We have celebrated the success of the approval of a number of HL7 specifications by ANSI this year, and I would like to add my congratulations and thanks to all those who have worked hard to make this happen. The 2010 Normative Edition was also published and distributed in record time, which is the culmination of a huge amount of work by Woody, Don, all those involved in publishing, and the work groups that have created and maintain the normative specifications. HL7 specifications are being named in legislation and in strategic national contracts around the world, which is another testament to the success of the work done by the HL7 Working Group now and in the past.

As well as those successful products, we have work groups and projects that are easier to find, and that are delivering a broad range of specifications and related documents that will help make healthcare interoperability more safe and affordable and in doing so, reduce costs and extend the provision of health services.
To deliver those health benefits, we need to ensure that our specifications are widely used. That means we must go beyond getting them approved and published and must support their adoption. It means identifying who we want and expect to use them, and ensuring that those potential users know what the standards can do for them. Additionally, it entails ensuring that tooling, training, and supporting materials exist to make adoption of the standards easy.

By collaborating to promote the adoption of HL7 standards, we can increase the value that they bring to all of our organizations and to the wider healthcare community. While we have been working to simplify the HL7 standards development process, we also need to work together to simplify the promotion, adoption and use of HL7 products.

The product summaries are proving to be a useful launch pad for using HL7 products even before being moved from the wiki to the HL7 website. These product summaries are one-step toward better explaining the value that can be realized by developing and using HL7 products.

There is real value in driving the development of standards for many organizations active in HL7 so that there are consensus specifications available to meet national needs, and to underpin a vital market. We need to articulate this value. For other organizations, there is value in using HL7 specifications to develop and deploy solutions for sharing information between healthcare systems. We need to describe what this value is.

The better we can all see the value that HL7 delivers to the health economy, the easier it will be to invest in HL7 products and projects, and to maintain and grow that value. With that increased investment, we will have more celebrate because of what is being delivered the HL7 Working Group now and in the future.

**HL7 Tooling Report**

*By Karen Van Hentenryck  
HL7 Associate Executive Director  
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*and John Quinn*
Inherent in HL7’s tooling goals is the recognition that:

- Our methodology and reference specifications are interdependent
- Our methodology and the HL7 Meta-Model are interdependent
- Tooling is dependent on the Meta-Model

In addition, our implementers have provided feedback suggesting that changes are needed to core HL7 artifacts (i.e., RIM, data types, vocabulary) and methodology, and that alignment with other SDOs is desirable. All of these interdependences and desires impact HL7’s tooling and will require:

- Increased formality for change control of all interdependencies
- Recognition that updates may be needed to previously-balloted content to remain current
- Synchronization of development and production changes into formalized releases
- Increased coordination and communication

The HL7 Tooling Work Group has developed a multi-year plan to systematically meet these needs. In 2009, the tooling plan focused on improving stability and quality measures of current tools and core reference artifacts. This year, the tooling plan was organized into four overarching areas, with activities in each:

- Operational activities:
  - SAIF documentation support – Part of the 2010 tooling budget has been allocated for technical writing/editing activity for SAIF Phase 2, which includes incorporating lessons from SAIF Alpha projects, incorporating the HDF and Information Framework, and adding examples. A contract has been executed to complete this project, and work is progressing as planned.
  - Vocabulary harmonization support – Contracts are in place to manually apply the vocabulary changes approved at each of the three harmonization meetings to the Version 3 Repository. The Tooling Work Group is working to automate this process in the near future.
  - OID Registry upgrades – Begun in 2009, the OID registry project is in its
final phases and is slated to be completed by end of 2010.

- Enterprise DITA authoring and publication tool – Three licenses have been purchased for this tool, which is being used to complete the SAIF documentation and is to be evaluated for uses in the publishing process.

- Static Model Designer (SMD) implementation:
  - Improvements identified in testing - Approximately 60 days of work effort are required to complete enhancements identified during testing, including MIF import/export and essential validation (no graphics import/export). The update to MIF 2.2 has been postponed to 2011 due to significant changes in vocabulary binding.
  - Update Version 3 generator to be driven by MIF 2.2 – An Infoway (Canada) project is being undertaken to improve the V3 generator and converge Canadian and UV generator versions. These improvements have been approved for application to MIF 2.1.6 as MIF 2.2 postponed to 2011.

- Enhanced XML Process:
  - Update all published artifacts to MIF 2.2 with the exception of SMD output - This project has been scoped as requiring approximately 25 days worth of effort. A contract has been executed for this project and work is progressing on schedule.

- Shared Artifact Repository Requirements:
  - Assemble requirements for a Shared Artifact Repository that includes capabilities identified for OID Registry, Templates Registry and registry for other artifacts produced for HL7 specifications - This project requires about 8 days worth of effort but has not yet been started because it is dependent on the Templates Registry Pilot, successful completion of the OID Registry 2009 upgrade (noted above), evaluation of Gforge support for tool change management and technical storage and packaging platform. The Tooling committee expects this project to extend into 2011.

Long-term, maintaining and enhancing HL7 Tooling carries other obligations, including:

- Establishment of a help desk to support installation, configuration and end-user
support for appropriate use

- Formal change management processes with release schedules and integration testing to ensure that tools work together as needed
- Collaboration with other SDOs and tool users to modify and/or align methodologies with the goal of improving interoperability
- Coordination with other HL7 Work Groups to align methodology and tools, train and support user, and support the upgrade and conversion of existing artifacts.

The Tooling Work Group continues to make progress on these goals and welcomes input and participation by all HL7 members and interested parties. Please contact Jane Curry (janecurry@healthinfostrategies.com), co-chair, HL7 Tooling Work Group, for additional information related to the current tooling plan or for more details on how you can get involved.

Promoting Attendance at the Sydney WGM: One Work Group’s Strategy

By Todd Cooper
Health Care Devices Work Group

Email: t.cooper@ieee.org

For the Health Care Devices (DEV) Work Group, non-US travel is particularly challenging. We have fairly consistent participation at US-based meetings around the 20-25 level and can maintain that level in some non-US venues like Vancouver or Köln. Kyoto & Rio de Janeiro? Our core members all said the same thing: I’m not even going to ask for travel budget for this – I’ll be laughed out of the office!

So what is the difference between the first two and last two? In the case of Vancouver, it was viewed as a barely non-US location. Though travel approval was still a challenge, it was relatively easy to overcome (at least much easier than if the meetings were in US locations like Las Vegas or Hawaii). In the case of Köln, the DEV WG has a close relationship with ISO TC215 WG7 and CEN TC251 WGIv and we were able to draw participants from these groups as well. In addition, many of our core participating companies have major corporate and engineering facilities in Germany or The
Netherlands. So again, we could either bring in “local” European participants, or they could combine their own travel with visits to other offices in the general region.

Neither of these were the case with Kyoto or Rio.

Now the DEV WG is faced with the January 2011 meeting in Sydney. The Vancouver strategy will definitely not work – the flight from LAX to Sydney is at least 15 hours! And the Köln strategy doesn’t work either – though there are some strong medical device vendors in the region, none of our core companies or organizations have significant presence there.

So what is a work group to do in Sydney 2011?

For subject matter expert (SME) working groups – those in the Domain Experts Steering Division (DESD) – it is important to separate advancing specific HL7 projects from utilizing face-to-face meeting opportunities successfully. Clearly, if many of the key project participants are not able to make some meetings, then at best, you will be able to address administrative needs and to report and coordinate with other HL7 groups.

However, that only requires a co-chair or two…

A key additional aspect of the DEV WG’s activities is coordination with groups outside of HL7, such as ISO TC215 WG7, IEEE 11073, CEN TC215, IEC SC62A (IEC 80001), IHE PCD, CLSI, etc. In addition, when we focus on our expertise domain, in this case healthcare device informatics and interoperability, there are many national organizations, including professional societies, industry groups and government projects and agencies that should have great interest in either learning about or providing input to the DEV WG.

Therefore, we have now begun engaging these external HL7 organizations as well as local Australian and New Zealand experts to see if they are interested in taking the opportunity to attend DEV WG meetings to discuss areas of interest. Though some of the topics may not be 100% HL7, for example discussion of IEC 80001 risk management or the “when do software applications become regulated medical devices”, it does allow us to recruit meeting participants and promote HL7 involvement. It also allows us to promote our projects to new audiences and to gain feedback that we otherwise would not have been able to obtain.
To be sure, the DEV WG projects must progress, but in the time periods around these more challenging meetings, we must rely more heavily on web-meetings and perhaps out-of-cycle meetings for targeted work.

Especially for domain expert work groups, though, these venues can provide some special opportunities…but the time to get busy discussing and recruiting is now. We’ve started with Australian members during the Rio meetings and have met with strong positive responses!

Updates from the TSC since the Last TSC Newsletter and the January Working Group Meeting

By Lynn Laakso
HL7 TSC Project Manager

Email: lynn@HL7.org

TSC Election Results
The following individuals were elected to serve on the TSC (and as co-chair of their respective steering division):

- Domain Experts Steering Division – Ed Tripp
- Foundation and Technology Steering Division – Tony Julian
- Structure and Semantic Design Steering Division – Gregg Seppala
- Technical and Support Services Steering Division – Patrick Loyd
- Affiliate Representative – Jay Zimmerman

Newly elected individuals will assume office on January 1, 2011

TSC Projects
Active projects include the TSC Communication Strategy Project, the HL7 Product Quality Plan, and the TSC Product Visibility Project. The Update from the TSC that is sent out to co-chairs and International Council chairs contains a statistic of the week, to encourage interest in the current events as well as demonstrate all the different ways in which members, customers, and other interested parties interact with HL7.

Communications Plan: Work Group Visibility
By the 2010 October WGM, 20 Work Groups will need to review their Mission and Charter (M&C) statements, which will have become out-of-date, which are defined as those whose date since last review is more than two years (not counting Board committees or International Council, etc.). Please review your Mission and Charter statements to keep them current! This will be the rolling milestone going forward to encourage our work Groups to keep their Mission and Charter statements up-to-date.

An additional measure of Work Group Visibility, Listserv activity, is being tracked by number of subscribers and by number of messages sent to each Work Group’s primary list.

**Product Visibility**

The product list holds 106 products, and will be updated each ballot cycle. Of the products available on the wiki, all but seven have been reviewed by a steward work group.

**Approvals**

**Updates to Request to Publish DSTU:**

In accord with new guidance offered by the TSC, a request to publish shall be circulated to the co-chairs and International Council chairs. The information on the ‘request to publish’ form shall be modified to include the realm of the DSTU, links to the original project scope statement under whose approval the DSTU was balloted, and a link to the reconciliation package of that ballot. In addition, comments from the requestor as to the nature of remaining negative comments on the ballot should be provided.

The updated form is at [http://www.hl7.org/permalink/?DSTUTemplate](http://www.hl7.org/permalink/?DSTUTemplate). The revised form is approved for immediate use. Until the October Working Group Meeting the old form may be used for existing requests, after which time the new form shall be required.

**Updates to Mission and Charter Statements:**

- The Foundation and Technology Steering Division approved the updated mission and charter statement for the RIMBAA Work Group.
- The Domain Experts Steering Division approved the updated mission and charter statement for the Patient Safety Work Group.
Approved Publications:

**DSTU for publication**

Interested parties are invited to download these DSTU and provide comments and feedback on the standards and their implementation at [http://www.hl7.org/dstucomments/](http://www.hl7.org/dstucomments/).

- **Neonatal Care Report (NCR) Implementation Guide for CDA Release 2** by Structured Documents Work Group of the Structure and Semantic Design Steering Division (SSD SD) for 24 months. See the publication request at TSC Issue# 1551, or the project scope in the Project Insight Searchable Database at ID# 567. The implementation guide will support electronic reporting of an initial segment of the data elements in the Child Health Corporation of America (CHCA) Neonatal Intensive Care Unit (NICU) Core Data Set (CDS) from Neonatal Intensive Care providers to Children’s Hospitals Neonatal Consortium (CHNC).

- **HL7 Version 3 Standard: Care Provision: Care Composition** Topic by Patient Care Work Group of the Domain Experts Steering Division (DESD) for 24 months. See the publication request at TSC Issue# 1566, or the project scope in the Project Insight Searchable Database at ID# 106. This topic includes all interactions intended to record and update encounters, episodes of care and care events e.g. gynecological care, with a single set of transactions.

- **HL7 Version 3 Standard: Regulated Studies; CDISC Content to Message - Study Design, Release 1**; for RCRIM WG of DESD for 12 months. See the publication request at TSC Issue# 1570, or the project scope in the Project Insight Searchable Database at ID# 205. The project scope is to create HL7 V3 messages from existing content within the CDISC standard. Proposed HL7 Message: Study Design CDISC Content (from Exploratory Project Charter): a) Study Summary b) Eligibility Criteria c) Trial Design d) Statistical Analysis Plan.

- **HL7 Version 3 Standard: Regulated Studies; CDISC Content to Message – Study Participation, Release 1**; for RCRIM WG of DESD for 12 months. See the publication request at TSC Issue# 1571, or the project scope in the Project Insight Searchable Database at ID# 205. The project scope is to create HL7 Version 3 messages from existing content within the CDISC standard. Proposed HL7 Message: Study Participation CDISC Content (from Exploratory Project Charter): a) collected data/study data tabulations (SDTM DM domain).

- **HL7 Version 3 Standard: Patient Administration, DSTU Release 2; Person Registry Enhancement, Release 1** by Patient Administration Work Group of the
Structure and Semantic Design Steering Division (SSD SD) for 18 months. See the publication request at TSC Issue# 1586, or the project scope in the Project Insight Searchable Database at ID# 576. This project takes the results of the Registry Enhancements for Social Services completed in January 2010 and applies them as a DSTU Update ballot to the Person Registry topic in the Patient Administration DSTU to address an extensive use case from the Youth Healthcare program of the Netherlands, including Person information model design changes as well as RIM and vocabulary harmonization changes to support the use case.

- **HL7 Implementation Guide for Clinical Document Architecture, Release 2: Procedure Note, Release 1**, for Structured Documents WG of Structure and Semantic Design Steering Division (SSD SD) for 24 months. See the publication request at TSC Issue# 1595, or the project scope in the Project Insight Searchable Database at ID# 568. This DSTU is for a basic procedure note in XML as a constraint on HL7 Version 3 CDA r2. The note will be basic enough to be used for all procedures and will develop a sample note for endoscopy. To promote standardization and acceptance, it will be closely modeled on the current HL7 CDA Operative Note. CMS and JCAHO requirements, with specialty group input, will be used to choose the contents.

- **Implementation Guide for Healthcare Associated Infections, Release 5**, for Structured Documents WG of Structure and Semantic Design SD (SSD SD) for 24 months. This is at TSC Tracker # 1599, Project Insight # 319.

- **Implementation Guide for CDA Release 2.0 Unstructured Documents (Universal Realm) Draft Standard for Trial Use Level 1**, for Structured Documents WG of SSD SD, at TSC Tracker # 1622, Project Insight ID# 569, for 24 months. This project will provide guidance for sending/receiving unstructured clinical documents including images, scanned documents, faxed and word processor output. The project will review pertinent work from IHE, most relevant is the IHE XDS-SD (Scanned Documents) which applies to plain text and PDF-A. The project will also review pertinent HITSP recommendations and will provide guidance consistent with those requirements.

**DSTU extensions**

Interested parties are invited to download these DSTU and provide comments and feedback on the standards and their implementation at [http://www.hl7.org/dstucomments/](http://www.hl7.org/dstucomments/).

- **HL7 Version 3 Standard: Regulated Studies; Clinical Research Filtered Query (CRFQ) Service Functional Model (SFM), Release 1** by RCRIM WG of the DESD
for 24 months. See the publication request at TSC Issue# 1565, or the project scope in the Project Insight Searchable Database at ID# 541. This is a request for extension of the DSTU period for 24 months. The primary reason is that the specification is getting some traction and the NCI is now formally launching a project around computable I/E criteria with a focus on cohort selection. In addition, the European IMI project http://imi.europa.eu/index_en.html has identified 4 high-level business use cases on which they want to concentrate funding and two of the four are instances of CRFQ. The original DSTU period expired on May 18, 2010.

- **HL7 Version 3 Standard: Care Provision Domain, Allergy & Intolerances Topic**; for Patient Care WG of DESD for 24 months. This is at TSC Tracker # 1598, Project Insight # 174.

**Approved Projects:**

- **Monitor and Maintain the HL7 Project Approval Process**; for Project Services WG of Technical and Support Services Steering Division (T3SD), at TSC Tracker #1568; Project Insight ID#530. This project will update the HL7 project approval process to address questions and situations that have been posed since its 2008 release. A document will identify the tasks, their owners and how best to accomplish the tasks.

- **MIF-based Publishing Project – Phase II** for Tooling WG of T3SD at TSC Tracker #1552, Project Insight ID# 665. Co-sponsored by V3 Publishing. The project will complete the implementation of a fully MIF-based publishing process. Initial stages of the project were accomplished by January 2010. The transforms and process that have been developed to use MIF as the sole input for the publishing process will be integrated into the production process that produces the ballot materials. The project will also work to provide authoring and editing capabilities for input MIF files using open source tooling.

- **Clinical Research Filtered Query Service Function Model**; for Regulated Clinical Research Information Management (RCRIM) WG of Domain Experts Steering Division (DESD), at TSC Tracker #1565; Project Insight ID#541. This is a retroactive project scope approval as no scope statement existed on file. By virtue of its ability to efficiently and effectively pair subject- or protocol-based I/E with Protocol- or EHR-based demographic, phenotypic, and/or genotypic data, the CRFQ will enable three benefits to be realized:
  - Increased efficiency of potential cohort identification
  - Increased empowerment of patients and providers to identify relevant protocols
- Increased efficacy of real-time, post-marketing clinical safety data monitoring

- **TSC Communication Strategy Project** for the TSC, see TSC Tracker # 1603 or Project Insight # 696. The project’s scope is aimed as providing a clear communication plans and strategy from TSC to various stakeholder including non-co chair members. The project would help to identify the present communication streams, document them and provide appropriate guidelines in terms of
  - Communication templates
  - Triggers for the communication with appropriate stakeholders engagement
  - Levels of communication and the audience
  - Feedback mechanism

- **The Emergency Medical Services DAM, V2 Project** for Clinical Interoperability Council WG of Domain Experts Steering Division (DESD) at TSC Tracker # 1597, Project Insight ID# 677. This project is also co-sponsored by Patient Care, Emergency Care, and PHER Work Groups. The project will update the domain analysis model for the Emergency Medical Services domain to include recommendations from the NEMSIS workgroup and modifications based on international standards. The goal of the project is to develop a DMIM specific to emergency medical service in the pre-hospital setting based on the DAM approved in May 2010. The DMIM will be balloted as a DSTU. Subsequently, the project will develop interoperability specifications based on the DMIM, including, at least, a Patient Run Report from the EMS Agency to the ED and an Annual Report from the Agency to the national sponsor, balloted as DSTU, with implementation guides produced.

- **Domain Analysis Model and Detailed Clinical Models for Medical Devices** for the Health Care Devices (DEV) WG of DESD, at TSC Tracker # 1604, Project Insight ID# 661. The intent of this project is to create and maintain one generic Detailed Clinical Model that defines the main concepts of using medical device related data safely and traceably for patient care. This DCM is intended to be reused in other domains where devices play a role in assessment and treatment.

In addition, several specific DCM will be developed for exemplar medical devices in order to iteratively test the generic model. Furthermore, the project will organize clinical content from and about medical devices in such a manner that it becomes reusable in different domain models, standards and technologies, thus supporting consistency of representation and semantic interoperability. DCM for medical devices includes a small set of device-derived, or related, clinical data elements, the evidence base, data element specification, terminology, proper procedure for device use, interpretation of values, and literature references.
• Develop and publish Principles & guidelines to specify the syntax for vocabulary binding in implementation guides update to its project scope was approved for the Vocabulary WG of Foundation and Technology SD (FTSD). This is at TSC Tracker # 1447, Project Insight # 630. In addition, this work will align with Core Principles and the MIF specification as well the NHS Logical Record Architecture project.

• CDA R2 IG Progress Note for Structured Documents Work Group (SDWG) of Structure and Semantic Design Steering Division (SSD SD), see TSC Tracker # 1612 or Project Insight # 679. This project will design a Progress Note in XML as a constraint on HL7 Version 3 CDA R2. A Progress Note documents patient’s clinical status during a hospitalization or outpatient visit. The project will review current Progress Note usage and will examine industry precedents and requirements. This project will follow the guidance of SDWG, domain work groups and the current approach to CDA templates in CCD and the Health Story implementation guides. The IG will be published in the latest IG format and represents a new IG for a common document used in Healthcare.

• Clinical Genomics - Genetic Variation Projects for Clinical Genomics WG of SSD SD at TSC Tracker # 1613 and 1624, original Project Insight ID# 196, is separating out the V2 effort into Project Insight # 692, and V3 effort into Project Insight # 693.
  o To foster early utilization of genomic data in HL7 Version 2 messaging and meet clinical needs in this emerging field, the CG group will create an HL7 Version 2 laboratory message, which supports the transmission of genetic data for use in clinical laboratory reporting of genetic tests, consistent with the Version 3 Genetic Variation model. The group published an informative implementation guide: “HL7 Version 2 Implementation Guide: Clinical Genomics; Fully LOINC-Qualified Genetic Variation Model, Release 1, September, 2009”. New use cases including support for translational medicine and large genotyping tests have surfaced resulting in additional requirements for the HL7 Version 2 lab message, to be described in release 2 of the ‘HL7 Version 2 Implementation Guide: Clinical Genomics; Fully LOINC-Qualified Genetic Variation Model’.
  o The project for Version 3 is intended to be a new Normative Topic under the Clinical Genomics (CG) Domain of the HL7 Version 3 Ballot Package. The intent of the CG group is to develop a Genetic Variation result CMET as a normative standard to be used by other messages. The Genetic Variation CMET will replace the Genotype DSTU Topic (already deprecated). However,
due to the broad scope of the DSTU, the progress to normative is in a stepwise approach so that each focal area of the DSTU will be balloted as a Normative Topic, containing a constrained R-MIM of the DSTU. Genetic variations is the first Topic we would like to progress to Normative.

- **HL7 Product Quality Plan** for the TSC, at TSC Tracker # 1611, Project Insight ID# 647. The scope of this project is aimed at providing a clear HL7 Product Quality Plan and a strategy for implementing that plan. The Quality Plan and its implementation strategy will be created under the auspices of the TSC. The project will identify and document the current HL7 quality processes and outline an agreed quality process that will deliver HL7 standards of requisite quality.

- **EPrescribing Functional Profile based on the EHR-S Functional Model** for Electronic Health Records (EHR) Work Group (WG) of Structure and Semantic Design Steering Division (SSD SD), see TSC Tracker # 1615 or Project Insight # 697. Prescribers and pharmacies (pharmacists) for several years have been communicating electronic prescription information using the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard. In July of 2004, sixteen participants from HL7 and NCPDP launched the NCPDP-HL7 Electronic Prescribing (eRx) Mapping Project. The purpose of this profile is to specify the functional requirements of electronic prescribing needed to support data exchange between prescribers, pharmacist and pharmacy providers and other health care entities needing medication-related information.

- **Pharmacy/Pharmacist Provider Functional Profile based on the EHR-S Functional Model** for EHR WG of SSD SD at TSC Tracker # 1616, Project Insight ID# 698. The Pharmacist/Pharmacy Provider Functional Profile will facilitate EHR systems capture of medication and clinical related data at the point of contact or point of care by specifying the functional requirements needed to support messaging among prescribers, pharmacist and pharmacy providers and other health care entities needing medication-related information.

**Other Notices:**

HL7 standards have been successfully approved as American National Standards by ANSI.

o An 'infobutton' is a point-of-care information retrieval application that automatically generates and sends queries to on-line health information resources ('e-resources') using patient data extracted from the electronic medical record and background information ('context') that is captured from the interaction between a clinical user and a clinical information system (e.g., user role, patient age and gender, task being performed by the user).

o This specification focuses on a context-aware knowledge retrieval transaction, primarily on the Knowledge Request step, representing a Context-aware knowledge request event initiated by the EHR (e.g., as a result of a user clicking on an Infobutton). The storyboard also includes the knowledge response step in which a knowledge resource fulfills a knowledge request. The latter step will be covered in a separate future specification.

  
  o The Records Management and Evidentiary Support Functional Profile provides functions in an EHR system that can help an organization maintain a legal record for business and disclosure purposes, help reduce a provider's administrative burden, and reduce costs and inefficiencies caused by redundant paper and electronic record keeping. The profile, registered in June 2007, became a fully ANSI accredited standard in 2010.

- ANSI/HL7 EHR LTCFP, R1-2010: HL7 EHR System Long Term Care Functional Profile, Release 1 - US Realm by the Electronic Health Records Work Group. Congratulations once more to the EHR Work Group on this achievement!
  
  o The LTC EHR-S Functional Profile establishes the functions and conformance criteria for EHR systems in the nursing home setting for the US Realm and will serve as a key resource to CCHIT in the development of certification requirements for EHR systems in the Long Term Care - nursing home community.

For any additions, updates or suggestions on any of these TSC promoted initiatives
How to find TSC information

The TSC wiki site houses its minutes, process documents, templates, links to the ArB wiki and the TSC Issue Tracker, a list of current projects, and more. You can access the TSC wiki at: http://www.hl7.org/permalink/?TSCWiki. See the links below for instructions on how to view the list of projects and access the TSC Issue Tracker.

- TSC Tracker: link to 
  http://gforge.hl7.org/gf/project/tsc/tracker/?action=TrackerItemBrowse&tracker_id=313
- Project Insight Searchable Database: link to 
  http://www.hl7.org/permalink/?searchableProjectIndex
- Project List on GForge: link to 
  http://gforge.hl7.org/gf/project/tsc/frs/?action=FrsReleaseBrowse&frs_package_id=98
- Project Insight: link to http://www.hl7.org/permalink/?ProjectInsight, (requires PMO-assigned log in credentials)

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