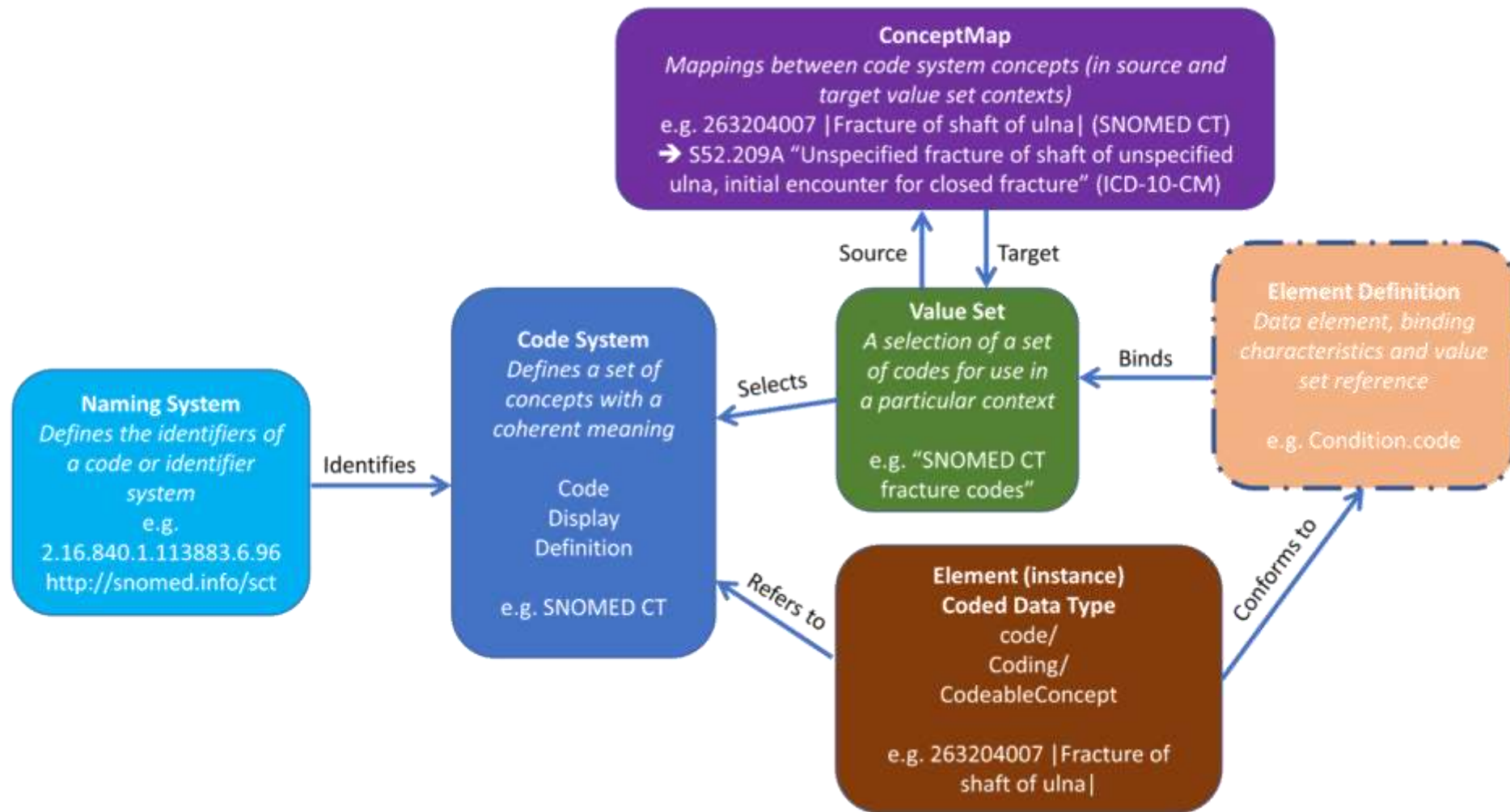
This expansion generated 14 Apr 2021.

This value set contains 11 concepts

Expansion based on patientContactRelationship v4.0.0 (CodeSystem) if

All codes from system: <http://terminology.hl7.org/CodeSystem/patient-contactrelationship> if

Code Display	Definition
01 of Billing contact person	Billing contact person
02 of Contact person	Contact person
03 of Emergency contact person	Emergency contact person
04 of Person preparing referral	Person preparing referral
05 of Employer	Employer
06 of Emergency Contact	Emergency Contact
07 of Federal Agency	Federal Agency
08 of Insurance Company	Insurance Company
09 of Next-of-kin	Next-of-kin
10 of State Agency	State Agency
11 of Unknown	Unknown



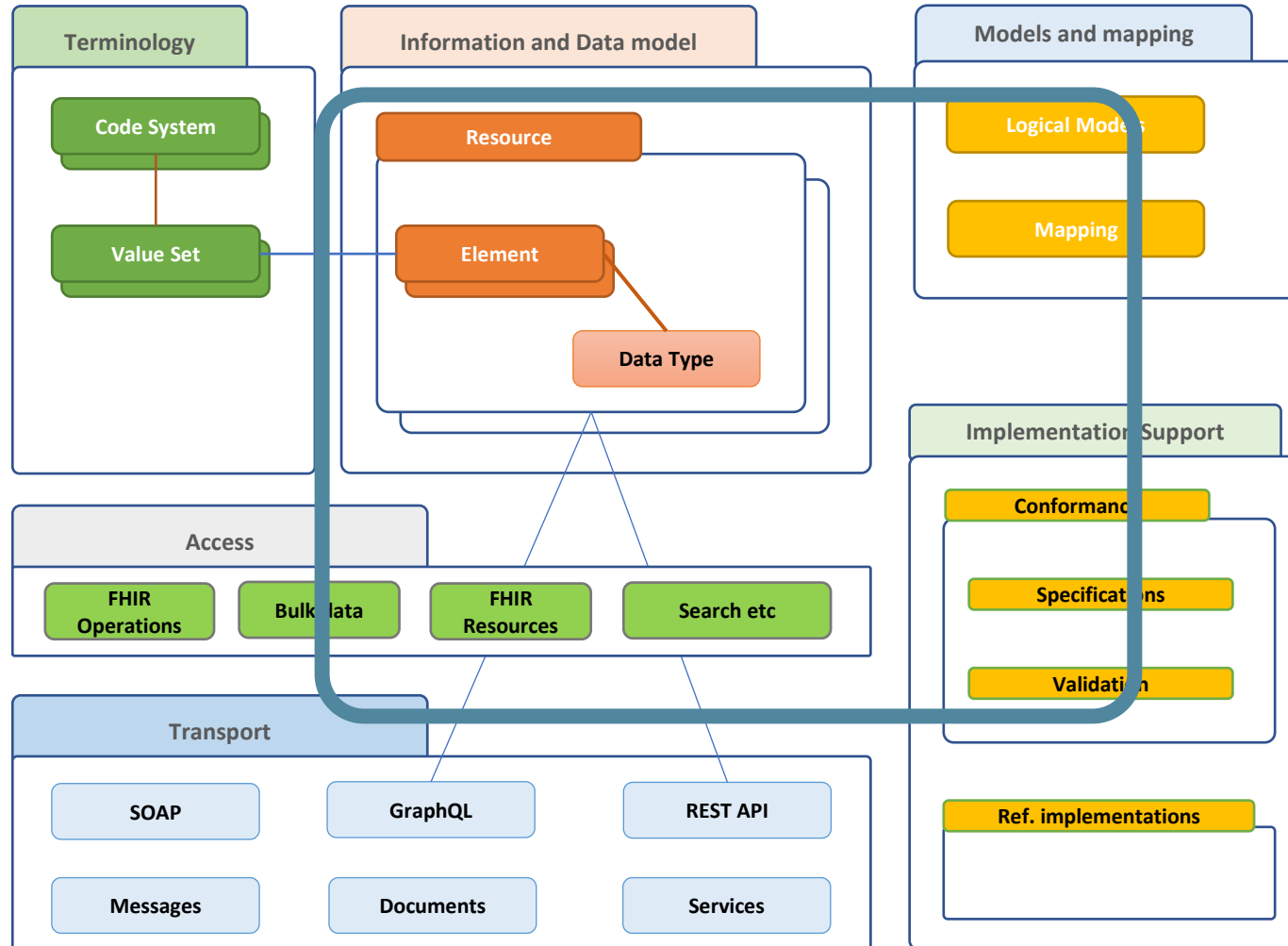
<http://build.fhir.org/terminology-module.html>

# Q&A





# La mise en place de FHIR



# Références des ressources

source est normalement l'unité d'échange atomique. Les ressources sont liées les unes aux autres.

subject	Σ	1..1	Reference(Patient   Group)
encounter		0..1	Reference(Encounter)
supportingInformation		0..*	Reference(Any)
authoredOn	Σ	0..1	dateTime
requester	Σ	0..1	Reference(Practitioner   PractitionerRole   Organization   Patient   RelatedPerson   Device)
performer		0..1	Reference(Practitioner   PractitionerRole   Organization   Patient   Device   RelatedPerson   CareTeam   HealthcareService)

Name	Flags	Card.	Type	Description & Constraints
Reference	Σ N		Element	A reference from one resource to another + Rule: SHALL have a contained resource if a local reference is provided Elements defined in Ancestors: id, extension
reference	Σ I	0..1	string	Literal reference, Relative, internal or absolute URL
type	Σ	0..1	uri	Type the reference refers to (e.g. "Patient") ResourceType (Extensible)
Identifier	Σ	0..1	Identifier	Logical reference, when literal reference is not known
display	Σ	0..1	string	Text alternative for the resource

## 2.3.0.2 Literal References

The **reference** is the key element - resources are identified and addressed by their URL. It contains a URL that is either

- an absolute URL
- a relative URL, which is relative to the **Service Base URL**, or, if processing a resource from a bundle, which is relative to the base URL implied by the **Bundle.entry.fullUrl** (see [Resolving References in Bundles](#))
- an internal fragment reference (see "Contained Resources" below)

A relative reference to the **Patient** "034AB16" in an element named **subject** on a FHIR RESTful server:

```
<subject>
  <reference value="Patient/034AB16" />
</subject>
```

An absolute reference to a **Structure Definition** in an element named **profile** :

```
{
  "profile" : {
    "reference" : "http://fhir.hl7.org/svc/StructureDefinition/c8973a22-2b5b-4e76-9c66-00639c99e61b"
  }
}
```

## 2.3.0.3 Logical References

In many contexts where FHIR is used, applications building a resource may know an identifier for the target of the reference, but there is no way for the application to convert this to a literal reference that directly references an actual resource. This situation may arise for several reasons:

- There is no server exposing any such resource. This is often the case with national identifiers (e.g. US SSN or NPI), and such identifiers are widely used
- The server that exposes the resource is not available to the source application, so it has no way to resolve an identifier to a reference
- The application is not in a RESTful environment - it is creating a message or a document

For further discussion of the use of identifiers on resources, see [Consistent Resource Identification](#). In these cases, the source application may provide the identifier as a logical reference to the entity that the target resource would describe.

A logical reference to the **Patient** with an SSN of 000111111:

```
<patient>
  <identifier>
    <system value="http://hl7.org/fhir/sid/us-ssn" />
    <value value="000111111" />
  </identifier>
</patient>
```

# L'offre groupée

- Utilisé pour contenir et regrouper des ressources
- Différents types de regroupements
- Autres ressources à regrouper uniquement :
  - Liste
  - Composition
  - (Groupe)

Name	Flags	Card.	Type	Description & Constraints
Bundle	Σ 1 N		Resource	Contains a collection of resources + Rule: total only when a search or history + Rule: entry.search only when a search + Rule: entry.request mandatory for batch/transaction/history, otherwise prohibited + Rule: entry.response mandatory for batch-response/transaction-response/history, otherwise prohibited + Rule: fullUri must be unique in a bundle, or else entries with the same fullUri must have different meta.versionId (except in history bundles) + Rule: A document must have an identifier with a system and a value + Rule: A document must have a date + Rule: A document must have a Composition as the first resource + Rule: A message must have a MessageHeader as the first resource Elements defined in Ancestors: id, meta, implicitRules, language
Identifier	Σ	0..1	Identifier	Persistent identifier for the bundle
type	Σ	1..1	code	document   message   transaction   transaction-response   batch   batch-response   history   searchset   collection BundleType (Required)
timestamp	Σ	0..1	Instant	When the bundle was assembled
total	Σ 1	0..1	unsignedInt	If search, the total number of matches
link	Σ	0..*	BackboneElement	Links related to this Bundle
relation	Σ	1..1	string	See <a href="http://www.iana.org/assignments/link-relations/link-relations.xhtml#link-relations-1">http://www.iana.org/assignments/link-relations/link-relations.xhtml#link-relations-1</a>
url	Σ	1..1	uri	Reference details for the link
entry	Σ 1	0..*	BackboneElement	Entry in the bundle - will have a resource or information + Rule: must be a resource unless there's a request or response + Rule: fullUri cannot be a version specific reference This repeating element order: For bundles of type 'document' and 'message', the first resource is special (must be Composition or MessageHeader respectively). For all bundles, the meaning of the order of entries depends on the bundle type
link	Σ	0..*	see link	Links related to this entry
fullUri	Σ	0..1	uri	URI for resource (Absolute URL server address or URI for UUID/OID)
resource	Σ	0..1	Resource	A resource in the bundle
search	Σ 1	0..1	BackboneElement	Search related information
mode	Σ	0..1	code	match   Include   outcome - why this is in the result set SearchEntryMode (Required)
score	Σ	0..1	decimal	Search ranking (between 0 and 1)
request	Σ 1	0..1	BackboneElement	Additional execution information (transaction/batch/history)
method	Σ	1..1	code	GET   HEAD   POST   PUT   DELETE   PATCH HTTPVerb (Required)
url	Σ	1..1	uri	URL for HTTP equivalent of this entry
ifNoneMatch	Σ	0..1	string	For managing cache currency
ifModifiedSince	Σ	0..1	Instant	For managing cache currency
ifMatch	Σ	0..1	string	For managing update contention
ifNoneExist	Σ	0..1	string	For conditional creates
response	Σ 1	0..1	BackboneElement	Results of execution (transaction/batch/history)
status	Σ	1..1	string	Status response code (text optional)
location	Σ	0..1	uri	The location (if the operation returns a location)
etag	Σ	0..1	string	The Etag for the resource (if relevant)
lastModified	Σ	0..1	Instant	Server's date time modified
outcome	Σ	0..1	Resource	OperationOutcome with hints and warnings (for batch/transaction)
signature	Σ TU	0..1	Signature	Digital Signature

# Extensions FHIR

- La façon d'ajouter des éléments à une structure tout en restant conforme.
- Les extensions sont également définies à l'aide de FHIR
- FHIR fournit certaines extensions standard, par exemple lorsque l'élément de données n'est pas très courant, mais qu'il est utile d'avoir une façon commune de l'exprimer.

The screenshot shows the 'Extension' page for 'Translation' in the FHIR specification. It includes a navigation bar with 'Foundation', 'Data Types', 'Data Types', and 'Extension'. The 'Extension' page has tabs for 'Content', 'Detailed Descriptions', 'Mappings', 'XML', and 'JSON'. The 'Content' tab is active, showing the 'Extension: Translation' section. It includes a table with columns for 'Name', 'Maturity Level', 'Standards Status', and 'Use Context'. The 'Translation' extension is listed with a maturity level of '1' and a standards status of 'Informative'. Below the table, there is a 'URL for this extension' field with the value 'http://hl7.org/fhir/StructureDefinition/translation'. The 'Status' is 'draft', and the 'Extension maintained by' is 'Health Level Seven International (FHIR Infrastructure)'. The 'Language translation from base language of resource to another language.' is described. The 'Context of Use' is 'Use on Element ID string, Element ID code or Element ID markdown'. The 'Extension Content' section shows a tree view with 'Summary', 'Full Structure', 'XML', 'JSON', and 'All' tabs. The 'Summary' tab is active, showing a table with columns for 'Name', 'Type', 'Context', and 'Type'. The 'Translation' extension is listed with a type of 'Extension' and a context of '0..\*'. The 'Full Structure' tab is also visible, showing a tree view of the extension's structure.

The screenshot shows the HL7 FHIR Release 4 website. The header includes the HL7 FHIR logo and 'Release 4'. The navigation bar has links for 'Home', 'Getting Started', 'Documentation', 'Resources', 'Profiles', 'Extensions', 'Operations', and 'Terminologies'. The 'Extensions' link is highlighted. Below the navigation bar, there is a 'Table of Contents' section with a link to 'Extensions'. A yellow banner states: 'This page is part of the FHIR Specification (v4.0.1: R4 - Mixed Normative and STU). This is the current published version. For a full list of available versions, see the Directory of published versions of'. Below the banner, there is a 'Registry' section with a link to 'Registry'.

## 1.4 FHIR Core-defined Extension Registry

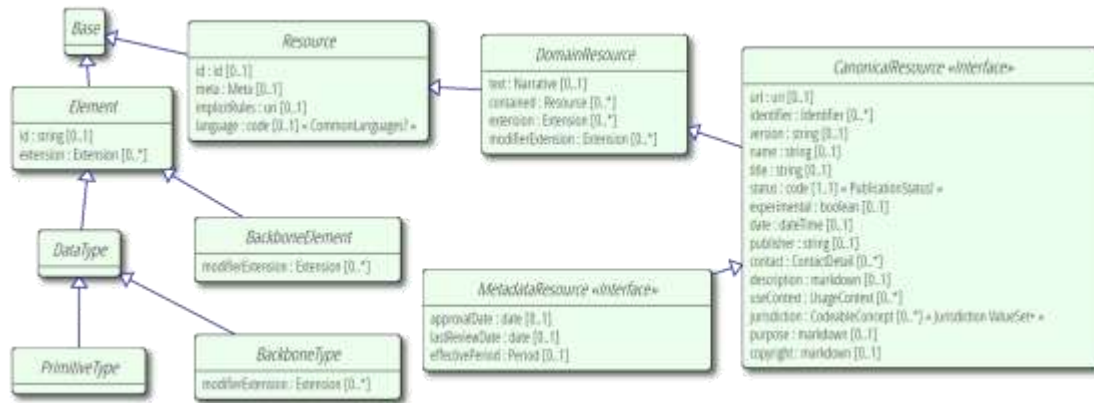
FHIR Infrastructure (FHIR Work Group)	Maturity Level: N/A	Standards Status: Informative
---------------------------------------	---------------------	-------------------------------

All extensions in this list are defined in this specification and have a base URI of <http://hl7.org/fhir/StructureDefinition/>. Additional extensions can be registered on the HL7 FHIR registry at <http://hl7.org/fhir/registry>.

Identity	Conf.	Type	Context	FMM
capabilities	0..*	code	CapabilityStatement.rest.security	1
oauth-uri	0..1	(complex)	CapabilityStatement.rest.security	1
11179-objectClass	0..1	Coding	ElementDefinition.mapping	1
11179-objectClassProperty	0..1	Coding	ElementDefinition.mapping	1
11179-permitted-value-conceptmap	0..1	canonical	StructureDefinition.snapshot.element.binding.valueSet, StructureDefinition.differential.element.binding.valueSet, Questionnaire.item.answerValueSet	1
11179-permitted-value-valueset	0..1	canonical	StructureDefinition.snapshot.element.binding.valueSet, StructureDefinition.differential.element.binding.valueSet,	1

# Ressources confinées, extensions

Les ressources peuvent contenir d'autres ressources

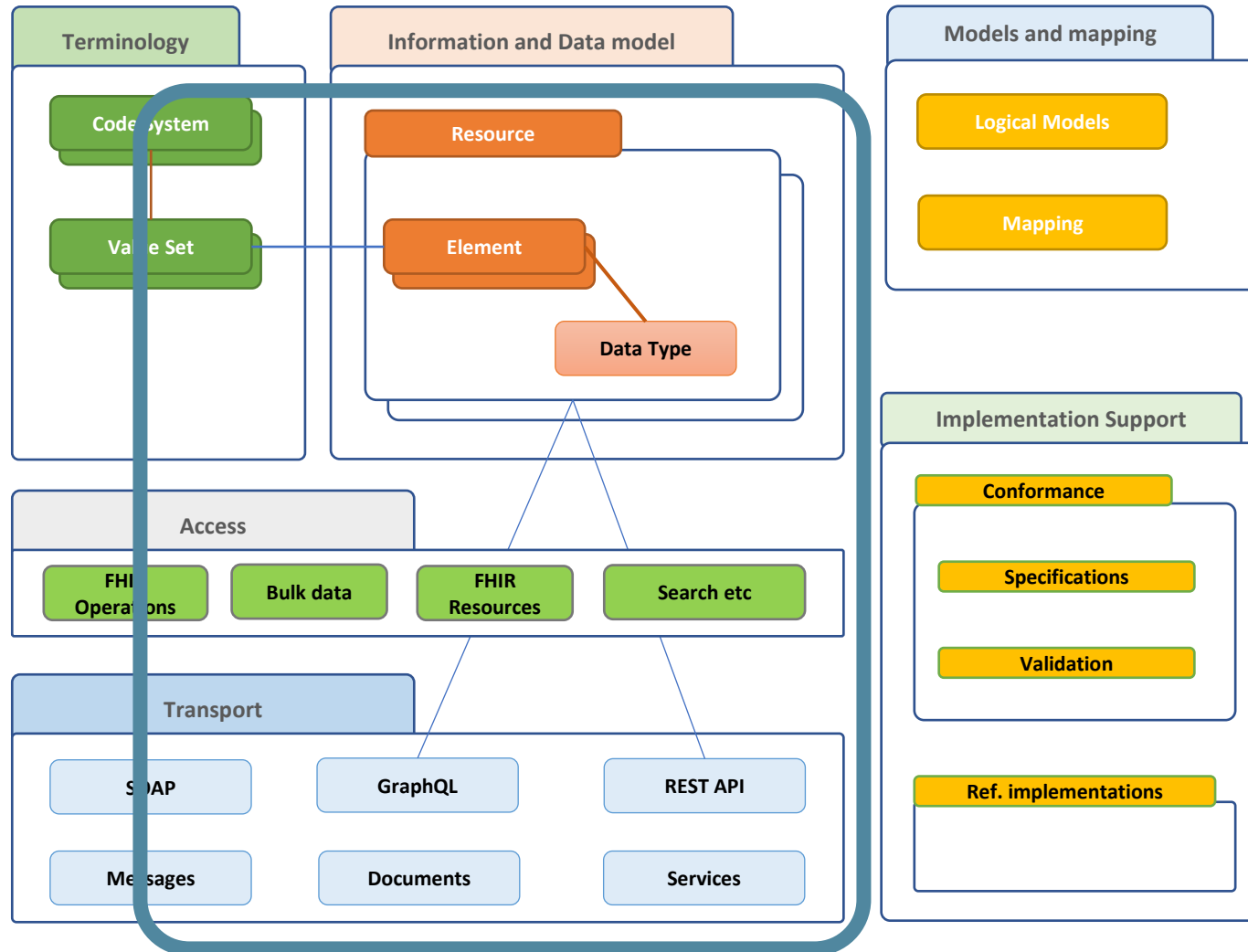


La plupart des éléments de FHIR peuvent être étendus

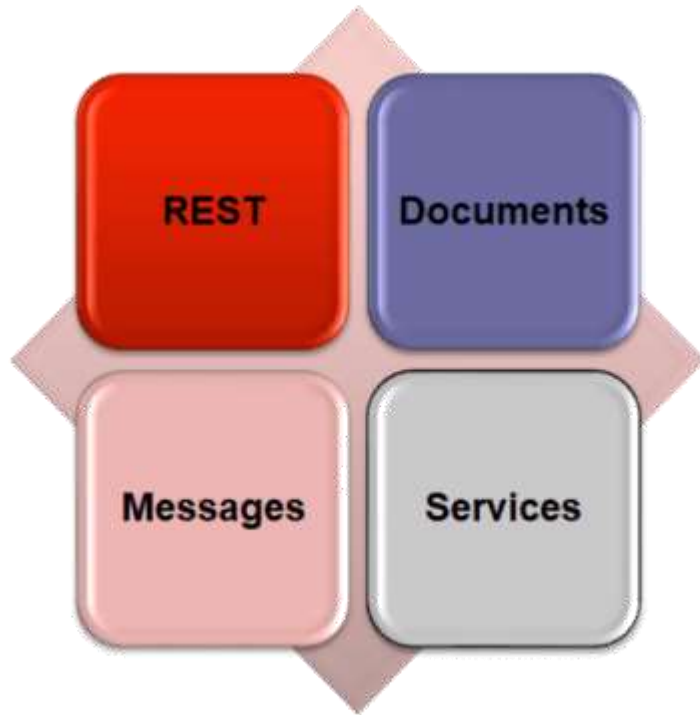
```
{
  "resourceType" : "Patient",
  "id" : "43961584-bf55-4ddf-9462-a37465fe4440",
  "contained" : [
    {
      "resourceType": "Organization",
      "id": "123",
      "identifier": [
        {
          "system": "urn:ietf:rfc:3986",
          "value": "urn:oid:2.16.840.1.113883.19.5"
        }
      ],
      "name": "Good Health Clinic"
    }
  ],
  "extension" : [
    {
      "url" : "http://hl7.org/fhir/StructureDefinition/patient-birthPlace",
      "valueAddress" : {
        "city" : "Muenchen",
        "country" : "Germany"
      }
    }
  ],
  "identifier" : [
    {
      "type" : {
        "coding" : [
          {
            "system" : "http://terminology.hl7.org/CodeSystem/v2-0203/",
            "code" : "MR",
            "display" : "Medical record number"
          }
        ]
      },
      "system" : "http://myhospital.org/identifiers/patients",
      "value" : "P0000001"
    }
  ],
  "name" : [
    {
      "family" : "Doe",
      "given" : [ "John" ]
    }
  ],
  "gender" : "male",
  "birthDate" : "1971-04-28T00:20:00Z"
}
```



# Échange de données FHIR



# Paradigmes d'échange



<http://www.healthintersections.com.au>

FHIR prend en charge quatre paradigmes

- API RESTful [hl7.org/fhir/http.html](http://hl7.org/fhir/http.html)
- Documents (comme CDA) [hl7.org/fhir/documents.html](http://hl7.org/fhir/documents.html)
- Services (techniques SOA) [hl7.org/fhir/services.html](http://hl7.org/fhir/services.html)
- Messages [hl7.org/fhir/messaging.html](http://hl7.org/fhir/messaging.html)

# REST

- Approche la plus courante
- GET (le verbe "lire")
  - GET Obtenir une seule ressource: GET Patient/43961584
  - GET un ensemble de ressources GET Patient (?...)
  - La réponse est une ressource (un patient, ou un ensemble, ou un résultat d'opération)
- POST (création)
- PUT (mise à jour)
- DELETE (supprimer)

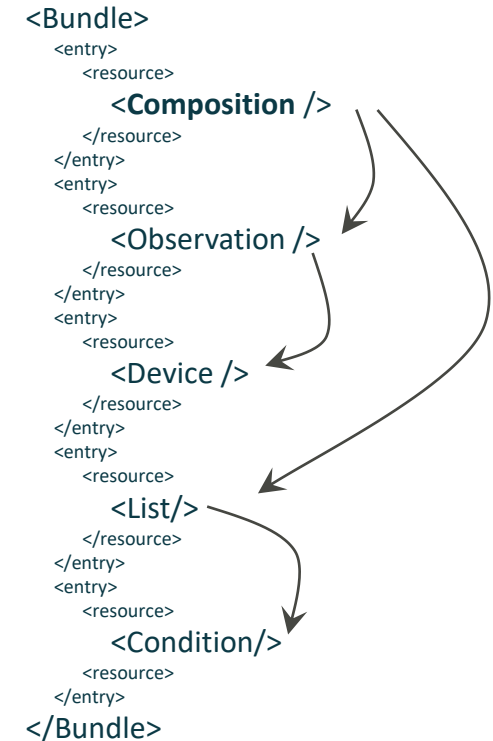
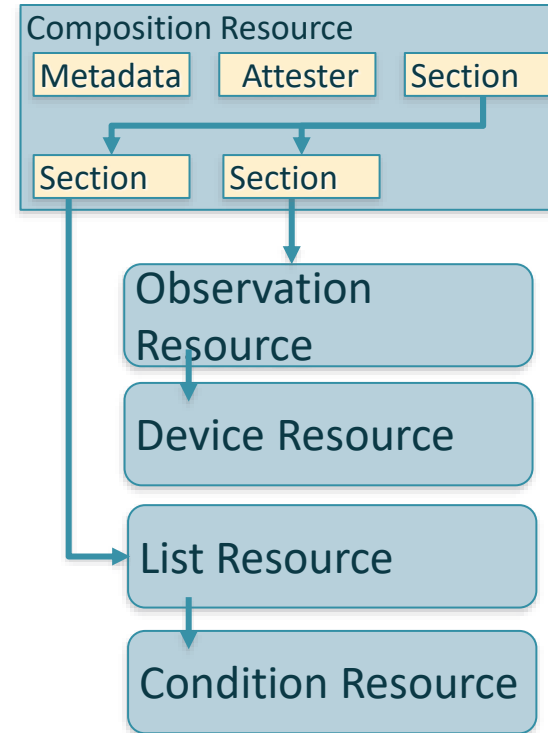


# Example

(GET) `http://test.fhir.org/r4/Patient/43961584/_history/4?_format=json`

# Documents

- Une liasse avec
  - Type = document
  - La première entrée est une composition
  - N entrées référencées par la composition
  - Signature et Provenance
- Utilisées pour la
  - Persistance
  - Gérance
  - Authentication
  - Contexte
  - Intégrité
  - Lisibilité par l'homme



© 2019 Health Level Seven® International. Licensed under Creative Commons Attribution 4.0 International  
HL7, Health Level Seven, FHIR and the FHIR flame logo are registered trademarks of Health Level Seven International.  
Reg. U.S. TM Office.

<http://build.fhir.org/documents>

# Abonnements FHIR

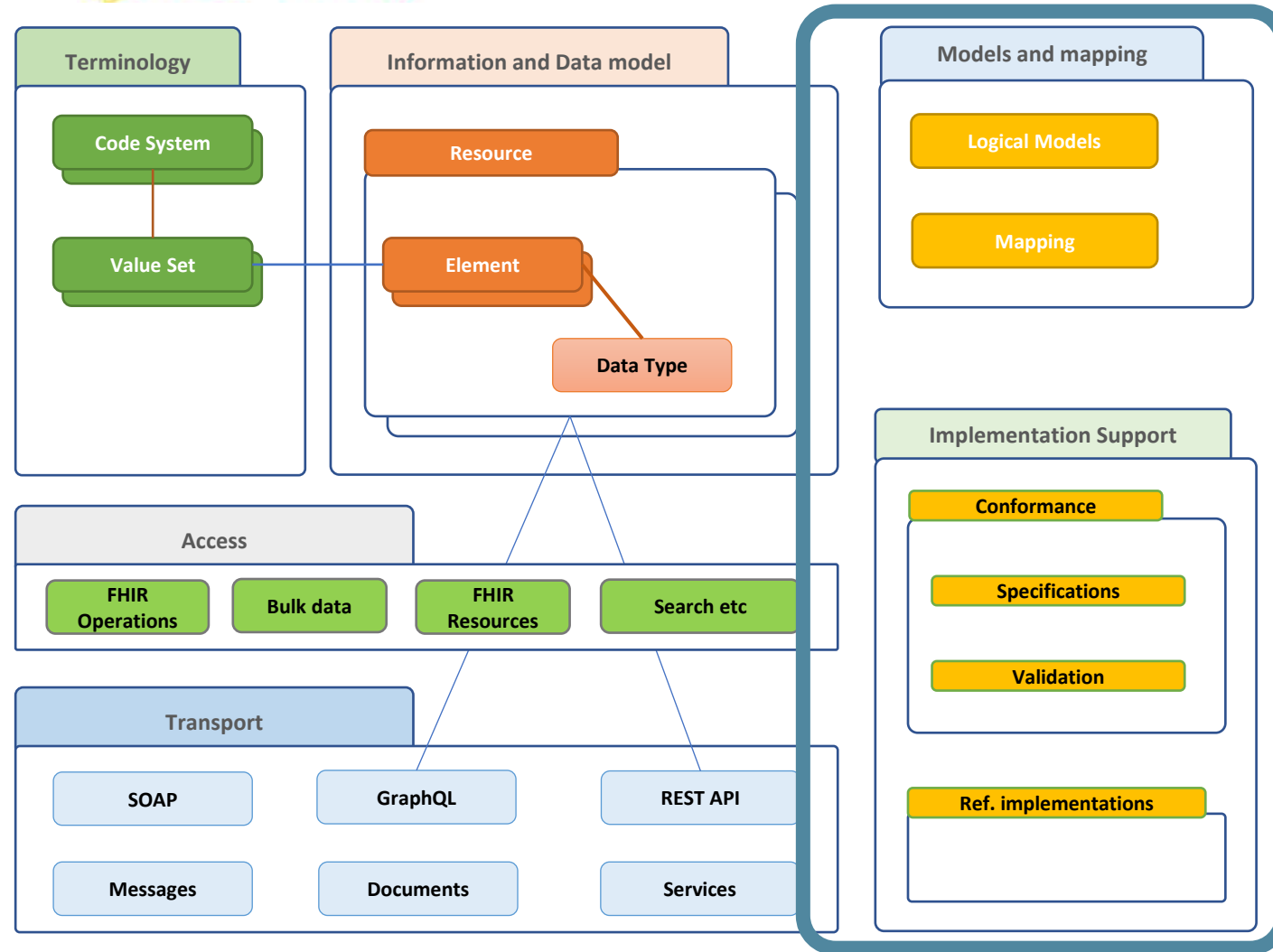
- Potentiellement intéressant pour "écouter" les événements
  - `SubscriptionTopic` resources
    - Define the **data** and **change** used to trigger notifications
    - Define the filters allowed to clients
  - `Subscription` resources
    - Describe a client's request to be notified about events defined in a `SubscriptionTopic`
    - Set filters on events (as defined in the referenced `SubscriptionTopic` )
    - Describe the `channel` and endpoint used to send notifications
    - Describe the payload included in notifications (MIME type, content level, etc.)
  - `subscription-notification Bundles`
    - Describe a notification (using a `SubscriptionStatus`)
    - Contain zero or more notification payloads

<http://build.fhir.org/subscriptions>

# Q & A

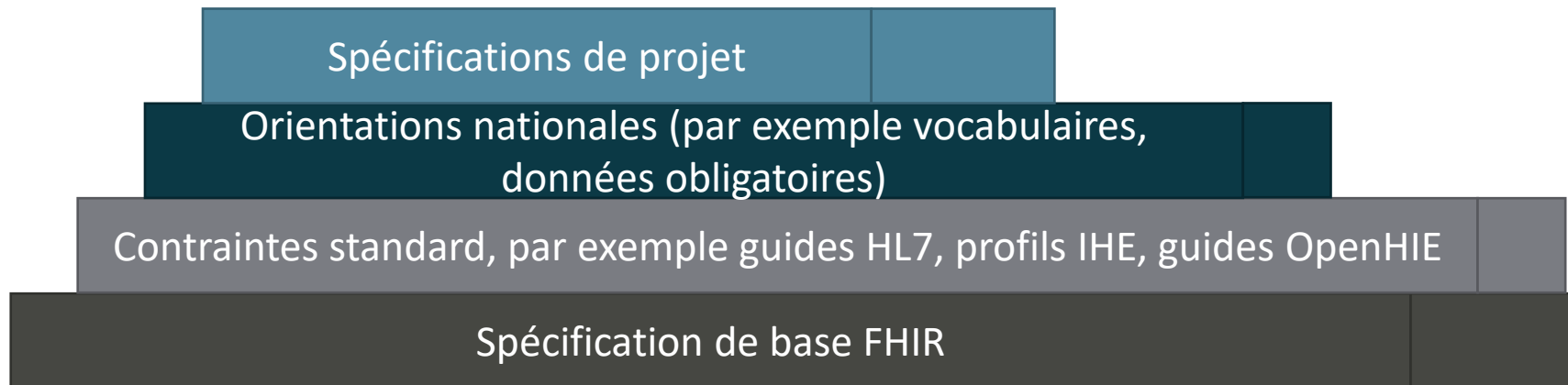


# Mise en œuvre de FHIR



# Utiliser FHIR dans une implémentation

- Une session d'introduction sera consacrée à ce sujet.
- Il peut y avoir différents niveaux - recherchez des conseils déjà existants (ou aidez à les élaborer).
- Une spécification FHIR peut ajouter des contraintes et des extensions à la spécification dont elle dépend.





# Contraintes de FHIR

- Les cardinalités peuvent être encore réduites
- Les liaisons de vocabulaire peuvent être encore réduites
- Des tranches peuvent être créées

# Outils FHIR

## Serveurs FHIR

- Facilement disponible:
  - <http://test.fhir.org/r4>
  - <http://hapi.fhir.org/>

Implémentations de référence (serveurs et clients sur plusieurs plateformes technologiques)

<https://confluence.hl7.org/display/FHIR/Open+Source+Implementations>

# Prendre contact, être actif

- Consulter d'autres personnes (sur [chat.fhir.org](https://chat.fhir.org) ou [community.fhir.org](https://community.fhir.org))
- Créer (ou demander à quelqu'un de créer) une demande de changement
- Participer à un événement FHIR comme les DevDays ([devdays.com](https://devdays.com)), discuter
- Participer à un connectathon FHIR, tester et fournir un retour d'information

# Feedback, Q&A, Discussion

Prochaines sessions



# Prochaines sessions

- **Profilage et documentation FHIR : 18 avril**

Dans ce webinaire, nous explorerons les bases de la création et de la documentation d'une spécification FHIR® pour un projet, un pays ou une application individuelle. Nous verrons comment la spécification FHIR® peut être étendue et limitée pour répondre à des besoins spécifiques. Après avoir identifié le contenu d'une spécification FHIR®, nous verrons comment de telles spécifications sont documentées, et comment cela est fait de manière à accélérer la livraison par la validation, les tests et l'automatisation. Nous nous souviendrons de certaines des caractéristiques de base de FHIR® concernant la localisation et le multilinguisme qui deviennent plus importantes lors de la mise en œuvre des profils FHIR®

- **FHIR et la terminologie : 16 mai**

Cette session présentera le support FHIR® pour les terminologies : Terminologies standard (globales) comme SNOMED CT, LOINC, ou terminologies locales (par exemple les codes nationaux) vs terminologies spécifiques à un projet. Nous examinerons les ressources FHIR® pour les terminologies, comment elles sont utilisées dans les autres ressources FHIR®, et comment définir de nouvelles ressources terminologiques, ainsi que comment localiser les ensembles de valeurs. Nous jetterons également un coup d'œil rapide aux opérations terminologiques de base de FHIR® et fournirons quelques pointeurs vers des ressources et des serveurs terminologiques supplémentaires.

- **Guide d'implémentation FHIR / Utilisation avancée : 13 juin**

Le point culminant de cette série fondamentale sera une session pratique sous forme d'atelier, avec un exemple pour tous ceux qui souhaitent créer leur première publication de spécification FHIR®. Nous utiliserons les outils open-source (nous fournirons les instructions d'installation au préalable) et nous vous guiderons à travers la création d'une publication d'un guide d'implémentation dans les aspects les plus fondamentaux : Mise en place d'un référentiel (partagé), ajout de ressources de conformité FHIR® (par exemple des profils, des extensions, des ensembles de valeurs), importation de dépendances à partir d'autres spécifications, ajout de texte narratif et de diagrammes, et utilisation d'un langage sténographique pour accélérer le travail. À la fin, vous pourrez trouver le contenu publié sur votre machine, prêt à être partagé - ou vous pouvez utiliser les outils de livraison continue de la communauté pour partager le résultat en ligne directement à partir de votre référentiel.

# Digital Square is supported by:



**USAID**  
FROM THE AMERICAN PEOPLE

BILL & MELINDA  
GATES *foundation*



*Digital Square is a PATH-led initiative funded and designed by the United States Agency for International Development, the Bill & Melinda Gates Foundation, and a consortium of other donors.*

*This presentation was made possible by the generous support of the American people through the United States Agency for International Development. The contents are the responsibility of PATH and do not necessarily reflect the views of USAID or the United States Government.*