HL7 Immunization User Group
August 13, 2015
2:00pm (EST)

Updates

- IIS Interoperability Testing Status Project – Nathan Bunker
  - Connecting test systems and working to connect with each IIS.
  - Guides should be sent to the project team to help them learn how each works
  - Information is used to help know what needs to be updated in the national standards
- SISC Update - Craig
  - Clarified the transport WSDL, documenting how it works
  - Functional guide being developing, working on draft. Want participants to review
  - HL7 implementation guide, on release 1.5 currently. Review what next release will look like and what the timeline might be. Reviewing how to address current issues that arise in the interim. Review a way to track changes and solutions so they can make it into the next guide. Any comments on the evolution of the guide can be emailed to Craig.

Training Topic: Acknowledgement Messages – Eric Larsen

- Information comes from the Interoperability Testing Project
- Reviewed the ACK per CDC IG, segment tables (See slides for details on MSA, ERR)
- Important values are MSA -1 Acknowledgement Code, and ERR – 4 Severity
  - These field are used consistently
- Walked through 9 different ACK examples (ACKs coming back from messages with missing fields), these show IIS trends, see slides for details
- Reviewed analysis findings for each segment
- Items from the national guide will be reviewed based on this analysis. Areas to be considered include:
  - Current processing rules needs more freedom for receiving systems
  - The ACK has some ambiguities in the description
  - The ACK has some limitations
- IIS are encouraged to come into compliance with release 1.5
- AIRA will work to develop best practices for ACKs, 1-2 pages
- Automation of processes are being looked at

Discussion Items:

Q/A:

What to do if multiple RXA’s in a VU and one fails? Should the entire message be rejected?

Recommendation: IIS have the freedom to accept what they want. If there is a problem, resubmit everything. The receiver should know what happened and can take the appropriate action.

Some look at the acknowledgement codes. Errors typically show up in a log and customers should review them and act upon them. The EHR needs to investigate errors.
Message is received with bad DOB, should single error message say line missing? Or should message say the entire message didn’t load?

Recommendation: Look at one single ERR. There are advantages and complexities to this.