Message Profiles – A/D/T

Hewlett–Packard Medical
HL7 Enterprise Communication Framework

Version 1.0, Second Edition
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1. HL7 A/D/T Messages Overview

1.1 Identification and description

HL7 Enterprise Communication Framework 1.0
Message Profiles - A/D/T

Version : 1.00 19960829

Within this document the term Information Model when capitalized refers to the Andover Working Group for Open Healthcare Interoperability (AWG-OHI) Information Model.

The HL7 Enterprise Communication Framework 1.0 (ECF) provides interoperability between compliant Health Level Seven (HL7) applications. As shown in Figure 1 several types of configurations are supported including contemporary applications which are not based upon the Enterprise Communicator (EC) technology, legacy applications which are "wrapped" by the EC, and fully EC enabled applications.

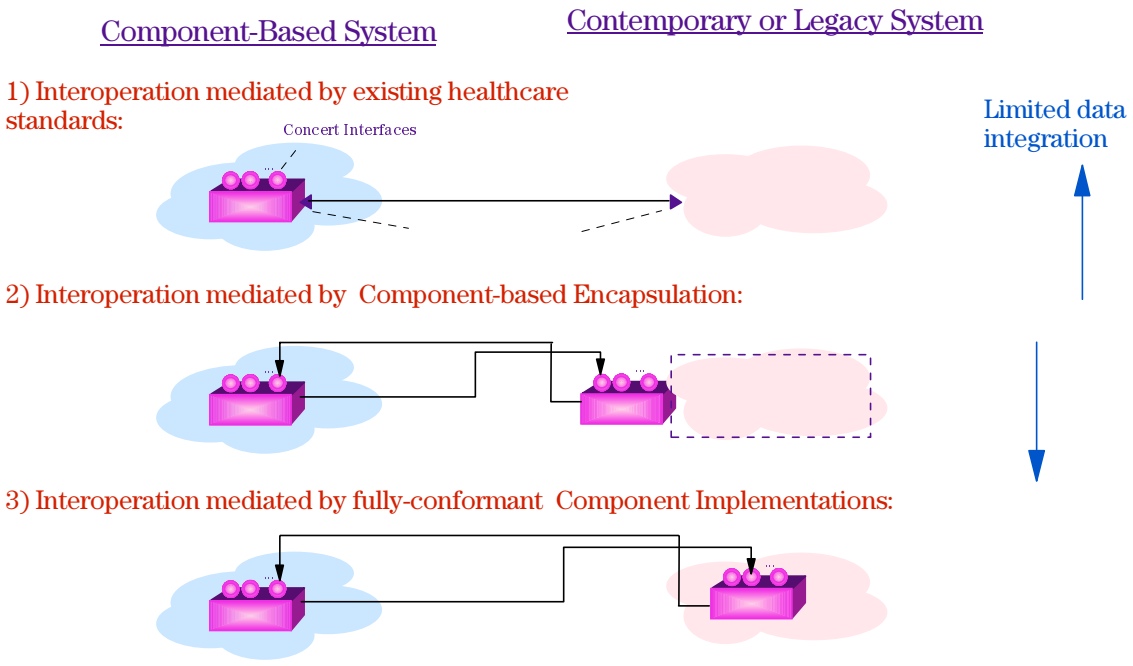


Figure 1 Interoperability between compliant HL7 applications

1.2 Value Proposition

Achieving “plug and play” information interchange among a set of healthcare applications requires consistent semantics for the shared domain. The sheer scope of the healthcare domain requires the method used to define and document the semantics for the shared domain be both efficient and scaleable. Rapid evolution of the underlying information systems infrastructure to support Integrated Delivery Systems requires that healthcare applications investments of suppliers and customers be insulated from that evolution. The Information Model provides an open, standards based, architectural approach to meeting these objectives.

Support for scalability and evolution of a common semantic definition of the shared domain is provided through use of an object-oriented Information Model. Insulation from evolution in the underlying infrastructure is achieved by basing applications on a single Information Model which is mapped to various underlying information interchange paradigms as shown in Figure 2. The method for development of the Information Model which has been demonstrated to support large scale development and is consistent with emerging healthcare standards. The method provides for efficiency through both leverage of those standards and through tooling which has been developed to support the method.

Development of a coherent set of messages from the Information Model requires a process for mapping the structure and content of the Information Model to the syntax of the messages. The approach chosen for this program is based upon work initiated by IEEE P1157 MEDIX and recently advanced as a European Norm by CEN TC251.

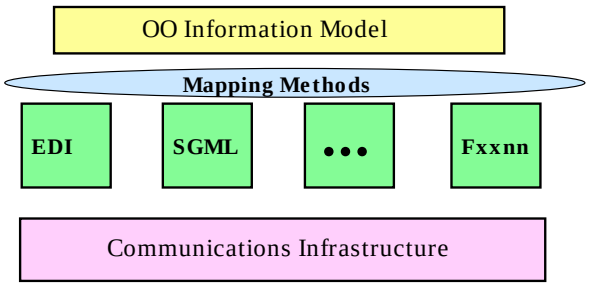


Figure 2 Information Model Provides for Evolution of Underlying Infrastructure

1.3 Relationship to Medical Products Group Architecture

The Information Model is one of the seven “facets” of the HP Medical Products Group (MPG) Architecture Reference Model shown in Figure 3. The HL7 messages represent a particular interchange format for the Enterprise Communication facet. This document defines the process for mapping the Information Model to the specific set of messages supported by this program.

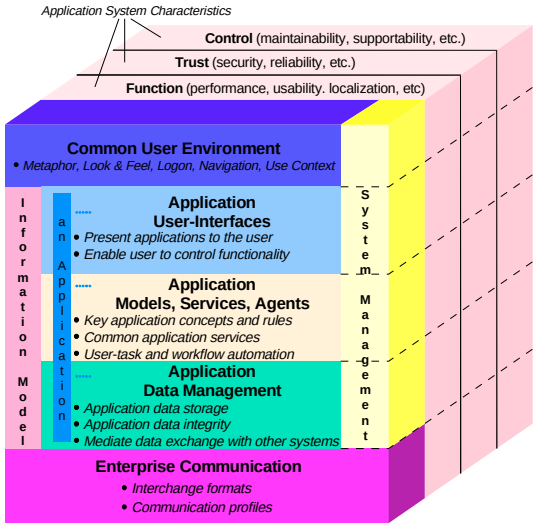


Figure 3 MPG Architecture Reference Model

The concepts underlying the Information Model are the product of a number of years of development in the healthcare standards community [i,ii] and have been adopted by Hewlett-Packard as the basis for the HP MPG Healthcare Information Architecture Framework.

Over the last four years, the concept of basing standards development on an information model of the application domain has evolved. Development of this approach began in the early meetings of the IEEE P1157 Committee . This led to very similar processes being developed in the American College of Radiology - National Electrical Manufacturers Association (ACR-NEMA), Health Level Seven (HL7), and in the European Committee for Standardization (CEN) standards activities. The approach is based on the recognition that, regardless of the method of communication, the subject matter for health care communications is drawn from a representation or model of health care and health care processes. It follows that a common information model of the health care domain can be used as the starting point for any communication standard.

The work on mapping of messages from an information model was started in IEEE P1157, has been advanced by the work of CEN TC251and is being adopted by the HL7 committee for development of their future messaging standards.

1.4 Summary of major features

Version 1.0 of the HL7 A/D/T Message specification provides the following features:

- Ensures consistent inter-product definition and use of HL7 messages.
- Supports linkage to open healthcare standards through adoption of the Information Model representation defined by the IEEE P1157.1 Joint Working Group on a Common Data Model, as well as the message mapping methods supported by CEN TC251, HL7, and IEEE P1157.2 in the area of information modeling and message mapping. This provides both leverage from existing work and a consistent path for submissions to those groups. In

particular, the current HL7 information modeling and message mapping activities are based on the same method.
- Provides Basis for consistent mapping to HL7 messages for site specific extensions when this facility is supported by the Enterprise Communicator.
- Provides basis for future mappings to EDIFACT, ASTM, DICOM, IEEE, HTML, and other interchange formats.
- Supports separation of specification from implementation allowing use of the Information Model and Message Specifications by contemporary systems not based on the ECF software.
- Supports scaleable evolution with backwards compatibility allowing for future extensions while protecting current application investments.

1.5 Contribution

Prior to Version 2.2, the HL7 specification was not based upon an explicit Information Model. As the scope of the standard evolved, it was recognized that the most productive way to maintain consistency among independent teams developing message specifications was to develop an explicit information model as the basis for the message definitions. HL7 Version 2.3 is now being developed concurrently with the development of an object-oriented information model as defined by the IEEE P1157.1 Joint Working Group for a Common Data Model, and HL7 Version 3.0 will be based upon an explicit object-oriented information model.

As work has progressed on Version 2.3 the need for adoption of a formal approach of mapping the information model to the message definition has become apparent. Work currently underway in HL7 in the area is based on the method described. in this document.

Leveraging the current HL7 work the AWG-OHI provides a substantial industry commitment on the part of major healthcare application suppliers and consumers to support the work that has been done in HL7. Leveraging the HL7 work is also an efficient mechanism for population of the Information Model. Adoption of consistent mappings for the information model to the message definitions will provide for a standard method for including site specific extensions and later adding those that have proven useful to the standard.

1.6 Typical user and environment

The primary users for this specification are information modelers and message developers responsible for the definition of the AWG-OHI Information Model and HL7 Messages. In addition, designers responsible for specification of Enterprise Communicator API's and services will have inputs regarding choices for mappings which make for simpler, more efficient implementations of the EC.

Other users for this specification include systems integrators charged with providing consistent, site specific, extensions to the AWG-OHI profiles as well as product design teams doing work in areas not currently covered by the HL7 Standard or AWG-OHI profiles who wish to ensure consistency with the current standard as the basis for future submissions.

1.7 Mapping to HL7 Messages

The approach for mapping the Information Model to HL7 messages is based upon the approach defined by an emerging European Norm CEN TC251 "Methodology for the development of

health care messages"[iii]. This approach is consistent with the architecture defined by IEEE P1157 and is the basis for current work in the HL7 committee for mapping of the HL7 information model to the HL7 messages. Details of mapping the Information Model to the HL7 messages are provided in the External Specification for the AWG-OHI HL7 message profiles.
For messaging systems based upon the notion of "trigger events", a possible interpretation of a use case is that it corresponds to a particular trigger event. As shown in the following figure, the set of use cases corresponding to the interactions of a pair of trading partners define the overall information model as shown in Figure 4.

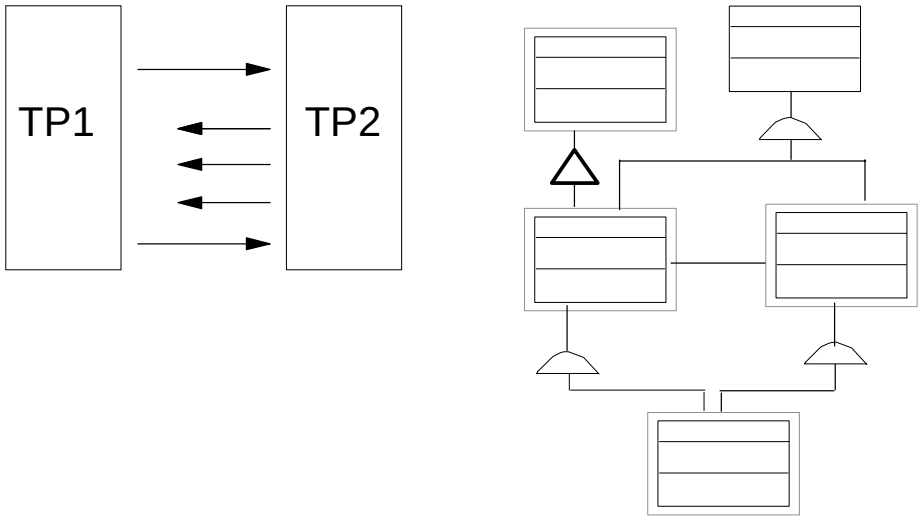


Figure 4 Use Cases for Domain Define the Domain Information Model

Further, as shown in the CEN PT3-025 proposal for derivation of messages from the domain information model, the message corresponding to a particular trigger event may be defined by eliding all parts of the domain information model which are not related to the specific trigger event of interest and then mapping the remaining structure in a consistent manner to the message definition as shown in Figure 5.

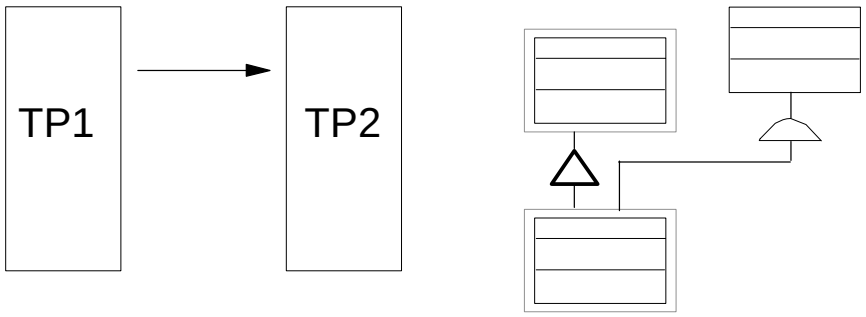


Figure 5 Derivation of Specific Message from Information Model

A conceptual example of the mapping of the information model to a message for a clinical laboratory request is shown in Figure 6.

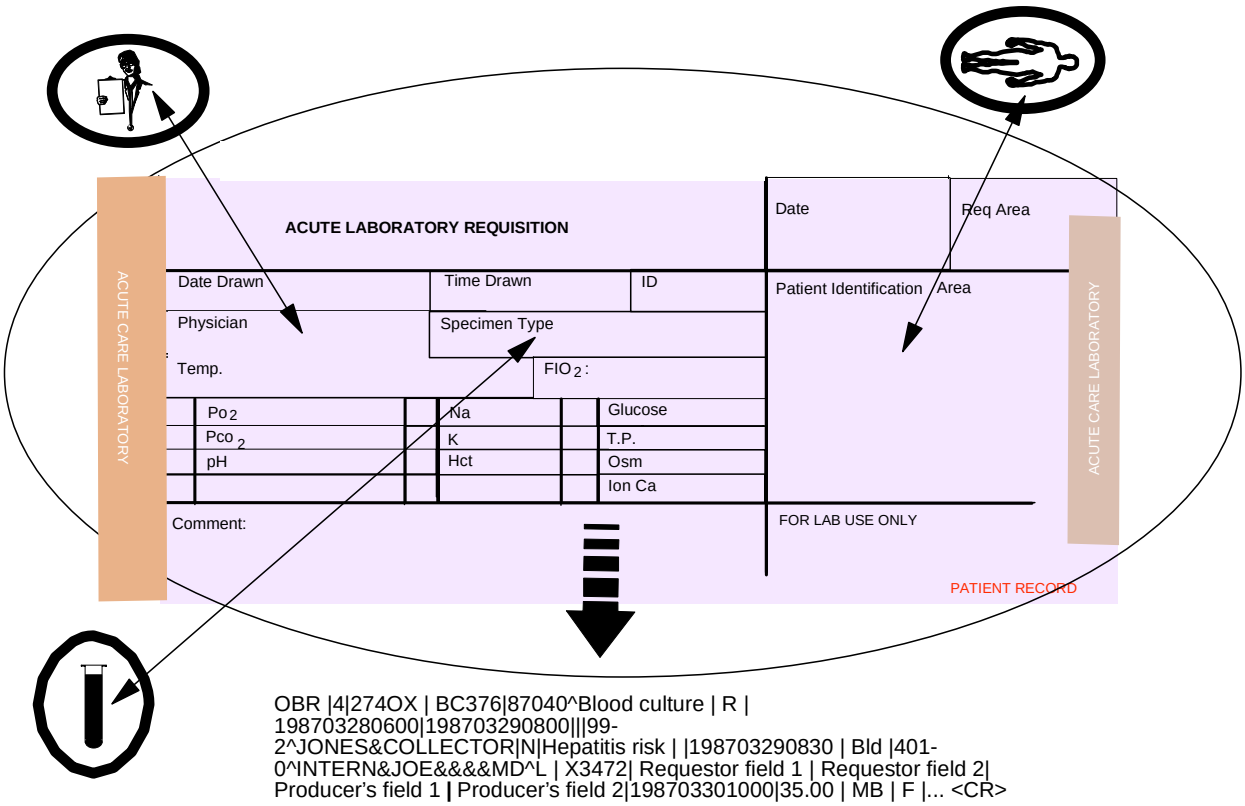


Figure 6 Conceptual Example of Mapping Information Model to HL7 Message

2. HL7 A/D/T Messages Scope and Objectives

2.1 Scope

This document specifies the approach used by the AWG-OHI for mapping the Information Model to the HL7 A/D/T Messages supported by Version 1.0 of the Enterprise Communicator Framework (ECF).

The Information Model is based upon the emerging IEEE P1157.1 Standard for Healthcare Data Interchange - Information Model Methods. This standard is being developed as a common approach for healthcare information modeling for use by the ASTM, DICOM, HL7, IEEE, NCPDP, and X.12N standards organization and is consistent with the required method for development of information models within the CEN TC251 standardization activities.

The mapping methods are consistent with those proposed by IEEE P1157, CEN TC251, and HL7.

The scope of ECF Version 1.0 includes the domain defined by HL7 version 2.2

- Chapter 3-Admission, Discharge, and Transfer

In addition the scope of ECF Version 1.0 is based upon HL7 version 2.2 unsolicited updates and immediate queries as defined by Chapter 2.0 Control Query.

The scope of ECF Version 1.0 is further specialized to the domain defined by the Andover Working Group for Open Healthcare Interoperability (AWG-OHI) as depicted in Figure 7.

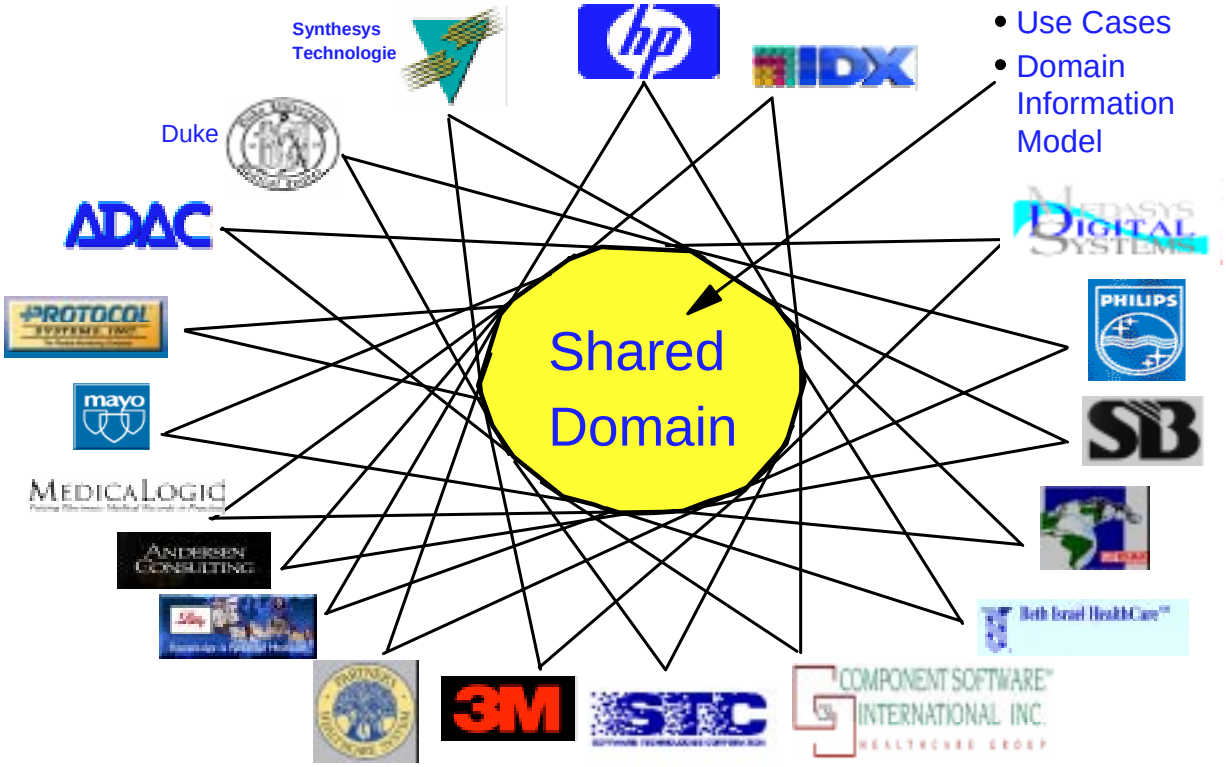


Figure 7 Shared Domain Defined by AWG-OHI

2.2 Objectives

This document defines the messages , based on HL7 2.2 and consistent with the Information Model, for A/D/T.

3. Definitions and Abbreviations

Terms and abbreviations which readers may not be familiar with and which are used throughout this document are summarized below:

3.1 Definitions

Class	An abstraction of a set of real-world things (objects) such that all of the objects have the same characteristics and all instances are subject to and conform to the same rules. Classes are the people, places, roles, things, and events about which information is kept. The term *Class* is used here to represent both classes and objects. Classes which cannot be instantiated as objects are referred to as abstract classes.
Model	A model is a collection of subject areas, Use Cases, classes, attributes, and services depicting the data needed in some aspect of healthcare informatics.
Subject area	A major category of information represented in the model. An aggregation of interrelated classes.
Trigger event	An occurrence in the health care domain or within the systems that support this domain that causes information to be exchanged in the domain or between systems.

3.2 Abbreviations

AWG-OHI	Andover Working Group for Open Healthcare Interoperability.
CEN TC251	CEN Technical Committee - Medical Informatics.
EC	Enterprise Communicator.
ECF	Enterprise Communication Framework.
HL7	Health Level Seven.
HTML	Hypertext Markup Language.
JWG-CDM	The Joint Working Group for a Common Data Model
OOA	Object-oriented analysis.

4. General Message Description (GMD) Information Model

This section defines the syntax independent, formal standard specifications of the content of the EDI messages supporting the information exchange needs for the A/D/T domain. These specifications are the link between the Domain Information Model and the syntax specific implementable message specifications (IMS). The approach that we used involved defining a composite general message description (GMD) rather than one GMD for each message type/event combination. The GMD is formed by introducing "design objects" that represent containers of selected DIM attributes. These design objects form the basis of AWG segment profiles in the HGMD and IMS specifications below. These segment profiles are used as building blocks to form the content for each AWG message profile. The GMD is presented as both a graphical expression and a literary expression within this document.

4.1 Model: AWG_ADT_GMD

4.1.1 Identifications:

Organization: AWG-OHI

Version: V 1.00 19960829

ModelID: AWG_ADT_GMD

Developed by: Dan Trainor

Description of: **AWG_ADT_GMD**

AWG-OHI ADT General Message Description Model

The current model is derived from HL7 ADT Model Version 2.2 Revision 3, which was last updated 11/27/95. Rev. 2 of the HL7 model was created in part by Dave Marotta. Rev. 3 was created by Kathryn Spector.

All interested parties are invited to review the model, and all comments and issues should be sent to Dan Trainor at danielt@an.hp.com.

Project file name: awgadt.cpj

Previous Comments and Issues: (none available at this time)

4.1.2 Subject Areas for: AWG_ADT_GMD

Subject Area: **ADT**

Contains classes: **Associated_party**
Care_provider

Care_recipient
Encounter
Facility
HC_Attendant
HC_Practitioner
Individual_provider
Inpatient_visit
Location
Location_role
Nurse_practitioner
Organization
Organizational_provider
Person
Physician
Stakeholder
Stakeholder_role
Visit

Subject Area: **AL1**

Contains classes: **Allergy**
Bed_location

Subject Area: **Meta_data**

Contains classes: **Care_provider**
Care_recipient
Punt
Stakeholder
Stakeholder_role

Subject Area: **NK1**

Contains classes: **Associated_party**
Organization
Patient
Person
Stakeholder
Stakeholder_role

Subject Area: **Orders**

Contains classes: **HC_Attendant**
HC_Practitioner
Individual_provider
Nurse_practitioner
Physician

Subject Area: **PID**

Object classes which participate in the PID segment.

Contains classes: **Patient**
Person

Subject Area: **PV1**

Object classes which participate in the PV1 segment.

Contains classes: **Encounter**
Episode_of_care
Facility
HC_Practitioner
Inpatient_visit
Location
Location_role
Patient
Physician
Visit

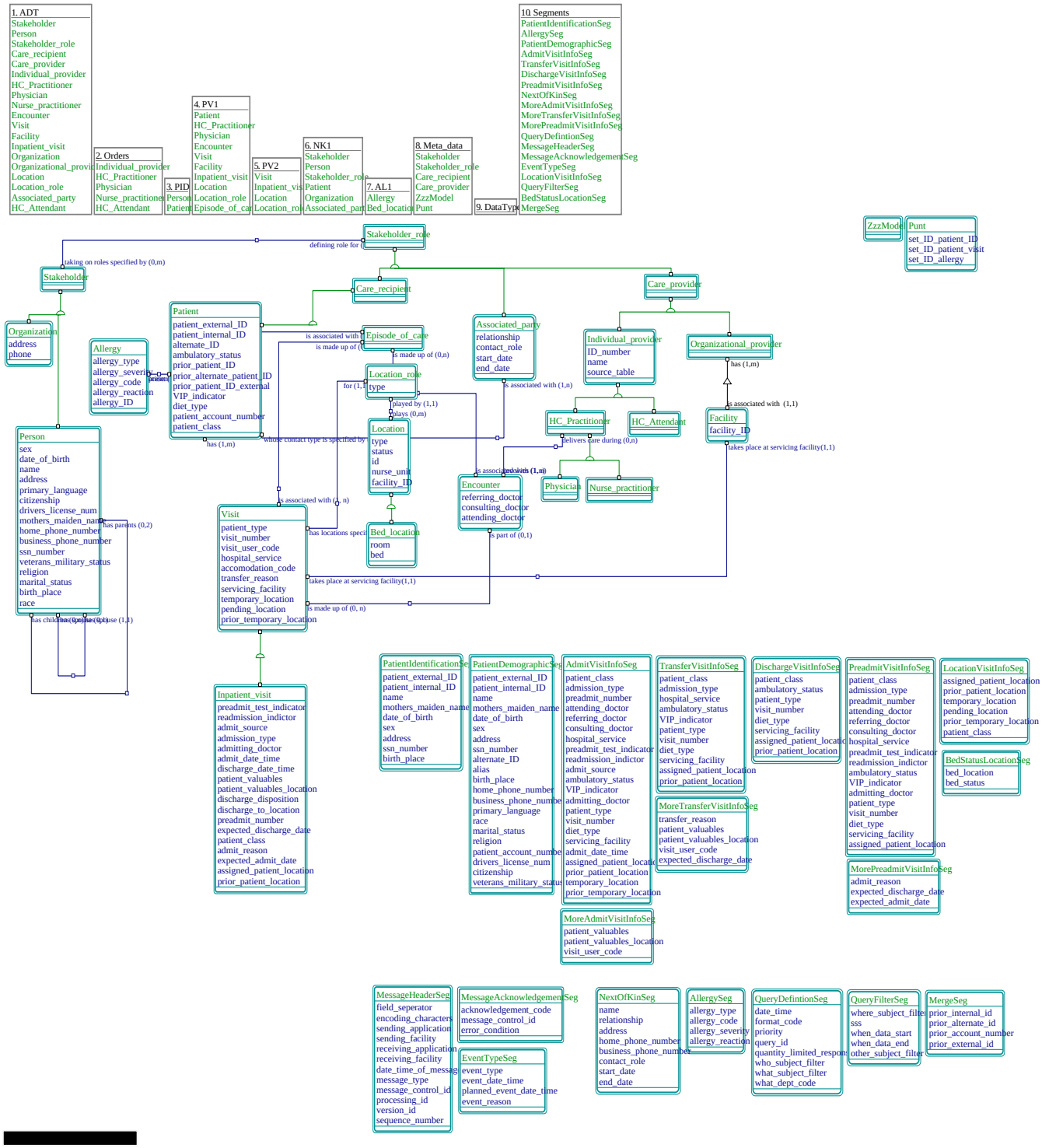
Subject Area: **PV2**

Object classes which participate in the PV2 segment.

Contains classes: **Inpatient_visit**
Location
Location_role
Visit

Subject Area: **Segments**

Contains classes: **AdmitVisitInfoSeg**
AllergySeg
BedStatusLocationSeg
DischargeVisitInfoSeg
EventTypeSeg
LocationVisitInfoSeg
MergeSeg
MessageAcknowledgementSeg
MessageHeaderSeg
MoreAdmitVisitInfoSeg
MorePreadmitVisitInfoSeg
MoreTransferVisitInfoSeg
NextOfKinSeg
PatientDemographicSeg
PatientIdentificationSeg
PreadmitVisitInfoSeg
QueryDefintionSeg
QueryFilterSeg
TransferVisitInfoSeg



Graphical Expression of the A/D/T GMD

4.2 Classes In: AWG_ADT_GMD

4.2.1 Class: AD

4.2.2 Class: AdmitVisitInfoSeg

Description of: **AdmitVisitInfoSeg**

PV1 (1) - Patient Visit Information Segment

StdRef HL7 Ref: V2.2

Attributes of: **AdmitVisitInfoSeg**

admission_type : ID

This field indicates the circumstances under which the patient was or will be admitted. Generally UB82 codes dictated by the financial system to describe the kind of admission. For example: "Elective", "Accident" or "Labor and Delivery". Refer to user-defined Table 0007 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

admit_date_time : TS

admit date/time. To be used if the event date/time is different than the admit date and time, i.e., a retroactive update.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00174

StdRef HL7 Table: none

admit_source : ID

indicates where the patient was admitted. Refer to user-defined table 0023 - admit source for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00144

StdRef HL7 Table: 0023

admitting_doctor : CN

Admitting doctor - by local agreement name or ID may not be present. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00147

StdRef HL7 Table: none

ambulatory_status : ID

refer to user-defined table 0009 - ambulatory status for suggested entries.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00145

StdRef HL7 Table: 0114

assigned_patient_location : CM

This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

attending_doctor : CN

The attending doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00137

StdRef HL7 Table: 0010

consulting_doctor : CN

The consulting doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00139

StdRef HL7 Table: 0010

diet_type : ID

indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00168

StdRef HL7 Table: 0114

hospital_service : ID

The treatment or type of surgery the patient is scheduled to receive. Required field with trigger events A01, A02, A14, A15. Refer to user-defined table 0069 - hospital service.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00140

StdRef HL7 Table: 0069

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_type : ID

Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00148

StdRef HL7 Table: 0018

preadmit_number : ID

uniquely identifies the patient’s pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. In the future, this field should be a CK data type -- like the account number.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

preadmit_test_indicator : ID

indicates that the patient must have pre-admission testing done in order to be admitted. Refer to user-defined table 0087 - pre-admit test indicator for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00142

StdRef HL7 Table: 0087

prior_patient_location : CM

old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00136

prior_temporary_location : CM

can be used when a patient is arriving or departing or for general update events. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00173

readmission_indictor : ID

Definition: indicates that a patient is being re-admitted to the facility and the circumstances. R for readmission or else null. Also recurring patient visits can be indicated. Refer to user-defined table 0092 - re-admission indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00143

StdRef HL7 Table: 0092

referring_doctor : CN

The referring doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00138

StdRef HL7 Table: 0010

servicing_facility : ID

used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to user-defined table 0115 - servicing facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

temporary_location : CM

location other than the assigned location required for a temporary period of time (e.g., OR). If a value exists in the fifth component (bed status) it supercedes the value in 3.3.3.40.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00141

VIP_indicator : ID

user-defined code to identify the type of VIP. Refer to user-defined table 0099 - VIP indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00146

StdRef HL7 Table: 0099

visit_number : CK

unique number assigned to each patient visit. This is left as NM data type for backwards compatibility but HL7 recommends new implementations use CK data type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00149

StdRef HL7 Table: .

4.2.3 **Class:** Allergy

Connected to: **Patient**

Description of: **Allergy**

StdRef HL7 Ref: Version 2.2, Rev. 3

Instance connections for: **Allergy**

present in patient (1,1) :: Patient :: **present in patient (1,1)**

Attributes of: **Allergy**

allergy_code : CE

Uniquely identifies a particular allergy; may conform to come external standard coding system (which must be identified) or may conform to local, largely textual or mnemonic descriptions.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00205

StdRef HL7 Table: none

allergy_ID : SI

Number that uniquely identifies last transaction to modify this class.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00203

allergy_reaction : ST

Short, textual description of the specific allergy reaction (convulsions, sneeze, rash, etc)

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00207

StdRef HL7 Table: none

allergy_severity : ID

indicates the general severity of the allergy (severe, moderate, mild, etc.). User-defined table 0128

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00206

StdRef HL7 Table: 0128

allergy_type : ID

indicates a general allergy category (drug, food, pollen, etc.). User-defined table 0127.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00204

StdRef HL7 Table: 0127

4.2.4 Class: AllergySeg

Description of: **AllergySeg**

AL1 - Allergy Segment

StdRef HL7 Ref: V2.2

Attributes of: **AllergySeg**

allergy_code : CE

Uniquely identifies a particular allergy; may conform to come external standard coding system (which must be identified) or may conform to local, largely textual or mnemonic descriptions.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00205

StdRef HL7 Table: none

allergy_reaction : ST

Short, textual description of the specific allergy reaction (convulsions, sneeze, rash, etc)

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00207

StdRef HL7 Table: none

allergy_severity : ID

indicates the general severity of the allergy (severe, moderate, mild, etc.). User-defined table 0128

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00206

StdRef HL7 Table: 0128

allergy_type : ID

indicates a general allergy category (drug, food, pollen, etc.). User-defined table 0127.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: AL1

StdRef HL7 El: 00204

StdRef HL7 Table: 0127

4.2.5 Class: Associated_party

Specialization of: **Stakeholder_role**

Connected to: **Patient**

Description of: **Associated_party**

The class of all stakeholders who are associated with patients in some way (next of kin, emergency contact, etc).

Instance connections for: **Associated_party**

is associated with (1,n) :: Patient :: **whose contact type is specified by (0,m)**

Associates a patient with a contact role performed by another stakeholder.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

Attributes of: **Associated_party**

contact_role : CE

indicates the specific relationship role (next of kin, employer, emergency contact, etc.). Refer to user-defined table 0131 - contact role. This field specifies the role that the next of kin plays with regards to the patient. For example, an employer, emergency contact, next of kin, insurance company, state agency, federal agency etc.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00196

StdRef HL7 Table: 0131

end_date : DT

End of relationship.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00198

StdRef HL7 Table: none

relationship : CE

defines the actual personal relationship that the next of kin has to the patient. Refer to user-defined table 0063 - relationship. Examples might include: brother, sister, mother, father, friend, spouse, emergency contact, employer, etc.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00192

StdRef HL7 Table: 0063

start_date : DT

Start of relationship.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00197

StdRef HL7 Table: none

4.2.6 Class: Bed_location

Specialization of: **Location**

Description of: **Bed_location**

Bed where a patient may be assigned or found.

Attributes of: **Bed_location**

bed :

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

room :

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

4.2.7 Class: BedStatusLocationSeg

Description of: **BedStatusLocationSeg**
NPU - Bed Status Location Segment

StdRef HL7 Ref: V2.2

Attributes of: **BedStatusLocationSeg**

bed_location : CM
Uniquely identifies the bed location. Refer to user-defined table 0079 - location.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NPU

StdRef HL7 El: 00209

StdRef HL7 Table: 0079

bed_status : ID
refer to user-defined table 0116 - bed status for suggested entries

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NPU

StdRef HL7 El: 00170

StdRef HL7 Table: 0116

4.2.8 Class: Care_provider

Specialization of: **Stakeholder_role**

Generalization of: **Individual_provider**

Organizational_provider

Description of: **Care_provider**

The class of all roles which provide care in the healthcare domain.

4.2.9 Class: Care_recipient

Specialization of: **Stakeholder_role**

Generalization of: **Patient**

Description of: **Care_recipient**

The class of all roles that receive care in the healthcare domain. (A member of an HMO who is not sick, for example)

4.2.10 Class: CE

4.2.11 Class: CK

4.2.12 Class: CM

4.2.13 Class: CN

4.2.14 Class: DischargeVisitInfoSeg

Description of: **DischargeVisitInfoSeg**

PV1 (4) - Discharge Visit Information Segment

StdRef HL7 Ref: V2.2

Attributes of: **DischargeVisitInfoSeg**

ambulatory_status : ID

refer to user-defined table 0009 - ambulatory status for suggested entries.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00145

StdRef HL7 Table: 0114

assigned_patient_location : CM

This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the

current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

diet_type : ID

indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00168

StdRef HL7 Table: 0114

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_type : ID

Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00148

StdRef HL7 Table: 0018

prior_patient_location : CM

old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00136

servicing_facility : ID

used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to user-defined table 0115 - servicing facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

visit_number : CK

unique number assigned to each patient visit. This is left as NM data type for backwards compatibility but HL7 recommends new implementations use CK data type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00149

StdRef HL7 Table: .

4.2.15 Class: DT

4.2.16 Class: Encounter

Connected to: **Episode_of_care**
HC_Practitioner
Visit

Description of: **Encounter**

An instance of face-to-face interaction between a Patient and a Practitioner during which care is delivered to the Patient.

StdRef HL7 Ref: V2.2 Rev.3

Instance connections for: **Encounter**

is associated with (1,n) :: Episode_of_care :: **is made up of (0,n)**

involves (1,n) :: HC_Practitioner :: **delivers care during (0,n)**

is part of (0,1) :: Visit :: **is made up of (0,n)**

Attributes of: **Encounter**

attending_doctor : CN

The attending doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00137

StdRef HL7 Table: 0010

consulting_doctor : CN

The consulting doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00139

StdRef HL7 Table: 0010

referring_doctor : CN

The referring doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00138

StdRef HL7 Table: 0010

4.2.17 Class: Episode_of_care

Connected to: **Encounter**

Patient
Visit

Description of: **Episode_of_care**

A collection of encounters (or visits?) that are grouped together to meet a clinical, administrative, or financial need. We will usually see episodes created to meet clinical needs, and this will usually involve a relationship with problem or problems.

StdRef HL7 Ref: V2.2 Rev. 3

Instance connections for: **Episode_of_care**

is made up of (0,n) :: Encounter :: **is associated with (1,n)**

is associated with (1,1) :: Patient :: **has (1,m)**

This is the relationship between an encounter and the patient(s) receiving care during that encounter.

StdRef HL7 Ref: V2.2

is made up of (0,n) :: Visit :: **is associated with (1,n)**

4.2.18 Class: EventTypeSeg

Description of: **EventTypeSeg**

EVN - Event Type Segment

StdRef HL7 Ref: V2.2

Attributes of: **EventTypeSeg**

event_date_time : TS

most systems will default to the system date/time when the transaction was entered, but should also permit an override.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: EVN

StdRef HL7 El: 00100

event_reason : ID

describes the reason for this event (e.g., patient request, physician order, census management, etc.). Refer to user-defined table 0062 - event reason for valid codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: EVN

StdRef HL7 El: 00102

StdRef HL7 Table: 0062

event_type : ID

codes correspond to the trigger events described in this section. e.g., admission, transfer, registration. This field is left in for backwards compatibility. It is recommended to use the second component (trigger event) of MSH-9-message type to transmit event type code information.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: EVN

StdRef HL7 El: 00099

planned_event_date_time : TS

date/time the event is planned. Recommend that the PV2 expected admit date and expected discharge date be used whenever possible.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: EVN

StdRef HL7 El: 00101

4.2.19 **Class:** Facility

Is part of: **Organizational_provider**

Connected to: **Visit**

Description of: **Facility**

Facility at which care is rendered.

StdRef HL7 Ref: V2.2

Whole/part for: **Facility**

is associated with (1,1) :: Organizational_provider :: **has (1,m)**

Instance connections for: **Facility**

takes place at servicing facility (1,1) :: Visit :: **takes place at servicing facility (1,1)**

Used in a multiple facility environment to indicate the faciltity with which this visit is associated.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

Attributes of: **Facility**

facility_ID : ID

Used in a multiple facility environment

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: none

4.2.20 Class: HC_Attendant

Specialization of: **Individual_provider**

Description of: **HC_Attendant**

The class of all NON-licenced invidual service providers

StdRef HL7 Ref: Rev. 3

4.2.21 Class: HC_Practitioner

Specialization of: **Individual_provider**

Generalization of: **Nurse_practitioner**
Physician

Connected to: **Encounter**

Description of: **HC_Practitioner**

The class of all LICENCED invidual provider practitioners.

StdRef HL7 Ref: Rev . 3

Instance connections for: **HC_Practitioner**

delivers care during (0,n) :: Encounter :: **involves (1,n)**

4.2.22 Class: ID

4.2.23 Class: Individual_provider

Specialization of: **Care_provider**

Generalization of: **HC_Attendant**
HC_Practitioner

Description of: **Individual_provider**
The class of all invidual providers.

StdRef HL7 Ref: Will contain all information on provider staff (doctors, nurses, therapists, etc).

Attributes of: **Individual_provider**

ID_number : ID
Site specific coded ID

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

name : PN
Provider's name

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

source_table : int
Source table used for ID

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

4.2.24 Class: Inpatient_visit

Specialization of: **Visit**

Description of: **Inpatient_visit**
The class of visits requiring admission to an inpatient facility.

StdRef HL7 Ref: V2.2

Attributes of: **Inpatient_visit**

admission_type : ID

This field indicates the circumstances under which the patient was or will be admitted. Generally UB82 codes dictated by the financial system to describe the kind of admission. For example: "Elective", "Accident" or "Labor and Delivery". Refer to user-defined Table 0007 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

admit_date_time : TS

admit date/time. To be used if the event date/time is different than the admit date and time, i.e., a retroactive update.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00174

StdRef HL7 Table: none

admit_reason : CE

A short description of the patient admission reason

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00183

StdRef HL7 Table: .

admit_source : ID

indicates where the patient was admitted. Refer to user-defined table 0023 - admit source for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00144

StdRef HL7 Table: 0023

admitting_doctor : CN

Admitting doctor - by local agreement name or ID may not be present. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00147

StdRef HL7 Table: none

assigned_patient_location : CM

This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

discharge_date_time : TS

discharge date/time. To be used if the event date/time is different than the admit date and time, i.e., a retroactive update.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00175

StdRef HL7 Table: none

discharge_disposition : ID

disposition of the patient at time of discharge (i.e., discharged to home; expired; etc.). Refer to user-defined table 0112 - discharged disposition.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00166

StdRef HL7 Table: 0112

discharge_to_location : CM

indicates a facility to which the patient was discharged. Refer to user-defined table 0113 - discharged to location.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00167

StdRef HL7 Table: 0113

expected_admit_date : DT

Date patient expected to be admitted.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00188

StdRef HL7 Table: none

expected_discharge_date : DT

Date patient is expected to be discharged. A non-event related date used by ancillaries to more accurately determine projected workloads.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00189

StdRef HL7 Table: none

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_valuables : ST

A short description of the patient valuables checked in during admission.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00185

StdRef HL7 Table: none

patient_valuables_location : ST

Indicates the location of the patient's valuables.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00186

StdRef HL7 Table: none

preadmit_number : ID

uniquely identifies the patient's pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. In the future, this field should be a CK data type -- like the account number.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

preadmit_test_indicator : ID

indicates that the patient must have pre-admission testing done in order to be admitted. Refer to user-defined table 0087 - pre-admit test indicator for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00142

StdRef HL7 Table: 0087

prior_patient_location : CM

old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00136

readmission_indictor : ID

Definition: indicates that a patient is being re-admitted to the facility and the circumstances. R for readmission or else null. Also recurring patient visits can be indicated. Refer to user-defined table 0092 - re-admission indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00143

StdRef HL7 Table: 0092

4.2.25 **Class:** Location

Generalization of: **Bed_location**

Connected to: **Location_role**

Description of: **Location**

Place where a patient may be assigned or found.(bed, treatment room, hallway, drawer number, etc..)

Instance connections for: **Location**

plays (0,m) :: Location_role :: **played by (1,1)**

Associates a physical location with the roles it plays in various visits.

StdRef HL7 Ref: V2.2

Attributes of: **Location**

facility_ID :

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

id : ID

Uniquely identifies the bed location. Refer to user-defined table 0079 - location.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NPU

StdRef HL7 El: 00209

StdRef HL7 Table: 0079

nurse_unit :

StdRef HL7 Ref: V2.2

StdRef HL7 Table: none

status : ID

Current status of the location.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NPU, PV1

StdRef HL7 El: 00170

StdRef HL7 Table: 0116

type : ID

Type of location, such as bed, treatment room, hallway, drawer number, etc..

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NPU

StdRef HL7 El: 00209

StdRef HL7 Table: 0079

4.2.26 Class: Location_role

Connected to: **Location**
Visit

Description of: **Location_role**

The types of roles that the relationship between a visit and a location may have.

StdRef HL7 Ref: V2.2

Instance connections for: **Location_role**

played by (1,1) :: Location :: **plays (0,m)**
Associates a physical location with the roles it plays in various visits.

StdRef HL7 Ref: V2.2

for (1,1) :: Visit :: **has locations specified by (0,6)**
Associates a visit with locations that play various roles (assigned, temporary, etc).

StdRef HL7 Ref: V2.2

Attributes of: **Location_role**

type : ID
The types of roles that a location may play in a visit, such as assigned, pending, prior, temporary, etc.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1, PV2

StdRef HL7 El: 00133, 00136, 00141, 00172, 00173, 00181

StdRef HL7 Table: .

4.2.27 Class: LocationVisitInfoSeg

Description of: **LocationVisitInfoSeg**
PV1 (6) - Location Visit Information Segment

Attributes of: **LocationVisitInfoSeg**

assigned_patient_location : CM
This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

pending_location : CM

indicates the nursing station, room, bed, facility ID and bed status to which the patient may be moved. If a value exists in the fifth component (bed status) it supercedes the value in 3.3.3.40.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00172

prior_patient_location : CM

old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00136

prior_temporary_location : CM

can be used when a patient is arriving or departing or for general update events. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00173

temporary_location : CM

location other than the assigned location required for a temporary period of time (e.g., OR). If a value exists in the fifth component (bed status) it supercedes the value in 3.3.3.40.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00141

4.2.28 **Class:** MergeSeg

Description of: **MergeSeg**
MRG - Merge Segment

StdRef HL7 Ref: V2.2

Attributes of: **MergeSeg**

prior_account_number : CK
table 0061 - check digit scheme is defined in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MRG

StdRef HL7 El: 00213

StdRef HL7 Table: .

prior_alternate_id : CM
table 0061 - check digit scheme is defined in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MRG

StdRef HL7 El: 00212

StdRef HL7 Table: .

prior_external_id : CK
table 0061 - check digit scheme is defined in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MRG

StdRef HL7 El: 00214

prior_internal_id : CM
table 0061 - check digit scheme is defined in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MRG

StdRef HL7 El: 00211

StdRef HL7 Table: .

4.2.29 Class: MessageAcknowledgementSeg

Description of: **MessageAcknowledgementSeg**

MSA - Message Acknkowledgement Segment

StdRef HL7 Ref: V2.2

Attributes of: **MessageAcknowledgementSeg**

acknowledgement_code : ID

This field contains an acknowledgment code, see message processing rules. Refer to HL7 table 0008 - Acknowledgment code for valid values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSA

StdRef HL7 El: 00018

StdRef HL7 Table: 0008

error_condition : CE

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSA

StdRef HL7 El: 00023

message_control_id : ST

This field contains the message control ID of the message sent by the sending system. It allows the sending system to associate this response with the message for which it is intended.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSA

StdRef HL7 El: 00019

4.2.30 Class: MessageHeaderSeg

Description of: **MessageHeaderSeg**

MSH - Message Header Segment

StdRef HL7 Ref: V2.2

Attributes of: **MessageHeaderSeg**

date_time_of_message : TS

This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00007

encoding_characters : ST

This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Recommended values are ^~. AWG Always use values ^~.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 0002

field_seperator : ST

This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such it serves as the separator and defines the character to be used as a separator for the rest of the message. Recommended value is |. AWG Always use value |.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 0001

message_control_id : ST

This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00010

StdRef HL7 Table: .

message_type : CM

This field contains the message type and trigger event for the message. The first component is the message type edited by HL7 table 0076 - Message type; second is the trigger event code edited by HL7 table 0003 - Event type. The receiving system uses this field to know the data segments to recognize, and possibly, the application to which to route this message. For certain queries, which may have more than a single response event type, the second component may, in the response message, vary to indicate the response event type. The second component is not required on response or acknowledgment messages. This field was a CM type in HL7 2.2, we have changed it to an explicit type MT in IDL.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00009

StdRef HL7 Table: 0076

processing_id : ID

This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules, above. Refer to HL7 table 0103 - Processing ID for valid values).

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00011

StdRef HL7 Table: 0103

receiving_application : ST

This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00005

receiving_facility : ST

This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations. See comments: sending facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00006

sending_application :

This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 0003

sending_facility : ST

This field contains the address of one of several occurrences of the same application within the sending system. Absent other considerations, the Medicare Provider ID might be used with an appropriate sub-identifier in the second component. Entirely site-defined.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00004

sequence_number : NM

This field contains a non-null value in this field implies that the sequence number protocol is in use. This numeric field incremented by one for each subsequent value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00013

version_id : ID

This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. Refer to HL7 table 0104 - Version ID for valid values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: MSH

StdRef HL7 El: 00012

StdRef HL7 Table: 0104

4.2.31 Class: MoreAdmitVisitInfoSeg

Description of: **MoreAdmitVisitInfoSeg**

PV2 (2) - More Admit Visit Information Segment

StdRef HL7 Ref: V2.2

Attributes of: **MoreAdmitVisitInfoSeg**

patient_valuables : ST

A short description of the patient valuables checked in during admission.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00185

StdRef HL7 Table: none

patient_valuables_location : ST

Indicates the location of the patient's valuables.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00186

StdRef HL7 Table: none

visit_user_code : ID

further categorizes a patient's visit with respect to an individual institution's needs (e.g., teaching flag = TE, indicating the patient is a teaching case). Refer to user-defined table 0130 - visit user code.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00187

StdRef HL7 Table: 0130

4.2.32 Class: MorePreadmitVisitInfoSeg

Description of: **MorePreadmitVisitInfoSeg**
PV2 (4) More Preadmit Visit Information Segment

StdRef HL7 Ref: V2.2

Attributes of: **MorePreadmitVisitInfoSeg**

admit_reason : CE
A short description of the patient admission reason

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00183

StdRef HL7 Table: .

expected_admit_date : DT
Date patient expected to be admitted.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00188

StdRef HL7 Table: none

expected_discharge_date : DT
Date patient is expected to be discharged. A non-event related date used by ancillaries to more accurately determine projected workloads.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00189

StdRef HL7 Table: none

4.2.33 Class: MoreTransferVisitInfoSeg

Description of: **MoreTransferVisitInfoSeg**
PV2 (3) - More Transfer Visit Information Segment

StdRef HL7 Ref: V2.2

Attributes of: **MoreTransferVisitInfoSeg**

expected_discharge_date : DT

Date patient is expected to be discharged. A non-event related date used by ancillaries to more accurately determine projected workloads.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00189

StdRef HL7 Table: none

patient_valuables : ST

A short description of the patient valuables checked in during admission.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00185

StdRef HL7 Table: none

patient_valuables_location : ST

Indicates the location of the patient's valuables.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00186

StdRef HL7 Table: none

transfer_reason : CE

Short description of the patient location change reason.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00184

StdRef HL7 Table: none

visit_user_code : ID

further categorizes a patient's visit with respect to an individual institution's needs (e.g., teaching flag = TE, indicating the patient is a teaching case). Refer to user-defined table 0130 - visit user code.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00187

StdRef HL7 Table: 0130

4.2.34 Class: NextOfKinSeg

Description of: **NextOfKinSeg**

NK1 - Next of Kin Segment

StdRef HL7 Ref: V2.2

Attributes of: **NextOfKinSeg**

address : List(3) of AD

Home address of a person; complex attribute incorporating all somponents of HL7 AD datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00114,00193

StdRef HL7 Table: .

business_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00117,00195

StdRef HL7 Table: none

contact_role : CE

indicates the specific relationship role (next of kin, employer, emergency contact, etc.). Refer to user-defined table 0131 - contact role. This field specifies the role that the next of kin plays with regards to the patient. For

example, an employer, emergency contact, next of kin, insurance company, state agency, federal agency etc.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00196

StdRef HL7 Table: 0131

end_date : DT

End of relationship.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00198

StdRef HL7 Table: none

home_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00116,00194

name : PN

Person's name. Complex attribute, with format of HL7 PN datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00108,00191

StdRef HL7 Table: .

relationship : CE

defines the actual personal relationship that the next of kin has to the patient. Refer to user-defined table 0063 - relationship. Examples might include: brother, sister, mother, father, friend, spouse, emergency contact, employer, etc.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00192

StdRef HL7 Table: 0063

start_date : DT
Start of relationship.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00197

StdRef HL7 Table: none

4.2.35 Class: NM

4.2.36 Class: Nurse_practitioner

Specialization of: **HC_Practitioner**

Description of: **Nurse_practitioner**
The class of all nurse practitioners.

4.2.37 Class: Organization

Specialization of: **Stakeholder**

Description of: **Organization**
A group or entity that performs roles in the domain.

StdRef HL7 Ref: V2.2

Attributes of: **Organization**

address : AD
Address of the organization.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00193

StdRef HL7 Table: .

phone : TN

Main telephone number of this organization; includes country code, area code, city code (for european numbers), number, extension, etc. Complex attribute.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: NK1

StdRef HL7 El: 00195

StdRef HL7 Table: none

4.2.38 Class: Organizational_provider

Specialization of: **Care_provider**

Has parts: **Facility**

Description of: **Organizational_provider**

The class of all provider organizations.

Whole/part for: **Organizational_provider**

has (1,m) :: Facility :: **is associated with (1,1)**

4.2.39 Class: Patient

Specialization of: **Care_recipient**

Connected to: **Allergy**
Associated_party
Episode_of_care

Instance connections for: **Patient**

present in patient (1,1) :: Allergy :: **present in patient (1,1)**

whose contact type is specified by (0,m) :: Associated_party :: **is associated with (1,n)**

Associates a patient with a contact role performed by another stakeholder.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

has (1,m) :: Episode_of_care :: **is associated with (1,1)**

This is the relationship between an encounter and the patient(s) receiving care during that encounter.

StdRef HL7 Ref: V2.2

Attributes of: **Patient**

alternate_ID : ST

third number may be required to identify a patient. Possible contents include a visit number, a visit date, or Social Security Number.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00107

ambulatory_status : ID

refer to user-defined table 0009 - ambulatory status for suggested entries.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00145

StdRef HL7 Table: 0114

diet_type : ID

indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00168

StdRef HL7 Table: 0114

patient_account_number : CK

number assigned by accounting to which all charges, payments, etc. are recorded. It is used to identify the patient's account. Refer to table 0061 - check digit scheme in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00121

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_external_ID : CK

if the patient is from another institution, outside office, etc., the identifier used by that institution can be shown here. This may be a number which multiple disparate corporations or facilities share. Refer to table 0061 - check digit scheme in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00105

patient_internal_ID : CX

primary ID used by the facility to uniquely identify a patient at the time of admit, (e.g., medical record number, billing number, etc). Refer to table 0061-check digit scheme.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00106

prior_alternate_patient_ID

prior_patient_ID

prior_patient_ID_external

VIP_indicator : ID

user-defined code to identify the type of VIP. Refer to user-defined table 0099 - VIP indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00146

StdRef HL7 Table: 0099

4.2.40 Class: PatientDemographicSeg

Description of: **PatientDemographicSeg**

PV1 (1) - Patient Demographics Segment

StdRef HL7 Ref: V2.2

Attributes of: **PatientDemographicSeg**

address : List(3) of AD

Home address of a person; complex attribute incorporating all somponents of HL7 AD datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00114,00193

StdRef HL7 Table: .

alias : ST(25)

name(s) by which the patient has been known at some time.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00118

StdRef HL7 Table: none

alternate_ID : ST

third number may be required to identify a patient. Possible contents include a visit number, a visit date, or Social Security Number.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00107

birth_place : ST(25)

indicates the location of the patient’s birth.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00126

StdRef HL7 Table: none

business_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00117,00195

StdRef HL7 Table: none

citizenship : ID

indicates the patient's country of citizenship. Refer to user-defined table 0171 - country code ISO 3166 - Numeric.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00129

StdRef HL7 Table: 0171

date_of_birth : TS

Person's birthdate, if known.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00110

StdRef HL7 Table: .

drivers_license_num : CM(25)

patient's drivers license number. Some sites may use this as a unique number that identifies the patient. Default of the second component is the state in which the patient is being registered.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00123

StdRef HL7 Table: none

home_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00116,00194 /%HL7Table/none /%Mdldec%/.

marital_status : ID

patient's marital status. Refer to user-defined table 0002 - marital status for suggested entries.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00119

StdRef HL7 Table: 0002

mothers_maiden_name : ST(30)

family name under which the mother was born (i.e., before marriage.) Used to disambiguate patients with the same last name.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00109

StdRef HL7 Table: none

name : PN

Person's name. Complex attribute, with format of HL7 PN datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00108,00191

StdRef HL7 Table: .

patient_account_number : CK

number assigned by accounting to which all charges, payments, etc. are recorded. It is used to identify the patient's account. Refer to table 0061 - check digit scheme in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00121

patient_external_ID : CK

if the patient is from another institution, outside office, etc., the identifier used by that institution can be shown here. This may be a number which multiple disparate corporations or facilities share. Refer to table 0061 - check digit scheme in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00105

patient_internal_ID : CX

primary ID used by the facility to uniquely identify a patient at the time of admit, (e.g., medical record number, billing number, etc). Refer to table 0061- check digit scheme.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00106

primary_language : ST(25)

Language spoken by the patient.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00118

StdRef HL7 Table: none

race : ID

ERISA also has a published list of ethnic classifications which may be used by local agreement at a site. Refer to user-defined table 0005 - race.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00113

StdRef HL7 Table: 0005

religion : ID

patient's religion. Refer to user-defined table 0006 - religion.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00120

StdRef HL7 Table: 0006

sex : ST(1)

person's sex. Refer to table 0001 - sex for valid codes.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00111

StdRef HL7 Table: 0001

ssn_number : ST(16)

patient's social security number. This number may also be an RR retirement number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00122

StdRef HL7 Table: .

veterans_military_status : CE

indicates the military status assigned to a veteran. Refer to user-defined table 0172 - veterans military status for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00130

StdRef HL7 Table: 0172

4.2.41 Class: PatientIdentificationSeg

Description of: **PatientIdentificationSeg**

PV1 (2) Patient Identification Segment

StdRef HL7 Ref: V2.2

Attributes of: **PatientIdentificationSeg**

address : List(3) of AD

Home address of a person; complex attribute incorporating all somponents of HL7 AD datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00114,00193

StdRef HL7 Table: .

birth_place : ST(25)

indicates the location of the patient's birth.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00126

StdRef HL7 Table: none

date_of_birth : TS

Person's birthdate, if known.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00110

StdRef HL7 Table: .

mothers_maiden_name : ST(30)

family name under which the mother was born (i.e., before marriage.) Used to disambiguate patients with the same last name.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00109

StdRef HL7 Table: none

name : PN

Person's name. Complex attribute, with format of HL7 PN datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00108,00191

StdRef HL7 Table: .

patient_external_ID : CK

if the patient is from another institution, outside office, etc., the identifier used by that institution can be shown here. This may be a number which multiple disparate corporations or facilities share. Refer to table 0061 - check digit scheme in Chapter 2.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00105

patient_internal_ID : CX

primary ID used by the facility to uniquely identify a patient at the time of admit, (e.g., medical record number, billing number, etc). Refer to table 0061- check digit scheme.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00106

sex : ST(1)

person's sex. Refer to table 0001 - sex for valid codes.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00111

StdRef HL7 Table: 0001

ssn_number : ST(16)
patient's social security number. This number may also be an RR retirement number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00122

StdRef HL7 Table: .

4.2.42 **Class:** Person

Specialization of: **Stakeholder**

Connected to: **Person**

Description of: **Person**
The class of all persons in the model.

StdRef HL7 Ref: Holds information common to all person objects from any segment and element in the standard.

Instance connections for: **Person**

has children (0,n) :: Person :: **has parents (0,2)**
Represents the association between parents and children.

StdRef HL7 Ref: Used to hold information for Mother's identifier in PID, can be used to track mother's maiden name, etc.

has parents (0,2) :: Person :: **has children (0,n)**
Represents the association between parents and children.

StdRef HL7 Ref: Used to hold information for Mother's identifier in PID, can be used to track mother's maiden name, etc.

has spouse (0,1) :: Person :: **has spouse (1,1)**
Provides association between spouses.

StdRef HL7 Ref: implied

has spouse (1,1) :: Person :: **has spouse (0,1)**
Provides association between spouses.

StdRef HL7 Ref: implied

Attributes of: **Person**

address : List(3) of AD

Home address of a person; complex attribute incorporating all somponents of HL7 AD datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00114,00193

StdRef HL7 Table: .

birth_place : ST(25)

indicates the location of the patient's birth.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00126

StdRef HL7 Table: none

business_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID, NK1

StdRef HL7 El: 00117,00195

StdRef HL7 Table: none

citizenship : ID

indicates the patient's country of citizenship. Refer to user-defined table 0171 - country code ISO 3166 - Numeric.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00129

StdRef HL7 Table: 0171

date_of_birth : TS

Person's birthdate, if known.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00110

StdRef HL7 Table: .

drivers_license_num : CM(25)

patient's drivers license number. Some sites may use this as a unique number that identifies the patient. Default of the second component is the state in which the patient is being registered.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00123

StdRef HL7 Table: none

home_phone_number : TN

Home phone number - up to three repetitions are permitted. The first is considered the primary number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00116,00194 /%HL7Table/none /%Mdldec%/.

marital_status : ID

patient's marital status. Refer to user-defined table 0002 - marital status for suggested entries.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00119

StdRef HL7 Table: 0002

mothers_maiden_name : ST(30)

family name under which the mother was born (i.e., before marriage.) Used to disambiguate patients with the same last name.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00109

StdRef HL7 Table: none

name : PN

Person's name. Complex attribute, with format of HL7 PN datatype.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID,NK1

StdRef HL7 El: 00108,00191

StdRef HL7 Table: .

primary_language : ST(25)

Language spoken by the patient.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00118

StdRef HL7 Table: none

race : ID

ERISA also has a published list of ethnic classifications which may be used by local agreement at a site. Refer to user-defined table 0005 - race.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00113

StdRef HL7 Table: 0005

religion : ID

patient's religion. Refer to user-defined table 0006 - religion.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00120

StdRef HL7 Table: 0006

sex : ST(1)

person's sex. Refer to table 0001 - sex for valid codes.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00111

StdRef HL7 Table: 0001

ssn_number : ST(16)

patient's social security number. This number may also be an RR retirement number.

StdRef HL7 Ref: HL7 V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00122

StdRef HL7 Table: .

veterans_military_status : CE

indicates the military status assigned to a veteran. Refer to user-defined table 0172 - veterans military status for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00130

StdRef HL7 Table: 0172

4.2.43 Class: Physician

Specialization of: **HC_Practitioner**

Description of: **Physician**

The class of all physician providers; this is the persistant information for a person functioning as one of these.

4.2.44 Class: PN

4.2.45 Class: PreadmitVisitInfoSeg

Description of: **PreadmitVisitInfoSeg**

PV1 (5) - Preadmit Visit Information Segment

Attributes of: **PreadmitVisitInfoSeg**

admission_type : ID

This field indicates the circumstances under which the patient was or will be admitted. Generally UB82 codes dictated by the financial system to describe the kind of admission. For example: "Elective", "Accident" or "Labor and Delivery". Refer to user-defined Table 0007 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

admitting_doctor : CN

Admitting doctor - by local agreement name or ID may not be present. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00147

StdRef HL7 Table: none

ambulatory_status : ID

refer to user-defined table 0009 - ambulatory status for suggested entries.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00145

StdRef HL7 Table: 0114

assigned_patient_location : CM

This field contains the patient’s initial assigned location or the location to which the patient is being moved. The first component may be the nursing

station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

attending_doctor : CN

The attending doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00137

StdRef HL7 Table: 0010

consulting_doctor : CN

The consulting doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00139

StdRef HL7 Table: 0010

diet_type : ID

indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00168

StdRef HL7 Table: 0114

hospital_service : ID

The treatment or type of surgery the patient is scheduled to receive. Required field with trigger events A01, A02, A14, A15. Refer to user-defined table 0069 - hospital service.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00140

StdRef HL7 Table: 0069

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_type : ID

Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00148

StdRef HL7 Table: 0018

preadmit_number : ID

uniquely identifies the patient’s pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. In the future, this field should be a CK data type -- like the account number.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

preadmit_test_indicator : ID

indicates that the patient must have pre-admission testing done in order to be admitted. Refer to user-defined table 0087 - pre-admit test indicator for suggested codes.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00142

StdRef HL7 Table: 0087

readmission_indictor : ID

Definition: indicates that a patient is being re-admitted to the facility and the circumstances. R for readmission or else null. Also recurring patient visits can be indicated. Refer to user-defined table 0092 - re-admission indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00143

StdRef HL7 Table: 0092

referring_doctor : CN

The referring doctor. Depending on local agreements, either ID or the name may be absent. Refer to user-defined table 0010 - physician ID.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00138

StdRef HL7 Table: 0010

servicing_facility : ID

used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to user-defined table 0115 - servicing facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

VIP_indicator : ID

user-defined code to identify the type of VIP. Refer to user-defined table 0099 - VIP indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00146

StdRef HL7 Table: 0099

visit_number : CK

unique number assigned to each patient visit. This is left as NM data type for backwards compatibility but HL7 recommends new implementations use CK data type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00149

StdRef HL7 Table: .

4.2.46 Class: Punt

Description of: **Punt**

A modeling meta-class which contains those attributes where the modelers have no idea what to do with them, and throw the floor open to anyone who wants to grab the ball.

StdRef HL7 Ref: All unresolvable issues that must be documented.

Attributes of: **Punt**

set_ID_allergy

set_ID_patient_ID : SI

Message sequencing field for repeating segments in a message.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PID

StdRef HL7 El: 00140

StdRef HL7 Table: none

set_ID_patient_visit : OPT SI(4)

Number that uniquely identifies this transaction for the purposes of adding, changing or deleting the transaction.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00131

StdRef HL7 Table: none

4.2.47 Class: QueryDefintionSeg

Description of: **QueryDefintionSeg**

QRD - Query Definition Segment

StdRef HL7 Ref: V2.2

Attributes of: **QueryDefintionSeg**

date_time : TS

Date the query was generated by the application program.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 00025

format_code : ID

refer to table 0106 - query format code for valid codes. AWG We are currently supporting record-oriented response formats. Always set to ‘R’.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 00026

StdRef HL7 Table: 0106

priority : ID

time frame in which the response is expected. Refer to table 0091 - query priority for valid codes. Table values and subsequent fields specify time frames for response. AWG We are currently supporting Immediate response ‘I’ queries. Always set to ‘I’.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 0027

StdRef HL7 Table: 0091

quantity_limited_response : CQ

Maximum length of the response that can be accepted by the requesting system. Valid responses are numerical values given in the units specified in the second component. Refer to table 0126 - quantity limited request for valid entries. Default is LI lines. AWG Maximum number of records to be returned to requestor. "Record" here is interpreted as a patient or encounter record, including all the HL7 segments that go with these.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 00031

StdRef HL7 Table: 0126

query_id : ST

Unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 0028

what_dept_code : ST

possible contents include test number, procedure number, drug code, item number, order number, etc. The contents of this field are determined by the contents of the previous field. This field could contain multiple occurrences separated by repetition delimiters. AWG This field is required by HL7, but not used in AWG profile. It should always be empty.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 0034

what_subject_filter : ID

describes the kind of information that is required to satisfy the request. Valid codes define the type of transaction inquiry and may be extended locally during implementation. See HL7 Implementation Guide for detailed examples of use of various query filter fields. AWG Values listed in table HL70048.

Serves double duty: it defines the identifier in QRD-8, and also says what kind of information is to be returned:

ANU	Nursing station ID
APP	Doctor ID
APM	Medical record number
APA	Account number
DEM	Medical record number
MRI	Medical record number
MRO	Medical record number

Medical record number is PID-3, Patient Internal ID. Account number is PID-18, patient account number. Nursing station ID is PV1-3, assigned patient location. Doctor ID is PV1-7, attending doctor. Values are formatted as specified for these fields. AWG will only use the codes listed above. The specific code used depends upon the type of query used..

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 00033

who_subject_filter : ST

identifies the subject, or who the inquiry is about. AWG Identifies the subject of the query. Can be medical record number, account number, nursing station ID, or doctor ID. Which of these it is, is defined by QRY-9.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRD

StdRef HL7 El: 00032

4.2.48 Class: QueryFilterSeg

Description of: **QueryFilterSeg**

QRF - Query Filter Segment

StdRef HL7 Ref: V2.2

Attributes of: **QueryFilterSeg**

other_subject_filter : ST

a filter defined locally for use between two systems. This filter uses codes and field definitions which have specific meaning only to the applications and/or site involved.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRF

StdRef HL7 El: 00041

when_data_end : TS

data representing dates and times the same as or before this date should be included.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRF

StdRef HL7 El: 00039

when_data_start : TS

data representing dates and times equal or after this value should be included.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRF

StdRef HL7 El: 00038

where_subject_filter : ST

identifies the department, system, or subsystem to which the query pertains. This field may repeat as in LAB~HEMO, etc. AWG For ADT queries, should always be set to ‘ADT’.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: QRF

StdRef HL7 El: 00037

4.2.49 Class: SI

4.2.50 Class: ST

4.2.51 Class: Stakeholder

Generalization of: **Organization**
Person

Connected to: **Stakeholder_role**

Description of: **Stakeholder**
An interested party in the domain.

Instance connections for: **Stakeholder**

taking on roles specified by (0,m) :: Stakeholder_role :: **defining role for (1,1)**
Associates a role performed by a stakeholder on behalf of a patient with the type of role.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

4.2.52 Class: Stakeholder_role

Generalization of: **Associated_party**
Care_provider
Care_recipient

Connected to: **Stakeholder**

Description of: **Stakeholder_role**
Defines the class of roles that interested parties in the healthcare domain may play.

Instance connections for: **Stakeholder_role**

defining role for (1,1) :: Stakeholder :: **taking on roles specified by (0,m)**
Associates a role performed by a stakeholder on behalf of a patient with the type of role.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: NK1

4.2.53 Class: TN

4.2.54 Class: TransferVisitInfoSeg

Description of: **TransferVisitInfoSeg**
PV1 (3) - Transfer Visit Info Segment

StdRef HL7 Ref: V2.2

Attributes of: **TransferVisitInfoSeg**

admission_type : ID

This field indicates the circumstances under which the patient was or will be admitted. Generally UB82 codes dictated by the financial system to describe the kind of admission. For example: "Elective", "Accident" or "Labor and Delivery". Refer to user-defined Table 0007 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00134

StdRef HL7 Table: 0007

ambulatory_status : ID

refer to user-defined table 0009 - ambulatory status for suggested entries.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00145

StdRef HL7 Table: 0114

assigned_patient_location : CM

This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00133

diet_type : ID

indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00168

StdRef HL7 Table: 0114

hospital_service : ID

The treatment or type of surgery the patient is scheduled to receive. Required field with trigger events A01, A02, A14, A15. Refer to user-defined table 0069 - hospital service.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00140

StdRef HL7 Table: 0069

patient_class : ID

This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00132

StdRef HL7 Table: 0004

patient_type : ID

Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00148

StdRef HL7 Table: 0018

prior_patient_location : CM

old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00136

servicing_facility : ID

used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to user-defined table 0115 - servicing facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

VIP_indicator : ID

user-defined code to identify the type of VIP. Refer to user-defined table 0099 - VIP indicator.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00146

StdRef HL7 Table: 0099

visit_number : CK

unique number assigned to each patient visit. This is left as NM data type for backwards compatibility but HL7 recommends new implementations use CK data type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00149

StdRef HL7 Table: .

4.2.55 **Class:** TS

4.2.56 **Class:** Visit

Generalization of: **Inpatient_visit**

Connected to: **Encounter**
Episode_of_care
Facility
Location_role

Description of: **Visit**

An instance of a patient being physically present at a healthcare providing location for the purpose of receiving services, tests, or procedures. A visit begins when the patient arrives and ends when the patient departls the facility. A visit may encompass multiple encounters, multiple test, and multiple services from non-practitioners.

StdRef HL7 Ref: V2.2

Instance connections for: **Visit**

is made up of (0,n) :: Encounter :: **is part of (0,1)**

is associated with (1,n) :: Episode_of_care :: **is made up of (0,n)**

takes place at servicing facility (1,1) :: Facility :: **takes place at servicing facility (1,1)**

Used in a multiple facility environment to indicate the faciltity with which this visit is associated.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

has locations specified by (0,6) :: Location_role :: **for (1,1)**

Associates a visit with locations that play various roles (assigned, temporary, etc).

StdRef HL7 Ref: V2.2

Attributes of: **Visit**

accomodation_code : CE

Indicates the specific patient accomodations for this visit.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00182

StdRef HL7 Table: 0129

hospital_service : ID

The treatment or type of surgery the patient is scheduled to receive. Required field with trigger events A01, A02, A14, A15. Refer to user-defined table 0069 - hospital service.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00140

StdRef HL7 Table: 0069

patient_type : ID

Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00148

StdRef HL7 Table: 0018

pending_location : CM

indicates the nursing station, room, bed, facility ID and bed status to which the patient may be moved. If a value exists in the fifth component (bed status) it supercedes the value in 3.3.3.40.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00172

prior_temporary_location : CM

can be used when a patient is arriving or departing or for general update events. If a value exists in the fifth component (bed status) it supercedes the value.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00173

servicing_facility : ID

used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to user-defined table 0115 - servicing facility.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00169

StdRef HL7 Table: 0115

temporary_location : CM

location other than the assigned location required for a temporary period of time (e.g., OR). If a value exists in the fifth component (bed status) it supercedes the value in 3.3.3.40.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00141

transfer_reason : CE

Short description of the patient location change reason.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00184

StdRef HL7 Table: none

visit_number : CK

unique number assigned to each patient visit. This is left as NM data type for backwards compatibility but HL7 recommends new implementations use CK data type.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV1

StdRef HL7 El: 00149

StdRef HL7 Table: .

visit_user_code : ID

further categorizes a patient’s visit with respect to an individual institution’s needs (e.g., teaching flag = TE, indicating the patient is a teaching case). Refer to user-defined table 0130 - visit user code.

StdRef HL7 Ref: V2.2

StdRef HL7 Seg: PV2

StdRef HL7 El: 00187

StdRef HL7 Table: 0130

5. Hierarchial General Message Descriptions (H-GMD)

This section presents the Hierarchical General Message Descriptions for ADT which have been derived based on the composite GMD presented in the preceding section. Each required message will have a separate H-GMD.

Each H-GMD consists of abstract message definitions identifying the segments within the message. Repeating segments will be identified. The definitions of the messages and segments will be provided for each supported trigger event associated with an H-GMD.

For use with HL7 Basic Encoding Rules, each H-GMD will also contain a tabular representation of the fields contained within each supported segment. For each field, the type, length, and repeat count will be defined. In addition, the value for each field will be identified with one of the following:

Symbol	Definition	Description
R	required	A conforming sending application must provide a valid value for all "R" fields. The value must be of the specified type and within the range specified for the field.
RE	required, but may be empty	A conforming sending application must be capable of providing a valid value for all "RE" fields. If the conforming sending application knows the value for this field, then the field value must be provided of the specified type and within the range specified for the field. If the conforming sending application does not know the value for this field, then the field value must be specified as empty. For HL7 Encoding Rules, empty is a distinguished value.
C	conditional	There is a predicate associated with this field which identifies the conditions under which the value of the field should be specified. The predicate must be based on other field values within this message. This predicate may be expressed as a mathematical expression or in text and may utilize operators such as equivalence, logical AND, and logical OR. The conforming sending application must evaluate the predicate. If the predicate is satisfied, then the conforming sending application must provide a value of the specified type and within the range specified for the field.

		If the predicate is not satisfied, then the field value should be specified as empty.
CE	conditional, but may be empty	There is a predicate associated with this field which identifies the conditions under which the value of the field should be specified. The predicate must be based on other field values within this message. This predicate may be expressed as a mathematical expression or in text and may utilize operators such as equivalence, logical AND, and logical OR. The conforming sending application must evaluate the predicate. If the predicate is satisfied and the conforming sending application knows the value for the field, then the conforming sending application must provide a value of the specified type and within the range specified for the field. If the predicate is satisfied but the conforming sending application does not know the value for this field, then the field value should be specified as empty. If the predicate is not satisfied, then the field value should be specified as empty.
X	not used	These fields will NOT be supported. A conforming sending application will not be able to create a message with a value for these fields. A conforming receiving application will not obtain the value of this field contained within the message. In the case of HL7 Encoding Rules, these fields are expected to be empty.

5.1 Composite Type Definitions

This section contains the definitions of composite data types.

5.1.1 CE (1) - Coded Element (Identifier Required)

This data type allows for the transmission of codes and text associated with the code. Two profiles have been defined for this datatype. For each field designated as a CE datatype, the message description will identify the applicable CE datatype profile.

There are some fields of type CE for which codes should be used, and the "identifier" component is required. In this case, the "name of coding system" component is also required. The text associated with the code must also be specified. This profile for the CE datatype is:

SEQ	LEN	DT	R/O	RP/#	TBL#	Item #	Component Name
1		ID	R				identifier
2		TX	R				text
3		ST	R				name of coding system
4		ID	RE				alternate identifier
5		TX	RE				alternate text
6		ST	RE				name of alternate coding system

5.1.2 CE (2) - Coded Element (Text Component Only)

There are other fields of type CE for which codes will not always make sense. In this case, only the "text" component should be required. If the sending application does not know the identifier, then the identifier component may be left empty. If the identifier component is specified, the "name of coding system" component must be specified. This profile for the CE datatype is:

SEQ	LEN	DT	R/O	RP/#	TBL#	Item #	Component Name
1		ID	RE				identifier
2		TX	R				text
3		ST	C				name of coding system
4		ID	RE				alternate identifier
5		TX	RE				alternate text
6		ST	RE				name of alternate coding system

5.1.3 PN - Person Name

This data type identifies the person's name.

SEQ	LEN	DT	R/O	RP/#	TBL#	Item #	Component Name
1		ST	RE				family name
2		ST	RE				given name
3		ST	RE				middle name
4		ST	RE				suffix
5		ST	RE				prefix
6		ST	RE				degree

5.1.4 LN - Location

This data type identifies the patient location.

SEQ	LEN	DT	R/O	RP/#	TBL#	Item #	Component Name
1		ST	RE				point of care
2		ST	RE				room
3		ST	RE				bed
4		ST	RE				facility
5		ID	RE				bed status

5.2 Segment Definitions

This section defines all the segment profiles used in A/D/T messages. A segment profile defines all the fields (and their characteristics) used in particular messages. These segment profiles were defined as a result of direct input and review by AWG core members.

In several cases we broke up the traditional HL7 segment definitions into two or more AWG segment profiles based upon which fields were actually used within the context of a particular message. For example, the HL7 PID segment was partitioned into two distinct segment profiles: PID (1) - Patient Demographics Segment and PID (2) - Patient Identification Segment. Some messages include PID (1) and others include PID (2). This subscripting notation was introduced as a means to uniquely identify which specific segment profiles are included in a message.

5.2.1 MSH - Message header Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME
1	1	ST	**R**			00001	Field Separator
2	4	ST	**R**			00002	Encoding Characters
3	40	ST	R			00003	Sending Application
4	20	ST	X			00004	Sending Facility
5	40	ST	RE			00005	Receiving Application
6	30	ST	X			00006	Receiving Facility
7	26	TS	RE			00007	Date/Time Of Message
8	40	ST	X			00008	Security
9	7	CM	**R**		0076	00009	Message Type
10	40	ST	**R**			00010	Message Control ID
11	1	ID	**R**		0103	00011	Processing ID
12	8	ID	**R**		0104	00012	Version ID
13	15	NM	X			00013	Sequence number
14	180	ST	X			00014	Continuation Pointer
15	2	ID	R		0155	00015	Accept Acknowledgment Type
16	2	ID	R		0155	00016	Application Acknowledgment Type
17	2	ID	RE			00017	Country Code

5.2.2 EVN - Event Type Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	3	ID	**R**		0003	00099	Event Type Code
2	26	TS	**R**			00100	Date/Time of Event
3	26	TS	RE			00101	Date/Time Planned Event
4	3	ID	RE		0062	00102	Event Reason Code

5.2.3 MSA - Message Acknowledgment Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME
1	2	ID	**R**		0008	00018	Acknowledgment Code
2	20	ST	**R**			00010	Message Control ID
3	80	ST	X			00020	Text Message
4	15	NM	X			00021	Expected Sequence Number
5	1	ID	X		0102	00022	Delayed acknowledgment Type
6	100	CE	RE			00023	Error Condition

5.2.4 NK1 - Next of kin Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	**R**			00190	Set ID - Next of Kin / Associated Parties
2	48	PN	RE	*Y/3		00191	Name
3	60	CE	RE		0063	00192	Relationship
4	106	AD	RE	Y/3		00193	Address
5	40	TN	RE	*Y/3		00194	Home Phone Number
6	40	TN	RE	*Y/3		00195	Business Phone Number
7	60	CE	RE		0131	00196	Contact Role
8	8	DT	RE			00197	Start Date
9	8	DT	RE			00198	End Date

5.2.5 AL1 - Allergy Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00203	Set ID - Allergy
2	2	ID	RE		0127	00204	Allergy Type
3	60	CE	R			00205	Allergy Code/Mnemonic/Description
4	2	ID	RE		0128	00206	Allergy Severity
5	15	ST	RE			00207	Allergy Reaction

5.2.6 MRG - Merge Information Segment

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	20	CX	R	*Y/3		00211	Prior Internal Patient ID
2	16	ST	RE	*Y/3		00212	Prior Alternate Patient ID
3	20	CK	RE			00213	Prior Patient Account Number
4	16	CK	RE			00214	Prior External Patient ID

5.2.7 PID (1) - Patient Demographics Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	RE			00104	Set ID - Patient ID
2	16	CK	RE			00105	Patient External ID
3	20	CM	**R**	**Y**		00106	Patient Internal ID
4	12	ST	RE	Y		00107	Alternate Patient ID
5	48	PN	**R**			00108	Patient Name
6	30	ST	RE			00109	Mother's Maiden Name
7	26	TS	RE			00110	Date of Birth
8	1	ID	RE		0001	00111	Sex
9	48	PN	RE	**Y**		00112	Alias
10	1	ID	RE		0005	00113	Race
11	106	AD	RE	**Y/3**		00114	Address
12	4	ID	X			00115	County Code
13	40	TN	RE	**Y/3**		00116	Home Phone Number
14	40	TN	RE	**Y/3**		00117	Business Phone Number
15	25	ST	RE			00118	Primary Language
16	1	ID	RE		0002	00119	Marital Status
17	3	ID	RE		0006	00120	Religion
18	20	CK	RE			00121	Patient Account Number
19	16	ST	RE			00122	SSN Number - Patient
20	25	CM	RE			00123	Driver's Lic Num - Patient
21	20	CK	X			00124	Mother's Identifier
22	1	ID	X		0189	00125	Ethnic Group
23	25	ST	RE			00126	Birth Place
24	2	ID	X			00127	Multiple Birth Indicator
25	2	NM	X			00128	Birth Order
26	3	ID	RE	**Y**	0171	00129	Citizenship (Country code)
27	60	CE	RE		0172	00130	Veterans Military Status

5.2.8 PID(2) - Patient Identification Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00104	Set ID - Patient ID
2	16	CK	RE			00105	Patient External ID
3	20	CM	**R**	**Y**		00106	Patient Internal ID
4	12	ST	X	Y		00107	Alternate Patient ID
5	48	PN	**R**			00108	Patient Name
6	30	ST	RE			00109	Mother's Maiden Name
7	26	TS	RE			00110	Date of Birth
8	1	ID	RE		0001	00111	Sex
9	48	PN	X	**Y**		00112	Alias
10	1	ID	X		0005	00113	Race
11	106	AD	RE	Y/3		00114	Address
12	4	ID	X			00115	County Code
13	40	TN	X	**Y/3**		00116	Home Phone Number
14	40	TN	X	**Y/3**		00117	Business Phone Number
15	25	ST	X			00118	Primary Language
16	1	ID	X		0002	00119	Marital Status
17	3	ID	X		0006	00120	Religion
18	20	CK	X			00121	Patient Account Number
19	16	ST	RE			00122	SSN Number - Patient
20	25	CM	X			00123	Driver's Lic Num - Patient
21	20	CK	X			00124	Mother's Identifier
22	1	ID	X		0189	00125	Ethnic Group
23	25	ST	RE			00126	Birth Place

5.2.9 PV1 (1) - Visit Information

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	RE			00133	Assigned Patient Location
4	2	ID	RE		0007	00134	Admission Type
5	20	ST	RE			00135	Preadmit Number
6	*60	CM	RE			00136	Prior Patient Location
7	60	CN	RE		0010	00137	Attending Doctor
8	60	CN	RE		0010	00138	Referring Doctor
9	60	CN	RE	Y/3	0010	00139	Consulting Doctor
10	3	ID	RE		0069	00140	Hospital Service
11	*60	CM	RE			00141	Temporary Location
12	2	ID	RE		0087	00142	Preadmit Test Indicator
13	2	ID	RE		0092	00143	Readmission Indicator
14	3	ID	RE		0023	00144	Admit Source
15	2	ID	RE	Y	0009	00145	Ambulatory Status
16	2	ID	RE		0099	00146	VIP Indicator
17	60	CN	RE		0010	00147	Admitting Doctor
18	2	ID	RE		0018	00148	Patient Type
19	15	NM	RE			00149	Visit Number
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	RE		0112	00166	Discharge Disposition
37	25	CM	RE		0113	00167	Discharged to Location
38	2	ID	RE		0114	00168	Diet Type
39	2	ID	RE		0115	00169	Servicing Facility
40	1	ID	X		0116	00170	Bed Status
41	2	ID	X		0117	00171	Account Status
42	*60	CM	RE			00172	Pending Location
43	*60	CM	RE			00173	Prior Temporary Location
44	26	TS	RE			00174	Admit Date/Time
45	26	TS	RE			00175	Discharge Date/Time

5.2.10 PV1 (2) - Admit Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	RE			00133	Assigned Patient Location
4	2	ID	RE		0007	00134	Admission Type
5	20	ST	RE			00135	Preadmit Number
6	*60	CM	X			00136	Prior Patient Location
7	60	CN	RE		0010	00137	Attending Doctor
8	60	CN	RE		0010	00138	Referring Doctor
9	60	CN	RE	Y/3	0010	00139	Consulting Doctor
10	3	ID	RE		0069	00140	Hospital Service
11	*60	CM	X			00141	Temporary Location
12	2	ID	RE		0087	00142	Preadmit Test Indicator
13	2	ID	RE		0092	00143	Readmission Indicator
14	3	ID	RE		0023	00144	Admit Source
15	2	ID	RE	Y	0009	00145	Ambulatory Status
16	2	ID	RE		0099	00146	VIP Indicator
17	60	CN	RE		0010	00147	Admitting Doctor
18	2	ID	RE		0018	00148	Patient Type
19	15	NM	RE			00149	Visit Number (Account/Case number)
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	X		0112	00166	Discharge Disposition
37	25	CM	X		0113	00167	Discharge to location
38	2	ID	RE		0114	00168	Diet Type
39	2	ID	RE		0115	00169	Servicing Facility
40	1	ID	X		0116	00170	Bed Status
41	2	ID	X		0117	00171	Account Status
42	12	CM	X			00172	Pending Location
43	12	CM	X			00173	Prior Temporary Location
44	26	TS	RE			00174	Admit Date/Time

5.2.11 PV1 (3) - Transfer Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	**R**			00133	Assigned Patient Location
4	2	ID	RE		0007	00134	Admission Type
5	20	ST	X			00135	Preadmit Number
6	*60	CM	R			00136	Prior Patient Location
7	60	CN	X		0010	00137	Attending Doctor
8	60	CN	X		0010	00138	Referring Doctor
9	60	CN	X	Y/3	0010	00139	Consulting Doctor
10	3	ID	RE		0069	00140	Hospital Service
11	*60	CM	X			00141	Temporary Location
12	2	ID	X		0087	00142	Preadmit Test Indicator
13	2	ID	X		0092	00143	Readmission Indicator
14	3	ID	X		0023	00144	Admit Source
15	2	ID	RE	Y	0009	00145	Ambulatory Status
16	2	ID	RE		0099	00146	VIP Indicator
17	60	CN	RE		0010	00147	Admitting Doctor
18	2	ID	RE		0018	00148	Patient Type
19	15	NM	RE			00149	Visit Number (Account/Case number)
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	X		0112	00166	Discharge Disposition
37	25	CM	X		0113	00167	Discharge to location
38	2	ID	RE		0114	00168	Diet Type
39	2	ID	RE		0115	00169	Servicing Facility

5.2.12 PV1 (4) - Discharge Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	R			00133	Assigned Patient Location
4	2	ID	X		0007	00134	Admission Type
5	20	ST	X			00135	Preadmit Number
6	*60	CM	R			00136	Prior Patient Location
7	60	CN	X		0010	00137	Attending Doctor
8	60	CN	X		0010	00138	Referring Doctor
9	60	CN	X	Y/3	0010	00139	Consulting Doctor
10	3	ID	X		0069	00140	Hospital Service
11	*60	CM	X			00141	Temporary Location
12	2	ID	X		0087	00142	Preadmit Test Indicator
13	2	ID	X		0092	00143	Readmission Indicator
14	3	ID	X		0023	00144	Admit Source
15	2	ID	RE	Y	0009	00145	Ambulatory Status
16	2	ID	X		0099	00146	VIP Indicator
17	60	CN	X		0010	00147	Admitting Doctor
18	2	ID	RE		0018	00148	Patient Type
19	15	NM	RE			00149	Visit Number (Account/Case number)
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	RE		0112	00166	Discharge Disposition
37	25	CM	RE		0113	00167	Discharge to location
38	2	ID	X		0114	00168	Diet Type
39	2	ID	X		0115	00169	Servicing Facility
40	1	ID	X		0116	00170	Bed Status
41	2	ID	X		0117	00171	Account Status
42	12	CM	X			00172	Pending Location
43	12	CM	X			00173	Prior Temporary Location
44	26	TS	X			00174	Admit Date/Time
45	26	TS	RE			00175	Discharge Date/Time

5.2.13 PV1 (5) - Preadmit Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	RE			00133	Assigned Patient Location
4	2	ID	RE		0007	00134	Admission Type
5	20	ST	RE			00135	Preadmit Number
6	*60	CM	X			00136	Prior Patient Location
7	60	CN	RE		0010	00137	Attending Doctor
8	60	CN	RE		0010	00138	Referring Doctor
9	60	CN	RE	Y/3	0010	00139	Consulting Doctor
10	3	ID	RE		0069	00140	Hospital Service
11	*60	CM	X			00141	Temporary Location
12	2	ID	RE		0087	00142	Preadmit Test Indicator
13	2	ID	RE		0092	00143	Readmission Indicator
14	3	ID	X		0023	00144	Admit Source
15	2	ID	RE	Y	0009	00145	Ambulatory Status
16	2	ID	RE		0099	00146	VIP Indicator
17	60	CN	RE		0010	00147	Admitting Doctor
18	2	ID	RE		0018	00148	Patient Type
19	15	NM	RE			00149	Visit Number (Account/Case number)
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	X		0112	00166	Discharge Disposition
37	25	CM	X		0113	00167	Discharge to location
38	2	ID	RE		0114	00168	Diet Type
39	2	ID	RE		0115	00169	Servicing Facility

5.2.14 PV1 (6) - Location Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	X			00131	Set ID - Patient Visit
2	1	ID	**R**		0004	00132	Patient Class
3	*60	CM	RE			00133	Assigned Patient Location
4	2	ID	X		0007	00134	Admission Type
5	20	ST	X			00135	Preadmit Number
6	*60	CM	RE			00136	Prior Patient Location
7	60	CN	X		0010	00137	Attending Doctor
8	60	CN	X		0010	00138	Referring Doctor
9	60	CN	X	Y/3	0010	00139	Consulting Doctor
10	3	ID	X		0069	00140	Hospital Service
11	*60	CM	RE			00141	Temporary Location
12	2	ID	X		0087	00142	Preadmit Test Indicator
13	2	ID	X		0092	00143	Readmission Indicator
14	3	ID	X		0023	00144	Admit Source
15	2	ID	X	Y	0009	00145	Ambulatory Status
16	2	ID	X		0099	00146	VIP Indicator
17	60	CN	X		0010	00147	Admitting Doctor
18	2	ID	X		0018	00148	Patient Type
19	15	NM	X			00149	Visit Number (Account/Case number)
20	50	CM	X	Y/4	0064	00150	Financial Class
21	2	ID	X		0032	00151	Charge Price Indicator
22	2	ID	X		0045	00152	Courtesy Code
23	2	ID	X		0046	00153	Credit Rating
24	2	ID	X	Y	0044	00154	Contract Code
25	8	DT	X	Y		00155	Contract Effective Date
26	12	NM	X	Y		00156	Contract Amount
27	3	NM	X	Y		00157	Contract Period
28	2	ID	X		0073	00158	Interest Code
29	1	ID	X		0110	00159	Transfer to Bad Debt Code
30	8	DT	X			00160	Transfer to Bad Debt Date
31	10	ID	X		0021	00161	Bad Debt Agency Code
32	12	NM	X			00162	Bad Debt Transfer Amount
33	12	NM	X			00163	Bad Debt Recovery Amount
34	1	ID	X		0111	00164	Delete Account Indicator
35	8	DT	X			00165	Delete Account Date
36	3	ID	X		0112	00166	Discharge Disposition
37	25	CM	X		0113	00167	Discharge to location
38	2	ID	X		0114	00168	Diet Type
39	2	ID	X		0115	00169	Servicing Facility
40	1	ID	X		0116	00170	Bed Status
41	2	ID	X		0117	00171	Account Status
42	*60	CM	RE			00172	Pending Location
43	*60	CM	RE			00173	Prior Temporary Location

5.2.15 PV2 (1) - More Visit Info

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	*60	CM	X			00181	Prior Pending Location
2	60	CE	X		0129	00182	Accommodation Code
3	60	CE	RE			00183	Admit Reason
4	60	CE	RE			00184	Transfer Reason
5	25	ST	RE	**Y/10**		00185	Patient Valuables
6	25	ST	RE			00186	Patient Valuables Location
7	2	ID	RE		0130	00187	Visit User Code
8	8	DT	RE			00188	Expected Admit Date
9	8	DT	RE			00189	Expected Discharge Date

5.2.16 PV2 (2) - More Admit Visit Info

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	*60	CM	X			00181	Prior Pending Location
2	60	CE	X		0129	00182	Accommodation Code
3	60	CE	RE			00183	Admit Reason
4	60	CE	X			00184	Transfer Reason
5	25	ST	RE	**Y/10**		00185	Patient Valuables
6	25	ST	RE			00186	Patient Valuables Location
7	2	ID	RE		0130	00187	Visit User Code
8	8	DT	X			00188	Expected Admit Date
9	8	DT	RE			00189	Expected Discharge Date

5.2.17 PV2 (3) - More Transfer Visit Info

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	*60	CM	X			00181	Prior Pending Location
2	60	CE	X		0129	00182	Accommodation Code
3	60	CE	X			00183	Admit Reason
4	60	CE	RE			00184	Transfer Reason
5	25	ST	RE	**Y/10**		00185	Patient Valuables
6	25	ST	RE			00186	Patient Valuables Location
7	2	ID	RE		0130	00187	Visit User Code
8	8	DT	X			00188	Expected Admit Date
9	8	DT	RE			00189	Expected Discharge Date

5.2.18 PV2 (4) - More Preadmit Visit Info Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	*60	CM	X			00181	Prior Pending Location
2	60	CE	X		0129	00182	Accommodation Code
3	60	CE	RE			00183	Admit Reason
4	60	CE	X			00184	Transfer Reason
5	25	ST	X	**Y/10**		00185	Patient Valuables
6	25	ST	X			00186	Patient Valuables Location
7	2	ID	X		0130	00187	Visit User Code
8	8	DT	RE			00188	Expected Admit Date
9	8	DT	RE			00189	Expected Discharge Date

5.2.19 NPU - Bed Status and Location

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME
1	*60	CM	**R**		0079	00209	***Bed Location***
2	1	ID	RE		0116	00170	***Bed Status***

5.2.20 QRD - Query Definition Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME
1	26	TS	**R**			00025	Query Date/Time
2	1	ID	**R**		0106	00026	Query Format Code
3	1	ID	**R**		0091	00027	Query Priority
4	10	ST	**R**			00028	Query ID
5	1	ID	X		0107	00029	Deferred Response Type
6	26	TS	X			00030	Deferred Response Date/Time
7	10	CQ	**R**		0126	00031	Quantity Limited Request
8	20	ST	**R**	Y/1		00032	Who Subject Filter
9	3	ID	**R**	Y/1	0048	00033	What Subject Filter
10	20	ST	**R**	Y		00034	What Department Data Code

5.2.21 QRF (1) - ADT Query Filter Segment Definition

SEQ	LEN	DT	R/O	RP/#	TBL#	Item #	Element Name
1	20	ST	**R**	Y		00037	Where Subject Filter
2	26	TS	RE			00038	When Data Start Date/Time
3	26	TS	RE			00039	When Data End Date/Time

5.3 Message H-GMDs

V2.3 Ballot 1
In the following trigger event descriptions, the term “admitted” patient will be used instead of “inpatient” to indicate any patient classes that are assigned to a patient bed for at least a few hours. “Non-admitted” patients will be used instead of “outpatients” to indicate any patient classes that are not assigned to a bed, but rather to an exam room or another type of encounter room or clinic waiting room.
We recognize that different hospital systems use different definitions of the terms “inpatient,” “outpatient,” “emergency room,” and “recurring patient classes,” or handle these patients differently. Therefore, the trigger events are not defined as specific to any patient class. The patient class for any visit related information must be specified in *PV1-2-patient class* in order to enable each system to handle the transaction properly. This means that both the event and the patient class must be checked in order to determine how to handle the transaction. If a certain patient class can sometimes be assigned to a bed and sometimes not, for example, “observation patients,” then *PV1-3-assigned patient location* must also be checked.

In order to accommodate non-admitted patient events without using the same trigger events as those for admitted patients, we would need an entirely new set of non-admitted patient events. If we do that, disparate systems would still have a hard time agreeing about whether certain patient classes should use the admitted patient events or the non-admitted patient events, because of the differences between how admitted and non-admitted patients are defined and handled.
Both admitted and non-admitted patient events are transmitted using most of the same events. The meaning or interpretation of those events will depend upon the patient class.

In order to alleviate this ambiguity, we recommend that the A08 transaction be used to update fields that are not necessarily related to any of the other trigger events. For example, if an ADT system allows the transfer function of the patient’s medical service and attending doctor to be changed, the ADT system should send two HL7 messages. It should send an A02 to reflect the location change, followed by an A08 to reflect the change in the medical service and the attending doctor.

5.3.1 Admit a patient / Visit Notification (Message Type ADT^A01 / ACK^A01)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A01(1).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A01(1).NULL(0).NULL(0).1(1)

V2.2
Normally entered in the primary ADT system and broadcast to the nursing units and ancillary systems. Includes short-stay and John Doe admissions.

V2.3 Ballot 1
An A01 event is intended to be used for "Admitted" patients only. An A01 event is sent as a result of a patient undergoing the admission process which assigns the patient to a bed. It signals the beginning of a patient's stay in a healthcare facility. Normally, this information is entered in the primary ADT system and broadcast to the nursing units and ancillary systems. It includes short stay and John Doe admissions. For example, an A01 event can be used to notify: the pharmacy system that a patient has been admitted and may be legitimately prescribed drugs; the nursing system that the patient has been admitted and needs a care plan prepared; the finance system of the start of the billing period; the dietary system that a new patient has been installed and requires dietary services; the laboratory, pathology, radiology systems that a patient has been admitted and is entitled to receive services; the clinical repository that an admission has taken place for the EMR (electronic medical record).

AWG
This message is sent by the ADT_System, broadcast by the ECF and received by other applications that have registered interest. The A01 message can notify other applications, including: Pharmacy_System, Nursing_System, Dietary_System, Laboratory_System, Pathology_System, Radiology_System and the EMR_System that a patient has been admitted and is entitled to receive services.

The PV-3 Assigned patient location field can be specified with the bed component as empty. This would relate to an admission to a unit/room where the patient is "out-of-bed".

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
[{ NK1 }] 0-3	Next of Kin
PV1 (2)	Admit Visit Info
PV2 (2)	More Admit Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.2 Transfer a patient (Message Type ADT^A02 / ACK^A01)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A02(2).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A02(2).NULL(0).NULL(0).1(1)

V2.2
A patient moves from one location to another.

V2.3 Ballot 1
An A02 event is issued as a result of the patient changing his or her assigned location.. This A02 event can be used with admitted and non-admitted patients. The new patient location should appear in *PV1-3-assigned patient location* while the old patient location should appear in *PV1-6-Prior patient location*. For example, an A02 event can be used to notify: laboratory, radiology, pathology that the patient has changed location and test results should be redirected; pharmacy that drugs should be redirected for the patient; dietary that the meals should be delivered to a different location; the clinical repository that a transfer has taken place for the EMR.
If the patient is going to a temporary location (such as the O/R, XRAY, LIMBO, the HALLWAY) it is recommended that the A09 and A10 events be used instead of A02. It is recommended that A02 be used only for a real change in the census bed in the ADT system.

AWG
This message is sent by the ADT_System, broadcast by the ECF and received by other applications that have registered interest. The A02 message can notify other applications, including: Pharmacy_System, Nursing_System, Dietary_System, Laboratory_System, Pathology_System, Radiology_System and the EMR_System that a patient has been transferred and certain resources should be redirected to the new location.

Both PV1-3 Assigned Patient Location and PV1-6 Prior Patient Location are required indicating what location (unit, room, bed) the patient is being transferred to and from.

Issue: Can A02 also be used for moving a patient in or out of a bed?

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
[{ NK1 }] 0-3	Next of Kin
PV1 (3)	Transfer Visit Info
PV2 (3)	More Transfer Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.3 Discharge a patient / End Visit (Message Type ADT^A03 / ACK^A03)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A03(3).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A03(3).NULL(0).NULL(0).1(1)

V2.2
Refers to changing a patient's status from, for example, inpatient to discharged.

V2.3 Ballot 1
An A03 event signals the end of a patient's stay in a healthcare facility. It signals that the patient's status has changed to "discharged" and that a discharge date has been recorded. The patient is no longer in the facility. The patient's location prior to discharge should be entered in *PV1-3-assigned patient location*.

An A03 event can be sent to notify: the pharmacy that the patient's stay has ended and that entitlement to drugs has changed accordingly, the nursing system that the patient has been discharged and that the care plan can be completed, the finance system that the patient billing period has ended, and/or the clinical repository that discharge has taken place for the EMR.

For non-admitted patients, an A03 event signals the end of a patient's visit to a healthcare facility. It could be used to signal the end of a visit for a one-time or recurring outpatient who is not assigned to a bed. It could also be used to signal the end of a visit to the Emergency Room. *PV1-45-discharge date/time* can be used for the Visit End Date/Time.

AWG
The A03 message is sent by the ADT_System, broadcast by the ECF and received by other applications that have registered interest. It can notify other applications, including: Pharmacy_System, Nursing_System, Dietary_System, Laboratory_System, Pathology_System, Radiology_System and the EMR_System that a patient is no longer in the facility.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (4)	Discharge Visit Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Info

5.3.4 Register a patient (Message Type ADT^A04 / ACK^A04)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A04(4).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A04(4).NULL(0).NULL(0).1(1)

V2.2
Includes emergency room patients and outpatients.

V2.3 Ballot 1
An A04 event signals that the patient has arrived or checked in as a one-time, or recurring outpatient, and is not assigned to a bed. One example might be it's used to signal the beginning of a visit to the Emergency Room. Note that some systems refer to these events as outpatient registrations or emergency admissions. *PV1--44-admit date time* is used for the visit start date/time.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
[{ NK1 }] 0-3	Next of Kin
PV1 (2)	Admit Visit Info
PV2 (2)	More Admit Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.5 Pre-admit a patient (Message Type ADT^A05 / ADT^A05)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A05(5).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A05(5).NULL(0).NULL(0).1(1)

V2.2
A patient may be pre-admitted for a variety of reasons; e.g., prior to surgery so that they will be able to receive tests administered in the lab. The data may be entered into the surgery scheduling system and passed to the ADT system.

V2.3 Ballot 1
An A05 event is sent when as a result of a patient undergoing the pre-admission process. During this process, episode-related data Areas collected in preparation for a patient's visit or stay in a healthcare facility. For example, a pre-admit may be performed prior to inpatient or outpatient surgery so that lab tests can be performed prior to the surgery. This event can also be used to pre-register a non-admitted patient.

AWG
The PV1-5 Assigned Patient Location is an Required field indicating the care unit where the patient will be admitted.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
[{ NK1 }] 0-3	Next of Kin
PV1 (5)	Preadmit Visit Info
PV2 (4)	More Preadmit Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.6 Transfer an outpatient to inpatient (Message Type ADT^A06 / ACK^A06)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A06(6).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A06(6).NULL(0).NULL(0).1(1)

V2.3 Ballot 1
An A06 event is sent when a patient who was present for a non-admitted visit is being admitted after an evaluation of the seriousness of the patient's condition. This event changes a patient's status from non-admitted to admitted. The new patient location should appear in *PV1-3-assigned patient location*, while the old patient location (if different) should appear in *PV1-6-prior patient location.* The new patient class should appear in *PV1-2-patient class.*

The current active account number should appear in *PID-18-patient account number*; the prior account number can be included optionally in *MRG-3-prior patient account number*. This arrangement is not intended to be a type of merge, but the MRG segment is used here for its *MRG-3-prior patient account number* field.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
MRG	Merge Info
[{ NK1 }] 0-3	Next of Kin (Common)
PV1 (2)	Admit Visit Info
PV2 (2)	More Admit Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.7 Transfer an inpatient to outpatient (Message Type ADT^A07 / ACK^A07)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A02(2).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A02(2).NULL(0).NULL(0).1(1)

V2.3 Ballot 1
An A07 event is sent when a patient who was admitted changes his/her status to "no longer admitted" but is still being seen for this episode of care. This event changes a patient from an "admitted" to a "non-admitted" status. The new patient location should appear in *PV1-3-assigned patient location*, while the old patient location (if different) should appear in *PV1-6-prior patient location.*

The current active account number should appear in field *PID-18-patient account number*; the prior account number can be included optionally in *MRG-3-Prior patient account number*. This arrangement is not intended to be a type of merge, but the MRG segment is used here for its *MRG-3-prior patient account number* field. *PV1-19-visit number* can also be changed using this event.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (1)	Patient Demographics
MRG	Merge Info
[{ NK1 }] 0-3	Next of Kin
PV1 (2)	Admit Visit Info
PV2 (2)	More Admit Visit Info
[{ AL1 }] 0-M	Allergy Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.8 Update patient information (Message Type ADT^A08 / ACK^A08)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A08(8).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A08(8).NULL(0).NULL(0).1(1)

V2.2
This trigger event is used when any patient information has changed, but no other trigger event has occurred.

V2.3 Ballot 1
For example, an A08 event can be used to notify the receiving systems of a change of address or a name change. ***We recommend that the A08 transaction be used to update fields that are not related to any of the other trigger events***. The A08 event can include information specific to an episode of care, but it can also be used for demographic information only.

AWG
Receiving systems should always evaluate the complete set of NK1 and AL1 segments for changed information in these repeating segments.

The A08 should not be used to change certain fields related to an patient's identifier, class or location unless the intention is to correct an error.

ADT		ADT Message
MSH		Message Header
EVN		Event Type
PID (1)		Patient Demographics
[{ NK1 }]	0-3	Next of Kin
PV1 (1)		Visit Info
PV2 (1)		More Visit Info
[{ AL1 }]	0-M	Allergy Info

ACK		General Acknowledgment
MSH		Message Header
MSA		Message Acknowledgment
ERR		Error Information

5.3.9 Patient departing (Message Type ADT^A09 / ACK^A09)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A09(9).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A09(9).NULL(0).NULL(0).1(1)

V2.2
A patient is being moved from his assigned location to a new location. For example, this can be used when the nursing system is not the same as the ADT system or to indicate a patient leaving an outpatient bed.

V2.3 Ballot 1
The A09 and A10 events are used when there is a change in a patient's physical location and when this is NOT a change in the official census bed location. There are three situations that qualify as non-census location changes: (a) patient tracking - an unofficial notification of location change prior to the official notification, (b) the patient is in transit between locations for some time, (c) a notification of temporary location change.

AWG
Patient tracking: This can be used when the nursing application sends a "transfer" before the ADT (or official census) system issues an A02-transfer. If the patient has left for a non-temporary location and is not in transit, then the *PV1-3 Assigned patient location* must contain the new patient location, while the *PV1-6-prior patient location* must contain the old patient location.

The following are the PV1 fields used for this case:

PV1-3 Assigned patient location (RE)
PV1-6 Prior Patient Location (R)

In-Transit: The patient's location during the time between an A09 and an A10 is defined as "in transit." The A09 event is sent when a patient departs from one area of the facility for the purpose of arriving at another area, but without leaving the healthcare institution. This event is used when there is a time span during which the patient is neither at his/her old location nor at his/her new location. This process can take some time if a patient is being sent to another area in a multi-campus or multi-facility environment. The combination of an A09 and an A10 would serve the same purpose as an A02, except that it accounts for a gap in time required for transport between facilities. If the patient will be in transit during the time between the A09-Patient departing event and the A10-Patient arriving event, then *PV1-42-pending location* is used for the new location.

The following are the PV1 fields used for this case:

PV1-42 Pending location (RE) - The non-temporary location a patient is moving to.
PV1-6 Prior Patient Location (R)

Temporary location change: An A09 can be used when the patient is being sent to a temporary location (such as the O/R, XRAY, LIMBO, or HALLWAY). The patient may or may not return to the same assigned location after occupying the temporary location. If the patient is going to a temporary location (such as the O/R, XRAY, LIMBO, or HALLWAY), then *PV1-11-temporary location* is used to indicate the new temporary location. If the patient is moving from one temporary location to another, *then PV1-43-prior temporary location* may also be used.

The following are the PV1 fields used for this case:

PV1-11 Temporary location (R) - The temporary location a patient is moving to.
PV1-43 Prior temporary location (RE) - The temporary location a patient is moving from.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (6)	Location
ACK	**General Acknowledgment**
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.10 Patient arriving (Message Type ADT^A10 / ACK^A10)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A10(10).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A10(10).NULL(0).NULL(0).1(1)

V2.2
The patient arrives at his new assigned location.

V 2.3
The A09 and A10 events are used when there is a change in a patient's physical location and when this is NOT a change in the official census bed location. There are three situations that qualify as non-census location changes: (a) patient tracking - an unofficial notification of location change prior to the official notification, (b) the patient is in transit between locations for some time, (c) a notification of temporary location change.

AWG
Patient tracking: If the patient is now at a non-temporary location and is not in transit, then the *PV1-3-assigned patient location* must contain the new patient location and the *PV1-6-prior patient location* can contain the old patient location.

The following are the PV1 fields used for this case:

PV1-3 Assigned patient location (R)
PV1-6 Prior Patient Location (R)

In Transit: This is used when there is some period of time between when the patient leaves his/her old location and when he/she arrives at the new assigned location. If the patient was in transit during the time between the A09-Patient departing event and the A10-Patient arriving event, *then PV1-42-pending location* is used for the new location.

The following are the PV1 fields used for this case:

PV1-42 Pending location (R) - The non-temporary location a patient has arrived at.
PV1-6 Prior Patient Location (R)

T**emporary location changes:** When the patient is being transferred from a temporary location (XRAY, O/R, LIMBO, HALLWAY) to the new Assigned Location. If the patient is arriving at a temporary location (such as the O/R, XRAY, LIMBO, the HALLWAY), then *PV1-11-temporary location* would be used to indicate the new temporary location. If the patient is moving from one temporary location to another, then *PV1-43-prior temporary location* may also be used.

The following are the PV1 fields used for this case:

PV1-11 Temporary location (R) - The temporary location a patient has arrived at.
PV1-43 Prior temporary location (RE) - The temporary location a patient is moving from.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (6)	Temporary Location

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.11 Cancel admit (Message Type ADT^A11 / ACK^A11)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A11(11).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A11(11).NULL(0).NULL(0).1(1)

V2.3 Ballot 1
For “admitted” patients, the A11 event is sent when an A01 (admit/visit notification) event is canceled, either because of an erroneous entry of the A01 event, or because of a decision not to admit the patient after all.

For “non-admitted” patients, the A11 event is sent when an A01 (admit/visit notification) event is canceled, either because of an erroneous entry of the A01 event, or because of a decision not to check the patient in for the visit after all.

AWG
The field PV1-3 Assigned patient location should contain the location the patient was previously admitted to.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (2)	Admit Visit Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.12 Cancel transfer (Message Type ADT^A12 / ACK^A12)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A12(12).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A12(12).NULL(0).NULL(0).1(1)

V 2.2
New location must show the location of the patient prior to the transfer.

V 2.3
The A12 event is sent when an A02 (transfer) event is canceled, either because of erroneous entry of the A02 event or because of a decision not to transfer the patient after all. *PV1-3-assigned patient location* must show the location of the patient prior to the original transfer.

AWG
PV1-6 Prior patient location should contain the location of the patient after transfer.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (3)	Transfer Visit Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.13 Cancel discharge (Message Type ADT^A13 / ACK^A13)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A13(13).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A13(13).NULL(0).NULL(0).1(1)

V2.2
New location must show the location of the patient prior to the discharge.

V 2.3
The A13 event is sent when an A03 (discharge) event is canceled, either because of erroneous entry of the A03 event or because of a decision not to discharge or end the visit of the patient after all. *PV1-3-assigned location* should reflect the location of the patient after the cancellation has been processed. Note that this location may be different from the patient's location prior to the erroneous discharge. Prior Location could be used to show the location of the patient prior to the erroneous discharge.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (4)	Discharge Visit Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.14 Pending admit (event code A14)

Not Supported.

5.3.15 Pending transfer (event code A15)

Not Supported.

5.3.16 Pending discharge (event code A16)

Not Supported

5.3.17 Swap patients (event code A17)

Not Supported

5.3.18 Merge patient information (event code A18)

Not Supported

5.3.19 Query/Response - Patient Demographics (Message Type QRY^A19 /ADR^A19)

Static Profile Identifiers:

AWG(1).HL7(1).v2_2(4).static-profile(1).QRY(26).A19(19). NULL(0).PatientDemographics(1).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ADR(2).A19(19). NULL(0).PatientDemographics(1).1(1)

AWG
This message queries for the demographics information for a patient based upon the patient id (medical record number). The patient ID is specified in QRD-8 - who subject field. The response message returns demographic information as specified below. The following is the usage profile for the QRD fields that are used in the query message:

QRD-1	Query Date/Time		Date the query was generated by the application program.
QRD-2	Query Format Code	R	Always R - Record-oriented queries.
QRD-3	Query Priority	I	Always I - Immediate
QRD-4	Query ID		Unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.
QRD-7	Quantity Limited Request	1	Maximum number of records to be returned to requester - type RD. “Record” here is interpreted as a patient demographics information: PID, NK1, AL1
QRD-8	Who subject filter		Identifies the subject of the query. Medical record number is PID-3, Patient Internal ID.
QRD-9	What subject filter	DEM	Values listed in table HL70048. Serves double duty: it defines the identifier in QRD-8, and also says what kind of information is to be returned. In the query QRD-9 is always set to ‘DEM’ `QRD-9 QRD-8` **`DEM Patient ID`**

QRD-10	What department data code	empty	Required by HL7 but not used in AWG profile.

```
QRY/A19                 Query

MSH                     Message Header
QRD                     Query Definition

ADR/A19                 ADT Response

MSH                     Message Header
MSA                     Message Acknowledgment
QRD                     Query Definition
{ 0-1                   Query Demographics Response Group
    PID (1)             Patient Demographics
    [{ NK1 }] 0-3       Next of Kin
    [{ AL1 }] 0-M       Allergy
}
```

Query/Response - Encounters (Message Type QRY^A19 /ADR^A19)

Static Profile Identifiers:

AWG(1).HL7(1).v2_2(4).static-profile(1).QRY(26).A19(19). NULL(0).PatientEncounters(2).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ADR(2).A19(19). NULL(0).PatientEncounters(2).1(1)

AWG
This message queries for the encounter information for a particular patient based upon the patient ID (medical record number). QRD-9 must always be set to APM for the query. The patient ID is specified in QRD-8. For example, A cardiology system requests a list of all encounters in 1996 for a patients medical record number 9876543.

In this message, you can also specify a time period using QRF-2 Start Date/Time, QRF-3 End Date/Time fields. Only the encounters that fall within this time period will be returned by the response message. If QRF-3 End Date/Time is not specified, it is assumed to be the current date/time. If the query is not qualified by time, it should be assumed that all encounters are to be returned. The order of the encounters is the most recent first. QRD-7 controls the maximum number of encounters returned by the response message. Below is the profile for the QRD fields that are used in the query message. The response message returns encounter information as specified below.

QRD-1	Query Date/Time		Date the query was generated by the application program.
QRD-2	Query Format Code	R	Always R - HL7 record-oriented queries.
QRD-3	Query Priority	I	Always I - immediate for AWG apps
QRD-4	Query ID		Unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.
QRD-7	Quantity Limited Request		Maximum number of records to be returned to requester - type RD. “Record” here is interpreted as a patient encounter information: PID, PV1
QRD-8	Who subject filter		Identifies the subject of the query. Medical record number is PID-3, Patient Internal ID

QRD-9	What subject filter	APM	Values listed in table HL70048. Defines the identifier in QRD-8, and also says what kind of information is to be returned. In the query QRD-9 is always set to 'APM' QRD-9 QRD-8 **APM Patient ID**
QRD-10	What department data code	empty	Required by HL7 but not used in AWG profile.

```
QRY/A19                 Query

MSH                     Message Header
QRD                     Query Definition
QRF                     Query Filter

ADR/A19                 ADT Response

MSH                     Message Header
MSA                     Message Acknowledgment
QRD                     Query Definition
{                       Query Encounter Response Group
    PID (2)             Patient Identification
    PV1 (2)             Visit Information
}
```

Query/Response - Nursing station census (Message Type QRY^A19 /ADR^A19)

Static Profile Identifiers:

AWG(1).HL7(1).v2_2(4).static-profile(1).QRY(26).A19(19). NULL(0).Census(3).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ADR(2).A19(19). NULL(0).Census(3).1(1)

AWG
This message queries for all patients within a particular nursing unit. It is based upon the assigned patient location field. QRD-9 must always be set to ANU. The location is specified in QRD-8 as an LN type. For example, A cardiology system requests a list of all patients on units N2T and N71.

QRD-7 controls the maximum number of patient records returned by the response message. If the actual number of patients specified by the selection criteria is greater than the maximum, the responding application must set the DSC-1 field to 1 indicating there are more to follow in next response message. The value 0 indicates there are no more patient records remaining. Below is the profile for the QRD fields that are used in the query message. The response message returns patient information as specified below.

QRD-1	Query Date/Time		Date the query was generated by the application program.
QRD-2	Query Format Code	R	Always R - HL7 record-oriented queries.
QRD-3	Query Priority	I	Always I - immediate for AWG apps
QRD-4	Query ID		Unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.
QRD-7	Quantity Limited Request		Maximum number of records to be returned to requester - type RD. “Record” here is interpreted as a patient record, including all the HL7 segments that go with these.
QRD-8	Who subject filter		Identifies the subject of the query. A location designator of type LN.
QRD-9	What subject filter	ANU	Values listed in table HL70048. Defines the identifier in QRD-8,

			and also says what kind of information is to be returned. In the query QRD-9 is always set to 'APM' `QRD-9    QRD-8` **`ANU      Location`**
QRD-10	What department data code	`empty`	Required by HL7 but not used in AWG profile.

```
QRY/A19              Query
MSH                   Message Header
QRD                   Query Definition
QRF                   Query Filter

ADR/A19              ADT Response
MSH                   Message Header
MSA                   Message Acknowledgment
QRD                   Query Definition
{                     Query Encounter Response Group
    PID (2) 0-1       Patient Identification
    PV1 (2)           Visit Information
}
```

5.3.20 Bed status update (Message Type ADT^A20 / ACK^A20)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A20(20).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A20(20).NULL(0).NULL(0).1(1)

V 2.2
Certain nursing/census applications need to be able to update the ADT system's bed status. The following is the associated record layout.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
NPU	Non-patient Update

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.21 Patient goes on "leave of absence" (Message Type ADT^A21 / ACK^A21)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A21(21).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A21(21).NULL(0).NULL(0).1(1)

V 2.3
An A21 event is sent to notify systems that an admitted patient has left the healthcare institution temporarily. It is used for systems in which a bed is still assigned to the patient, and it puts the current admitted patient activities on hold. For example, it is used to notify dietary services and laboratory systems when the patient goes home for the weekend.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (6)	Location

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.22 Patient returns from "leave of absence" (Message Type ADT^A22/ACK^A22)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A22(22).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A22(22).NULL(0).NULL(0).1(1)

V2.3 Ballot 1

An A22 event is sent to notify systems that an admitted patient has returned to the healthcare institution after a temporary “leave of absence.” It is used for systems in which a bed is still assigned to the patient, and it takes their current admitted patient activities off of “hold” status. For example, it is used to notify dietary services and laboratory systems when the patient returns from a weekend trip to his/her home.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (6)	Location

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.23 Delete a patient record (Message Type ADT^A23 / ACK^A23)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A23(23).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A23(23).NULL(0).NULL(0).1(1)

V 2.2
Delete visit specific information.

V2.3 Ballot 1
The A23 event is used to delete visit or episode-specific information from the patient record. For example, it is used to remove old data from a database that cannot hold all historical patient visit data. When recent data needs to be removed, use one of the cancel transactions. This event can be used to purge account level data while retaining the person in the database.

The fields included when this message is sent should be only the fields necessary to communicate this event.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.24 Link patient information (event code A24)

Not Supported.

5.3.25 Cancel pending discharge (event code A25)

Not Supported.

5.3.26 Cancel pending transfer (event code A26)

Not Supported.

5.3.27 Cancel pending admit (event code A27)

Not Supported.

5.3.28 Add person information (Message Type ADT^A28 / ACK^A28)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A28(28).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A28(28).NULL(0).NULL(0).1(1)

V 2.2
The purpose of this message and the three following messages is to allow sites with multiple systems and respective master data bases to communicate activity related to a person between systems. Each system has an interest in the data base activity of the others in order to maintain data integrity across an institution. While defined within the ADT message set, these messages differ in that they are not patient specific.

For example, a site with separate inpatient, outpatient and medical record systems may require that each system maintain concurrent person information. Prior to an admit, in the inpatient system the new patient is added to the master data base of the system resulting in the broadcast of a message. The outpatient system receives the message and adds the person to its data base with the possibility that the person may some day become a patient in its system. The medical record system receives the message and adds the person to its data base with the possibility that it will track inpatient, outpatient or clinical data for the person.

V 2.3
To a certain registry, the person may be a person of interest, a potential future patient, or a potential guarantor. For example, these events can be used to maintain an MPI (master patient index), a cancer registry, an HIV database, etc. These events should not replace the use of the A01, A03, A04, A08, etc., events. They are not intended to be used for notification of real-time ADT events.

The person whose data is being sent should be identified in the PID segment, even when the person is not a patient and may be a potential guarantor. An A28 establishes person identifiers, e.g., social security number, guarantor identifier, or other unique identifiers, and contains a person identifier in the *PID-3-patient Internal ID*. The MRNs involved may or may not have active or inactive cases associated with them. When field names and descriptions say “patient,” we must translate that to “person” for these transactions. In this manner, “person information” about a guarantor can be sent independently of the guarantor’s relation to any patient.

The medical records system receives the message and adds the person to its database with the possibility that it will track inpatient, outpatient, or clinical data for that person. The clinical repository database or MPI receives the message to keep all potential patients and guarantors in its database.

In addition to adding a person to a data base, the delete, update and merge messages work in a similar manner to maintain concurrent person information. The A28 event can

be used to send everything that is known about a person. For example, it can be sent to an ICU unit (in addition to the A02 transaction) when a patient is transferred to the ICU unit in order to backload all demographic information for the patient into the ICU system.

ADT		ADT Message
MSH		Message Header
EVN		Event Type
PID (1)		Patient Demographics
[{ NK1 }]	0-3	Next of Kin

ACK		General Acknowledgment
MSH		Message Header
MSA		Message Acknowledgment
ERR		Error Information

5.3.29 Delete person information (Message Type ADT^A29 / ACK^A29)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A29(29).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A29(29).NULL(0).NULL(0).1(1)

V2.2
Delete all demographic information related to this person.

V2.3 Ballot 1
An A29 event can be used to delete all demographic information related to a given person. This event "undoes" an A28 event. The information from the A28 event is deleted. for example: adding the information was performed in error, or that another record already exists for the person, or wanting to purge the person from the database. When this event occurs, all visit and account level data for this person is also purged.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.30 Merge person information (Message Type ADT^A30 / ACK^A30)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A30(30).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A30(30).NULL(0).NULL(0).1(1)

V2.3 Ballot 1
An A30 event can be used to merge person information on an MPI. The A34, A35, A36 events should be used to merge patient information for a current episode. The "incorrect MRN" identified on the MRG segment (*MRG-1*) is to be merged with the "correct MRN" identified on the PID segment *(PID-3*). The "incorrect MRN" then no longer exists. All PID data associated with the "correct MRN" are treated as updated information.

The MRNs involved may or may not have active or inactive cases associated with them. Any episode of care that was previously associated with the "incorrect MRN" is now associated with the "correct MRN." A list of these cases is not provided.

The fields, included when this message is sent, should be only the fields necessary to communicate this event. When other important fields change it is recommended that the A08 (update patient information) event be used instead.

An A30, merge person information, is intended for merging person records without merging patient identifiers.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
MRG	Merge Information

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.31 Update person information (Message Type ADT^A31 / ACK^A31)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A31(31).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A31(31).NULL(0).NULL(0).1(1)

An A31 event can be used to update person information on an MPI. It is similar to an A08 event, but an A08 should be used to update patient information for a current episode.

ADT		ADT Message
MSH		Message Header
EVN		Event Type
PID (1)		Patient Demographics
[{ NK1 }]	0-3	Next of Kin

ACK		General Acknowledgment
MSH		Message Header
MSA		Message Acknowledgment
ERR		Error Information

5.3.32 Cancel patient arriving (event code A32)

Not Supported

5.3.33 Cancel patient departing (event code A33)

Not Supported

5.3.34 Merge patient information - patient ID only (Message Type ADT^A34 / ACK^A34)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A34(34).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A34(34).NULL(0).NULL(0).1(1)

V 2.2
Only Patient Internal ID has changed as a result of the merge.

V2.3 Ballot 1
An A34, merge patient information, patient ID only, is intended for merging or changing patient identifiers. It would be used to change patient identifiers on all of this patient's existing accounts

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
MRG	Merge Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.35 Merge patient information - account number only (Message Type ADT^A35 / ACK^A35)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A35(35).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A35(35).NULL(0).NULL(0).1(1)

V2.2
Only Patient Account Number has changed as a result of the merge.

V2.3 Ballot 1
An A35, merge patient information, account number only, is intended for merging or changing an account number only

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
MRG	Merge Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.36 Merge patient information - patient ID & account number (Message Type ADT^A36 / ACK^A36)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A36(36).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A36(36).NULL(0).NULL(0).1(1)

V2.2
Both Patient Internal ID and Patient Account Number have changed as a result of the merge.

V2.3 Ballot 1
An A36, merge patient information, patient ID and account number, is intended for changing both the patient identifier and the account number for one valid account. For example, account X for patient A changes to account Y for patient B. This A36 should not be used for changing the patient identifier for any other accounts than the ones identified in this message.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
MRG	Merge Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.3.37 Un-link patient information (event code A37)

Not Supported

5.3.38 Cancel pre-admit (Message Type ADT^A38 / ACK^A38)

Static Profile Identifier:

AWG(1).HL7(1).v2_2(4).static-profile(1).ADT(3).A38(38).NULL(0).NULL(0).1(1)

AWG(1).HL7(1).v2_2(4).static-profile(1).ACK(1).A38(38).NULL(0).NULL(0).1(1)

The A38 event is sent when an A05 (pre-admit) event is canceled, either because of erroneous entry of the A05 event or because of a decision not to pre-admit the patient after all.

The fields, included when this message is sent, should be only the fields necessary to communicate this event. When other important fields change it is recommended that the A08-Update event be used instead.

ADT	ADT Message
MSH	Message Header
EVN	Event Type
PID (2)	Patient Identification
PV1 (5)	Preadmit Visit Info
PV2 (4)	More Preadmit Visit Info

ACK	General Acknowledgment
MSH	Message Header
MSA	Message Acknowledgment
ERR	Error Information

5.4 Field Definitions

This section contain the descriptions of the fields supported within the AWG H-GMD. The descriptions are organized by the segment that they are contained within.

5.4.1 MSH field definitions

5.4.1.1 Field separator (ST) 00001

Definition: This field contains the separator between the segment ID and the first real field, *MSH-2-encoding characters*. As such it serves as the separator and defines the character to be used as a separator for the rest of the message. Recommended value is |.

AWG
Always use value |.

5.4.1.2 Encoding characters (ST) 00002

Definition: This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Recommended values are ^~**&**.

AWG
Always use values ^~**&**.

5.4.1.3 Sending application (ST) 00003

Definition: This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.

5.4.1.4 Sending facility (ST) 00004

Definition: This field contains the address of one of several occurrences of the same application within the sending system. Absent other considerations, the Medicare Provider ID might be used with an appropriate sub-identifier in the second component. Entirely site-defined.

AWG
Not Used

5.4.1.5 Receiving application (ST) 00005

Definition: This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.

5.4.1.6 Receiving facility (ST) 00006

Definition: This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations. See comments: sending facility.

AWG
Not Used

5.4.1.7 Date/time of message (TS) 00007

Definition: This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.

5.4.1.8 Security (ST) 00008

Definition: In some applications of HL7, this field is used to implement security features. Its use is not yet further specified.

AWG
Not Used

5.4.1.9 Message type (CM) 00009

Components: <message type> ^ <trigger event>

Definition: This field contains the message type and trigger event for the message. The first component is the message type edited by *HL7 table 0076 - Message type*; second is the trigger event code edited by *HL7 table 0003 - Event type*.

The receiving system uses this field to know the data segments to recognize, and possibly, the application to which to route this message. For certain queries, which may have more than a single response event type, the second component may, in the response message, vary to indicate the response event type. The second component is not required on response or acknowledgment messages.

AWG
This field was a CM type in HL7 2.2, we have changed it to an explicit type MT in IDL.

5.4.1.10 Message control ID (ST) 00010

Definition: This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).

5.4.1.11 Processing ID (ID) 00011

Definition: This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules, above. Refer to *HL7 table 0103 - Processing ID* for valid values).

5.4.1.12 Version ID (ID) 00012

Definition: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. Refer to *HL7 table 0104 - Version ID* for valid values.

5.4.1.13 Sequence number (NM) 00013

Definition: This field contains a non-null value in this field implies that the sequence number protocol is in use. This numeric field incremented by one for each subsequent value.

5.4.1.14 Continuation pointer (ST) 00014

Definition: This field is used to define continuations in application-specific ways.

AWG
Not Used

5.4.1.15 Accept acknowledgment type (ID) 00015

Definition: This field identifies the conditions under which accept acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode. Refer *to HL7 table 0155 - Accept/application acknowledgment conditions* for valid values.

5.4.1.16 Application acknowledgment type (ID) 00016

Definition: This field contains the conditions under which application acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode.

The following table contains the possible values for *MSH-15-accept acknowledgment type* and *MSH-16-application acknowledgment type*:

5.4.1.17 Country code (ID) 00017

Definition: This field contains the country of origin for the message. It will be used primarily to specify default elements, such as currency denominations. ISO 3166 provides a list of country codes that may be used1.

5.4.2 EVN - Event type

The EVN segment is used to communicate necessary trigger event information to receiving applications. Valid event types for all chapters are contained in *table 0003 - event type code*.

5.4.2.1 Event type code (ID) 00099

Definition: codes correspond to the trigger events described in this section. e.g., admission, transfer, registration. This field is left in for backwards compatibility. It is recommended to use the second component (trigger event) of *MSH-9-message type* to transmit event type code information.

5.4.2.2 Date/time of event (TS) 00100

Definition: most systems will default to the system date/time when the transaction was entered, but should also permit an override.

5.4.2.3 Date/time planned event (TS) 00101

Definition: date/time the event is planned. Recommend that the PV2 expected admit date and expected discharge date be used whenever possible.

5.4.2.4 Event reason code (ID) 00102

Definition: describes the reason for this event (e.g., patient request, physician order, census management, etc.). Refer to *user-defined table 0062 - event reason* for valid codes.

5.4.2.5 Operator ID (ID) 00103

Definition: identifies the individual responsible for triggering the event. Refer to user-defined *table 0188 - operator ID* for suggested values.

AWG
Not Used

5.4.3 MSA - Message Acknowledgment Segment

5.4.3.1 Acknowledgment code (ID) 00018

Definition: This field contains an acknowledgment code, see message processing rules. Refer to *HL7 table 0008 - Acknowledgment code* for valid values.

5.4.3.2 Message control ID (ST) 00019

Definition: This field contains the message control ID of the message sent by the sending system. It allows the sending system to associate this response with the message for which it is intended.

5.4.3.3 Text message (ST) 00020

Definition: This optional field further describes an error condition. This text may be printed in error logs or presented to an end user.

AWG
Not Used

5.4.3.4 Expected sequence number (NM) 00021

Definition: This optional numeric field is used in the sequence number protocol.

AWG
Not Used

5.4.3.5 Delayed acknowledgment type (ID) 00022

Definition: This field is used only as described above. Otherwise this field is not used.

AWG
Not Used

5.4.3.6 Error condition (CE) 00023

Components: <identifier (ID)> ^ <text (ST)> ^ <name of coding system (ST)>^<alternate identifier (ID)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>

AWG
Definition: This field allows the acknowledging system to use a error code and text which describes an error condition. The error code text may be printed in error logs or presented to an end user. This field is a generalized replacement for *MSA-3-text message*.

5.4.4 NK1 - Next of kin

The NK1 segment contains information about the patient's other related parties. Any associated parties may be identified. Utilizing *NK1-1-set ID*, multiple NK1 segments can be sent to patient accounts.

5.4.4.1 Set ID - next of kin (SI) 00190

Definition: uniquely identifies the NK1 records for the purpose of adding, changing, or deleting records. For those messages that permit segments to repeat, the Set ID field is used to identify the repetitions. For example, the swap and query transactions allow for multiple PID segments would have Set ID values of 1, 2, then 3, etc.

5.4.4.2 Name (PN) 00191

Components: <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)>

Definition: name of the next of kin.

5.4.4.3 Relationship (CE) 00192

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: defines the actual personal relationship that the next of kin has to the patient. Refer to *user-defined table 0063 - relationship*. Examples might include: brother, sister, mother, father, friend, spouse, emergency contact, employer, etc.

5.4.4.4 Address (AD) 00193

Components: <street address> ^ < other designation> ^ <city> ^ <state or province> ^ <zip or postal code> ^ <country> ^ <type> ^ <other geographic designation>

Definition: address of a associated party; complex attribute incorporating all components of HL7 AD datatype.

5.4.4.5 Home phone number (TN) 00194

Definition: Home phone number - up to three repetitions are permitted. The first is considered the primary number.

5.4.4.6 Business phone number (TN) 00195

Definition: Business phone number - up to three repetitions are permitted. The first is considered the primary number.

5.4.4.7 Contact role (CE) 00196

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: indicates the specific relationship role (next of kin, employer, emergency contact, etc.). Refer to *user-defined table 0131 - contact role*. This field specifies the role that the next of kin plays with regards to the patient. For example, an employer, emergency contact, next of kin, insurance company, state agency, federal agency etc.

5.4.4.8 Start date (DT) 00197

Definition: start of relationship.

5.4.4.9 End date (DT) 00198

Definition: end of relationship.

5.4.5 AL1 - Patient allergy information

The AL1 segment contains patient allergy information of various types. Most of this information will be derived from user-defined tables. Each AL1 segment describes a single patient allergy.

5.4.5.1 Set ID - allergy (SI) 00203

Definition: number that uniquely identifies the individual transaction for adding, deleting or updating an allergy description in the patient's record. For those messages that permit segments to repeat, the Set ID field is used to identify the repetitions. For example, the swap and query transactions allow for multiple PID segments would have Set ID values of 1, 2, then 3, etc.

5.4.5.2 Allergy type (ID) 00204

Definition: indicates a general allergy category (drug, food, pollen, etc.). User-defined table 0127.

5.4.5.3 Allergy code/mnemonic/description (CE) 00205

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: uniquely identifies a particular allergy. This element may conform to some external, standard coding system (which must be identified), or it may conform to local, largely textual or mnemonic descriptions.

5.4.5.4 Allergy severity (ID) 00206

Definition: indicates the general severity of the allergy (severe, moderate, mild, etc.). User-defined table 0128

5.4.5.5 Allergy reaction (ST) 00207

Definition: short, textual description of the specific allergy reaction (convulsions, sneeze, rash, etc.).

5.4.6 MRG - Merge patient information

The MRG segment provides receiving applications with information necessary to initiate the merging of patient data as well as groups of records. It is intended that this segment be used throughout the standard to allow the merging of registration, accounting, and clinical records within specific applications.

5.4.6.1 Prior Internal patient ID (CM) 00211

Components: <patient ID (ST)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)> ^ <type (ID)>

Definition: *table 0061 - check digit scheme* is defined in Chapter 2.

5.4.6.2 Prior alternate patient ID (ST) 00212

Components: <patient ID (ST)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)> ^ <type (ID)>

Definition: *table 0061 - check digit scheme* is defined in Chapter 2.

5.4.6.3 Prior patient account number (CK) 00213

Components: <account number (NM)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)>

Definition: *table 0061 - check digit scheme* is defined in Chapter 2.

5.4.6.4 Prior External patient ID (CK) 00214

Components: <patient ID (ST)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)>

Definition: *table 0061 - check digit scheme* is defined in Chapter 2.

5.4.7 Segment notes: MRG merge patient information

The assigning facility ID, the fourth component of the patient identifiers, is a string of up to six characters which is uniquely associated with the facility that originally assigned the number. A given institution or group of intercommunicating institutions should establish a list of facilities that may be potential assignors of patient identification (and other important identification) numbers. The list will be one of the institution's master dictionary lists. Since third parties (other than the assignors of patient identification numbers) may send or receive HL7 messages containing patient identification numbers, the assigning facility ID in the patient identification numbers may not be the same as the sending and receiving systems identified in the MSH. The assigning facility ID must be unique across applications at a given site. This field is required in HL7 implementations that have more than a single ADT/REG application assigning such numbers.

5.4.8 PID (1-2) - Patient Demographic/Identification segment

The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying, and demographic information that, for the most part, is not likely to change frequently.

5.4.8.1 Set ID - patient ID (SI) 00104

Definition: for those messages that permit segments to repeat, the Set ID field is used to identify the repetitions. For example, the swap and query transactions allow for multiple PID segments would have Set ID values of 1, 2, then 3, etc.

5.4.8.2 Patient External ID (CK) 00105

Components: <patient ID (ST)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)>

Definition: if the patient is from another institution, outside office, etc., the identifier used by that institution can be shown here. This may be a number which multiple disparate corporations or facilities share. Refer to *table 0061 - check digit scheme* in Chapter 2.

5.4.8.3 Patient Internal ID (CX) 00106

Components: <patient ID (NM)> ^ <check digit (NM)> ^ < check digit scheme (ID)> ^ <assigning facility ID (ST)> ^ <type (ID)>

Definition: primary ID used by the facility to uniquely identify a patient at the time of admit, (e.g., medical record number, billing number, etc). Refer to *table 0061-check digit scheme*.

5.4.8.4 Alternate patient ID (ST) 00107

Definition: third number may be required to identify a patient. Possible contents include a visit number, a visit date, or Social Security Number.

5.4.8.5 Patient name (PN) 00108

Components: <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)>

Definition: name is standard format described in Chapter 2.

5.4.8.6 Mother's maiden name (ST) 00109

Definition: family name under which the mother was born (i.e., before marriage.) Used to disambiguate patients with the same last name.

5.4.8.7 Date of birth (TS) 00110

Definition: person's date of birth, if known.

5.4.8.8 Sex (ID) 00111

Definition: person's sex. Refer to *table 0001 - sex* for valid codes.

5.4.8.9 Alias (PN) 00112

Components: <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)>

Definition: name(s) by which the patient has been known at some time.

5.4.8.10 Race (ID) 00113

Definition: ERISA also has a published list of ethnic classifications which may be used by local agreement at a site. Refer to *user-defined table 0005 - race.*

5.4.8.11 Address (AD) 00114

Components: <street address> ^ < other designation> ^ <city> ^ <state or province> ^ <zip or postal code> ^ <country> ^ <type> ^ <other geographic designation>

Definition: address of the patient; complex attribute incorporating all components of HL7 AD datatype.

5.4.8.12 Country Code (ID) 00115

Not Used.

5.4.8.13 Home Phone number (TN) 00116

Definition: Home phone number - up to three repetitions are permitted. The first is considered the primary number.

5.4.8.14 Business Phone number (TN) 00117

Definition: Business phone number - up to three repetitions are permitted. The first is considered the primary one.

5.4.8.15 Language - patient (ST) 00118

Definition: the patient's primary language.

5.4.8.16 Marital status (ID) 00119

Definition: patient's marital status. Refer to *user-defined table 0002 - marital status* for suggested entries.

5.4.8.17 Religion (ID) 00120

Definition: patient's religion. Refer to *user-defined table 0006 - religion*.

5.4.8.18 Patient account number (CK) 00121

Components: <patient ID (ST)> ^ <check digit (NM)> ^ <check digit scheme (ID)> ^ <assigning facility ID (ST)>

Definition: number assigned by accounting to which all charges, payments, etc. are recorded. It is used to identify the patient's account. Refer to *table 0061 - check digit scheme* in Chapter 2.

5.4.8.19 SSN number - patient (ST) 00122

Definition: patient's social security number. This number may also be an RR retirement number.

5.4.8.20 Driver's lic num - patient (CM) 00123

Components: <license number> ^ <issuing state, province, country>

Definition: patient's drivers license number. Some sites may use this as a unique number that identifies the patient. Default of the second component is the state in which the patient is being registered.

5.4.8.21 Mother Identifier (CK) 00124

Not Used.

5.4.8.22 Ethnic Group (ID) 00125

Not Used.

5.4.8.23 Birth place (ST) 00126

Definition: The location of the patient's birth.

5.4.8.24 Multiple Birth Indicator (ID)

Not Used.

5.4.8.25 Birth Order (NM) 00128

Not Used.

5.4.8.26 Citizenship (ID) 00129

Definition: indicates the patient's country of citizenship. Refer to *user-defined table 0171 - country code* ISO 3166 - Numeric.

5.4.8.27 Veterans military status (CE) 00130

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: indicates the military status assigned to a veteran. Refer to *user-defined table 0172 - veterans military status* for suggested codes.

5.4.9 Usage notes: PID patient identification

The assigning facility ID, the fourth component of the patient identifiers, is a string of up to six characters which is uniquely associated with the facility that originally assigned the number. A given institution or group of intercommunicating institutions should establish a list of facilities that may be potential assigners of patient identification (and other important identification) numbers. The list will be one of the institution's master dictionary lists. Since third parties (other than the assigners of patient identification numbers) may send or receive HL7 messages containing patient identification numbers, the assigning facility ID in the patient identification numbers may not be the same as the sending and receiving systems identified in the MSH. The assigning facility ID must be unique across applications at a given site. This field is required in HL7 implementations that have more than a single ADT/REG application assigning such numbers.

5.4.10 PV1 (1-6) - Patient Visit Information Segments

The PV1 segment is used by Registration/ADT applications to communicate information on a visit specific basis. This segment can be used to send multiple visit statistic records to the same patient account, or single visit records to more than one account. Individual sites must determine this segment's use.

5.4.10.1 Set ID - patient visit (SI) 00131

Definition: number that uniquely identifies this transaction for the purpose of adding, changing, or deleting the transaction. For those messages that permit segments to repeat, the Set ID field is used to identify the repetitions. For example, the swap and query transactions allow for multiple PID segments would have Set ID values of 1, 2, then 3, etc.

5.4.10.2 Patient class (ID) 00132

AWG
Definition: This field is used by systems to categorize patients by the general level of admission - Inpatient (I), Outpatient (O) or Emergency (E). Refer to user-defined table 0004 for suggested values.

5.4.10.3 Assigned patient location (CM) 00133

Components: <nurse unit> ^ <room> ^ <bed> ^ < facility ID> ^ <bed status>

Definition (from V2.3 Ballot 1) - This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic, department, or home for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event) should be in this field. If a value exists in the fifth component (bed status), it supersedes the value in PVI-40-bed status.

5.4.10.4 Admission type (ID) 00134

Definition: This field indicates the circumstances under which the patient was or will be admitted. Generally UB82 codes dictated by the financial system to describe the kind of admission. For example: "Elective", "Accident" or "Labor and Delivery". Refer to user-defined Table 0007 for suggested values.

5.4.10.5 Pre-admit number (ST) 00135

Definition: uniquely identifies the patient's pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. In the future, this field should be a CK data type -- like the account number.

5.4.10.6 Prior patient location (CM) 00136

Components: <nurse unit> ^ <room> ^ <bed> ^ <facility ID> ^ <bed status>

Definition: old location is null if the patient is new. It contains the prior patient location if the patient is being transferred. If a value exists in the fifth component (bed status) it supersedes the value.

5.4.10.7 Attending doctor (CN) 00137

Components: <physician ID> ^ <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)> ^ <source table ID>

Definition: The attending doctor. Depending on local agreements, either ID or the name may be absent. Refer to *user-defined table 0010 - physician ID.*

5.4.10.8 Referring doctor (CN) 00138

Components: <physician ID> ^ <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)> ^ <source table ID>

Definition: The referring doctor. Depending on local agreements, either ID or the name may be absent. Refer to *user-defined table 0010 - physician ID.*

5.4.10.9 Consulting doctor (CN) 00139

Components: <physician ID> ^ <family name> ^ <given name> ^ <middle initial or name> ^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)> ^ <source table ID>

Definition: The consulting doctor. Depending on local agreements, either ID or the name may be absent. Refer to *user-defined table 0010 - physician ID.*

5.4.10.10 Hospital service (ID) 00140

Definition: The treatment or type of surgery the patient is scheduled to receive. Required field with trigger events A01, A02, A14, A15. Refer to *user-defined table 0069 - hospital service*.

5.4.10.11 Temporary location (CM) 00141

Components: <nurse unit> ^ <room> ^ <bed> ^ <facility ID> ^ <bed status>

Definition: location other than the assigned location required for a temporary period of time (e.g., OR). If a value exists in the fifth component (bed status) it supersedes the value in 3.3.3.40.

5.4.10.12 Pre-admit test indicator (ID) 00142

Definition: indicates that the patient must have pre-admission testing done in order to be admitted. Refer to *user-defined table 0087 - pre-admit test indicator* for suggested codes.

5.4.10.13 Re-admission indicator (ID) 00143

Definition: indicates that a patient is being re-admitted to the facility and the circumstances. **R** for readmission or else null. Also recurring patient visits can be indicated. Refer to *user-defined table 0092 - re-admission indicator.*

5.4.10.14 Source (ID Admit) 00144

Definition: indicates where the patient was admitted. Refer to *user-defined table 0023 - admit source* for suggested codes.

5.4.10.15 Ambulatory status (ID) 00145

Definition: refer to *user-defined table 0009 - ambulatory status* for suggested entries.

5.4.10.16 VIP indicator (ID) 00146

Definition: user-defined code to identify the type of VIP. Refer to *user-defined table 0099 - VIP indicator.*

Components: <doctor ID> ^ <family name> ^ <given name> ^ <middle initial or name>

5.4.10.17 Admitting doctor (CN) 00147

Components: <physician ID> ^ <family name> ^ <given name> ^ <middle initial or name> ^^ <suffix (e.g., JR or III)> ^ <prefix (e.g., DR)> ^ <degree (e.g., MD)> ^ <source table ID>

Definition: Admitting doctor - by local agreement name or ID may not be present. Refer to *user-defined table 0010 - physician ID.*

5.4.10.18 Patient type (ID) 00148

Definition: Patient type is a subclass of Patient Class. For example, "Day Surgery" and "Recurring Patient" are subtypes of the Patient Class "Outpatient." Refer to table 0018 for suggested values.

5.4.10.19 Visit number (NM) 00149

Definition: This field contains the unique number assigned to each patient visit. For backward compatibility, an NM data type may be sent, but HL7 recommends that new implementations use the CK data type**.**

5.4.10.20 Financial Class (CM) 0150

Not Used

5.4.10.21 Charge Price Indicator (ID) 00151

Not Used

5.4.10.22 Courtesy code (ID) 00152

Not Used

5.4.10.23 Credit rating (ID) 00153

Not Used

5.4.10.24 Contract code (ID) 00154

Not Used

5.4.10.25 Contract effective date (DT) 00155

Not Used

5.4.10.26 Contract Amount (NM) 00156

Not Used

5.4.10.27 Contract Period (NM) 00157

Not Used

5.4.10.28 Interest code (ID) 00158

Not Used

5.4.10.29 Transfer to bad debt code (ID) 00159

Not Used

5.4.10.30 Transfer to bad debt date (DT) 00160

Not Used

5.4.10.31 Bad debt agency code (ID) 00161

Not Used

5.4.10.32 Bad debt transfer amount (NM) 00162

Not Used

5.4.10.33 Bad debt recovery amount (NM) 00163

Not Used

5.4.10.34 Delete account indicator (ID) 00164

Not Used

5.4.10.35 Delete account date (DT) 00165

Not Used

5.4.10.36 Discharge disposition (ID) 00166

Definition: disposition of the patient at time of discharge (i.e., discharged to home; expired; etc.). Refer to *user-defined table 0112 - discharged disposition.*

5.4.10.37 Discharged to location (CM) 00167

Components: <code> ^ <description>

Definition: indicates a facility to which the patient was discharged. Refer to user-defined table 0113 - discharged to location.

5.4.10.38 Diet type (ID) 00168

Definition: indicates a special diet type for a patient. Refer to user-defined table 0114 - diet type.

5.4.10.39 Servicing facility (ID) 00169

Definition: used in a multiple facility environment to indicate the facility with which this visit is associated. Refer to *user-defined table 0115 - servicing facility.*

An optional fourth component, facility ID, may be valued in each individual location field in PV1, instead of placing it here.

5.4.10.40 Bed status (ID) 00170

Not Used

5.4.10.41 Account status (ID) 00171

Not Used

5.4.10.42 Pending location (CM) 00172

Components: <nurse unit> ^ <room> ^ <bed> ^ <facility ID> ^ <bed status>

Definition: indicates the nursing station, room, bed, facility ID and bed status to which the patient may be moved. If a value exists in the fifth component (bed status) it supersedes the value in 3.3.3.40.

5.4.10.43 Prior temporary location (CM) 00173

Components: <nurse unit> ^ <room> ^ <bed> ^ <facility ID> ^ <bed status>

Definition: can be used when a patient is arriving or departing or for general update events. If a value exists in the fifth component (bed status) it supersedes the value.

5.4.10.44 Admit date/time (TS) 00174

Definition: admit date/time. To be used if the event date/time is different than the admit date and time, i.e., a retroactive update.

5.4.10.45 Discharge date/time (TS) 00175

Definition: discharge date/time. To be used if the event date/time is different than the discharge date and time, i.e., a retroactive update.

5.4.11 PV1 usage notes

The facility (servicing) ID, the optional fourth component of each patient location field, is a string of up to six characters which is uniquely associated with the facility containing the location. A given institution or group of intercommunicating institutions should establish a list of facilities that may be potential assigners of patient locations. The list will be one of the institution's master dictionary lists. Since third parties other than the assigners of patient locations may send or receive HL7 messages containing patient locations, the facility ID in the patient location may not be the same as that implied by the sending and receiving systems identified in the MSH. The facility ID must be unique across facilities at a given site. This field is required in HL7 implementations that have more than a single facility with bed locations, since the same <nurse unit> ^ <room> ^ <bed> combination may exist at more than one facility.

5.4.12 PV2 - Patient visit - additional information

The PV2 segment is a continuation of visit specific information contained on the PV1 segment.

5.4.12.1 Prior Pending Location (CM) 00181

AWG
Not Used

5.4.12.2 Accommodation Code (CE) 00182

AWG
Not Used

5.4.12.3 Admit reason (CE) 00183

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: short description the patient admission reason.

5.4.12.4 Transfer reason (CE) 00184

Components: <identifier> ^ <text> ^ <name of coding system>^ <alternate identifier> ^ <alternate text> ^ <name of alternate coding system>

Definition: short description of the patient location change reason.

5.4.12.5 Patient valuables (ST) 00185

Definition: short description of patient valuables checked in during admission.

5.4.12.6 Patient valuables location (ST) 00186

Definition: indicates the location of the patient's valuables.

5.4.12.7 Visit user code (ID) 00187

Definition: further categorizes a patient's visit with respect to an individual institution's needs (e.g., teaching flag = TE, indicating the patient is a teaching case). Refer to *user-defined table 0130 - visit user code.*

5.4.12.8 Expected admit date (DT) 00188

Definition: date patient expected to be admitted.

5.4.12.9 Expected discharge date (DT) 00189

Definition: Date patient is expected to be discharged. A non-event related date used by ancillaries to more accurately determine projected workloads.

5.4.13 NPU - Bed status update

The NPU segment allows the updating of census (bed status) data without sending patient specific data. For example: changing the status of a bed from housekeeping to unoccupied.

5.4.13.1 Bed location (CM) 00209

Components: <nurse unit> ^ <room> ^ <bed> ^ <facility ID> ^ <bed status>

Definition: Uniquely identifies the bed location. Refer to *user-defined table 0079 - location.*

5.4.13.2 Bed status (ID) 00170

Definition: refer to *user-defined table 0116 - bed status* for suggested entries.

5.4.14 QRD field definitions

5.4.14.1 Query date/time (TS) 00025

Definition: Date the query was generated by the application program.

5.4.14.2 Query format code (ID) 00026

Definition: refer to *table 0106 - query format code* for valid codes.

AWG
We are currently supporting record-oriented response formats. Always set to 'R'.

5.4.14.3 Query priority (ID) 00027

Definition: time frame in which the response is expected. Refer to *table 0091 - query priority* for valid codes. Table values and subsequent fields specify time frames for response.

AWG
We are currently supporting Immediate response 'I' queries. Always set to 'I'.

5.4.14.4 Query ID (ST) 00028

Definition: Unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.

5.4.14.5 Deferred response type (ID) 00029

Definition: refer to *table 0107 - deferred response type* for valid entries.

AWG
Not Used

5.4.14.6 Deferred response date/time (TS) 00030

Definition: date/time before or after which to send a deferred response. If not present, the response can be sent when its available. (See *QRD-5-deferred response type* above).

AWG
Not Used

5.4.14.7 Quantity limited request (CQ) 00031

Definition: Maximum length of the response that can be accepted by the requesting system. Valid responses are numerical values given in the units specified in the second

component. Refer to *table 0126 - quantity limited request* for valid entries. Default is LI lines.

AWG
Maximum number of records to be returned to requestor. "Record" here is interpreted as a patient or encounter record, including all the HL7 segments that go with these.

5.4.14.8 Who subject filter (ST) 00032

Definition: identifies the subject, or who the inquiry is about.

AWG
Identifies the subject of the query. Can be medical record number, account number, nursing station ID, or doctor ID. Which of these it is, is defined by QRY-9.

5.4.14.9 What subject filter (ID) 00033

Definition: describes the kind of information that is required to satisfy the request. Valid codes define the type of transaction inquiry and may be extended locally during implementation.

AWG
Values listed in table HL70048. Serves double duty: it defines the identifier in QRD-8, and also says what kind of information is to be returned:

ANU	Nursing station ID
APP	Doctor ID
APM	Medical record number
APA	Account number
DEM	Medical record number
MRI	Medical record number
MRO	Medical record number

Medical record number is PID-3, Patient Internal ID. Account number is PID-18, patient account number. Nursing station ID is PV1-3, assigned patient location. Doctor ID is PV1-7, attending doctor. Values are formatted as specified for these fields.

5.4.14.10 What department data code (ST) 00034

Definition: possible contents include test number, procedure number, drug code, item number, order number, etc. The contents of this field are determined by the contents of the previous field. This field could contain multiple occurrences separated by repetition delimiters.

AWG
This field is required by HL7, but not used in AWG profile. It should always be empty.

5.4.14.11 What data code value qual (CM) 00035

Components: <first data code value (ST)> ^ <last data code value (ST)>

Definition: what data code value qualifier. A window or range to further refine the inquiry. This field would contain start/stop separated by component separators.

AWG
Not Used

5.4.14.12 Query results level (ID) 00036

Definition: used to control level of detail in results. Refer to *table 0108 - query results level* for valid codes. See chapters 4 and 7.

AWG
Not Used

5.4.15 QRF field definitions

5.4.15.1 Where subject filter (ST) 00037

Definition: identifies the department, system, or subsystem to which the query pertains. This field may repeat as in LAB~HEMO, etc.

AWG
For ADT queries, should always be set to 'ADT'.

5.4.15.2 When data start date/time (TS) 00038

Definition: data representing dates and times equal or after this value should be included.

5.4.15.3 When data end date/time (TS) 00039

Definition: data representing dates and times the same as or before this date should be included.

5.4.15.4 What user qualifier (ST) 00040

Definition: an identifier to further define characteristics of the data of interest.

AWG
Not Used

5.4.15.5 Other QRY subject filter (ST) 00041

Definition: a filter defined locally for use between two systems. This filter uses codes and field definitions which have specific meaning only to the applications and/or site involved.

AWG
Not Used

5.4.15.6 Which date/time qualifier (ID) 00042

Definition: specifies type of date referred to in QRF-2-when data start date/time and QRF-3-when data end date/time.

AWG
Not Used

5.4.15.7 Which date/time status qualifier (ID) 00043

Definition: specifies status type of objects selected in date range defined by *QRF-2-when data start date/time* and *QRF-3-when data end date/time*).

AWG
Not Used

5.4.15.8 Date/time selection qualifier (ID) 00044

Definition: allows specification of certain types of values within the date/time range.

AWG
Not Used

5.5 User-defined tables

The table below is a compilation of all user-defined tables used within the AWG profile. Tables that are not used in the AWG profile, are not listed. The "type" of the table is shown in the first column. The following are the types of tables supported:

1. **HL7 standard** - Tables that are defined as part of the HL7 standard. The value set for these tables will effect the interpretation of the messages that contain them. Sites may NOT add or modify values in these tables.

2. **HL7 suggested** - Tables that contain HL7 suggested values, with no changes by AWG. Sites may add or modify values in these tables, but modifications to the table values will reduce plug and play interoperability between applications. Any application which extends the value set assumes the responsibility for the consistency of the table values.

3. **AWG defined** - Tables that are defined by AWG. Sites may NOT add or modify values in these tables. The value set for these tables have been defined based on negotiations between the AWG members.

4. **AWG suggested** - Tables that include HL7 suggested values and additional values based on input from AWG members. Sites may add or modify values in these tables. Any application which extends the value set assumes the responsibility for the consistency of the table values. AWG suggested tables can and should be promoted to AWG defined tables over time in order to increase application level interoperability.

5. **Site defined** - Tables that both HL7 and AWG makes no suggestions. All values are locally defined and interpreted.

Type	Table	Name	Value	Description	Source	Used
HL7 suggested	0001	Sex			HL7 2.2	PID-8
	0001		F	Female		
	0001		M	Male		
	0001		O	Other		
	0001		U	Unknown		
AWG suggested	0002	Marital Status			HL7 2.2, AWG	PID-16
	0002		A	Separated		
	0002		D	Divorced		
	0002		L	Living Together		
	0002		M	Married		
	0002		S	Single		
	0002		W	Widowed		
	0002		U	Unknown		

Type	Table	Name	Value	Description	Source	Used
	0002		O	Other		
	0002		LS	Legally Separated		
	0002		AN	Annulled		
	0002		IN	Interlocutory		
	0002		LP	Life Partner		
HL7 Standard	0003	Event Type			HL7 2.2	MSH-9
	0003		A01	ADT/ACK - Admit a patient		
	0003		A02	ADT/ACK - Transfer a patient		
	0003		A03	ADT/ACK - Discharge a patient		
	0003		A04	ADT/ACK - Register a patient		
	0003		A05	ADT/ACK - Pre-admit a patient		
	0003		A06	ADT/ACK - Transfer an outpatient to inpatient		
	0003		A07	ADT/ACK - Transfer an inpatient to outpatient		
	0003		A08	ADT/ACK - Update patient information		
	0003		A09	ADT/ACK - Patient departing		
	0003		A10	ADT/ACK - Patient arriving		
	0003		A11	ADT/ACK - Cancel admit		
	0003		A12	ADT/ACK - Cancel transfer		
	0003		A13	ADT/ACK - Cancel discharge		
	0003		A19	QRY/ADR - Patient Query/Response		
	0003		A20	ADT/ACK - Nursing/Census application updates		
	0003		A21	ADT/ACK - Leave of absence - out (leaving)		
	0003		A22	ADT/ACK - Leave of absence - in (returning)		
	0003		A23	ADT/ACK - Delete a patient record		
	0003		A28	ADT/ACK - Add person information		
	0003		A29	ADT/ACK - Delete person information		
	0003		A30	ADT/ACK - Merge person information		
	0003		A31	ADT/ACK - Update person information		
	0003		A34	ADT/ACK - Merge patient information - patient ID only		
	0003		A35	ADT/ACK - Merge patient information - account number only		
	0003		A36	ADT/ACK - Merge patient information - patient ID and account number		
	0003		A38	ADT/ACK - Cancel Pre-admit		
	0003		R01	ORU/ACK - Unsolicited transmission of an observation		
	0003		R02	QRY - Query for results of observation		
	0003		R04	ORF - Response to query; transmission of requested observation		
	0003		O01	ORM - General Diagnostic Study Order		
	0003		O02	ORR - General Diagnostic Study Order Response		
AWG suggested	0004	Patient Class			HL7 2.2, AWG	PV1-2
	0004		E	Emergency		
	0004		I	Inpatient		
	0004		O	Outpatient		
	0004		P	Pre-admit		

Type	Table	Name	Value	Description	Source	Used
	0004		R	Recurring Patient		
	0004		B	Obstetrics		
	0004		M	Donor (cadaver)		
	0004		OB	Observation Patient		
	0004		C	Cast Room		
	0004		H	Home Health		
	0004		AS	Ambulatory Surgery		
AWG suggested	0005	Race			HL7 2.2, 1990 Bureau of the Census	PID-10
	0005		A	Asian		
	0005		B	Black		
	0005		C	Caucasian		
	0005		H	Hispanic		
	0005		I	Native American		
	0005		O	Other		
	0005		U	Unknown		
AWG suggested	0006	Religion			AWG	PID-17
	0006		ADV	Adventist		
	0006		AGN	Agnostic		
	0006		ABC	American Baptist Church		
	0006		ALC	American Lutheran Convention		
	0006		AMI	Amish		
	0006		ALL	Alliance Church		
	0006		AMT	African Methodist Episcopal		
	0006		AME	AME Zion Church		
	0006		ANG	Anglican		
	0006		APO	Apostolic		
	0006		AOH	Assembly of Holiness		
	0006		AOG	Assembly of God		
	0006		AGC	Associated Gospel Churches		
	0006		ATH	Atheist		
	0006		BAP	Baptist		
	0006		BAH	Bahai Faith		
	0006		BCD	Brethian Church Dunkers		
	0006		BIC	Brethian In Christ		
	0006		BRE	Church of Brethren		
	0006		BUD	Buddhist		
	0006		CAT	Catholic		
	0006		CAN	Catholic Non Affiliated		
	0006		CDC	Christian disciples of Christ		
	0006		CGP	Church of God of Prophecy		
	0006		CHR	Christian		
	0006		CND	Christian Non-Denominational		
	0006		CRR	Christian Reformed		
	0006		CHU	Christian Union		

Type	Table	Name	Value	Description	Source	Used
	0006		CHS	Christian Science		
	0006		CLG	Church of the Living God		
	0006		CMA	Christian Missionary Alliance		
	0006		CLD	Church of Jesus Christ of Latter-Day Saints		
	0006		COC	Church of Christ		
	0006		COG	Church of God		
	0006		COC	Church of God in Christ		
	0006		COP	Church of God of Prophecy		
	0006		CON	Church of the Nazarene		
	0006		COM	Community		
	0006		CON	Congregational		
	0006		DOC	Disciples of Christ		
	0006		DNC	Do Not Contact		
	0006		EOT	Eastern Orthodox		
	0006		EVC	Evangelical Church		
	0006		EPI	Episcopal		
	0006		FWB	Freewill Baptist Church		
	0006		FRQ	Friends - Quakers		
	0006		GGC	Grace Gospel Church		
	0006		GRE	Greek Orthodox		
	0006		HAK	Hare Krishna		
	0006		HIN	Hindu		
	0006		HOL	Holiness		
	0006		INT	Independent New Testament		
	0006		JEW	Jewish		
	0006		JEN	Jewish Non Affiliated		
	0006		JWN	Jehovah Witness		
	0006		JNN	Jehovah Witness Non Affiliated		
	0006		LUT	Lutheran		
	0006		LMS	Lutheran Missouri Synod		
	0006		MAS	Masonic Temple		
	0006		MEN	Mennonite		
	0006		MOS	Moslem		
	0006		MON	Moslem Non Affiliated		
	0006		MET	Methodist		
	0006		MOM	Mormon		
	0006		MOF	Mormon LDS Non Affiliated		
	0006		MOR	Moravian		
	0006		NAM	Native American		
	0006		NAZ	Nazarene		
	0006		NON	Non-denominational		
	0006		NOE	None		
	0006		NOT	Not Given / No preference		
	0006		ORT	Orthodox		
	0006		ORN	Orthodox Non Affiliated		
	0006		OTH	Other		
	0006		PEN	Pentecostal		
	0006		PIL	Pilgrim Holiness		
	0006		PRE	Presbyterian		

Type	Table	Name	Value	Description	Source	Used
	0006		PRO	Protestant		
	0006		PRN	Protestant Non Affiliated		
	0006		PRD	Protestant Non-Denominational		
	0006		PRC	Protestant Other Churches		
	0006		PRT	Primitive Baptist		
	0006		QUA	Quaker		
	0006		REC	Reformed Church		
	0006		REO	Reorganized church of Jesus Christ - LDS		
	0006		RCA	Roman Catholic		
	0006		SAA	Salvation Army		
	0006		SER	Serbian Orthodox		
	0006		SEV	Seventh Day Adventist		
	0006		SOU	Southern Baptist		
	0006		SPI	Spiritualist		
	0006		UBE	United Brethren		
	0006		UCC	United Church of Christ		
	0006		UCO	United Church of Christ - Congregational		
	0006		UMD	United Methodist		
	0006		UNI	Unitarian		
	0006		UNU	Unitarian Universalist		
	0006		UNK	Unknown		
	0006		VAR	Various		
	0006		WES	Wesleyan		
	0006		WMC	Wesleyan Methodist Church		
AWG suggested	0007	Admission Type			HL7 2.2, AWG, UB92	PV1-2
	0007		ACC	Accident		
	0007		EMR	Emergency		
	0007		LAD	Labor and Delivery		
	0007		NEB	Newborn		
	0007		ROU	Routine		
	0007		OBS	Observation		
	0007		URG	Urgent		
	0007		ELE	Elective		
	0007		REH	Rehabilitation		
	0007		HEL	Helicopter		
	0007		NEP	Newborn Premature		
	0007		NSP	Newborn Sick Premature		
	0007		OCH	Occupational Heath		
	0007		OTI	Outpatient to Inpatient		
HL7 standard	0008	Acknowledgement Code			HL7 2.2	MSA-1
	0008		AA	Original mode: Application Accept Enhanced mode: Application acknowledgement: Accept		
	0008		AE	Original mode: Application Error Enhanced mode: Application acknowledgement:		

Type	Table	Name	Value	Description	Source	Used
				Error		
	0008		AR	Original mode: Application Reject Enhanced mode: Application acknowledgement: Reject		
	0008		CA	Enhanced mode: Application acknowledgement: Commit Accept		
	0008		CE	Enhanced mode: Application acknowledgement: Commit Error		
	0008		CR	Enhanced mode: Application acknowledgement: Commit Reject		
HL7 suggested	0009	Ambulatory Status			HL7 2.2	PV1-15
	0009		A0	No functional limitations		
	0009		A1	Ambulates with assistive device		
	0009		A2	Wheelchair/stretcher bound		
	0009		A3	Comatose; non-responsive		
	0009		A4	Disoriented		
	0009		A5	Vision Impaired		
	0009		A6	Hearing Impaired		
	0009		A7	Speech Impaired		
	0009		A8	Non-English Speaking		
	0009		A9	Functional level unknown		
	0009		B1	Oxygen Therapy		
	0009		B2	Special Equipment (tubes, IV's, catheters)		
	0009		B3	Amputee		
	0009		B4	Mastectomy		
	0009		B5	Paraplegic		
	0009		B6	Pregnant		
Site defined	0010	Physician ID				
	0010					
AWG suggested	0018	Patient Type		Patient Class - Patient Type	AWG	PV1-18
	0018		0	Inpatient - Pre-admit		
	0018		1	Inpatient - Observation		
	0018		2	Outpatient - Recurring Day Treatment		
	0018		3	Outpatient - Recurring Lab		
	0018		4	Outpatient - Recurring Respiratory Therapy		
	0018		5	Outpatient - Ambulatory Surgery		
	0018		6	Outpatient - Recurring Cancer Center		
	0018		7	Outpatient - Same Day Surgery		
	0018		8	Outpatient - Recurring speech therapy		
	0018		9	Outpatient - One Time Outpatient		
	0018		10	Outpatient - Recurring Diabetes Education		
	0018		11	Outpatient - Recurring Cardiac Rehabilitation		
	0018		12	Outpatient - Recurring Physical Therapy		
	0018		13	Outpatient - Telemetry		
	0018		14	Outpatient - Renal Dialysis		
	0018		15	Specimen - Specimen		

Type	Table	Name	Value	Description	Source	Used
	0018		16	Emergency - Emergency		
	0018		17	Non Patient - Non Patient		
AWG suggested	0023	Admit Source			UB92	PV1-14
	0023		0	Physician referral		
	0023		1	Clinic Referral		
	0023		2	HMO Referral		
	0023		3	Transfer from a hospital		
	0023		4	From SNF		
	0023		5	From another health facility		
	0023		6	Emergency Room		
	0023		7	Court/Law enforcement		
	0023		8	Normal Delivery		
	0023		9	Premature Delivery		
	0023		10	Sick Baby		
HL7 standard	0038	Order Status			HL7 2.2	ORC-5
	0038		A	Some, but not all, results available		
	0038		CA	Order was canceled		
	0038		CM	Order is completed		
	0038		DC	Order was discontinued		
	0038		ER	Error, order not found		
	0038		HD	Order is on hold		
	0038		IP	In process, unspecified		
	0038		RP	Order has been replaced		
HL7 standard	0048	What Subject Filter			HL7 2.2	QRD-9
	0048		ADV	Advice/diagnosis		
	0048		ANU	Nursing unit lookup (returns patients in beds, excluding empty beds)		
	0048		APN	Patient name lookup		
	0048		APP	Physician lookup		
	0048		ARN	Nursing unit lookup (returns patients in beds, including empty beds)		
	0048		APM	Medical record number query, returns visits for a medical record number		
	0048		APA	Account number query, return matching visit		
	0048		CAN	Cancel. Used to cancel a query		
	0048		DEM	Demographics		
	0048		FIN	Financial		
	0048		GOL	Goals		
	0048		MRI	Most recent inpatient		
	0048		MRO	Most recent outpatient		
	0048		NCK	Network clock		
	0048		NSC	Network status change		
	0048		NST	Network statistic		
	0048		ORD	Order		

Type	Table	Name	Value	Description	Source	Used
	0048		OTH	Other		
	0048		PRB	Problems		
	0048		PRO	Procedure		
	0048		RES	Result		
	0048		RAR	Pharmacy administration information		
	0048		RER	Pharmacy encoded order information		
	0048		RDR	Pharmacy dispense information		
	0048		RGR	Pharmacy give information		
	0048		ROR	Pharmacy prescription information		
	0048		STA	Status		
	0048		VXI	Vaccine Information		
AWG defined	0060	Error Code & Location		To be defined by AWG		
HL7 standard	0061	Check Digit Scheme			HL7	CK data type
			M10	Mod 10 Algorithm		
			M11	Mod 11 Algorithm		
HL7 suggested	0062	Event Reason			HL7	EVN-4
	0062		01	Patient request		
	0062		02	Physician order		
			03	Census management		
AWG suggested	0063	Relationship			AWG	NK1-3
	0063		SEL	Self		
	0063		SPO	Spouse		
	0063		PAR	Parent		
	0063		GRP	Grandparent		
	0063		CHD	Children		
	0063		GHD	Grandchildren		
	0063		SIB	Siblings		
	0063		EXF	Extended family		
	0063		ASC	Associates		
	0063		OTH	Other		
	0063		NON	None		
	0063		UNK	Unknown		
HL7 suggested	0065	Specimen Action Code			HL7 2.2	OBR-11
	0065		A	Add ordered tests to the existing specimen		
	0065		G	Generated order; reflex order		
	0065		L	Lab to obtain specimen from patient		
	0065		O	Specimen obtained by service other than Lab		
	0065		P	Pending specimen; Order sent prior to delivery		
	0065		R	Revised order		
	0065		S	Schedule the tests specified below		

Type	Table	Name	Value	Description	Source	Used
AWG suggested	0069	Hospital Service			AWG	PV1-10
	0069		AME	Aero-Medical Evacuation		
	0069		ALL	Allergy		
	0069		AMB	Ambulance		
	0069		ANA	Anatomical Pathology		
	0069		ANE	Anesthesiology		
	0069		BMT	Bone Marrow Transplant		
	0069		BUR	Burn Surgery		
	0069		CAN	Cancer Center		
	0069		CAR	Cardiology		
	0069		CRD	Cardiovascular Thoracic Service		
	0069		CCX	Coronary Care		
	0069		CMF	Cranio-maxillo facial Trauma		
	0069		CRE	Chart Responsible MD		
	0069		DEN	Dentistry		
	0069		DIL	Dialysis		
	0069		DIG	Diagnostic Admission		
	0069		CVS	Discharge Service		
	0069		DER	Dermatology		
	0069		DON	Donor Surgery		
	0069		EMX	Emergency Medicine		
	0069		END	Endocrinology		
	0069		ENT	Ear eyes nose throat		
	0069		FCX	Family Care		
	0069		FPX	Family Practice		
	0069		EYE	Ophthalmology		
	0069		FAM	Community and Family Practice		
	0069		GIS	GI Endoscopy		
	0069		GIC	GI/Endocrine Surgery		
	0069		GEN	GYN Endocrine		
	0069		GIX	Gastroenterology		
	0069		GSU	General Surgery		
	0069		GYN	Gynecology		
	0069		HSE	Heath Service		
	0069		HSU	Hand Surgery		
	0069		HEM	Hematology		
	0069		HEH	Hemodialysis-Hosp		
	0069		HEP	Hepatology		
	0069		HCP	Home Care Program		
	0069		INF	Infectious Disease		
	0069		IMX	Internal Medicine		
	0069		MED	General Medicine		
	0069		LPX	Laboratory/Pathology		
	0069		MCC	Managed Care Clinic		
	0069		MAT	Maternity		
	0069		MCI	Medical Care/Inpatient		

Type	Table	Name	Value	Description	Source	Used
	0069		MNE	Medical (Non-accident) Emergency		
	0069		MIC	Medical Intensive Care		
	0069		MSE	Medicine Service		
	0069		MSP	Medical Specialties		
	0069		MRH	Medical Rehabilitation		
	0069		NHR	Neonatal High Risk		
	0069		NEB	Newborn		
	0069		NBT	Discharge Service		
	0069		NEU	Neurology		
	0069		NPH	Nephrology		
	0069		NSU	Neurosurgery		
	0069		NIC	NICU		
	0069		NUR	Nursery		
	0069		NUS	Nursing		
	0069		NUT	Nutrition Care		
	0069		OBX	Obstetrics		
	0069		OUP	Outpatient		
	0069		ONC	Oncology		
	0069		OPH	Ophthalmology		
	0069		ORT	Orthopaedics		
	0069		OSU	Oral Surgery		
	0069		OTA	Other Ancillary		
	0069		OTO	Otorhinolaryngology		
	0069		PAI	PED Allergy/Immunology/Pulmonary		
	0069		PCR	Pediatric Cardiology		
	0069		PDS	Pediatric Surgery		
	0069		PEN	Pediatric Endocrinology		
	0069		PGI	Pediatric Gastroenterology		
	0069		PGL	Ped. Behavioral Development		
	0069		PHE	Pediatric Hematology/Oncology		
	0069		PID	Pediatric Infectious Diseases		
	0069		PME	Pediatric Metabolism		
	0069		PMT	Peds Bone Marrow Transplantation		
	0069		PNE	Pediatric Neurology		
	0069		PNN	Pediatric Neonatology		
	0069		PNP	Pediatric Nephrology		
	0069		PPL	Pediatric Pulmonary		
	0069		PRH	Pediatric Rheumatology		
	0069		PVA	Peripheral Vascular		
	0069		PHA	Pharmacy		
	0069		PAP	Physical access/Purchase		
	0069		PAR	Physical access/Rental		
	0069		PMX	Physical Medicine		
	0069		PSU	Plastic Surgery		
	0069		POD	Podiatry		
	0069		PRD	Prenatal Diagnosis		
	0069		PRM	Preventive Medicine		
	0069		PSY	Psychiatry		
	0069		PSY	Psychology		

Type	Table	Name	Value	Description	Source	Used
	0069		PUL	Pulmonary		
	0069		RIA	Radioimmunoassay (RIA)		
	0069		RAD	Radiology		
	0069		RSU	Reconstructive Surgery		
	0069		REH	Rehabilitation		
	0069		RHY	Renal/Hypertension		
	0069		REN	Reproductive Endocrinology		
	0069		RHE	Rheumatology		
	0069		RON	Radiation Oncology		
	0069		SWO	Social Work		
	0069		SCA	Soldier Care		
	0069		SPA	Speech Pathology		
	0069		SUR	Surgery		
	0069		SPM	Surgical Pain Management		
	0069		TDC	Trophoblastic Disease Center		
	0069		TRA	Trauma Surgery		
	0069		TRN	Transplant		
	0069		TSU	Thoracic Surgery		
	0069		URO	Urology		
	0069		VSU	Vascular Surgery		
	0069		VNU	Visiting Nurse		
	0069		XRD	X-ray Diagnostic		
	0069		XRT	X-ray Therapeutic		
HL7 suggested	0070	Specimen Source Codes			HL7 2.2	OBR-15
	0070		ABS	Abscess		
	0070		AMN	Amniotic fluid		
	0070		ASP	Aspirate		
	0070		BPH	Basophils		
	0070		BIFL	Bile fluid		
	0070		BLDA	Blood arterial		
	0070		BBL	Blood bag		
	0070		BLDC	Blood capillary		
	0070		BPU	Blood product unit		
	0070		BLDV	Blood venous		
	0070		BON	Bone		
	0070		BRTH	Breath (use EXHLD)		
	0070		BRO	Bronchial		
	0070		BRN	Burn		
	0070		CALC	Calculus (=Stone)		
	0070		CDM	Cardiac muscle		
	0070		CNL	Cannula		
	0070		CTP	Catheter tip		
	0070		CSF	Cerebral spinal fluid		
	0070		CVM	Cervical mucus		
	0070		CVX	Cervix		
	0070		COL	Colostrum		

Type	Table	Name	Value	Description	Source	Used
	0070		CBLD	Cord blood		
	0070		CNJT	Conjunctiva		
	0070		CUR	Curettage		
	0070		CYST	Cyst		
	0070		DIAF	Dialysis fluid		
	0070		DOSE	Dose med or substance		
	0070		DRN	Drain		
	0070		DUFL	Duodenal fluid		
	0070		EAR	Ear		
	0070		EARW	Ear wax (cerumen)		
	0070		ELT	Electrode		
	0070		ENDC	Endocardium		
	0070		ENDM	Endometrium		
	0070		EOS	Eosinophils		
	0070		RBC	Erythrocytes		
	0070		EYE	Eye		
	0070		EXHLD	Exhaled gas (=breath)		
	0070		FIB	Fibroblasts		
	0070		FLT	Filter		
	0070		FIST	Fistula		
	0070		FLU	Body fluid, unsp		
	0070		GAS	Gas		
	0070		GAST	Gastric fluid/contents		
	0070		GEN	Genital		
	0070		GENC	Genital cervix		
	0070		GENL	Genital lochia		
	0070		GENV	Genital vaginal		
	0070		HAR	Hair		
	0070		IHG	Inhaled Gas		
	0070		IT	Intubation tube		
	0070		ISLT	Isolate		
	0070		LAM	Lamella		
	0070		WBC	Leukocytes		
	0070		LN	Line		
	0070		LNA	Line arterial		
	0070		LNV	Line venous		
	0070		LIQ	Liquid NOS		
	0070		LYM	Lymphocytes		
	0070		MAC	Macrophages		
	0070		MAR	Marrow		
	0070		MEC	Meconium		
	0070		MBLD	Menstrual blood		
	0070		MLK	Milk		
	0070		MILK	Breast milk		
	0070		NAIL	Nail		
	0070		NOS	Nose (nasal passage)		
	0070		ORH	Other		
	0070		PAFL	Pancreatic fluid		
	0070		PAT	Patient		

Type	Table	Name	Value	Description	Source	Used
	0070		PRT	Peritoneal fluid /ascites		
	0070		PLC	Placenta		
	0070		PLAS	Plasma		
	0070		PLB	Plasma bag		
	0070		PLR	Pleural fluid (thoracentesis fld)		
	0070		PMN	Polymorphonuclear neutrophils		
	0070		PPP	Platelet poor plasma		
	0070		PRP	Platelet rich plasma		
	0070		PUS	Pus		
	0070		RT	Route of medicine		
	0070		SAL	Saliva		
	0070		SEM	Seminal fluid		
	0070		SER	Serum		
	0070		SKN	Skin		
	0070		SKM	Skeletal muscle		
	0070		SPRM	Spermatozoa		
	0070		SPT	Sputum		
	0070		SPTC	Sputum - coughed		
	0070		SPTT	Sputum - tracheal aspirate		
	0070		STON	Stone (use CALC)		
	0070		STL	Stool = Fecal		
	0070		SWT	Sweat		
	0070		SNV	Synovial fluid (Joint fluid)		
	0070		TEAR	Tears		
	0070		THRT	Throat		
	0070		THRB	Thrombocyte (platelet)		
	0070		TISS	Tissue		
	0070		TISG	Tissue gall bladder		
	0070		TLGI	Tissue large intestine		
	0070		TLNG	Tissue lung		
	0070		TISPL	Tissue placenta		
	0070		TSMI	Tissue small intestine		
	0070		TISU	Tissue ulcer		
	0070		TUB	Tube NOS		
	0070		ULC	Ulcer		
	0070		UMB	Umbilical blood		
	0070		UMED	Unknown medicine		
	0070		URTH	Urethra		
	0070		UR	Urine		
	0070		URC	Urine clean catch		
	0070		URT	Urine catheter		
	0070		URNS	Urine sediment		
	0070		USUB	Unknown substance		
	0070		VOM	Vomitus		
	0070		BLD	Whole blood		
	0070		BDY	Whole body		
	0070		WAT	Water		
	0070		WICK	Wick		

Type	Table	Name	Value	Description	Source	Used
	0070		WND	Wound		
	0070		WNDA	Wound abscess		
	0070		WNDE	Wound exudate		
	0070		WNDD	Wound drainage		
	0070		XXX	To be specified in another part of the message		
HL7 suggested	0074	Diagnostic Service Section ID			HL7 2.2	OBR-24
	0074		AU	Audiology		
	0074		BG	Blood gases		
	0074		BLB	Blood bank		
	0074		CUS	Cardiac Ultrasound		
	0074		CTH	Cardiac catheterization		
	0074		CT	CAT scan		
	0074		CH	Chemistry		
	0074		CP	Cytopathology		
	0074		EC	Electrocardiac (e.g., EKG, EEC, Holter)		
	0074		EN	Electroneuro (EEG, EMG,EP,PSG)		
	0074		HM	Hematology		
	0074		ICU	Bedside ICU Monitoring		
	0074		IMM	Immunology		
	0074		LAB	Laboratory		
	0074		MB	Microbiology		
	0074		MCB	Mycobacteriology		
	0074		MYC	Mycology		
	0074		NMS	Nuclear medicine scan		
	0074		NMR	Nuclear magnetic resonance		
	0074		NRS	Nursing service measures		
	0074		OUS	OB Ultrasound		
	0074		OT	Occupational Therapy		
	0074		OTH	Other		
	0074		OSL	Outside Lab		
	0074		PHR	Pharmacy		
	0074		PT	Physical Therapy		
	0074		PHY	Physician (Hx. Dx, admission note, etc.)		
	0074		PF	Pulmonary function		
	0074		RAD	Radiology		
	0074		RX	Radiograph		
	0074		RUS	Radiology ultrasound		
	0074		RC	Respiratory Care (therapy)		
	0074		RT	Radiation therapy		
	0074		SR	Serology		
	0074		SP	Surgical Pathology		
	0074		TX	Toxicology		
	0074		VUS	Vascular Ultrasound		
	0074		VR	Virology		
	0074		XRC	Cineradiograph		
HL7 standard	0076	Message Type			HL7 2.2	MSH-9

Type	Table	Name	Value	Description	Source	Used
	0076		ACK	General acknowledgment message		
	0076		ADR	Patient query response		
	0076		ADT	ADT message		
	0076		ARD	Ancillary RPT (display)		
	0076		BAR	Add/change billing account		
	0076		CNQ	Cancel query		
	0076		CSU	Unsolicited clinical study data		
	0076		DFT	Detail financial transaction		
	0076		DSR	Display response		
	0076		EDR	Enhanced display response		
	0076		ERP	Event replay response		
	0076		ERQ	Event replay query		
	0076		EQL	Embedded query language query		
	0076		MCF	Delayed acknowledgment		
	0076		MDM	Documentation message		
	0076		MFN	Master files notification		
	0076		MFK	Master files application ack		
	0076		MFD	Master files delayed application ack		
	0076		MFQ	Master files query		
	0076		MFR	Master files query response		
	0076		ORF	Observ. result/record response		
	0076		ORM	Order message		
	0076		ORR	Order acknowledgment message		
	0076		ORU	Observ result/unsolicited		
	0076		OSQ	Order status query		
	0076		OSR	Order status response		
	0076		QRY	Query, original Mode		
	0076		PEX	Product experience		
	0076		PGL	Patient goal		
	0076		PIN	Patient information		
	0076		PPR	Patient problem		
	0076		RAR	Pharmacy administration information		
	0076		RAS	Pharmacy administration message		
	0076		RCI	Return clinical information		
	0076		RCL	Return clinical list		
	0076		RDE	Pharmacy encoded order message		
	0076		RDR	Pharmacy dispense information		
	0076		RDS	Pharmacy dispense message		
	0076		RGV	Pharmacy give message		
	0076		RGR	Pharmacy dose information		
	0076		REF	Patient referral		
	0076		RER	Pharmacy encoded order information		
	0076		ROC	Request clinical information		
	0076		ROD	Request patient demographics		
	0076		ROR	Pharmacy prescription order response		
	0076		RPA	Return patient authorization		
	0076		RPI	Return patient information		
	0076		RPL	Return patient display list		

Type	Table	Name	Value	Description	Source	Used
	0076		RPR	Return patient list		
	0076		RQA	Request patient authorization		
	0076		RQI	Request patient information		
	0076		RRA	Pharmacy administration acknowledgment		
	0076		RRD	Pharmacy dispense acknowledgment		
	0076		RRE	Pharmacy encoded order acknowledgment		
	0076		RRG	Pharmacy give acknowledgment		
	0076		RRI	Return patient referral		
	0076		SIU	Schedule information unsolicited		
	0076		SPR	Stored procedure request		
	0076		SQM	Schedule query		
	0076		SQR	Schedule query response		
	0076		SRM	Study registration		
	0076		SRM	Schedule request		
	0076		SRR	Scheduled request response		
	0076		TBR	Tabular response		
	0076		UDM	Unsolicited display message		
	0076		VTQ	Virtual table query		
	0076		VXQ	Query for vaccination record		
	0076		VXX	Vaccination query response with multiple PID matches		
	0076		VXR	Vaccination query record response		
	0076		VXU	Unsolicited vaccination record update		
AWG suggested	0078	Abnormal Flags			HL7 2.2, AWG	OBX-8
	0078		L	Below low normal		
	0078		H	Above high normal		
	0078		LL	Below lower panic limits		
	0078		HH	Above upper panic limits		
	0078		<	Below absolute low-off instrument scale		
	0078		>	Above absolute high-off instrument scale		
	0078		N	Normal (applies to non-numeric results)		
	0078		A	Abnormal (applies to non-numeric results)		
	0078		AA	Very abnormal (applies to non-numeric units, analogous to panic limits for numeric units)		
	0078		null	No range defined, or normal ranges don't apply		
	0078		U	Significant change up		
	0078		D	Significant change down		
	0078		B	Better--use when direction not relevant		
	0078		W	Worse--use when direction not relevant		
	0078		S	Sensitive (microbiology sensitivities only)		
	0078		R	Resistant (microbiology sensitivities only)		
	0078		I	Intermediate (microbiology sensitivities only)		
	0078		MS	Moderately sensitive (microbiology sensitivities only)		
	0078		VS	Very sensitive (microbiology sensitivities only)		
	0078		CNM	Could Not Measure (AWG)		
Not Used	0079	Location		Not used - Location is typed as PL		NPU-1

Type	Table	Name	Value	Description	Source	Used
	0079			No suggested values		
HL7 standard	0085	Observation Result Status Codes Interpretation			HL7 2.2	OBX-11
	0085		C	Record coming over is a correction and thus replaces a final result		
	0085		D	Deletes the OBX record		
	0085		F	Final results; Can only be changed with a corrected result.		
	0085		I	Specimen in lab; results pending		
	0085		P	Preliminary results		
	0085		R	Results entered -- not verified		
	0085		S	Partial results		
	0085		X	Results cannot be obtained for this observation		
	0085		U	Results status change to Final. Results did not change (don't transmit test). E.g., radiology changes status from preliminary to final		
AWG suggested	0087	Pre-admit Test Indicator				PV1-12
	0087		Y	Pre-admit	AWG	
	0087		N	No Pre-admit		
AWG defined	0091	Query Priority				QRD-3
	0091		I	Immediate	AWG	
AWG suggested	0092	Re-admission Indicator				PV1-13
	0092		Y	Readmission	AWG	
	0092		N	Not Readmission		
AWG suggested	0099	VIP Indicator				PV1-16
	0099		Y	VIP patient	AWG	
	0099		N	Not a VIP patient		
HL7 standard	0103	Processing ID			HL7 2.2	MSH-11
	0103		D	Debugging		
	0103		P	Production		
	0103		T	Training		
HL7 standard	0104	Version ID			HL7 2.2	MSH-12
	0104		2.0	Release 2.0 September 1988		
	0104		2.0D	Demo 2.0 October 1988		
	0104		2.1	Release 2.1 March 1990		
	0104		2.2	Release 2.2 December 1994		
	0104		2.3	Release 2.3 ?? 1996		
	0104		2.2-AWG	AWG release 1.0	AWG	

Type	Table	Name	Value	Description	Source	Used
HL7 suggested	0105	Source of Comment			HL7 2.2	NTE-2
	0105		L	Ancillary (filler) department is source of comment		
	0105		P	Orderer (placer) is source of comment		
	0105		O	Other system is source of comment		
AWG defined	0106	Query/Response Format Code			AWG	QRD-2
	0106		R	Response is in record-oriented format		
AWG suggested	0112	Discharged Disposition			AWG	PV1-36
	0112		0	Discharged to a home or self-care		
	0112		1	Discharged/Transferred to another short-term general Hospital for inpatient care		
	0112		2	Discharged to a Skilled Nursing Facility (SNF)		
	0112		3	Discharged to another type of institution		
	0112		4	Discharged to home under care of organized home health service organization		
	0112		5	Left against medical advice or discontinued care		
	0112		6	Discharged/transferred to home under care of a Home IV provider		
	0112		7	Discharged		
	0112		8	Patient expired		
	0112		9	Discharged expired at home		
	0112		10	Expired in a medical facility: e.g. SNF, ICF,…		
	0112		11	Expired - place unknown		
	0112		12	Still patient or expected to return for outpatient services		
	0112		13	Quarters		
	0112		14	Discharged to duty		
	0112		15	Discharged to convalescence leave		
	0112		16	Discharged to medical hold		
	0112		18	Discharged to inpatient hospice		
	0112		19	A.W.O.L.		
	0112		20	Admission cancelled		
	0112		21	Other		
Site defined	0113	Discharged to Location				PV1-37
	0113			Locally defined table		
Site defined User	0114	Diet Type				PV1-38
	0114			Locally defined table		
Site defined User	0115	Servicing Facility				PV1-39
	0115			Locally defined table		

Type	Table	Name	Value	Description	Source	Used
HL7 suggested	0116	Bed Status			HL7 2.2	PV1-40
	0116		C	No suggested values		
	0116		H	Housekeeping		
	0116		O	Occupied		
	0116		U	Unoccupied		
	0116		K	Contaminated		
	0116		I	Isolated		
AWG defined	0119	Order Control Code			HL7 2.2, AWG	ORC-1
	0119		NW	New Order		
	0119		OK	Order accepted and OK		
	0119		CA	Cancel order request		
	0119		OC	Order canceled		
	0119		CR	Canceled as requested		
	0119		UC	Unable to cancel		
	0119		DC	Discontinue order request		
	0119		OD	Order discontinued		
	0119		DR	Discontinued as requested		
	0119		UD	Unable to discontinue		
	0119		HD	Hold order request		
	0119		OH	Order held		
	0119		UH	Unable to put on hold		
	0119		HR	On hold as requested		
	0119		RL	Release previous hold		
	0119		OR	Released as requested		
	0119		UR	Unable to release		
	0119		RP	Order replace request		
	0119		RU	Replaced unsolicited		
	0119		RO	Replacement order		
	0119		RQ	Replaced as requested		
	0119		UM	Unable to replace		
	0119		PA	Parent order		
	0119		CH	Child order		
	0119		XO	Change order request		
	0119		XX	Order changed, unsolicited		
	0119		UX	Unable to change		
	0119		XR	Changed as requested		
	0119		DE	Data Errors		
	0119		RE	Observations to follow		
	0119		RR	Request received		
	0119		SR	Response to send order status request		
	0119		SS	Send order status request		
	0119		SC	Status changed		
	0119		SN	Send order number		
	0119		NA	Number assigned		

Type	Table	Name	Value	Description	Source	Used
	0119		CN	Combined result		
	0119		UA	Unable to accept (AWG)	AWG	
HL7 standard	0123	Result Status			HL7 2.2	OBR-25
	0123		O	Order received; specimen not yet received		
	0123		I	No results available; specimen received, procedure incomplete		
	0123		S	No results available; procedure scheduled, but not done		
	0123		A	Some, but not all, results available		
	0123		P	Preliminary: A verified early result is available, final results not yet obtained		
	0123		C	Correction to results		
	0123		R	Results stored; not yet verified		
	0123		F	Final results; results stored and verified. Can only be changed with a corrected result.		
	0123		X	No results available; Order canceled.		
	0123		Y	No order on record for this test. (Used only on queries)		
	0123		Z	No record of this patient. (Used only on queries)		
HL7 suggested	0124	Transportation Mode			HL7 2.2	OBR-30
	0124		CART	Cart - patient travels on cart or gurney		
	0124		PORT	The examining device goes to patient's location		
	0124		WALK	Patient walks to diagnostic service		
	0124		WHLC	Wheelchair		
AWG defined	0125	Value Type		### Need to add new composite types	HL7 2.2, AWG	OBX-2
	0125		AD	Address		
	0125		CE	Coded Entry		
	0125		CF	Coded Element With Formatted Values		
	0125		CK	Composite ID With Check Digit		
	0125		CN	Composite ID And Name		
	0125		CP	Composite Price		
	0125		CX	Extended Composite ID With Check Digit		
	0125		DT	Date		
	0125		ED	Encapsulated Data		
	0125		FT	Formatted Text (Display)		
	0125		ID	Coded Value		
	0125		MO	Money		
	0125		NM	Numeric		
	0125		PN	Person Name		
	0125		RP	Reference Pointer		
	0125		SN	Structured Numeric		
	0125		ST	String Data.		
	0125		TM	Time		
	0125		TN	Telephone Number		
	0125		TS	Time Stamp (Date & Time)		
	0125		TX	Text Data (Display)		

Type	Table	Name	Value	Description	Source	Used
HL7 standard	0126	Quantity Limited Request			HL7 2.2	QRD-7
	0126		CH	Characters		
	0126		LI	Lines		
	0126		PG	Pages		
	0126		RD	Records		
	0126		ZO	Locally defined		
HL7 suggested	0127	Allergy Type			HL7 2.2	AL1-2
	0127		DA	Drug Allergy		
	0127		FA	Food Allergy		
	0127		MA	Miscellaneous Allergy		
	0127		MC	Miscellaneous Contraindication		
HL7 suggested	0128	Allergy Severity			HL7 2.2	AL1-4
	0128		SV	Severe		
	0128		MO	Moderate		
	0128		MI	Mild		
Site defined	0130	Visit User Code				PV2-7
	0130			Locally defined table		
HL7 suggested	0131	Contact Role			HL7 2.2	NK1-7
	0131		CP	Contact person		
	0131		EP	Emergency contact person		
	0131		BP	Billing contact person		
	0131		PR	Person preparing referral		
HL7 standard	0155	Accept/application acknowledgement conditions			HL7 2.2	MSH-15 MSH-16
	0155		AL	Always		
	0155		NE	Never		
	0155		ER	Error/reject conditions only		
	0155		SU	Successful completion only		
HL7 suggested	0159	Diet Type			HL7 2.2	ODS-1
	0159		D	Diet		
	0159		S	Supplement		
	0159		P	Preference		
HL7 suggested	0162	Route of Administration			HL7 2.2	RXR-1
	0162		AP	Apply Externally		
	0162		B	Buccal		

Type	Table	Name	Value	Description	Source	Used
	0162		DT	Dental		
	0162		EP	Epidural		
	0162		ET	Endotrachial Tube*		
	0162		GTT	Gastronomy Tube		
	0162		GU	GU Irrigant		
	0162		IMR	Immerse (Soak) Body Part		
	0162		IA	Intra-arterial		
	0162		IB	Intrabursal		
	0162		IC	Intracardiac		
	0162		ICV	Intracervical (uterus)		
	0162		ID	Intradermal		
	0162		IH	Inhalation		
	0162		MM	Mucous Membrane		
	0162		NS	Nasal		
	0162		NG	Nasogastric		
	0162		NP	Nasal Prongs*		
	0162		NT	Nasotrachial Tube		
	0162		OP	Ophthalmic		
	0162		OT	Otic		
	0162		OTH	Other/Miscellaneous		
	0162		PF	Perfusion		
	0162		PO	Oral		
	0162		PR	Rectal		
	0162		RM	Rebreather Mask*		
	0162		SD	Soaked Dressing		
	0162		SC	Subcutaneous		
	0162		SL	Sublingual		
	0162		TP	Topical		
	0162		TRA	Tracheostomy*		
	0162		TD	Transdermal		
	0162		TL	Translingual		
	0162		UR	Urethral		
	0162		VG	Vaginal		
	0162		VM	Ventimask		
	0162		WND	Wound		
	0162		*	Used primarily for respiratory therapy and anesthesia delivery		
AWG suggested	0171	Country Code				PID-26
	0171			Use ISO 3166 - Alpha-3	AWG	
AWG suggested	0172	Veterans Military Status			AWG	PID-27
	0172			To be defined by AWG		
Site defined	0188	Operator ID				EVN-5
	0188			Locally defined table		

6. Implementable Message Descriptions (IMS)

The Implementable Message Specification (IMS) can be derived from the HMD by using the mapping rules specified in the HL7 SIBOBT document “Recommendations for HL7 Messaging Over Component Technologies” Version 1.0 - revision 6 (Balloted version).

7. Localization Features and Requirements

The Information Model is based upon HL72.2. HL72.2 models healthcare as it is delivered in the United States. Although HL7 Version 2.2 is based on healthcare as it is delivered in the United States it has been applied internationally. One of the major restrictions in HL7 Version 2.2 was the limitation of characters to a subset of the ASCII character set. Version 2.3 of HL7 proposes the following solution, which is adopted for the AWG-OHI, for overcoming this limitation :

> Message formats prescribed in the HL7 encoding rules consist of data fields that are of variable length and separated by a field separator character. Rules describe how the various data types are encoded within a field and when an individual field may be repeated. The data fields are combined into logical groupings called segments. Segments are separated by segment separator characters. Each segment begins with a three-character literal value that identifies it within a message. Segments may be defined as required or optional and may be permitted to repeat. Individual data fields are found in the message by their position within their associated segments.
> All data is represented as displayable characters from a selected character set. The ASCII displayable character set (hexadecimal values between 20 and 7E, inclusive) is the default character set unless modified in the MSH header segment.
> The field separator is required to be chosen from the ASCII displayable character set. All the other special separators and other special characters are also displayable characters, except that the segment separator is the ASCII Carriage Return character.
>
> (1) There is nothing intrinsic to Hl7 version 2.3 or ASTM 1238 that restricts the legal data set to the printable ASCII characters. The former restriction was imposed to accommodate the limitations of many existing communication systems. Some existing systems would misinterpret some eight-bit characters as flow control characters instead of data. Others would strip off the eighth bit.
>
> (2) The European community (EC) has a need for printable characters (for example, the German oe, the French accent grave) that are not within the above defined restricted data set. The personal computer market accommodates these alphabetic characters by assigning them to codes between 128 and 256, but it does this in many different ways. ISO 8859 is a 256-character set that does include all of the needed European letters and is a candidate for the European standards group. Where the Europeans define an eight-bit character set specification, HL7 will accept this data set in environments that require it, and can use it without complications.

For Version 1.0 of the Information model , the initial emphasis is primarily on support for the U.S. healthcare process and the U.S. English language: The underlying information model is based primarily addresses U.S. healthcare delivery processes and data interchange issues.

> The information model documentation will only be provided in English.
> Implementations of the information model can support string-valued message fields that are represented using ASCII. In future versions, ISO-8859/1 and unicode character encodings shall be supported.

8. Upgradeability

Version 1.0 of the HL7 Enterprise Communication Framework will support HL7 Z segments as defined by the Information Model and mapping of the Information Model to AWG-OHI HL7 Messages. Version 1.0 of the Enterprise Communicator does not provide the tooling for field extension of the messages, however there is nothing in the design of the EC that prevents this tooling from being added in a subsequent release.

9. Testability

Any application which supports any or all of the messages defined in this document may be tested for static and dynamic conformance to these messages.

9.1 Static Conformance

Static conformance involves validation of the syntactic structure of the message and consistency of the message elements with the defined data types and values. Only applications which are senders of messages can be tested for conformance to those messages. An application can only be tested for conformance to the messages which it sends.

In order to be statically conformant to a particular message, a sending application must legally fill in all fields for the specified message format. All fields designated as "R" must have values supplied. During conformance testing, a conformant application must be capable of loading all of the "R", "C", and "RE" fields with values provided by the conformance test harness. Note that under normal application execution, the "RE" fields may not be loaded with values.

There will not be testing of legal field values (except for relationships).

9.2 Dynamic Conformance

Dynamic conformance involves validation of the constraints imposed by a sequence of messages and includes checking for error recovery, constraint violations, and other dynamic conditions.

Dynamic conformance is specified for a pairwise interaction, which is defined by a send/receive message pair (e.g. new diagnostic study order message, new diagnostic study order accepted response, and unable to accept new order response). An application which receives the initiating message (new diagnostic study order message), must be capable of sending the appropriate response message (new diagnostic study order accepted) or else triggering an appropriate error condition.

10. Learning Products Facilities

No specific learning product facilities are planned for Version 1.0 of the HL7 Enterprise Communication Framework. As capabilities are added to the Enterprise Communicator to support user defined extensions the necessary learning products will be defined.

11. User / Field Documentation Deliverables

No specific User/Field documentation is planned for Version 1.0 of the HL7 Enterprise Communication Framework. As capabilities are added to the Enterprise Communicator to support user defined extensions the Information Model and Message Profile documentation will be updated.

12. Release Criteria

The AWG-OHI messages are validated through review by domain experts and information modelers. Agreement among the participants of the AWG-OHI that the AWG-OHI HL7 Messages represents HL7 Version 2.2 will constitute criteria for release of the model.

13. Outstanding Issues

Issue	Sec	Pri	Description	Res

[i] IEEE P1157
[ii] IEEE P1157.1
[iii] CEN TC251 Messages