



Healthlink Online Message Specification

Version History

Date	Version	Authors	Reason for change
17/12/2007	1.1	Gemma Garvan Orla Doogue	This document was based on the HospInfoDoc for Healthlink Online Version 1 & 2. It contains all the additional information on the updates and enhancements of Healthlink Online Version 3
14/07/2008	1.2	Senthil Nathan	Update document with field lengths and additional optional fields.
01/08/2008	1.3	Gemma Garvan	PID.13 field was updated for phone no and email address. PID.15 added and Table 0396
20/08/2008	1.4	Senthil Nathan	Update document with field lengths and additional optional fields.
09/09/2008	1.5	Senthil Nathan	Added PV1.20 SEQ for Financial Class and added user-defined table 0064 for Financial Class Value.
11/09/2008	1.6	Senthil Nathan	Split all HL7 tables to a separate document (HL7_tables.doc)
14/10/2008	1.7	Senthil Nathan	Updated document with Gastrointestinal Cancer Referral Message type, added OBX.4 for Observation Sub-Id, added PV1/PV1.3/PL.4/ HD.1; HD.2; HD.3 for assigned patient location, changed description for OBR.7 SEQ, Updated Laboratory Result Message with Microbiology result to be fixed width font and OBR.24 as a required field.
19/01/2009	1.8	Senthil Nathan	Added PID segment and removed PV1 segment for The Co-op Discharge Summary Message
27/01/2009	1.9	Senthil Nathan	Removed all the references to Healthlink Integration Pack
09/02/2009	2.0	Senthil Nathan	Updated MSH.7 with field TS.1
23/03/2009	2.1	Senthil Nathan	Added new Message type Inpatient Admission
10/05/2009	2.2	Gemma Garvan	Updated section on message encoding to be more specific on the conversion utility available for standard encoded messages.
29/07/2009	2.3	Senthil Nathan	Added RF1 Segment, Added PRD/PRD.2/XP.6 field. Added PID.13/XTN.1/XTN.2/XTN.3, PRD.5/XTN.2/XTN.3, OBR.17/XTN.2/XTN.3 and ORC/XTN.2/XTN.3 Added Cardiology Result Message, Updated the Gastrointestinal Cancer Referral Message, Added The Prostate Cancer Referral & Response Message, Added The Breast Clinic Referral & Response Message, Updated Co-op Discharge Summary Message, Added LOINC code List, Added HL7 tables, Added HLINK Local code list.
02/11/2009	2.5	Senthil Nathan	Added new LOINC and HLINK Local codes.
20/01/2010	2.6	Orla Doogue	Review changes, took DG1 segment out of coop out-of-hours message and referrals.
10/02/2010	2.7	Orla Doogue	Changed DG1.1 and DG1.6 optionality from RNC to RC. Added HLINK Local code for Previous Mammogram Date.
16/03/2010	2.8	SenthilNathan	Added Lung Cancer Referral & Response Message Type. Added Lung & Gastrointestinal Cancer Segment LOINC list.
03/06/2010	2.9	Orla Doogue	Added information for GP practice management systems to use fixed width font to display Healthlink results that use reporting/text results in section 3.4.4.
23/06/2010	2.10	Karen Wynne	Added codes for MRI & Chest Pain referrals
25/08/2010	2.11	Senthil Nathan	Changed Healthlink Local code text 'Symptoms Duration' to 'Symptom Duration' to match the description as in the Message construction guidelines document.
21/09/2010	2.12	Martin Krim	Updated section 3 The Healthlink Messages
12/10/2010	2.13	Senthil Nathan	Updated Section-3 'The Healthlnk Messages'. Updated OBX segment details for the 'The Laboratory Result Message'
13/10/2010	2.14	Gemma Garvan	Renamed document to remove reference to document being for Practice Management System vendors only
12/11/2010	2.15	Senthil Nathan	Removed 'New Message Types' section from Section-2. Updated Section 3.4.1 to support LOINC codes. Changed PID.13 field name to 'Patients Personal Contact details', and updated description to accept mobile number and email address. Updated PRD.5/XTN.1 field description to accept mobile number and email address. Added new Acknowledgement and Outpatient Clinic Letter message types. Updated Table 0361 with new values. Referral Changes: All the Referral messages are grouped together, and all the NCCP Referrals & Neurology Referral details are changed to new format with references to relevant implementation guidelines document(s).
17/01/2011	2.16	Orla Doogue Senthil Nathan	Added further information to the <copy to> OBR.28 field. Added extra values to table 0361. Changed optionality for OBR.22 field. Changed length of SCH.11/TQ.6. Updated values in table 0281.

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			Added new LOINC and HLINK Local Codes.
06/05/2011	2.17	Karen Wynne	Added 'GE' to Sending/Receiving Application table 0361
22/06/2011	2.18	Orla Doogue	Added A&E Letter specification. Updated Message types outlining recommended/required fields for each segment used. Updated optionality for some fields where inconsistency existed with HL7 v2.4 spec.
24/07/2012	2.19	Orla Doogue	Changed length of MSH.10 field from 199 to 50.
29/11/2012	2.2	Orla Doogue	Brought lengths in line with HL7 2.4 library where sub-components extended the recommended lengths. This should not affect any current data being sent from hospitals. Added CSP ID to Table 0203 for Cervical Check patient id.
01/03/2013	2.3	Orla Doogue	Removed the DG1 segment for Lab Order Message. This is not used in any lab order implementation.
04/07/2013	2.31	Orla Doogue	Updated values in table 0361. Updated max length in fields OBR.2 and OBR.3 to 75, OBR.13 to 1,000 and PV1.3 to 250. Added an Appendix 5 for further explanation to this. Added D for Day Case Patient to Table 0004 - PV1.2, Patient Class
24/10/2013	2.32	Orla Doogue	Updated MSH.6 to reflect how to capture new national GP codes.
31/10/2013	2.33	Karen Wynne	Updated SCH/SCH.6/CE.2 Event Reason to remove reference to table 0276
29/11/2013	2.34	Orla Doogue	Added that OBR.15 is required for lab results.
08/01/2014	2.35	Karen Wynne	Update Admit Source table 0023 for PV1.14
03/02/2014	2.36	Orla Doogue	Remove reference to Gastrointestinal Cancer Referral Message, no longer in use as an electronic referral-was not a national referral.
03/02/2014	2.4	Orla Doogue	Update optionality in tables using mandatory/optional and conditional only. Added obr.16, xcn.2/3, removed obr.16, xcn.16. Added G/General Practitioner to table 0004 (PV1.2) Updated some recommended field info for message types. DG1 Segment removed from outpatient letter & Waiting List messages
26/08/2015	2.41	Gemma Garvan	Updated table 0203 to include references to IHI and HSPI
14/01/2016	2.42	Karen Wynne	Renamed A&E Letter (message type 19) to Emergency Department Letter
30/03/2016	2.43	Karen Wynne	Update Discharge Summary. Update PatientClass table to reflect patient consent for GP data returns. Update hospital list.
01/12/2016	2.44	Karen Wynne	Included additional HL7 & User Defined tables
19/09/2017	2.45	Karen Wynne	Included details for PV2.3
27/10/2017	2.46	Karen Wynne	Include details on the HIQA national standard for patient discharge summary information
24/04/2018	2.47	Karen Wynne	Included messages recently available in production environment
20/02/2019	2.48	Karen Wynne	Expanded section on Acknowledgement Message.
20/09/2022	2.49	Karen Wynne	Update to Healthlink Message Types table
24/09/2025	2.50	Karen Wynne	Review and updates to improve overall readability of specification

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1. Introduction

Healthlink is the national messaging broker whose core remit is to provide an electronic messaging service that allows clinical patient information to be securely transferred between GPs, hospitals and other health care agencies.

This document is intended to provide a definitive guide as to:

1. The data required in each of the supported message types.
2. The values permitted in the fields that represent User Defined Tables.

Healthlink messaging supports HL7 version 2.4 in XML format only.

This document is **not** an attempt to inform the reader about HL7 standards. Please refer to the relevant HL7 specifications for further detail.

Appendix [HL7 Abstract Message Definitions](#) specifies the data structure and rules for a specific message type triggered by a healthcare event. Due to their complexity the schemas are not suitable for inclusion in this document, however, these schemas are available on the [Healthlink website](#).

1.1. Notation

The following columns will appear in each of the message segment tables:

- **SEQ:** The sequence of the element in the segment.
- **ELEMENT | FIELD NAME:** The name and fully qualified X-Path expression indicating the component/sub-component. The X-Path expression is taken from the root node in the XML Tree.
- **OPT:** Indicates optionality:
 - R: Required
 - O: Optional
 - C: Conditional
 - B: Backward Compatibility
 - W: Withdrawn
- **LEN:** The allowed number of characters that will be handled by the Healthlink Database. When an item is not stored in the Healthlink Database then this column will contain a dash (-). Any data in such a field must still conform to the lengths indicated by the HL7 specification.
- **TBL#:** This indicates the table number of the HL7, HL7 User Defined Table or Healthlink User Defined Table that the field uses. If this column is empty this field is not based on a table. When this column is filled with a numerical value, then the data provided for this element must conform to the Table Value and Description. See [HL7 and User Defined Tables](#) for reference.
- **DISP:** This indicates whether or not the user will see this data on the web interface when viewing messages. It is not an indication of what is viewable via a practice management system that allows integration of the message.
- **DESCRIPTION:** A basic description of the element, component or sub-component.
- **OTHER INFO:** Used to describe any other essential information.

2. General Messaging Guidelines

2.1. Message Variations

Messages may deviate somewhat from the specification laid out in this document, while still being fully compatible with the system.

Additional Elements & Fields: Healthlink Online allow clinical systems to provide valid HL7 v 2.4 for the message types described in this specification. Healthlink recommend that clinical systems should permit the

integration of valid HL7 message to their system. For example, additional but valid elements and fields should not cause an integration error.

Additional Repeating Segments: In general the only repeating segments that are expected in Healthlink is the repeating OBR and OBX segments in the ORU_R01 schemas. Healthlink will however allow for any valid repeating segments.

2.2. CE Data Type Components

Clinical systems are given the following guidelines when filling the CE data types.

The CE Data Type has CE components labelled CE.1 through to CE.6 in the XML Encoding.

Clinical systems should use the CE element for the following:

- holding data that is based on [HL7 & User Defined Tables](#)
- holding data based on defined and recognised coding systems
- holding data that is not bound to any tables or coding systems, i.e. free text
- holding data that is based on local clinical coding

When filling CE data:

- CE.1 must contain the reference to a *value* in the defined table or local clinical system
- CE.2 must contain meaningful descriptive text
- CE.3 must contain a reference, for example:
 - HL7#### (# is a digit [0-9]) for HL7 Defined tables
 - SCT to indicate Snomed CT
 - LN to indicate LOINC code
 - L to indicate Local

Note: CE.1 and CE.3 should uniquely identify value in CE.2.

2.3. Special Characters and Escape Sequences

Escape sequences are most used when messages are encoded in the standard way, although they are still required for certain situations in the XML encoding.

Healthlink will not accept deviations from the suggested special characters:

Delimiter	Suggested Value	Encoding Character Position	Usage
Segment Terminator	<cr> (hex 0D)	-	Terminates a segment record. This value cannot be changed by implementers.
Field Separator		-	Separates two adjacent data fields within a segment. It also separates the segment ID from the first data field in each segment.
Component Separator	^	1	Separates adjacent components of data fields where allowed.
Subcomponent Separator	&	4	Separates adjacent subcomponents of data fields where allowed. If there are no subcomponents, this character may be omitted.
Repetition Separator	~	2	Separates multiple occurrences of a field where allowed.
Escape Character	\	3	Escape character for use with any field represented by an ST, TX or FT data type, or for use with the data (fourth) component of the ED data type. If no escape characters are used in a message, this character may be omitted. However, it must be present if subcomponents are used in the message.

- The above characters should be replaced by the following:
- \E\ Escape character converted to escape character (e.g., '\')
- \F\ Field separator converted to field separator character (e.g., '|')

- \R\ Repetition separator converted to repetition separator character (e.g., '~')
- \S\ Component separator converted to component separator character (e.g., '^')
- \T\ Subcomponent separator converted to subcomponent separator character (e.g., '&')

2.4. Formatted Text

Healthlink Online allows for the following valid HL7 v 2.4 formatting commands in XML encoding only.

Escape character to be used in XML encoding	Meaning
<escape V="".br"/>	Begin new output line. Set the horizontal position to the current left margin and increment the vertical position by 1.
<escape V="".inn"/> where <i>n</i> = number	Indent <number> of spaces, where <number> is a positive integer. This command cannot appear after the first printable character of a line.

The following five characters cannot be used in XML documents and should be replaced as indicated:

1. < replace with <
2. > replace with >
3. & replace with &
4. ' replace with '
5. " replace with "

NB: Please ensure that a FIXED WIDTH FONT is used for ORU messages that contain a text report in OBX.5. This is to ensure the correct alignment is displayed to the GP in the same way it is displayed in the lab systems.

2.5. HL7 Message Segments

Three optionalities are used: R: Required; O: Optional and C: Conditional

2.5.1. MSH - Message Header Segment

This segment provides the context for the entire message.

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Field Separator MSH.1	R	1		N	This is expected to contain the standard field separator of	
2	Encoding Characters MSH.2	R	4		N	This is expected to contain the standard encoding characters of ^~&	
3	Sending Application MSH/MSH.3/HD.1	R	50	0363	N	This field will contain the identifier indicating the Healthlink Message Type. This field will also contain the generating systems name and the middleware name preceding the Healthlink message number in accordance with the HeBE standard review as follows; GeneratingSystem.Middleware.MessageNo e.g. Apex.Healthlink.10	Note: For inbound message types (Lab Orders and Referral) this will contain a value of "HealthlinkOnline" as these messages are generated on the Healthlink application.
3	Sending Application MSH/MSH.3/HD.2	R	50		N	Universal ID	RC only for inbound messages
3	Sending Application MSH/MSH.3/HD.3	R	50	0301	N	Universal ID Type	RC only for inbound messages

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4	Sending Facility MSH/MSH.4/HD.1	R	50	0363	N	The name of the sender. For outbound messages this is the name of the sending hospital.	For Inbound messages (Lab Order and referral's) this will be HealthlinkOnline or the referring GP as this is where the message is being generated.
4	Sending Facility MSH/MSH.4/HD.2	R	50		Y*	The DOH Code as assigned by the Dept of Health. For Inbound messages (Lab Orders and Referrals) this is GP Code or Medical Council Number	
4	Sending Facility MSH/MSH.4/HD.3	R	50	0301	N	The string 'DOH' to indicate the coding system used to identify the sending facility.	
5	Receiving Application MSH/MSH.5/HD.1	O	50	0363	N	Namespace ID	
5	Receiving Application MSH/MSH.5/HD.2	O	50		N	Universal ID	
5	Receiving Application MSH/MSH.5/HD.3	O	50	0301	N	Universal ID Type	
6	Receiving Facility MSH/MSH.6/HD.1	R	50	0363	N	The name of the receiving facility. For outbound messages this is the GP's Name. For inbound messages the receiver is the hospital (dept or consultant) so the hospital name or receivers name is contained in this field.	The name in the format Surname, Firstname
6	Receiving Facility MSH/MSH.6/HD.2	R	50		N	The recipient GP's Medical Council Number is contained in this field. Note: For inbound message types (Lab Order, Neurology), this is the receiving hospital / dept or consultant code (Hospital code is taken from the DOH Code list)	NOTE: A hospital can now use the GP's medical council number concatenated with a . with the Healthlink Practice ID, which is now seen as a national id within messaging. To do this the value in MSH.6/HD.3 must be 'MCN.HLPracticeID'
6	Receiving Facility MSH/MSH.6/HD.3		50	0301	N	The coding system used in HD2	Should be L to represent Local coding or if using GP's Medical Council number and the Healthlink Practice ID, the value in MSH.6/HD.3 must be 'MCN.HLPracticeID' or this coding system will not work.
7	Date/Time of Message MSH/MSH.7/TS.1	R	26		Y	The time the message was generated by the source information system	
9	Message Type MSH/MSH.9/MSG.1	R	3	0076	N	The Message Type	Note: the HL7 Message Type is a combination of MSG.1 and MSG.2
9	Message Type MSH/MSH.9/MSG.2	R	3	0003	N	The Event Type	See above
10	Control ID MSH/MSH.10	R	50		N	The control ID off the sending application.	This should be a traceable reference back to the source information system that generated the message.
11	Processing ID MSH/MSH.11/PT.1	R	3		N	The Processing ID. This should be P for live messages.	Any messages sent with a processing ID other than P will not be visible by end users of Healthlink
12	Version ID MSH/MSH.12	R	20	0104	N	The version ID. This should be 2.4	

2.5.2. RF1 - Referral Information Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Referral Status/RF1/RF1.1/CE.1	O	50	0283	N	Referral Status ID	
1	Referral Status/RF1/RF1.1/CE.2	O	50	0283	N	Description of Referral Status	
1	Referral Status/RF1/RF1.1/CE.3	O	50	0396	N	Name of Coding System	Should be 'L' to represent Local coding
2	Referral Priority/RF1/RF1.2/CE.1	O	50	0280	N	Referral Priority ID	
2	Referral Priority/RF1/RF1.2/CE.2	O	50	0280	Y	Description of Referral Priority	
2	Referral Priority/RF1/RF1.2/CE.3	O	50	0396	N	Name of Coding System	Should be 'L' to represent Local coding
3	Referral Type/RF1/RF1.3/CE.1	O	50	0281	N	Referral Type ID	
3	Referral Type/RF1/RF1.3/CE.2	O	50	0281	N	Description of Referral Type	
3	Referral Type/ RF1/RF1.3/CE.3	O	50	0396	N	Name of Coding System	Should be 'L' to represent Local coding
6	Originating Referral Identifier/RF1/RF1.6/EI.1	R	30		N	Entity identifier	
7	Effective Date /RF1/RF1.7/TS.1	O	26		N	Time7 of an event	

2.5.3. PID - Patient Identification Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
3	Patient Identifier List PID/PID.3/CX.1	R	50		Y	The Patient ID (MRN) on the source hospital information system	
3	Patient Identifier List PID/PID.3/CX.4/HD.1	R	50		N	The name of the authority that assigned the MRN	
3	Patient Identifier List PID/PID.3/CX.4/HD.2	O	50		N	HIPE code of the assigning hospital	
3	Patient Identifier List PID/PID.3/CX.4/HD.3	O	50	0363	N	The string 'HIPE' to indicate the coding system used in HD.2	
3	Patient Identifier List PID/PID.3/CX.5	R	50	0203	N	The type of identifier used in CX.1, e.g. 'MRN'	The user defined table lists the various identifiers used.
5	Patient's Name PID/PID.5/XPN.1/FN.1	R	90		Y	The Patients Family Name	
5	Patient's Name PID/PID.5/XPN.2	R	50		Y	The Patient's First Name	
5	Patient's Name PID/PID.5/XPN.3	O	50		N	Middle names / and or initials	
5	Patient's Suffix PID/PID.5/XPN.4	O	10		N	Name Suffix	
5	Patient's Prefix PID/PID.5/XPN.5	O	10		N	Name Prefix	
5	Patient's Degree PID/PID.5/XPN.6	O	30	0360	N	Qualifications	
5	Patient's Name Type PID/PID.5/XPN.7	O	10	0200	*	Name type code	
7	Patient's DOB PID/PID.7/TS.1	R	26		Y	Patients Date of Birth in YYYYMMDD format	
8	Patient's Administrative Sex PID/PID.8	R	1	0001	Y	Patient's Sex	
11	Patient's Address PID/PID.11/XAD.1/SAD.1	R	50		Y	Street Address	
11	Patient's Address PID/PID.11/XAD.2	C*	50		Y	Address Line 2	C* - Include if available
11	Patient's Address PID/PID.11/XAD.3	C*	50		Y	Address Line 3	
11	Patient's Address PID/PID.11/XAD.4	C*	50		Y	Address Line 4	

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
11	Patient's Address PID/PID.11/XAD.5	O	50		Y	Zip or Postal Code	
13	Patients Personal Contact details – PID/PID.13/XTN.1	O	50		Y	Phone number Home / Mobile number / Email address	
13	Patients Personal Contact details – PID/PID.13/XTN.2	O	3	0201	Y	Telecommunication use code	
13	Patients Personal Contact details – PID/PID.13/XTN.3	O	8	0202	Y	Telecommunication equipment Type (ID)	
13	Patients Personal Contact details – /PID.13/XTN.4	O	50		Y		
13	Patients Personal Contact details PID/PID.13/XTN.7	O	50		Y	Phone number	Used in Limerick, Nenagh and Ennis Radiology Msg type. Healthlink recommends users to use PID/PID.13/XTN.1 for phone number
15	Patients Primary Language PID.15/CE.1	O	20		N	Primary Language Code from ISO-639 table	Used in referral messages Note that all 3 subcomponents must be filled or empty for validation
15	Patients Primary Language PID.15/CE.2	O	50		Y	Description of coded language for display to the user	
15	Patients Primary Language PID.15/CE.3	O	20	0396	N	Name of coding system used. This should be ISO-639	ISO-639 Primary Language table attached below
29	Patient Death Date/Time PID/PID.29/TS.1	O	26		Y	The date and time of the patients death	
30	Patient Death Indicator PID/PID.30	C	1	0136	Y	A Yes No indication as to whether the patient is deceased.	

2.5.4. EVN – Event Type Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
2	Recorded Date/Time EVN/EVN.2/TS.1	R	26		N	The date and time at which the event was recorded on the source information system	

2.5.5. PV1 Patient Visit Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
2	Patient Class PV1/PV1.2	R	1	0004	Y	The class of the patient in terms of: Inpatient, Outpatient, Emergency, Unknown	
3	Assigned Patient Location PV1/PV1.3/PL.4/HD.1	O	80		Y	Patient Location facility description	Referral Source description
3	Assigned Patient Location PV1/PV1.3/PL.4/HD.2	O	20		N	Patient Location Source	Referral Source Code
3	Assigned Patient Location PV1/PV1.3/PL.4/HD.3	O	20		N	Coding System	
3	Assigned Patient Location PV1/PV1.3/PL.9/	O	80		Y	The location of the patient as plain text	

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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
7	Attending Doctor ID PV1/PV1.7/XCN.1	O	20		N	The Identifier for the Hospital Doctor. Expect the MCN or HIPE Code here.	This data is not required, however, if the source system stores the MCN of the Doctors' then do provide this. The MCN is recommended by the HeBE standard however if the system does not capture it and captures the doctors HIPE code then this may be provided in this field.
7	Attending Doctor PV1/PV1.7/XCN.2/FN.1	O	50		Y	The Family Name of the Attending Doctor	
7	Attending Doctor PV1/PV1.7/XCN.3	O	50		Y	The First Name of the Attending Doctor	
7	Attending Doctor PV1/PV1.7/XCN.4	O	50		N	Middle Names and/or initials	
7	Attending Doctor Suffix PV1/PV1.7/XCN.5	O	10		N	The Name Suffix	
7	Attending Doctor Prefix PV1/PV1.7/XCN.6	O	10		N	The Name Prefix	
8	Referring Doctor ID PV1/PV1.8/XCN.1	O	20		Y	The Identifier for the Doctor. This is used in Lab Order Messages	
8	Referring Doctor PV1/PV1.8/XCN.2/FN.1	O	50		Y	The Family Name of the Ref Doctor. This is used in Lab Order Messages	
8	Referring Doctor PV1/PV1.8/XCN.3	O	50		Y	The First Name of the Ref Doctor. This is used in Lab Order Messages	
8	Referring Doctor PV1/PV1.8/XCN.4	O	50		Y	Middle Names and/or initials. This is used in Lab Order Messages	
8	Referring Doctor Suffix PV1/PV1.8/XCN.5	O	10		Y	The Name Suffix	Jnr
8	Referring Doctor Prefix PV1/PV1.8/XCN.6	O	10		Y	The Name Prefix	Dr
9	Consulting Doctor ID PV1/PV1.9/XCN.1	O	20		N	The Identifier for the Doctor. Expect the MCN or HIPE Code here.	This data is not required, however, if the source system stores the MCN of the Doctors' then do provide this. The MCN is recommended by the HeBE standard however if the system does not capture it and captures the doctors HIPE code then this may be provided in this field.
9	Consulting Doctor PV1/PV1.9/XCN.2/FN.1	O	50		Y	The Family Name of the Consulting Doctor	
9	Consulting Doctor PV1/PV1.9/XCN.3	O	50		Y	The First Name of the Consulting Doctor	
9	Consulting Doctor PV1/PV1.9/XCN.4	O	50		N	Middle Names and/or initials	
9	Consulting Doctor Suffix PV1/PV1.9/XCN.5	O	10		N	The Name Suffix	
9	Consulting Doctor Prefix PV1/PV1.9/XCN.6	O	10		N	The Name Prefix	
14	Admit Source PV1/PV1.14	O	6	0023	Y – mapped	The Admit Source of the patient, as per the user defined table.	
15	Ambulatory Status PV1/PV1.15	O	2	0009	Y	The Ambulatory Status of the patient, as per the table 0009.	
19	Visit Number PV1.19/CX.1	O	50		Y	The hospitals episode number.	
20	Financial Class PV1/PV1.20/FC.1	O	20	0064	Y	Financial Class Code of the patient, as per the user defined table.	
20	Financial Class PV1/PV1.20/FC.2	O	26		N	Effective Date	

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
36	Discharge Disposition REF_I12.PATIENT_VISIT/PV1/PV1.36	C	2	0112	Y – mapped	The Discharge Disposition of the patient, as per the user defined table.	HeBE have updated this table
37	Discharge to Location REF_I12.PATIENT_VISIT/PV1/PV1.37/DLD.1	O	25	0113	Y	The discharge, if to another HIPE coded facility/hospital should be indicated here	
44	Admit Date/Time REF_I12.PATIENT_VISIT/PV1.PV1.44	C	26		Y	The date/time the patient was admitted	
45	Discharge Date/Time REF_I12.PATIENT_VISIT/PV1.PV1.45	C	26		Y	The date/time that patient was discharged	
51	Visit Indicator REF_I12.PATIENT_VISIT/PV1.PV1.51	O	1	0326	N	The Visit Indicator as to the patient's billing status, i.e. Visit Level or Account Level	

2.5.6. PV2 - Patient Visit (additional information) Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
3	Admin Reason PV2/PV2.38/CE.1	O	20			The code indicating the admit reason at A & E	
3	Admin Reason PV2/PV2.38/CE.2	O	50			Accompanying Text for the code in CE.1	
3	Admin Reason PV2/PV2.38/CE.3	O	20		N	Name of coding system used	
38	Mode of Arrival Code PV2/PV2.38/CE.1	O	20		N	The code indicating how the patient arrived at A & E	
38	Mode of Arrival Code PV2/PV2.38/CE.2	O	50		Y	Accompanying Text for the code in CE.1	
38	Mode of Arrival Code PV2/PV2.38/CE.3	O	20	0396	N	The string 'HL70430' indicating the table used in CE.1	

2.5.7. PRD - Provider Data Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Provider Role REF_I12.PROVIDER_CONTACT/PRD/PRD.1/CE.1	R	20	0286	N	The Provider Role. Defines the relationship of the person being referred (i.e. the patient) to the person identified in this segment.	
1	Provider Role REF_I12.PROVIDER_CONTACT/PRD/PRD.1/CE.2	R	50		N	Description of the provider role in CE.1.	
1	Provider Role REF_I12.PROVIDER_CONTACT/PRD/PRD.1/CE.3	R	20		N	Coding system used in CE.1.	
2	Provider Name REF_I12.PROVIDER_CONTACT/PRD/PRD.2/XPN.1/FN.1	C	90		N	The Provider's Family Name	Displayed in Coop Message
2	Provider Name REF_I12.PROVIDER_CONTACT/PRD/PRD.2/XPN.2	C	50		N	The Provider's First Name	Displayed in Coop Message
2	Provider Name REF_I12.PROVIDER_CONTACT/PRD/PRD.2/XPN.3	O	50		N	Middle Names and/or initials	
2	Provider Name Suffix REF_I12.PROVIDER_CONTACT/PRD/PRD.2/XPN.4	O	10		N	The Name Suffix	

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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
2	Provider Name Prefix REF_I12.PROVIDER_C ONTACT/PRD/PRD.2/X PN.5	O	10		N	The Name Prefix	
2	Provider Name Degree REF_I12.PROVIDER_C ONTACT/PRD/PRD.2/X PN.6	O	30	0360		Qualifications (Degree)	
3	Provider Address REF_I12.PROVIDER_C ONTACT/PRD/PRD.3/X AD.1/SAD.1	O	100		Y	Street Address	
3	Provider Address REF_I12.PROVIDER_C ONTACT/PRD/PRD.3/X AD.2	O	50		Y	Address Line 2	
3	Provider Address REF_I12.PROVIDER_C ONTACT/PRD/PRD.3/X AD.3	O	50		Y	Address Line 3	
3	Provider Address REF_I12.PROVIDER_C ONTACT/PRD/PRD.3/X AD.4	O	50		Y	Address Line 4	
4	Provider Location REF_I12.PROVIDER_C ONTACT/PRD/PRD.4/PL .1	O	50		Y	Point of Care	
4	Provider Location REF_I12.PROVIDER_C ONTACT/PRD/PRD.4/PL .6	O	50	0305	Y	Person location type	Displayed in Coop Message
4	Provider Location REF_I12.PROVIDER_C ONTACT/PRD/PRD.4/PL .9	O	50		Y	Location description	
5	Provider Communication Information REF_I12.PROVIDER_C ONTACT/PRD/PRD.5/X TN.1	O	50		Y	Phone Number / Mobile Number / Fax Number / Email Address	
5	Provider Communication Information REF_I12.PROVIDER_C ONTACT/PRD/PRD.5/X TN.2	O	3	0201	Y	Telecommunication use code	
5	Provider Communication Information REF_I12.PROVIDER_C ONTACT/PRD/PRD.5/X TN.3	O	8	0202	Y	Telecommunication equipment type (ID)	
7	Provider Identifiers REF_I12.PROVIDER_C ONTACT/PRD/PRD.7/PL 1	O	20		N	Identifier of receiving facility – practice id or medical council no.	
7	Provider Identifiers REF_I12.PROVIDER_C ONTACT/PRD/PRD.7/PL 2	O	20		N	Type of ID number (IS)	
7	Provider Identifiers REF_I12.PROVIDER_C ONTACT/PRD/PRD.7/PL 3	O	20		N	Other qualifying info	

2.5.8. DG1 - Diagnosis Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID DG1/DG1.1	R	1		N	The set ID numbering the repeating DG1 segments.	
2	Diagnosis Coding Method DG1/DG1.2	O	2	0053	N		
3	Diagnosis Code DG1.3/CE.1	O	20			Local code for the diagnosis	
3	Diagnosis Code DG1.3/CE.2	O	199		Y	The diagnosis text associated with the code in CE.1	If no local codes are used please put the diagnosis description in DG1.4.
3	Diagnosis Code DG1.3/CE.3	O	20	0396		The coding system for used in CE.1. This should contain 'L' if used.	
4	Diagnosis Description DG1/DG1.4	O	40		Y	The free text description of the Diagnosis	
5	Diagnosis Date/Time DG1/DG1.5/TS.1	O	24		N	Diagnosis Date/Time	This field is not required by HL7 or by Healthlink but it is recommended for inclusion by HeBE
6	Diagnosis Type DG1/DG1.6	R	2	0052	N	The stage of Diagnosis in terms of Admitting, Working and Final. See table for codes	
16	Diagnosing Clinician ID DG1/DG1.16/XCN.1	O	20		N	The individual responsible for the diagnosis	This field is not required by HL7 or by Healthlink but it is recommended for inclusion by HeBE
16	Diagnosing Clinician DG1/DG1.16/XCN.2/FN.1	O	50		Y	The Family Name of the Diagnosing Clinician	
16	Diagnosing Clinician DG1/DG1.16/XCN.3	O	50		Y	The First Name of the Diagnosing Clinician	
16	Diagnosing Clinician DG1/DG1.16/XCN.4	O	50		N	Middle Names and/or initials	
16	Diagnosing Clinician Suffix DG1/DG1.16/XCN.5	O	10		N	The Name Suffix	
16	Diagnosing Clinician Prefix DG1/DG1.16/XCN.6	O	10		N	The Name Prefix	

2.5.9. NTE - Notes and Comments Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID NTE/NTE.1	O	4		N	The Set ID numbers repeating NTE segments	
2	Source of Comment NTE/NTE.2	O	1	0105	N	The source of the comment	
3	Comment NTE/NTE.3	O	65536		Y	General Notes	

2.5.10. OBR - Observation Request Segment

Note: the X-Path expression in the ELEMENT | FIELD NAME column is abbreviated for clarity. The true X-Path expression would be for instance: ORU_R01.ORDER_OBSERVATION/OBR/OBR.1

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID /OBR/OBR.1	R	4		N	Numbers the OBR for each repeating segment.	
2	Placer Order Number OBR/OBR.2/EI.1	O	75		N	If the system that placed the order provided a reference to the filler, then it should be entered here.	For Healthlink Lab Orders this will contain the Unique Healthlink Order number.

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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
3	Filler Order Number OBR/OBR.3/EI.1	R	20		N	The order number of the system that received the order.	This is the hospital systems / lab systems order control number or Call Number for Coop Message. PMS Vendor Note: This will not be available in the export of the lab order message from Healthlink as it is populated by the hospital after it receives the order. It will be available in the result message.
3	Filler Order Number OBR/OBR.3/EI.2	O	20	0363	N	The numeric identifier of the system that received the order.	
3	Filler Order Number OBR/OBR.3/EI.3	O	25		N	The name of the system that received the order.	
3	Filler Order Number OBR/OBR.3/EI.4	O	10	0301	N	The universal ID of the system that received the order.	
4	Universal Service Identifier OBR/OBR.4/CE.1	R	20		N	Code for observation / Test	Until the introduction of a National Laboratory Test coding scheme, this is the local code for the test in the receiving hospital system.
4	Universal Service Identifier OBR/OBR.4/CE.2	R	50		Y	Meaningful description of the Test being ordered or a meaningful Description of the overall set of OBX's included under each OBR,	For example: For Neurology Referral Messages: Presenting Complaints, Medical History. For Lab Results or orders this is the descriptive name of the laboratory test e.g Full Blood Count
4	Universal Service Identifier OBR/OBR.4/CE.3	R	20	0396	N	The coding system used in CE.1	
4	Universal Service Identifier OBR/OBR.4/CE.4	O	20		N	Code for the observation / Test	Reserved for possible adoption of national coding system
4	Universal Service Identifier OBR/OBR.4/CE.5	O	50		N	Meaningful description of the Lab / Radiology Test	Reserved for possible adoption of national coding system
4	Universal Service Identifier OBR/OBR.4/CE.6	O	20	0396	N	The coding system used in CE.4	Reserved for possible adoption of national coding system
7	Observation Date/Time OBR/OBR.7/TS.1	R	26		Y	The Date and time the specimen was collected or obtained	
12	Danger Code OBR/OBR.12/CE.1	O	20				
12	Danger Code OBR/OBR.12/CE.2	O	50			This field contains the code and/or text indicating any known or suspected patient or specimen hazards, e.g., patient with active tuberculosis or blood from a hepatitis patient.	Normally used in lab ordering message.
12	Danger Code OBR/OBR.12/CE.3	O	20				
12	Danger Code OBR/OBR.12/CE.4	O	20				
12	Danger Code OBR/OBR.12/CE.5	O	50				
12	Danger Code OBR/OBR.12/CE.6	O	20				
13	Relevant Clinical Information OBR/OBR.13	O	1000		Y	Any relevant clinical information	
14	Specimen Received Date/Time OBR/OBR.14/TS.1	O	26		Y	The time the specimen was received at dispatch	

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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.1	C	20	0070	N	The specimen source code	This table is HL7 defined This data is strictly taken from a HL7 table
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.2	C	50	0070	Y	Meaningful specimen source description	This is the description part of the table for code in ce.1 This data is strictly taken from a HL7 table
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.3	O	20		N	Coding System used in CE.1	
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.4	O	20		N	Alternate specimen source code	
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.5	O	50		N	Alternate specimen source description	
15	Specimen Source Name OBR/OBR.15/SPS.1/CE.6	O	20		N	Alternate Coding System used in CE.1	
15	Additives OBR/OBR.15/SPS.2	O	50		N	Text describing additives	
15	Free Text OBR/OBR.15/SPS.3	O	50		N	Simply Free Text	
15	Body Site OBR/OBR.15/SPS.4/CE.2	O	50	0163	Y	Text description of the body site	This table is HL7 defined This data is strictly taken from a HL7 table
15	Site Modifier OBR/OBR.15/SPS.5/CE.2	O	50		Y	Text Description of the site modifier	
15	Collection Method OBR/OBR.15/SPS.6/CE.2	O	50		N	Text Description of the collection method	
16	Ordering Provider OBR/OBR.16/XCN.1	C	20		N	ID of the person ordering (i.e. usually GP Code that appears in the MSH segment)	This identifies the GP who ordered the test.
16	Ordering Provider OBR/OBR.16/XCN.2	C	50		N	Family name of the person ordering (i.e.. usually GP Code that appears in the MSH segment)	
16	Ordering Provider OBR/OBR.16/XCN.3	C	50		N	First name of the person ordering the test	
16	Ordering Provider OBR/OBR.16/XCN.6	O	10		N	Name Prefix	
17	Order Callback Phone Number OBR/OBR.17/XTN.1	O	50		Y	Telephone Number	
17	Order Callback Phone Number OBR/OBR.17/XTN.2	O	3	0201	Y	Telecommunication use code (ID)	
17	Order Callback Phone Number OBR/OBR.17/XTN.3	O	8	0202	Y	Telecommunication equipment type (ID)	
22	Results Rpt / Status Chng – Date/Time + OBR/OBR.22/TS.1	O	24		N	Time of an Event	
24	Diagnostic Service Section Identifier OBR/OBR.24	C	10	0074	N	Identifies the diagnostic service that provided / ran the test.	
25	Result Status OBR/OBR.25	R	1	0123	N	This field is the status of results for this order.	Usually F to say that result is final
27	Quantity/Timing OBR/OBR.27/TQ.1	O	194		Y	Quantity	
27	Quantity/Timing OBR/OBR.27/TQ.6	O	6		Y	Priority	Displayed in Coop Message
28	Ordering Provider ID OBR/OBR.28/XCN.1	O	20		N	ID of the person being copied (e.g. GP's GP Code)	Please see the HSE Messaging Board Addneda 1.1 document for full explanation of this feature.

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
28	Ordering Provider OBR/OBR.28/XCN.2/FN.1	O	50		N	Family Name	
28	Ordering Provider OBR/OBR.28/XCN.3	O	50		N	First Name	
28	Ordering Provider OBR/OBR.28/XCN.4	O	30		N	Middle / Other Names	
28	Ordering Provider Suffix OBR/OBR.28/XCN.5	O	10		N	Name Suffix	
28	Ordering Provider Prefix OBR/OBR.28/XCN.6	O	10		N	Name Prefix	
28	Ordering Provider OBR/OBR.28/XCN.16/C E.1	O	20		N	A code relating to the description in CE.2	
28	Ordering Provider OBR/OBR.28/XCN.16/C E.2	O	50	0448	N	<Copy To> A description of the context of the name in XCN.2/3, eg. Copy To One	
28	Ordering Provider OBR/OBR.28/XCN.16/C E.3	O	10		N	The coding system used in CE.1	

2.5.11. OBX - Observation/Result Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID OBX/OBX.1	R	4		N	Numbers the OBX for each repeating segment.	
2	Value Type OBX/OBX.2	C*	2	0125	N	The HL7 Data Type of the Observation Value*	This should be FT to allow for formatted text or NM if numeric.
3	Observation Identifier OBX/OBX.3/CE.1	R	20		N	The code for the OBX.3/CE.2 description	
3	Observation Identifier OBX/OBX.3/CE.2	R	50		Y	A description of the test or observation	E.g For neurology referral this would be complaint/test/symptom For Lab messages this would be the Name of the Lab Test e.g Sodium
3	Observation Identifier OBX/OBX.3/CE.3	R	20	0396	N	The coding system used in CE.1	This information is important for the importing systems as the name of coding system will identify the observation in OBX.3/CE.2, example Ref_AssociatedSymptoms will mean value in OBX.3/CE.2 is an associated symptom. For Labs/ Rad messages this will be set to L to mean local coding system used
3	Observation Identifier OBX/OBX.3/CE.4	O	20		N	Alternate code for the test or observation	Reserved for possible adoption of a national coding system
3	Observation Identifier OBX/OBX.3/CE.5	O	50		N	Alternate description of the radiology test	
3	Observation Identifier OBX/OBX.3/CE.6	O	20	0396	N	The alternate coding system used in CE.4	
4	Observation Sub-Id OBX/OBX.4/ST	O	20		N	This field is used to distinguish between multiple OBX segments with the same observation	

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
5	Observation Value* OBX/OBX.5	C	65536		Y	The report/result text	This will be a result if the value in OBX.3/CE.2 requires it. For Numeric Lab Results this is the result value. For Neurology Referral Messages this could be Eg. OBX.3/CE.2 = number of alcohol units. OBX.5 = 5. OBX.6/CE.1 and OBX.6/CE.2 = weekly
6	Units OBX/OBX.6/CE.1	C	20		N	The code for the units used	This should always be filled. If no coded value available then enter description (same as OBX.6/CE.2)
6	Units OBX/OBX.6/CE.2	C	50		Y	The actual units used as text (not a code)	This is used for displaying the units to the user on the Healthlink web application
6	Units OBX/OBX.6/CE.3	C	20	0396	N	The coding system used for the units	
6	Units OBX/OBX.6/CE.4	O	20		N	Alternative coding system	
6	Units OBX/OBX.6/CE.5	O	50		N	Description to alternative coding system	
6	Units OBX/OBX.6/CE.6	O	20	0396	N	The coding system used for the units in ce.4	
7	Reference Range OBX/OBX.7	C	60		Y	Shows the reference range for this particular test.	Should be used with value NM in OBX.2
8	Abnormal Flags OBX/OBX.8	C	5	0078	N	Flags indicating abnormalities	
11	Observation Result Status OBX/OBX.11	R	1	0085	Y	Indicates the status of result	Usually uses value F to signify result is final.
14	Date/time of observation OBX.14/TS.1	O	24		Y	Date/time of observation	

* If result is available.

2.5.12. PDA - Patient Death and Autopsy Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Death Cause Code PDA/PDA.1/CE.1	O	20		N	The code indicating the cause of death	
1	Death Cause Code PDA/PDA.1/CE.2	O	50		Y	The text for the cause of death	
1	Death Cause Code PDA/PDA.1/CE.3	O	20	0396	N	The coding system used in CE.1. Expect 'L' if used.	
2	Death Location PDA/PDA.2/PL.9	O	50		Y	The free text location of patient's death	
4	Death Cert Signed Date Time PDA/PDA.4/TS.1	C	26		Y	The date/time the death certificate was signed	
5	Death Certified By PDA/PDA.5/XCN.1	O	20		Y	ID of person who certified death cert	
5	Death Certified By PDA/PDA.5/XCN.2	O	50		Y	Name of person who certified death cert	
5	Death Certified By PDA/PDA.5/XCN.3	O	50		Y	Name of person who certified death cert	
5	Death Certified By PDA/PDA.5/XCN.6	O	10		Y		

2.5.13. RGS – Resource Group Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
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SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID – RGS	R	4				
2	Segment Action Code	O	3	0206		Action Code/Unique Identifier	
3	Resource Group ID	O	250			The Waiting list Clinic Name	

2.5.14. AIP - Appointment Information (Personnel Resource) Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID	R	4		N	ID for the AIP segment	Required field for message validation
2	Segment Action Code	O	3	0206		Action Code/Unique Identifier	
3	Personnel Resource ID	O	250		Y	The Consultants Name	
4	Resource Role	R	250			Identifies role of personnel	Required field for message validation

2.5.15. SCH - Scheduling Activity Information Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
2	Filler Appointment ID SCH/SCH.2/EI.1	O	199		N	Entity Identifier	Recommended by HeBE
2	Filler Appointment ID SCH/SCH.2/EI.2	O	20		N	Namespace ID	
2	Filler Appointment ID SCH/SCH.2/EI.3	O	199		N	Universal ID	
2	Filler Appointment ID SCH/SCH.2/EI.4	O	6		N	Universal ID Type	
3	Occurrence Number SCH/SCH.3	O	5		N		
6	Event Reason SCH/SCH.6/CE.1	R	20		N	The code (local code) for the event reason.	
6	Event Reason SCH/SCH.6/CE.2	R	50		Y	The reason for this message event	Recommended by HeBE
6	Event Reason SCH/SCH.6/CE.3	R	20	0396	N	The coding system used in CE.1. This should be 'L' to indicate that CE.1 contains a local code.	
11	Appointment Timing Quantity SCH/SCH.11/TQ.4/TS.1	R	26		Y	The start time of the appointment	
11	Appointment Timing Quantity SCH/SCH.11/TQ.6	O	3		Y	The priority of the appointment	
16	Filler Contact Person SCH/SCH.16/XCN.1	R	15		N	The identifier of the filler contact person	
16	Filler Contact Person SCH/SCH.16/XCN.2/FN.1	R	194		N	The Family Name of the filler contact person	
16	Filler Contact Person SCH/SCH.16/XCN.3	R	30		N	The First Name of the filler contact person	
16	Filler Contact Person SCH/SCH.16/XCN.4	O	30		N	The Middle Name of the filler contact person	
16	Filler Contact Person SCH/SCH.16/XCN.5	O	20		N	The Name Suffix of the filler contact person	
16	Filler Contact Person SCH/SCH.16/XCN.6	O	20		N	The Name Prefix of the filler contact person	
20	Entered by Person SCH/SCH.20/XCN.1	R	15		N	The identifier of the entered by contact person	
20	Entered by Person SCH/SCH.20/XCN.2/FN.1	R	194		N	The Family Name of the entered by person	

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
20	Entered by Person SCH/SCH.20/XCN.3	R	30		N	The First Name of the entered by person	
20	Entered by Person SCH/SCH.20/XCN.4	O	30		N	The Middle Name of the entered by person	
20	Entered by Person SCH/SCH.20/XCN.5	O	20		N	The Name Suffix of the entered by person	
20	Entered by Person SCH/SCH.20/XCN.6	O	20		N	The Name Prefix of the entered by person	
25	Filler Status Code SCH/SCH.25/CE.1	O	20	0278	N	The status code of the appointment as seen by the filler (the hospital)	
25	Filler Status Code SCH/SCH.25/CE.2	O	199		Y	The status text	
25	Filler Status Code SCH/SCH.25/CE.3	O	20	0396	N	The coding system used in CE.1 Expect 'HL70278'	

2.5.16. AIL - Appointment Information (Location Resource) Segment

SEQ	ELEMENT FIELD NAME	OPT	LEN	TBL#	DISP	DESCRIPTION	OTHER INFO
1	Set ID	R	4		N	ID for the segment	Required field for message validation
2	Segment Action Code	O	3	0206		Action Code/Unique Identifier	
3	Location Resource ID	O	80			The name of the Ward	
4	Location type – AIL	R	250			Identifies role of location requested	

2.5.17. AL1 - Patient Allergy Information Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	Display	OTHER INFO
1	Set ID – AL1	R	250	CE			
2	Allergen Type Code	O	250	CE	0127		
3	Allergen Code/Mnemonic/Description	R	250	CE			
4	Allergy Severity Code	O	250	CE	0128		
5	Allergy Reaction Code	O	15	ST			
6	Identification Date	B	8	DT			

2.5.18. PR1 – Procedures Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	Display	OTHER INFO
1	Set ID – PR1	R	4	SI			
2	Procedure Coding Method	(B) R	3	IS	0089		
3	Procedure Code	R	250	CE	0088		
4	Procedure Description	B	40	ST			
5	Procedure Date/Time	R	26	TS			
6	Procedure Functional Type	O	2	IS	0230		
7	Procedure Minutes	O	4	NM			
8	Anesthesiologist	B	250	XCN	0010		
9	Anesthesia Code	O	2	IS	0019		
10	Anesthesia Minutes	O	4	NM			
11	Surgeon	B	250	XCN	0010		
12	Procedure Practitioner	B	250	XCN	0010		
13	Consent Code	O	250	CE	0059		
14	Procedure Priority	O	2	ID	0418		

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	Display	OTHER INFO
15	Associated Diagnosis Code	O	250	CE	0051		
16	Procedure Code Modifier	O	250	CE	0340		
17	Procedure DRG Type	O	20	IS	0416		
18	Tissue Type Code	O	250	CE	0417		

2.5.19. ORC – Common Order Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	Display	OTHER INFO
1	Order Control	R	2	ID	0119	Y	
14	CallBackPhoneNumber ORC/ORC.14/XTN.1	R	50	XTN		Y	Displayed as emergency phone number
14	CallBackPhoneNumber ORC/ORC.14/XTN.2	O	3	XTN	0201	Y	Telecommunication use code
14	CallBackPhoneNumber ORC/ORC.14/XTN.3	O	8	XTN	0202	Y	Telecommunication equipment type (ID)

2.5.20. SAC - Specimen Container detail Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	Display	OTHER INFO
1	External Accession Identifier	O	80	EI			

2.5.21. MSA - Message Acknowledgement Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	IMPLEMENTATION NOTES
1	Acknowledgment Code	R	2	ID	0008	There are three values possible: 1. AA - Application Acknowledgement 2. AE - Application Error 3. AR - Application Reject
2	Message Control ID	R	20	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.
3	Text Message	O	80	ST		Use the ERR Segment rather than MSA.3 or MSA.6 for descriptions of error conditions.
4	Expected Sequence Number	O	15	NM		
5	Delayed Acknowledgment Type	O	1	ID	0102	
6	Error Condition	O	250	CE	0357	

2.5.22. ERR - Message Error Segment

SEQ	ELEMENT NAME	OPT	LEN	DT	TBL#	IMPLEMENTATION NOTES
1	Code and Location	R	80		0008	See note below

Note:

- The ERR segment is optional in an ACK message, but where it does appear the ERR.1 field is required.
- ERR.1, Error Code and Location, allows information on one or more errors to be described precisely, down to the subcomponent level.
- The ERR.1 field is repeatable, allowing for information on multiple errors to be displayed. The components of the ERR.1 field are:
 1. Segment ID: the three letter identifier of the segment in which the error occurred;
 2. Sequence: the Set ID of the segment if there is more than one segment with the same segment ID in the message;
 3. Field position: the field number within the segment where the error occurred;

See HL7 [Table 0357](#) Message Error Condition Codes.

3. Message Definitions

3.1. Inpatient Admission

Healthlink Message Type: 2

See Abstract Message Definition [ADT_A01](#) used by Healthlink Inpatient Admission message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
EVN			This segment is required to appear once
	EVN.2	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.44	Required	
PV2			This segment may appear once
	PV2.3	Recommended	

3.2. Accident & Emergency Notification Message

Healthlink Message Type: 4

See Abstract Message Definition [ADT_A01](#) used by Healthlink A&E Notification message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
EVN			This segment is required to appear once
	EVN.2	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Recommended	
	PV1.14	Recommended	
	PV1.44	Required	
PV2			This segment may appear once
	PV2.3	Recommended	
	PV2.38	Recommended	

3.3. Outpatient Clinic Letter

Healthlink Message Type: 3

See Abstract Message Definition [REF_I12](#) used by Healthlink Outpatient Clinic Letter message. REF_I12 is a referral message which allows for the inclusion of information relevant to a GP such as diagnosis details, consulting doctor, and follow-up appointment details.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PRD			This segment is required to appear at least once
	PRD.1	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Highly Recommended	
	PV1.44	Required	
NTE			This segment is required to appear at least once. Content and details of patient visit to be populated in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

PRD Segment: The single PRD Segment is only expected to contain data that identifies the GP to whom the patient is being released back into the care of. This is already identified in short by the GP Code contained in the message header.

3.4. Emergency Department Letter

Healthlink Message Type: 19

See Abstract Message Definition [REF_I12](#) used by Healthlink Emergency Department Letter message. REF_I12 is a referral message which allows for the inclusion of information relevant to a GP such as diagnosis details, consulting doctor, attendance details and further clinical information recorded during attendance at A&E.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PRD			This segment is required to appear at least once.
	PRD.1	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Highly Recommended	Should be included if available
	PV1.14	Highly Recommended	Should be included if available
	PV1.15	Recommended	
	PV1.44	Required	
NTE			This segment is required to appear at least once. Content and diagnosis of clinical visit to be populated in this segment.

	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

PRD Segment: The single PRD Segment is only expected to contain data that identifies the GP to whom the patient is being released back into the care of.

3.5. Discharge Summary Message

Healthlink Message Type: 5

See Abstract Message Definition [REF_I12](#) used by Healthlink Discharge Summary message.

REF_I12 is a referral message which allows for the inclusion of information relevant to a GP when a patient is discharged to the care of the primary healthcare practitioner i.e. GP.

The Discharge Summary message must also conform to the [HIQA Discharge Summary Dataset](#).

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PRD			This segment is required to appear at least once
	PRD.1	Required	
PID		Required	This segment is required to appear once
DG1			This segment may appear 0 to multiple times
	DG1.1	Required	
	DG1.6	Required	
AL1			This segment may appear 0 to multiple times.
	AL1.1	Required	
	AL1.3	Required	
PR1			This segment may appear 0 to a multiple number of time
	PR1.1	Required	
	PR1.3	Required	
	PR1.5	Required	
OBR			This segment should appear at least once
	OBR.1	Required	
	OBR.3	Required	
	OBR.4	Required	
	OBR.7	Required	
OBX			This segment will be attached to a leading OBR segment. It can appear 0 to multiple times.
	OBX.1	Required	
	OBX.2	*	Required if OBX.5 is filled
	OBX.3	Required	
	OBX.5	Required	
	OBX.11	Required	
	OBX.14	Highly Recommended	Should be included if available
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Highly Recommended	Should be included if available
	PV1.36	Required	
	PV1.37	Recommended	
	PV1.45	Required	
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.

	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

PRD Segment: is only expected to contain data that identifies the GP to whom the patient is being released back into the care of.

3.6. The Discharge Notification Message

Healthlink Message Type: 12

See Abstract Message Definition [ADT_A03](#) used by Healthlink Discharge Notification message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
EVN			This segment is required to appear once
	EVN.2	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Highly Recommended	Should be included if available
	PV1.36	Required	
	PV1.37	Recommended	
PV2			This segment may appear once
	PV2.3	Recommended	

Note: The Discharge Notification message is simply a notification with no detail about the patient's condition or diagnosis at the time of discharge. If this detail is available please issue a Discharge Summary Message rather than a Notification message.

3.7. Death Notification

Healthlink Message Type: 6

See Abstract Message Definition [ADT_A03](#) used by Healthlink Death Notification message. Effectively this message is a Discharge Notification as a result of a patient's death.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
EVN			This segment is required to appear once
	EVN.2	Required	
PID		Required	This segment is required to appear once
	PID.29	Highly Recommended	Should be included if available
	PID.30	Required	
PV1			This segment is required to appear once
	PV1.2	Required	
PDA			This segment should appear once
	PDA.1	Highly Recommended	Should be included if available
	PDA.2	Recommended	
	PDA.3	Recommended	
	PDA.4	Required	
	PDA.5	Recommended	

3.8. Out Patient Department Appointment Message

Healthlink Message Type: 8

See Abstract Message Definition [SIU_S12](#) used by Healthlink Outpatient Appointment message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
SCH			This segment is required to appear once
	SCH.2	Recommended	
	SCH.6	Required	
	SCH.11	Required	
	SCH.16	Required	
	SCH.20	Required	
	SCH.25	Highly Recommended	Should be included if available
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.7	Highly Recommended	Should be included if available
	PV1.44	Recommended	
RGS		Required	This segment should appear once
AIL		Optional	This segment may appear 0 to a multiple times
	AIL.1	Required	
	AIL.4	Required	
AIP		Optional	This segment may appear 0 to a multiple times
	AIP.1	Required	
	AIP.4	Required	

Healthlink uses the following trigger events for Scheduled messages:

- a) SIU^S12 schedule
- b) SIU^S13 reschedule
- c) SIU^S14 modify
- d) SIU^S15 cancelled
- e) SIU^S26 DNA

3.9. The Waiting List Message

Healthlink Message Type: 9

See Abstract Message Definition [SIU_S12](#) used by Healthlink Waiting List message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
SCH			This segment is required to appear once
	SCH.2	Recommended	
	SCH.6	Required	
	SCH.7	Recommended	

	SCH.11	Required	
	SCH.16	Required	
	SCH.20	Required	
	SCH.25	Highly Recommended	Should be included if available
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	
PID		Required	This segment is required to appear once
PV1			This segment is required to appear once
	PV1.2	Required	
	PV1.3	Highly Recommended	Should be included if available
	PV1.9	Highly Recommended	Should be included if available
RGS		Required	This segment should appear once
	RGS.1	Required	
AIL		Optional	This segment may appear 0 to a multiple times
	AIL.1	Required	
	AIL.4	Required	
AIP		Optional	This segment may appear 0 to a multiple times
	AIP.1	Required	
	AIP.4	Required	

Healthlink uses the following trigger events for Scheduled messages;

- a) SIU^S12 schedule
- b) SIU^S13 reschedule
- c) SIU^S14 modify
- d) SIU^S15 cancelled
- e) SIU^S26 DNA

3.10. The Out-of-Hours Message

Healthlink Message Type: 16

See Abstract Message Definition [REF_I12](#) used by Healthlink for Out-of-Hours message.

The REF_I12 is a Referral Message which facilitates the inclusion of information relevant to a GP for their patient who has utilises an out-of-hours service.

Although the patient may not be referred to the GP by the out-of-hour's facility, this is the approach used in the implementation of this message. The GP is not under the impression that this is an actual referral when receiving this message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PRD			There are usually 3 occurrences of this segment
	PRD.1	Required	
	PRD.2	Required	
	PRD.3	Highly Recommended	Should be included if available
	PRD.4	Recommended	PRD/PRD.4/PL.6 (Person Location Type), choose values from user-defined table 0305
	PRD.5	Recommended	
	PRD.7	Recommended	
PID		Required	This segment is required to appear once
OBR			This segment should appear at least once

	OBR.1	Required	
	OBR.3	Required	OBR.3/EI.1 – enter call number (Order number)
	OBR.4	Required	
	OBR.7	Required	
	OBR.24	Highly Recommended	Should be included if available
	OBR.25	Required	
	OBR.27	Required	OBR.27/TQ.6 priority must be entered as per the User-Defined Table 99003
OBX			This segment will be attached to a leading OBR segment. It can appear 0 to multiple times.
	OBX.1	Required	
	OBX.2	Required	Required if OBX.5 is filled
	OBX.3	Required	
	OBX.5	Required	When a result is available
	OBX.11	Required	
	OBX.14	Highly Recommended	Should be included if available
NTE		Optional	This segment may appear 0 or multiple times.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

PRD Segment: The Healthlink implementation of this message type integration requests three occurrences of this segment, refer to User-Defined Table [0286](#) for PRD.1 values.

1. The Treating clinician details using value RP as provider role
2. Own doctor information using value PP as provider role
3. Triaging Clinician details using value CP as provider role

When filling PRD/PRD.4/PL.6 (Person Location Type) choose values from User-Defined Table [0305](#) (e.g., Home Visit, Treatment Centre).

Note: This message may contain the detail of the patient's presenting complaint, diagnosis and condition at the time of discharge from the out-of-hours service.

3.11. The Radiology Result Message

Healthlink Message Type: 7

See Abstract Message Definition [ORU R01](#) for Healthlink Radiology Result message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PID		Required	This segment is required to appear once
PV1			This segment should appear once
	PV1.2	Required	
OBR			This segment should appear at least once
	OBR.1	Required	
	OBR.3	Required	
	OBR.4	Required	
	OBR.7	Required	
	OBR.13	Required	
	OBR.16	Required	
	OBR.24	Required	
	OBR.25	Required	

	OBR.28	*	Required if message is a copy-to message
OBX			This segment will be attached to a leading OBR segment. It can appear 0 to multiple times.
	OBX.1	Required	
	OBX.2	*	Required if OBX.5 is filled
	OBX.3	Required	
	OBX.5	Required	
	OBX.11	Required	
	OBX.14	Optional	Should be included if available
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

Radiology Results:

The Radiology Message can have more than one OBR (Observation Request) with related OBX segments, representing the result of each observation. An NTE segment is also required for reports with more than one OBR segment, but with only one report. In this scenario the OBX.5 is left blank and the report is contained in NTE.3. There will be one NTE with a Radiology message with more than one OBR. If a separate report is contained in each OBX/OBX.5, then the NTE field if present will only contain a comment relating to the message.

OBR Copy-to: Please note that the OBR.28 may be used in this message type to identify that the message was copied to the recipient and they were not the person who ordered it. In the majority of cases however the recipient is expected to be the person who ordered or referred the patient for the exam. (MSH.6 and OBR.16 will contain the same GP recipient details and OBR.28 will be blank). However, it could be a case where the MSH.6 and OBR.28 are the same and the OBR.16 is different.

NTE Segments:

- Following/Related to an OBR – This means that the comment pertains to the OBR or to the group of OBX's that belong to this OBR
- Following/Related to an OBX – This means the comment pertains to the OBX alone.

3.12. The Laboratory Result Message

Healthlink Message Type: 10

See Abstract Message Definition [ORU R01](#) for the Healthlink Laboratory Result message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PID		Required	This segment is required to appear once
PV1			This segment should appear once
	PV1.2	Required	
OBR			This segment should appear at least once
	OBR.1	Required	
	OBR.2	Optional	
	OBR.3	Required	
	OBR.4	Required	
	OBR.7	Required	
	OBR.13	Required	
	OBR.14	Required	
	OBR.15	Required	
	OBR.16	Required	

	OBR.24	Required	
	OBR.25	Required	
	OBR.28	*	Required if message is a copy-to message
OBX			This segment will be attached to a leading OBR segment. It can appear 0 to multiple times.
	OBX.1	Required	
	OBX.2	*	Required if OBX.5 is filled
	OBX.3	Required	
	OBX.4	*	May be used in the Histopathology results
	OBX.5	Required	
	OBX.6	*	Required if units are associated with result Value in OBX.2 will usually be NM for this
	OBX.7	*	Required if a reference range is included with the result
	OBX.8	*	Required if a reference range is included with the result
	OBX.11	Required	
	OBX.14	Optional	Should be included if available
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

Laboratory Results:

The laboratory result can consist of multiple observation requests (OBR segments). Each OBR may have a single or multiple related OBX segments representing the result.

Note: All Microbiology results should use fixed width font for the display.

OBR Copy-to: Please note that the OBR.28 may be used in this message type to identify that the message was copied to the recipient and they were not the person who ordered it. In the majority of cases however the recipient is expected to be the person who ordered or referred the patient for the exam. (MSH.6 and OBR.16 will contain the same GP recipient details and OBR.28 will be blank). However, it could be a case where the MSH.6 and OBR.28 are the same and the OBR.16 is different.

NTE Segments:

- Following/Related to an OBR – This means that the comment pertains to the OBR or to the group of OBX's that belong to this OBR.
- Following/Related to an OBX – This means the comment pertains to the OBX alone.
- NTE segment with a lab can also be linked to the overall message

3.12.1. Result Status and Observation Result Status and Corrections

An order is identified by the Filler Order Number in OBR.3/EI.1. If an order spawns multiple results these messages can be logically linked by the Filler Order Number. For this reason the Filler Order Number must be globally unique within the context of a hospital or lab service provider.

OBR.25 can indicate whether the observations are complete or partially reported in the related set of OBX segments. An OBR should indicate a 'Final' status when all the required observations are reported in the related set of OBX segments. Otherwise, the status should indicate a 'Partial' result. If the lab information system can discern whether an OBR's related OBXs are transmitting a partial result then the relevant Result Status code indicating a partial result should be entered.

If a message needs to be corrected, the OBR.25 status will be 'C' for Correction. This should overwrite the previous result that is being corrected within the vendor systems.

OBX.11 can indicate the status of an individual observation as Final, Partial or Correction. Final results can be corrected by corrections and these are indicated using the relevant Result Status code. If the lab system can discern that an individual OBX is transmitting a corrected result (of a previously transmitted final result) the OBX.11 will contain the Result Status code for a 'Correction'. If the lab system cannot discern corrections to the level of individual OBX within a message then the Result Status code for a Final result will be contained in the OBX.11.

3.13. The Cardiology Result Message

Healthlink Message Type ID: 17

See Abstract Message Definition [ORU_R01](#) for the Healthlink Cardiology Result message.

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
PID		Required	This segment is required to appear once
PV1			This segment should appear once
	PV1.2	Required	
OBR			This segment should appear at least once
	OBR.1	Required	
	OBR.2	Optional	
	OBR.3	Required	
	OBR.4	Required	
	OBR.7	Required	
	OBR.13	Optional	
	OBR.16	Required	
	OBR.24	Required	
	OBR.25	Required	
	OBR.28	*	Required if message is a copy-to message
OBX			This segment will be attached to a leading OBR segment. It can appear 0 to multiple times.
	OBX.1	Required	
	OBX.2	*	Required if OBX.5 is filled
	OBX.3	Required	
	OBX.5	Required	
	OBX.11	Required	
	OBX.14	Optional	Should be included if available
NTE		Optional	This segment may appear 0 or once. Additional comments should be stored in this segment.
	NTE.1	*	Required if value present in NTE.3
	NTE.3	Required	

OBR Copy-to: OBR.28 may be used in this message type to identify that the message was copied to the recipient and they were not the person who ordered it. In the majority of cases however the recipient is expected to be the person who ordered or referred the patient for the exam. (MSH.6 and OBR.16 will contain the same GP recipient details and OBR.28 will be blank). However it could be a case where the MSH.6 and OBR.28 are the same and the OBR.16 is different.

NTE Segments:

- Following/Related to an OBR – This means that the comment pertains to the OBR or to the group of OBX's that belong to this OBR
- Following/Related to an OBX – This means the comment pertains to the OBX alone.
- Related to overall message - This means that the comment pertains to the entire result.

3.14. Acknowledgement Message

Sending and receiving of acknowledgement messages are a mandatory part of the message processing.

Healthlink Message Type ID: 13

Segment	Field	Optionality	Comment
MSH		Required	This segment is required to appear once
MSA		Required	This segment is required to appear once
ERR			This segment may appear 0 to multiple times.
	ERR.1	Required	

Below is an XML sample of how an ACK message type is formatted. Values in blue are taken from the originating source message segments.

```
<?xml version="1.0" encoding="UTF-8"?>
<ACK xmlns="urn:hl7-org:v2xml">
  <MSH>m
    <MSH.1>|</MSH.1>
    <MSH.2>^~\&amp;</MSH.2>
    <MSH.3>
      <HD.1>HLONLINE.HEALTHLINK.13 [FacilityName.HEALTHLINK.13]</HD.1>
    </MSH.3>
    <MSH.4>
      <HD.1>St. James's Hospital [Facility Name MSH.6/HD.1]</HD.1>
      <HD.2>904 [Facility Code MSH.6/HD.2] </HD.2>
      <HD.3>L</HD.3>
    </MSH.4>
    <MSH.5>
      <HD.1>HELIXPM</HD.1>
      <HD.2></HD.2>
      <HD.3></HD.3>
    </MSH.5>
    <MSH.6>
      <HD.1>Dr. Smith, John [GP Name MSH.4/HD.1]</HD.1>
      <HD.2>123564.1234 [GP MCN MSH.4/HD.2]</HD.2>
      <HD.3>MCN.HLPracticeID [MSH.4/HD.3]</HD.3>
    </MSH.6>
    <MSH.7>
      <TS.1>20150914162235</TS.1>
    </MSH.7>
    <MSH.9>
      <MSG.1>ACK</MSG.1>
      <MSG.2>R01 [MessageType MSH.9/MSG.2]</MSG.2>
    </MSH.9>
    <MSH.10>ACK201509141622353564</MSH.10>
    <MSH.11>
      <PT.1>P</PT.1>
    </MSH.11>
    <MSH.12>
      <VID.1>2.4</VID.1>
    </MSH.12>
  </MSH>
  <MSA>
    <MSA.1>AA</MSA.1>
    <MSA.2>ORU20150914162054003564</MSA.2>
  </MSA>
</ACK>
```

The values for sending application and sending facility in the acknowledgement message are the same as the values for receiving application and receiving facility in the initiating assessment message and vice versa.

MSH.10 is the unique message control ID of the acknowledgement message and is not related to MSA.2, the message control ID of the assessment message that is being acknowledged. MSH.10 is generated using the format of the current date and time, up to the milliseconds. **Ex: ACKyyyyMMddHHmmssfff**

MSA Segment:

The three possible values for MSA.1, Acknowledgement Code are:

- AA Application Acknowledgement
- AE Application Error (details/reasons to be provided by PCRS)
- AR Application Reject

This tells you whether the original assessment message, as identified in MSA.2, has been accepted or not by the receiving system.

An Application Reject acknowledgement may mean one of two things:

- There is a major problem with the message and it cannot be validated by the receiving system;
- There is a problem with the receiving system and it is unable to process the message, though the message itself is fine;

An Application Error message means there is a problem with the content of the message. This should be diagnosed and corrected by the sending system before resending the message.

ERR Segment: The Message Error Segment (ERR) is required where an error is found in a HL7 message. The ERR Segment is used to add error information to acknowledgement messages. Healthlink have added codes to the [HL7 Table 0357 - Message Error Condition Codes](#). If an error is not included in this table, the unknown code can be used and new errors can be added to this table accordingly as they occur.

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	80	CM	R	Y		00024	Error Code and Location

Notes:

1. The ERR segment is optional in an ACK message, but where it does appear the ERR.1 field is required.
2. The ERR.1 field is repeatable, allowing for information on multiple errors to be displayed.
3. The components of the ERR.1 field are:
 - Segment ID: the three letter identifier of the segment in which the error occurred;
 - Sequence: the Set ID of the segment if there is more than one segment with the same segment ID in the message;
 - Field position: the field number within the segment where the error occurred;
 - Code identifying error: taken from HL7 table 0357 Message Error Condition Codes.

Consider an example where an ORU_R01 message is missing the required fields PID.3 Patient Identifier and PID.5 Patient Name in the MSH Segment. In this case the ERR segment of the acknowledgment message, which would have AE in the MSA.1 field, would look as follows:

```

<ERR>
  <ERR.1>
    <ELD.1>PID</ELD.1>
    <ELD.3>3</ELD.3>
    <ELD.4>
      <CE.1>101</CE.1>
      <CE.2>Required field missing</CE.2>
      <CE.3>HL70357</CE.3>
    </ELD.4>
  </ERR.1>
  <ERR.1>
    <ELD.1>PID</ELD.1>
    <ELD.3>5</ELD.3>
    <ELD.4>
      <CE.1>101</CE.1>
      <CE.2>Required field missing</CE.2>
      <CE.3>HL70357</CE.3>
    </ELD.4>
  </ERR.1>
</ERR>

```

4. Appendix – Abstract Message Definitions

The chapter numbers refer to the official HL7 Specification Version 2.4

4.1. ADT_A01 Abstract Message Definition:

This schema is used for A&E Notifications and Inpatient Admission message types.

<u>ADT^A01^ADT A01</u>	<u>ADT Message</u>	<u>Chapter</u>
MSH	Message Header	2
EVN	Event Type	3
PID	Patient Identification	3
[PD1]	Additional Demographics	3
[{ ROL }]	Role	12
[{ NK1 }]	Next of Kin / Associated Parties	3
PV1	Patient Visit	3
[PV2]	Patient Visit - Additional Info.	3
[{ ROL }]	Role	12
[{ DB1 }]	Disability Information	3
[{ OBX }]	Observation/Result	7
[{ AL1 }]	Allergy Information	3
[{ DG1 }]	Diagnosis Information	6
[DRG]	Diagnosis Related Group	6
[{ PR1]	Procedures	6
[{ ROL }]	Role	12
}}		
[{ GT1 }]	Guarantor	6
[{ IN1]	Insurance	6
[IN2]	Insurance Additional Info.	6
[{ IN3 }]	Insurance Additional Info - Cert.	6
[{ ROL }]	Role	12
}}		
[ACC]	Accident Information	6
[UB1]	Universal Bill Information	6
[UB2]	Universal Bill 92 Information	6
[PDA]	Patient Death and Autopsy	3

4.2. ADT_A03 Abstract Message Definition:

This schema is used for Death Notification and Discharge Notification message types.

<u>ADT^A03^ADT A03</u>	<u>ADT Message</u>	<u>Chapter</u>
MSH	Message Header	2
EVN	Event Type	3
PID	Patient Identification	3
[PD1]	Additional Demographics	3
[{ ROL }]	Role	12
PV1	Patient Visit	3
[PV2]	Patient Visit - Additional Info.	3
[{ ROL }]	Role	12
[{ DB1 }]	Disability Information	3
[{ DG1 }]	Diagnosis Information	6
[DRG]	Diagnosis Related Group	6
[{ PR1]	Procedures	6
[{ ROL }]	Role	12
}}		
[{ OBX }]	Observation/Result	7
[PDA]	Patient Death and Autopsy	3

4.3. ORU_R01 Abstract Message Definition:

This schema is used for Laboratory, Radiology and Cardiology Result message types.

<u>ORU^R01</u>	<u>Unsolicited Observation Message</u>	<u>Chapter</u>
MSH	Message Header	2

<u>ORU^R01</u>	<u>Unsolicited Observation Message</u>	<u>Chapter</u>
{		
[
PID	Patient Identification	3
[PD1]	Additional Demographics	3
[{NK1}]	Next of Kin/Associated Parties	3
[{NTE}]	Notes and Comments	2
[
PV1	Patient Visit	3
[PV2]	Patient Visit - Additional Info	3
]		
}		
[
[ORC]	Order common	4
OBR	Observations Report ID	7
{[NTE]}	Notes and comments	2
[CTD]	Contact Data	11
{		
[OBX]	Observation/Result	7
{[NTE]}	Notes and comments	2
}		
[{FT1}]	Financial Transaction	6
[CTI]	Clinical Trial Identification	7
}		
}		
[DSC]	Continuation Pointer	2

4.4. SIU S12_Abtract Message Definition:

This schema is used for Waiting List and Outpatient Appointment message types.

<u>SIU^S12-S24,</u> <u>S26^SIU S12</u>	<u>Schedule Information Unsolicited</u>	<u>Chapter</u>
MSH	Message Header	2
SCH	Schedule Activity Information	10
[{ NTE }]	Notes and Comments	2
[{ PID	Patient Identification	3
[PD1]	Additional Demographics	3
[PV1]	Patient Visit	3
[PV2]	Patient Visit - Additional Info	3
[{ OBX }]	Observation/Result	4
[{ DG1 }]	Diagnosis	6
}		
]		
{ RGS	Resource Group Segment	10
[{ AIS	Appointment Information - Service	10
[{ NTE }]	Notes and Comments	2
}		
]		
[{ AIG	Appointment Information - General	10
[{ NTE }]	Notes and Comments	2
}		
]		
[{ AIL	Appointment Information - Location	10
[{ NTE }]	Notes and Comments	2
}		
]		
[{ AIP	Appointment Information - Personnel	10
[{ NTE }]	Notes and Comments	2
}		
]		
}		

4.5. REF_I12 Abstract Message Definition:

This schema is used for Discharge Summary and Referral message types.

<u>REF^I12-I15^REF I12</u>	<u>Patient Referral</u>	<u>Chapter</u>
MSH	Message Header	2
[RF1]	Referral Information	11
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
{		
PRD	Provider Data	11
[CTD]]	Contact Data	11
}		
PID	Patient Identification	3
[NK1]]	Next of Kin/Associated Parties	6
[GT1]]	Guarantor	6
[
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info -Cert	6
}		
]		
[ACC]	Accident Information	6
[DG1]]	Diagnosis	6
[DRG]]	Diagnosis Related Group	6
[AL1]]	Allergy Information	3
[
{		
PR1	Procedure	6
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
}		
]		
[
{		
OBR	Observation Request	4
[NTE]]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[NTE]]	Notes and Comments	2
}		
]		
}		
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[NTE]]	Notes and Comments	2

5. Appendix HL7 and User Defined Tables

The tables used in the Healthlink Messages fall into three categories.

1. There are tables that are not user definable, i.e. they are strictly defined by HL7 and cannot be redefined. These are used by Fields that are of the ID HL7 data type. These tables are referenced by HL7#### where #### is a four digit numerical code that is allocated by HL7.
2. There are tables that are user definable, however they have been defined by HL7 and allocated a four digit numeric code. These tables are referenced by HL7#### where #### is the digit numerical code. These tables are used by fields of the IS HL7 data type.
3. There User Defined tables that have been defined by organisations outside HL7. An existing HL7 user defined table may have redefined, or a completely new table can be devised. However, if an implementation (such as Healthlink) chooses to do so a new table number must be allocated to the table. The new table code must follow the format 99nnn where n is an alphanumeric character.

5.1. HL7 Tables

5.1.1. HL7 Table 0357 - Message Error Condition Codes

This table is used to populate the fourth component of the ERR.1 field

Error Code	Error Condition Text	Description/Comment
Success		
0	Message accepted	Success. Optional, as the AA conveys success. Used for systems that must always return a status code.
Errors		
100	Segment sequence error	The message segments were not in the proper order, or required segments are missing.
101	Required field missing	A required field is missing from a segment
102	Data type error	The field contained data of the wrong data type, e.g. an NM field contained "FOO".
103	Table value not found	A field of data type ID or IS was compared against the corresponding table, and no match was found.
Rejection		
200	Unsupported message type	The Message Type is not supported.
201	Unsupported event code	The Event Code is not supported.
202	Unsupported processing id	The Processing ID is not supported.
203	Unsupported version id	The Version ID is not supported.
204	Unknown key identifier	The ID of the patient, order, etc., was not found. Used for transactions other than additions, e.g. transfer of a non-existent patient.
205	Duplicate key identifier	The ID of the patient, order, etc., already exists. Used in response to addition transactions (Admit, New Order, etc.).
206	Application record locked	The transaction could not be performed at the application storage level, e.g. database locked.
207	Application internal error	A catchall for internal errors not explicitly covered by other codes.
208	Duplicate Message Filename	The Filename of the message already exists.

Healthlink Codes		
300	Invalid XML	Message is not valid xml document
301	XML Namespace Issue	Unknown xml namespace
302	Schema Validation error	Message cannot be validated against schema
303	Invalid data format – MSH.3	Invalid data format, segment 'MSH.3/HD.1', expected format '[GeneratingSystem].[Middleware].[MessageType]'
304	MSH.9 Message Type Mismatch	Xml root (Ex: <ORU_R01>) Messagetype doesn't match with MSH.9 Values.
305	Invalid REF/RRI Message Type	Invalid data format, segment 'MSH.10', expected format 'REF/RRI[YYYYMMDDHHMMSS][MedicalCouncilNumber]'
306	Invalid Hospital Data Format MSH.4 or MSH.6	Invalid data format, segment 'MSH.4-MSH.6/HD.2', expected format '[HospitalCode]' and not '[HospitalCode].[SomeOtherCode]'
307	Invalid Agency Data Format MSH.4 or MSH.6	Invalid data format, segment 'MSH.4-MSH.6/HD.2', expected format '[GPCCode/AgencyCode/MCNcode]' and not '[GPCCode/AgencyCode/MCNcode].[SomeOtherCode]'
308	Invalid MCN.HLPracticeID Data Format MSH.4 or MSH.6	Invalid data format, segment 'MSH.4-MSH.6/HD.2', expected format '[MCN.HLPracticeID]'
Receiving System Codes		
400	General Message Exception	<p>Detailed error description returned by receiving system. This can contain any exception not captured by codes listed above.</p> <p>e.g. Message cannot be accepted Message was previously submitted</p>

5.2. User Defined Tables

5.2.1. Table 0363 – Assigning Authority

Value	Description
L	Local
LN	LOINC
SCT	Snomed CT
PCRS	Primary Care Re-imbursement Service

5.2.2. Table: 0103 - MSH.11, Processing ID

Value	Description
D	Debugging
P	Production
T	Training

5.2.3. Table 0004 - PV1.2, Patient Class

Value	Description
CA	Patient consent absent
CP	Patient consent present

E	Emergency
I	Inpatient
O	Outpatient
D	Day Case Patient
G	General Practitioner
U	Unknown

5.2.4. Table 0302 - PV1.3/PL.1, Point of Care

Value	Description
MED	Medical
SUR	Surgical
PSY	Psychiatric
MAT	Maternity
PAE	Paediatric
EME	Emergency
OTH	Other

5.2.5. Table 0305 - PV1.3/PL.6, Person Location Type

Value	Description
C	Clinic
D	Department
N	Nursing Unit
O	Provider's Office
H	Home Visit
T	Treatment Centre
P	Doctor Triage (phone)

5.2.6. Table 0023 - PV1.14, Admit Source

Value	Description
1	Physician referral
2	Clinic referral
3	HMO referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency room
8	Court/law enforcement
9	Information not available

5.2.7. Table: 0009 - PV1.15, Ambulatory Status

Value	Description
B6	Pregnant
B7	Not Pregnant
B8	Pregnancy Unknown

5.2.8. Table 0064 - PV1.20, Financial Class

Value	Description
01	Medical Card
02	Public Patient

03	Semi Private Patient
04	Private Patient

5.2.9. Table 0112 - PV1.36, Discharge Disposition

Value	Description
01	Discharged to home or self-care (routine discharge)
02	Discharged/transferred to another short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of Home IV provider
09	Admitted as an inpatient to this hospital
10 ... 19	Discharge to be defined at state level, if necessary
20	Expired (i.e. dead)
21 ... 29	Expired to be defined at state level, if necessary
30	Still patient or expected to return for outpatient services (i.e. still a patient)
31 ... 39	Still patient to be defined at state level, if necessary (i.e. still a patient)
40	Expired (i.e. died) at home
41	Expired (i.e. died) in a medical facility; e.g., hospital, SNF, ICF, or free standing hospice
42	Expired (i.e. died) - place unknown

5.2.10. Table 0326 – PV1.51, Visit Indicator

Value	Description
A	Account level (default)
V	Visit level

5.2.11. Table 0430 - PV2.38, Mode of Arrival Code

Value	Description
A	Ambulance
C	Car
F	On Foot
H	Helicopter
P	Public Transport
O	Other
U	Unknown

5.2.12. Table 0203 - PID.3, CX.5, Identifier Type Code

Value	Description
GMS	General Medical Services Number

GPN	GP Electronic Patient Record Number
MRN	Medical Record Number
PPSN	Personal Social Services Number
CCEI	Central Client Eligibility Index
VHI	Voluntary Health Insurance Number
BUPA	BUPA Number
RAD	Radiology Chart Number
LAB	Laboratory Number
OTH	Other
UNK	Unknown
COOP	Out of Hours Number
RIS	Radiology Information System
CN	Chart Number
PASPID	Patient Admin System Patient ID No
HLID	Healthlink ID
NCIN	National Client Index Number
CSP ID	Cervical Check ID
IHI	Individual Health Identifier for Ireland
HSPI	Health Service Professional Identifier for Ireland

5.2.13. Table 0001 - PID.8, Administrative Sex

Value	Description
M	Male
F	Female
U	Unknown
S	Unspecified

5.2.14. Table 0286 - PRD.1, Provider Role

Value	Description
RP	Referring Provider
PP	Primary Care Provider
RT	Referred To Provider
CP	Consulting Provider

5.2.15. Table 0052 - DG1.6, Diagnosis Type

Value	Description
A	Admitting
W	Working
F	Final

5.2.16. Table 0078 - OBX.8, Abnormal Flags

Value	Description
L	Below low normal
LL	Below lower panic limits
H	Above high normal
HH	Above upper panic limits

<	Below absolute low-off instrument scale
>	Above absolute high-off instrument scale
N	Normal (applies to non-numeric results)
A	Abnormal (applies to non-numeric results)
S	Susceptible. Indicates for microbiology susceptibilities only.
R	Resistant. Indicates for microbiology susceptibilities only.
I	Intermediate. Indicates for microbiology susceptibilities only.

5.2.17. Table 0085 - OBX.11, Observation result

Value	Description
C	Record coming over is a correction and thus replaces a final result
D	Deletes the OBX record
F	Final results; Can only be changed with a corrected result
I	Specimen in lab; results pending
N	Not asked
O	Order detail description only (no result)
P	Preliminary results
R	Results entered -- not verified
S	Partial results
X	Results cannot be obtained for this observation
U	Results status change to final without retransmitting results already sent as 'preliminary
W	Post original as wrong, e.g., transmitted for wrong patient

5.2.18. Table 0127: Allergy Type

Value	Description
DA	Drug allergy
FA	Food allergy
MA	Miscellaneous allergy
MC	Miscellaneous contraindication
EA	Environmental allergy
AA	Animal allergy
PA	Plant allergy
LA	Pollen allergy

5.2.19. Table 0128: Allergy Severity

Value	Description
SV	Severe
MO	Moderate
MI	Mild
U	Unknown

5.2.20. Table 0230: Procedure Functional Type

Value	Description
A	Anesthesia

P	Procedure for treatment (therapeutic, including operations)
I	Invasive procedure not classified elsewhere (e.g., IV, catheter, etc.)
D	Diagnostic procedure

5.2.21. Table 99003: Priority Codes Value

Value	Description
S	With Highest Priority
A	As soon as
R	Routine

5.2.22. Table 0278: SHC.25, Filler Status Code

Value	Description
Pending	Appointment has not yet been confirmed
Waitlist	Appointment has been placed on a waiting list for a particular slot, or set of slots
Booked	The indicated appointment is booked
Started	The indicated appointment has begun and is currently in progress
Complete	The indicated appointment has completed normally (was not discontinued, cancelled, or deleted)
Cancelled	The indicated appointment was stopped from occurring (cancelled prior to starting)
Dc	The indicated appointment was discontinued (DC'ed while in progress, discontinued parent appointment, or discontinued child appointment)
Deleted	The indicated appointment was deleted from the filler application
Blocked	The indicated time slot(s) is(are) blocked
Overbook	The appointment has been confirmed; however it is confirmed in an overbooked state

5.2.23. Table 0074: OBR.24, Diagnostic Service

Value	Description
BLB	Blood bank
BLS	Blood Science
CH	Biochemistry
IMM	Immunology
LAM	Laboratory
MB	Microbiology
RAD	Radiology
SR	Serology
SP	Histology
VR	Virology
CP	Cytology
HIS	Histopathology
END	Endocrinology
ML	Cytology – HPV

6. Appendix: HIQA Discharge Summary 2013 Dataset Requirements

Discharge Summary messages are expected to be formatted in adherence with the HIQA National Standard. This implies:

1. The correct HL7 segments be used where appropriate e.g. DG1, PR1 & AL1 for Diagnosis, Procedures & Allergies.
2. Where HL7 specific segments do not exist data should be grouped appropriately in OBR/OBX segments.
3. Entire discharge details are not outputted into a single OBR/OBX.
4. The National Standard identifies data as mandatory, mandatory where applicable, etc., see summary table below for details.
5. Expect use of coding systems where applicable i.e. SNOMED.

The National Standard for Patient Discharge Summary Information consists of the seven groups of headings: Patient details, Primary care healthcare professional details, Admission and discharge information, Clinical information, Medication information, Follow up and future management, and Person completing discharge summary.

Within each of the group multiple headings are provided. For example, Forename, Surname and Address. For each heading a name, definition and optionality and usage is provided. Optionality refers to whether a heading is mandatory, optional or conditional. Mandatory headings should be included in all discharge summaries. Optional headings may be omitted from a discharge summary if it is not relevant to the particular inpatient stay. Mandatory where Applicable are headings which should be populated if there is information relevant for the patient and the episode of care. Further details on the use of each of the headings are provided in the usage column. Please refer to [HIQA Standard for a Clinical Summary \(Patient Discharge\)](#) for full details.

<i>Section</i>	<i>Name</i>	<i>Segment</i>	<i>Optionality</i>	<i>SNOMED CT</i>
Patient Details	Forename & Surname	PID.5	M	
	Address	PID.11	M	
	Date of Birth	PID.7	M	
	Gender	PID.8	M	
	Health identifier	PID.3	M	
	Discharge destination address	PV1.37	O	
Primary Care Healthcare Prof. details	Forename & Surname	PRD.2	M	
	Address	PRD.3	M	
Admission & Discharge Details	Date of Admission	PV1.44	M	
	Source of Referral	PV1.14	M	
	Method of Admission	PV1.4	M	
	Hospital site	MSH.4	M	
	Date of Discharge	PV1.45	MWA	
	Discharge Method	PV1.36	MWA	
	Patient Died		MWA	
	Date of Death	PID.29	MWA	
	Post-mortem flag		MWA	
Clinical Narrative	Pertinent Clinical Information	OBR	MWA	371534008: Summary report
	Diagnoses	DG1	MWA	439401001: Diagnosis
	Operations and Procedures	PR1	MWA	387713003: Surgical procedure

	Clinical Alerts	OBR	MWA	80943009: Risk factor
	Allergies	AL1	MWA	609328004: Allergic disposition
	Adverse Events	OBR	MWA	281647001: Adverse reaction
	Hospital Course	OBR	M	Inpatient care: 394656005
	Relevant Investigations and Results	OBR	MWA	386053000: Evaluation procedure
	Relevant Treatments and changes made in Treatments	OBR	MWA	182991002: Treatment given
	Diet	OBR	MWA	41829006: Dietary finding
	Functional State	OBR	MWA	304492001: Activities of daily living assessment
	Immunisations	OBR	MWA	33879002: Immunization
	Infection Control Status	OBR	MWA	424228003: Infection control status
Medication Details	Medication on Discharge	OBR	M	18629005: Medication treatment
	Medication stopped or withheld	OBR	M	182838006: Change of medication
Future Management	Hospital Actions	OBR	MWA	308273005: Follow-up status
	GP Actions	OBR	MWA	183561008: Referral to general practitioner
	Social Care Action	OBR	MWA	185283008: Seen by social worker:
	Information given to patient and carer	OBR	MWA	103313004: Patient given information
	Advice, Recommendations, Future Plan	OBR	MWA	103311002: Patient advised to 183049006: Patient given advice
Person(s) Completing Discharge	Forename & Surname	PRD.2	M	
	Contact Number	PRD.5	M	
	Job Title		M	
	Professional Body Registration Number	PRD.7	M	
	Signature		M	
	Copies to		O	
	Date of completion of DS		M	
	Consultant sign-off		O	
	Date of consultant sign-off		O	
	Discharging consultant's name	PV1.9	M	
	Discharge specialty		M	
	Document Reference number		O	

* Optionality:

- M: Mandatory
- O: Optional
- MWA: Mandatory Where Applicable