HL7 Announcement of Ballot Openings for 2019 May Ballot Cycle

March 29, 2019

Health Level Seven International® invites you to take part in the ballot openings for balloting HL7 candidate standards and documents for the upcoming May 2019 ballot cycle.

The candidate standards and other documents described in this announcement are balloting prior to HL7's May 2019 Working Group Meeting (WGM). Comments received from consensus group members will be addressed at that WGM running May 4-10, 2019 in Montreal (Quebec), Canada.

Ballot Period Open/Close Dates

Voting for consensus group members in most ballots in this document will open and close on the following dates. Exceptions for a specific ballot are listed with that ballot description.

Ballot Open Date: Friday, March 29, 2019

Ballot Close Date: Monday, April 29, 2019

Consensus Group Enrollment Period

Consensus Group Enrollment Period is now closed

Important Note: Consensus group signup closes when ballot voting begins.

Changes from the initial announcement are identified in the Update to Ballot Announcement for May 2019 Ballot Cycle document released when this ballot cycle opens.

All those engaged in balloting should be informed that any subsequent ballot of material previously balloted at the normative level will supersede all previous ballots. Any votes or comments from previous ballots will not count towards the new normative ballot; for any comments to be considered again, voters will need to cast a new ballot with comments.

The grid below provides the name of the sponsoring and co-sponsoring Work Group(s) announcing the ballot opening for the ballot listed. Those interested in ballots for a certain attribute can sort the grid: by Work Group, or by product family for example,

Work Group	Project ID	Ballot Name	Family	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID
Anesthesia	1153	HL7 Domain Analysis Model: Intra-Procedure Anesthesia, Release 1	HL7	1st Informative Ballot	The Anesthesia (intra-procedure) Domain Analysis Model will focus on the intra-procedure anesthetic process and its documentation in the anesthetic record. The goal of this project is to support the exchange and understanding of anesthesiology data by establishing: • A structural outline of the anesthetic record • Detailed models of significant components of intra-procedural anesthesia • Standard terms and definitions for common anesthesiology data elements	Since the last ballot of this material in 2020MAY , the following changes have been made: None /not-applicable	HL7_DAM_ ANESTH_R 1_I1_2019 MAY_WITH DRAWN

Biomedical Research and Regulation	1424	HL7 FHIR® Implementation Guide: Common Data Model Harmonization for Research (CDMH), Release 1 - US Realm	FHIR	1st STU Ballot	From a standards perspective, the project will specifically perform the following • Create and update FHIR profiles which can be used to represent the data that is being accessed by the researchers. • Update the DAF-Research IG which has already created some of these profiles. • Update the Data Extraction and transformation processes within DAF-Research to use the various profiles.	Since the last ballot of this material in 2019MAY, the following changes have been made: New ballot	FHIR_IG_CDMH_R1_D1_2019MAY
Biomedical Research and Regulation	1426	HL7 FHIR® Implementation Guide: Women's Health Technology Coordinated Registry Network (CRN), Release 1 - US Realm	FHIR	1st STU Ballot	From a standards perspective, the project will outline the mechanisms that can be used to capture and exchange common or core data elements related to women's health collected as part of the clinical care delivery eco-system. Specifically, the project will examine how to use FHIR Resources and IG's to facilitate collection and exchange of data elements related to women's health.	Since the last ballot of this material in 2019MAY, the following changes have been made: No substantive changes.	FHIR_IG_WHT_CRN_R1_D1_2019MAY
Biomedical Research and Regulation	1503	HL7 Domain Analysis Model: Biomedical Research Integrated Domain Group, Release 5.3	HL7	1st Informative Ballot	To ballot a new version of the BRIDG model that supports the additional semantics in support of NCI, DICOM and the National Biomedical Research Archive, the update of SDTM 3.1.3 to SDTM 3.2 and additional diagrams and reorganization changes to make BRIDG more accessible and easily navigated.	Since the last ballot of this material in 2019MAY, the following changes have been made: The newest version of the BRIDG model, release 5.3, adds support for NCI's National Biomedical Imaging archive (NBIA), CDISC's Study Data Tabulation Model Implementation Guide (SDTMIG) v3.2, and a few new diagrams and assorted updates. For NBIA, BRIDG is adding only one new model element. BRIDG already has a wide range of the concepts needed in support of imaging and these were leveraged for the vast majority of NBIA concepts. A new diagram also shows those concepts used in that harmonization effort. For the CDISC SDTMIG v3.2 harmonization, little more than twenty model changes impact only about ten classes and many are due to the addition of new domains and variables added by CDISC to this version of SDTM. Again, the vast majority of semantics needed to support SDTM already exist in BRIDG. Several new diagrams are added to be able to view those concepts more easily. This version of BRIDG makes a few structural changes, such as eliminating sub-domain packages and adding more diagrams, to make concepts in the model easier to search for and find. Also included are a few updates and corrections to previously added model elements.	HL7_DAM_BRIDG_R5.3_I1_2019MAY
Clinical Decision Support	1493	HL7 FHIR® Implementation Guide: Documentation Templates and Payer Rules (DTR), Release 1- US Realm	FHIR	1st STU Ballot	This implementation guide will provide use cases, patterns, profiles, and extensions needed to support documentation requirements and rules for specific treatments and services to allow health systems and providers to ensure services are covered and/or medically appropriate.	Since the last ballot of this material in 2019SEP, the following changes have been made: This is the initial draft for comment of the implementation guide, which contains a complete description of the use cases and accompanying profiles and extensions.	FHIR_IG_DTR_R1_O1_2019MAY
Clinical Decision Support	1108	HL7 Cross-Paradigm Specification: Clinical Quality Language, Release 1	HL7	1th Normative Ballot	The Clinical Quality Language Specification defines a representation for the expression of clinical knowledge that can be used within both the Clinical Decision Support (CDS) and Clinical Quality Measurement (CQM) domains. The specification defines both a high-level, clinically focused syntax for human-readable logic, as well as an equivalent canonical, machine-readable representation focused on sharing, translation, and evaluation of the logic.	Since the last ballot of this material in 2020MAY, the following changes have been made: In addition to numerous clarifications and errata throughout, this update includes: 1) Improved semantics for collapse and expand (including precision-based decimal predecessor and successor, as well as a count function for intervals) 2) FHIRPath alignment (including removing timezone offset from the Time type, and changing DateTime to use a Decimal for the seconds component, rather than considering milliseconds a separate precision) 3) Support for non-patient contexts (and change "Population" context to "Unspecified") 4) Support for namespacing CQL libraries 5) Support for unit conversions	HL7_CQLANG_R1_D4_2019MAY
Clinical Interoperability Council	1363	HL7 FHIR® Implementation Guide: Breast Cancer Data, Release 1- US Realm	FHIR	3rd STU Ballot	CIMI Logical Models and FHIR Profiles for Breast-Cancer focused Radiology in collaboration with RSNA and ACR.	Since the last ballot of this material in 2020MAY, the following changes have been made: This will be the first ballot of this material 'for comment' with subsequent ballots to target Informative and STU by January 2020.	FHIR_IG_BRCANCER_R1_O3_2019MAY_WITHDRAWN
Clinical Interoperability Council	1494	HL7 FHIR® Implementation Guide: Health Record Exchange (HRex) Framework, Release 1- US Realm	FHIR	1st STU Ballot	The scope of the HRex Framework project is to define combinations of exchange methods, specific payloads, search criteria, conformance, provenance, and other relevant requirements to support specific exchanges of clinical information between: 1) providers, 2) a provider and a payer, 3) a payer and providers, and/or a provider and any third party involved in value based care.	Since the last ballot of this material in 2020SEP, the following changes have been made: N/A	HL7_FHIR_IG_HRex_2019MAY_WITHDRAWN

Clinical Quality Information	1499	HL7 FHIR® Implementation Guide: Quality Measures, Release 1- US Realm	FHIR	1st STU Ballot	FHIR Clinical Reasoning provides infrastructure requirements for representing a health quality measure as an electronic format. A quality measure is a quantitative tool to assess the performance of an individual or organization's performance in relation to a specified process or outcome via the measurement of an action, process, or outcome of clinical care.	Since the last ballot of this material in 2020FEB, the following changes have been made: This implementation guide (IG) provides specific guidance to eCQM developers and implementers to assure consistency for applying CQL expressions using any data model, enhancing ability to share eCQM artifacts for direct implementation and calculation. The IG will provide examples using the US Realm FHIR QICore data model but it will not restrict usage of any data model.	FHIR_IG_Q M_R1_D1_ 2019MAY
Clinical Quality Information	1429	HL7 FHIR® Implementation Guide: Data Exchange for Quality Measures, Release 1 - US Realm	FHIR	2nd STU Ballot	This Implementation Guide defines common data exchange patterns usable for a broad range of value-based health care use cases, including quality measurement and reporting, and public health care reporting.	Since the last ballot of this material in 2020SEP, the following changes have been made: This ballot version includes numerous changes in support of reconciliation efforts with comment submitters, as well as the inclusion of use cases to support more general quality measurement and public health reporting use cases. Substantive changes include: 1) Ensuring the guidance addresses challenges associated with pull and subscription exchange mechanisms. 2) Ensuring the exchange mechanisms can support the use of messaging protocols. 3) Ensuring support for additional use cases including Colorectal Cancer Screening and Hospital Reporting for Venous Thromboembolism and Stroke reporting. 4) Ensuring support for communication of quality measurement results.	FHIR_IG_Q MEXCHAN GE_R1_D2 _2019MAY
Clinical Quality Information	1142	HL7 Version 3 Implementation Guide: Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF), Release 1 - US Realm	V3	4th STU Ballot	The CQL-Based HQMF Implementation Guide provides guidance and conformance requirements for defining and sharing electronic Clinical Quality Measure (eCQM) specifications. The guide defines an approach to specifying eCQMs using Clinical Quality Language (CQL) and Quality Data Model (QDM).	Since the last ballot of this material in 2019MAY, the following changes have been made: This update addresses STU comments submitted during the trial-use period, as well as several known issues reported through usage and implementation. In addition, the update incorporates changes to support CQL STU 4 and QDM 5.5.	V3_IG_CQ L_HQMF_R 1_D4_2019 MAY
Communit y-Based Care and Privacy (CBCP)	1431	HL7 FHIR® Implementation Guide: Electronic Long-Term Services & Supports (eLTSS), Release 1 - US Realm	FHIR	1st STU Ballot	This IG provides the opportunity to implement eLTSS FHIR based solutions which will have a transformative impact on the collection, exchange and sharing of Home and Community Based Services (HCBS) data, clinical data and provider service plans.	Since the last ballot of this material in 2019MAY, the following changes have been made: This FHIR IG will implement the previously balloted and published mappings to the HL7 Cross-Paradigm Guidance: Electronic Long-Term Services & Supports (eLTSS), Release 1 - US Realm (eLTSS data set).	FHIR_IG_e LTSS_R1_ D1_2019M AY
Devices	1277	HL7 FHIR® Implementation Guide: Personal Health Device (PHD), Release 1	FHIR	3rd STU Ballot	This implementation guide provides the mapping of data from IEEE 11073 Personal Health Devices to FHIR by developing and using FHIR profiles.	Since the last ballot of this material in 2019MAY, the following changes have been made: The main change includes implemented resolutions resulting from comments gathered in the previous ballog	FHIR_IG_P HD_R1_D3 _2019MAY
FHIR Infrastruct ure	1497	HL7 FHIR® Implementation Guide: Bulk Data, Release 1	FHIR	1st STU Ballot	This Implementation Guide will provide guidance for enabling secure bulk data transfer for FHIR resources. The guide will define the application programming interfaces (APIs) through which an authenticated and authorized clients may request a bulk data export from a server, receive status information regarding progress in the generation of the requested files, and receive these files securely using a back end service authorization.	Since the last ballot of this material in 2019MAY, the following changes have been made: First ballot	FHIR_IG_B ULKDATA_ R1_D1_201 9MAY
FHIR Infrastruct ure	1433	HL7 FHIR® Implementation Guide: Patient Reported Outcomes (PRO), Release 1 - US Realm	FHIR	1st STU Ballot	The Patient Reported Outcomes (PRO) FHIR Implementation Guide (IG) will focus on capturing and exchanging patient reported outcome data electronically using the FHIR standard. The data that is captured will be made available to both providers and authorized researchers. While the PRO FHIR IG can be applied to multiple use cases, the current requirements have been drawn from PCORnet use cases and implementations.	Since the last ballot of this material in 2019MAY, the following changes have been made: The version of the IG is backwards compatible with the previous version of the IG. The IG is built on the latest release of FHIR namely R4. The changes from the previous version to the current version including clarifying various parts of the IG based on ballot comments received, adding examples and updating implementation guidance for developers.	FHIR_IG_P RO_R1_O1 _2018SED 1_2019MA Y
FHIR Infrastruct ure	1390	HL7 FHIR® Implementation Guide: Structured Data Capture (SDC), Release 2	FHIR	1st STU Ballot	SDC provides guidance on how to use Questionnaire and QuestionnaireResponse for more sophisticated questionnaires, such as are used in the research, payment, public health and other areas. It includes controls over rendering, data entry, calculations, population from existing data, converting questionnaire responses to other FHIR resources and describes how to produce adaptive questionnaires.	Since the last ballot of this material in 2019MAY, the following changes have been made: The updated SDC specification changes expectations for population and introduces extraction and adaptive questionnaire capabilities. It lightens expectations for conformance and provides additional rendering and calculation capabilities.	FHIR_IG_S DC_R2_O1 _2018SED 1_2019MA Y

Financial Management	1490	HL7 FHIR® Implementation Guide: Authorization, Release 1- US Realm	FHIR	1st STU Ballot	This implementation guide will provide a standard for adoption by both providers and payers for the exchange of information necessary for authorization of services by a payer.	Since the last ballot of this material in 2019SEP , the following changes have been made: N/A	FHIR_IG_A UTH_R1_D 1_2019MA Y_WITHDR AWN
Financial Management	1428	HL7 FHIR® Implementation Guide: Coverage Requirements Discovery, Release 1 - US Realm	FHIR	2nd STU Ballot	In the US clinicians are often unaware of the expectations of payor organizations around care delivery, requirements for pre-authorizations and other processes. This results in denied payment, changes to therapy after initiation and/or additional overhead costs are incurred. Defining a standardized mechanism by which care delivery organizations and providers can query payors to find relevant guidance prior to care delivery will increase efficient delivery of care and corresponding payment.	Since the last ballot of this material in 2019MAY , the following changes have been made: Changes were made throughout the guide to respond to comments made during the prior ballot period "Ballot for Comment".	FHIR_IG_C OVREQDIS C_R1_D2_ 2019MAY
Financial Management	1489	HL7 FHIR® Implementation Guide: ePayer Data Exchange (ePDx), Release 1 - US Realm	FHIR	1st STU Ballot	This IG defines exchange methods (push, pull, triggers, subscription), use of other interoperability "standards" (e.g. CDS Hooks and SMART on FHIR) and specific use of FHIR resources to effectively exchange payer information regarding the current or previous care, including the provenance of the data, of one or more specific patients/members with a provider responsible for evaluating/specifying /ordering/delivering care for the patient.	Since the last ballot of this material in 2019SEP , the following changes have been made: N/A	FHIR_IG_e PDx_R1_O 1_2019MA Y_WITHDR AWN
Imaging Integration	1392	HL7 FHIR® Implementation Guide: FHIRCast, Release 1	FHIR	1st STU Ballot	FHIRcast synchronizes healthcare applications in real time to show the same clinical content to a common user. For example, a radiologist often works in three disparate applications at the same time (a radiology information system, a PACS and a dictation system), she wants each of these three systems to display the same study or patient at the same time. FHIRcast isn't limited to radiology use-cases.	Since the last ballot of this material in 2020FEB , the following changes have been made: N/A	FHIR_IG_F HIRCast_R 1_D1_2019 MAY
Learning Health Systems	1317	HL7 Domain Analysis Model: Patient Centered Care Team, Release 1	HL7	1st Informative Ballot	In a learning health system each activity in care and health promotion is informed by the collective knowledge of the system and the results of each activity update the knowledge of the system. Essential to such a system is the formal model which defines the roles and relationships of each entity which fulfills a role on the virtual team around each patient which this document describes	Since the last ballot of this material in 2020MAY , the following changes have been made: Updated based on comments in 1st comment only ballot logical model of relationships between care team members and definitions (including model) of non-credentialed/non-professional caregivers on the care team. There has, in particular, been expansion of the attributes and concepts related to roles that may be filled either by healthcare professionals or by family members and community members involved in the care of a patient.	HL7_DAM_ PCCT_R1_ O1_2019M AY_WITHD RAWN
Orders and Observati ons	1496	HL7 FHIR® Implementation Guide: DME Orders, Release 1- US Realm	FHIR	1st STU Ballot	Initial FHIR based implementation guide for DME orders between a provider and a DME supplier.	Since the last ballot of this material in 2020SEP , the following changes have been made: New document.	FHIR_IG_D ME_R1_O1 _2019MAY _WITHDRA WN
Orders and Observati ons	1238	HL7 Domain Analysis Model: Unique Device Identifier (UDI) Implementation Guidance, Release 1	HL7	3rd Informative Ballot	The focus of this ballot is to address the implantable devices unique identification needs and support for implantable device list (e.g. Meaningful Use 2015 certification requirements).	Since the last ballot of this material in 2020SEP , the following changes have been made: This version addresses the comments received in the first ballot.	HL7_DAM_ UDI_IG_RE Q_R1_I3_2 019MAY
Patient Care	1495	HL7 FHIR® Implementation Guide: Clinical Data Exchange (CDex), Release 1- US Realm	FHIR	1st STU Ballot	The scope of the CDex project is to defined combinations of exchange methods (push, pull, subscribe, CDS Hooks, …), specific payloads (Documents, Bundles, and Individual Resources), search criteria, conformance, provenance, and other relevant requirements to support specific exchanges of clinical information between provider and other providers and/or payers.	Since the last ballot of this material in 2019SEP , the following changes have been made: N/A	FHIR_IG_C Dex_R1_O 1_2019MA Y_WITHDR AWN
Pharmacy	1139	HL7 CDA® R2 Implementation Guide: Pharmacy Templates, Release 1 STU Release 2	CDA-Related	2nd STU Ballot	The Pharmacy Templates Implementation Guide defines common pharmacy artifacts (order, dispense, administration and statement) in CDA R2 form. The scope of this ballot is limited to the new content for Medication Dispense and Medication Administration Templates. Feedback not related to these templates will be found "not related" and should be made via the STU change request process.	Since the last ballot of this material in 2019MAY , the following changes have been made: Since the last ballot of this material in 2018MAY, the following changes to add Medication Dispense and Medication Administration Templates have been made. In addition, ballot reconciliation on Medication Order and Medication Statement have been applied.	CDAR2_IG _PHARM_T EMPLATES _R1_D2_20 19MAY

Public Health	1002	HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), Release 1 STU Release 2 – US Realm	CDA	3rd STU Ballot	This project developed an HL7 CDA IG for representing data collected by the CDC NCHS within the Division of Health Care Statistics (DHCS). The data are collected through surveys of ambulatory, inpatient, and outpatient care services in the United States: the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Care Survey (NHCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS). This includes mapping data elements required by the surveys to existing templates.	Since the last ballot of this material in 2019SEP, the following changes have been made: Update the IG based on implementer feedback contained in the STU comments.	CDAR2_IG _NHCS_R1 _D3_2019 MAY
Public Health	1216	HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 1, STU Release 2.0 - US Realm	CDA	2nd STU Ballot	This implementation guide specifies an electronic initial case report (eICR) to support public health reporting of reportable conditions from healthcare organizations to public health agencies are required by law.	Since the last ballot of this material in 2019MAY, the following changes have been made: STU comments will be addressed, Pregnancy Status, Occupational Data for Health, Vital Signs, Lab Results Status and Specimen Source	CDAR2_IG _PHCASE RPT_R2_D 2_2019MA Y
Public Health	1423	HL7 FHIR® Implementation Guide: Bidirectional Services eReferrals (BSeR), Release 1 - US Realm	FHIR	2nd STU Ballot	The Bidirectional Services eReferrals (BSeR) FHIR IG provides guidance on STU3 FHIR Resources and US Core IG profiles for use in exchanging a referral request and specific program data from a clinical provider to a typically extra-clinical program service provider, such as a diabetes prevention program, a smoking quitline, or a hypertension management training program. And provides for the return of feedback information from the service program to the referring provider.	Since the last ballot of this material in 2019MAY, the following changes have been made: This BSeR was included in the September 2018 ballot cycle. This iteration addresses the negative comments received. The major changes are the addition of terminology, artifacts to implement an exchange workflow, and repair of broken links in the specification.	FHIR_IG_B SeR_R1_D 2_2019MA Y
Public Health	1475	HL7 FHIR® Implementation Guide: Vital Records Mortality and Morbidity Reporting, Release 1 - US Realm	FHIR	1st STU Ballot	The VRDR FHIR IG provides guidance regarding the use of FHIR resources for the bidirectional exchange of mortality data between State-run PHA Vital Records offices and NCHS.	Since the last ballot of this material in 2019MAY, the following changes have been made: All of the material in this specification is new and does not contain changes to any previously balloted material.	FHIR_IG_V VRDR_R1_D 1_2019MA Y
Public Health	1477	HL7 Version 2.6 Implementation Guide: Vital Records Death Reporting, Release 1 - US Realm	V26	1st STU Ballot	Vital Records death reporting has been developed as STU. A new STU version is needed to support additional requirements based on the addition of new stakeholders who will be involved with data exchange. The new stakeholders include funeral directors, and medical examiners, as well as the Electronic Death Registration System.	Since the last ballot of this material in 2019MAY, the following changes have been made: The changes will include the addition of new stakeholders participating in the data exchange and the associated messaging interactions. The new stakeholders include funeral directors, and medical examiners. In addition the role of the Electronic Death Registration System will be explicitly recognized. It is expected that very little new data will be required, but additional conformance profiles are expected to recognize the role of new stakeholders.	V26_IG_VR DR_R1_D1 _2019MAY
Services Oriented Architecture	1420	HL7 Cross Paradigm Model Transformation Service, Release 1	HL7	1st STU Ballot	This project will create a functional specification for transformation services with exemplary mappings using storyboards developed by the SOA Working Group, the interested parties of the Project, and co-sponsor WGs of this project. The project will create story boards that use aspects of 1) the current versions of HL7 Standards of V2, C-CDA, and FHIR, and 2) new information models such as CIMI and realm specific examples such as the FHIM.	Since the last ballot of this material in 2020FEB, the following changes have been made: N/A	HL7_MOD EL_XFOR M_R1_O1_ 2019MAY
Structured Documents	1480	HL7 Guidance: CDA Implementation Guide Quality Criteria Maintenance, Release 1	CDA	1st Comment-Only Ballot	This document will contain the proposed starting set of CDA Implementation Guide Quality Criteria. The initial set of criteria are based on the long standing CDA IG quality criteria developed by the Structured Documents work group. This draft for comment ballot is intended to gather comments on this starter set of criteria. Once finalized, the CDA Management Group will be responsible for evaluating the degree to which all HL7 CDA IG's meet these criteria.	Since the last ballot of this material in 2019MAY, the following changes have been made: N/A	CDA_IG_Q UAL_CRIT _R1_O1_2 019MAY
Structured Documents	1232	HL7 CDA® R2 Implementation Guide: Pharmacist Care Plan Document, Release 1 - US Realm	CDA	1st STU Ballot	The goal of this project is to develop an electronic care plan with enhanced medication management content based on the templates in the HL7 Implementation Guide for C-CDA Release 2.1: Consolidated CDA for Clinical Notes.	Since the last ballot of this material in 2019MAY, the following changes have been made: Apply changes from comment-only ballot reconciliation and add bindings to PharmacyHIT value sets currently in VSAC.	CDAR2_IG _CCDA_M TM_CARE PLAN_R1_ D1_2019M AY

Structured Documents	1192	HL7 CDA® R2 Implementation Guide: Healthcare Associated Infection Reports, Release 3 - US Realm	CDA	1th Normative Ballot	With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, document will be STU Release 4 of the HL7 Implementation Guide for CDA® Release 2: Healthcare Associated Infection Reports Release 3. The IG will continue to support electronic submission of HAI data to the National Healthcare Safety Network. This document is the fourth STU release and will include new outpatient forms, LOS/MEN denominator and updates to selected existing forms and vocabulary.	Since the last ballot of this material in 2020MAY, the following changes have been made: Addition of forms: Outpatient Same Day Outcome Measures Event, Outpatient Same Day Outcome Measures Summary, Outpatient Procedure Denominiator, Outpatient SSI (Surgical Site Infection) Event, LOS (Late Onset Sepsis)/MEN (Meningitis) Denominator and updates to selected existing forms and vocabulary.	CDAR2_IG_HAIRPT_R3_D4_2019MAY
Structured Documents	977	HL7 CDA® R2 Implementation Guide: Questionnaire Response Document, Release 1	CDA	2nd Normative Ballot	This ballot is for an implementation guide defining Questionnaire Response Document for purpose of representing patient responses to questionnaires as a structured document reusing and/or enhancing existing CDA templates where possible creating new CDA templates where necessary.	Since the last ballot of this material in 2020FEB, the following changes have been made: This is the second Normative ballot for this document. The changes made to the document reflect the resolutions that were agreed to by the working group. Both substantive and non-substantive changes were made. As this is the second Normative ballot for this IG, the ballot comments are limited to only the substantive changes. The substantive changes were due to the following N1 comments: 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 16, 18, 31, 56, 60. Comments during this second (N2) ballot are restricted to those (substantive) changes only. The corresponding final reconciliation spreadsheet can be found here: http://wiki.hl7.org/images/6/6b /CDAR2_IG_QRDOC_R1_N1_2017JAN_amalg amated_January042018-FINAL_Jan292019.xls	CDAR2_IG_QRDOC_R1_N2_2019MAY
Structured Documents	976	HL7 CDA® R2 Implementation Guide: Structured Form Definition Document, Release 1	CDA	2nd Normative Ballot	This ballot is for an implementation guide defining a Structured Form Definition Document for purpose of representing patient questionnaires as a structured document reusing and/or enhancing existing CDA templates where possible creating new CDA templates where necessary.	Since the last ballot of this material in 2020FEB, the following changes have been made: This is the second Normative ballot for this document. The changes made to the document reflect the resolutions that were agreed to by the working group. Both substantive and non-substantive changes were made. As this is the second Normative ballot for this IG, the ballot comments are limited to only the substantive changes. The substantive changes were due to the following N1 comments: 1, 7, 11, 21, 25, 28, 29, 32, 33, 34, 35, 36, 37, 38, 39, 45, 46, 47. Comments during this second (N2) ballot are restricted to those (substantive) changes only. The corresponding final reconciliation spreadsheet can be found here: http://wiki.hl7.org/images/5/50 /CDAR2_IG_SFDEFDOC_R1_N1_2017JAN_am algamated_January042018-FINAL_Jan292019. xls	CDAR2_IG_SFDEFDOC_R1_N2_2019MAY_WITHDRAWN
Structured Documents	1232	HL7 FHIR® Implementation Guide: Pharmacist Care Plan Document, Release 1 - US Realm	FHIR	1st STU Ballot	The goal of this project is to develop an electronic care plan with enhanced medication management content based on the FHIR profiles in the HL7 Implementation Guide for C-CDA on FHIR and the US Core specification.	Since the last ballot of this material in 2019MAY, the following changes have been made: Apply changes from comment-only ballot reconciliation and add bindings to PharmacyHIT value sets currently in VSAC.	FHIR_IG_CCDA_MTM_CAREPLAN_R1_D1_2019MAY
Structured Documents	1192	HL7 FHIR® Implementation Guide: Healthcare Associated Infection Reports, Release 1 - US Realm	FHIR	2nd STU Ballot	With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, document will be STU Release 2 of the HL7 Implementation Guide for FHIR®: Healthcare Associated Infection Reports Release 1. The implementation guide will add to the CDA support of electronic submission of HAI data to the National Healthcare Safety Network. This document is the second STU release and will include the new outpatient forms and LOS /MEN denominator form.	Since the last ballot of this material in 2019MAY, the following changes have been made: Addition of forms: Outpatient Same Day Outcome Measures Event, Outpatient Same Day Outcome Measures Summary, Outpatient Procedure Denominiator, Outpatient SSI (Surgical Site Infection) Event, LOS (Late Onset Sepsis)/MEN (Meningitis) Denominator.	FHIR_IG_HAI_R1_D2_2019MAY

For more information on ballot procedure, such as general guidelines, and voting, see Ballot Procedures and Guidelines

NonMember Participation in HL7 Ballots Instructions (pdf , 236.9 kb)

For Help, see Balloting Help