

Australian/New Zealand Standard™

**Implementation of Health Level Seven
(HL7) Version 2.3.1**

**Part 3: Electronic messages for
exchange of information on drug
prescription**



AS/NZS 4700.3:2002

This Joint Australian/New Zealand Standard was prepared by Joint Technical Committee IT-014, Health Informatics. It was approved on behalf of the Council of Standards Australia on 26 June 2002 and on behalf of the Council of Standards New Zealand on 1 October 2002. This Standard was published on 25 October 2002.

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- Pharmacy system vendors
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Australian/New Zealand Standard™

Implementation of Health Level Seven (HL7) Version 2.3.1

Part 3: Electronic messages for exchange of information on drug prescription

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PREFACE

This Standard was prepared by the Joint Standards Australia/Standards New Zealand Committee IT-014, Health Informatics, in response to requests from the health informatics community. It covers implementation of the Health Level Seven (HL7) Version 2.3.1 protocol, for communication in Australia and New Zealand between prescribers, dispensers and their healthcare trading partners.

This Standard incorporates Amendment No. 1 (June 2006). The changes required by the Amendment are indicated in the text by a marginal bar and amendment number against the clause, note, table, figure or part thereof affected.

This Standard is a revision of AS/NZS 4700.3:1999, based on changes between HL7 Version 2.3 and HL7 Version 2.3.1. The 1999 edition will remain available for 12 months after the publication of this revision.

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This Standard was reviewed and amended in 2006 to achieve compatibility with AS 4700.3—2005 in compatibility of code sets and medication list functionality.

The previous edition of this Standard was based on an object-oriented data model that identified the players that needed to communicate with each other in a preferred electronic future. Since then, the Standard has been implemented and its value confirmed.

Information transferred between the objects are known as ‘interchanges’, for the convenience of system users, and these are grouped together into functional messages, for the benefit of systems developers. The main groups of data required for each functional message were identified before consideration of message syntax.

HL7 is a healthcare application protocol accredited as a Standard by the American National Standards Institute (ANSI). ‘Level Seven’ refers to the highest level of the International Organization for Standardization (ISO) communications model for Open Systems Interconnection (OSI)—the application level. Issues within the application level include definition of the data to be exchanged, the timing of the exchange and communication of certain errors to the application. This level supports such functions as security checks, identification of the participants, availability checks, negotiating exchange mechanisms and, importantly, structuring the data exchanges themselves.

HL7 focuses on the interface requirements of the entire healthcare organization. It allows development along the fastest possible track to the unique requirements of already installed hospital and departmental systems, some of which use mature technologies.

Australia and New Zealand already have an existing base of healthcare institutions that use the HL7 protocol to exchange key sets of data between different computer application systems. While HL7 is concerned with addressing immediate needs, there is a very strong focus on convergence with other Standards development activities in the United States of America and international HL7 initiatives in countries such as Canada, Finland, Germany, India, Japan, the Netherlands, South Africa and the United Kingdom.

The HL7 protocol is a collection of standard formats that specify the implementation of interfaces between computer applications. It is not rigid. Flexibility is built into the protocol to allow compatibility for specialized data sets that have facility-specific needs. One of HL7’s strengths is its inbuilt flexibility. However, that flexibility is also one of its weaknesses. It is open to misinterpretation in its structure and format. HL7 is based on the health environment in the USA. Implementation of the HL7 Version 2.3.1 Standard in the Australian and New Zealand health environments requires a common and consistent approach.

A number of meetings were convened involving representatives from a wide range of organizations in the health sector and from others interested in the health sector. The organizations represented in pharmacy came from State Pharmacy Boards, the Pharmaceutical Society of Australia, Pharmacy Guild, Society of Hospital Pharmacists, various levels of the pharmaceutical industry, community and Defence pharmacy. The medical profession was represented by clinicians and administrators, and other health professionals were represented at various times. The software industry, business consultancies, academia, the engineering profession and the Consumer Health Forum also participated. A very thorough object model was developed to identify all potential information interchanges between participants, not only directly in the passing of prescriptions, but also in the seeking and providing drug information, reporting adverse drug reactions, and seeking authorization and notifying dispensing of specific drugs.

The purpose of this model was to determine how well HL7 would address Australian and New Zealand needs, which were deliberately ambitious, and then to determine how each identified requirement would be satisfied by HL7.

An arbitrary border was placed around the area of interest, since it is conceivable that every piece of knowledge is in some way related to a medical prescription! It was decided that the manufacturer of drugs lay on the border, and that advising the manufacturer of an adverse drug reaction lay inside the area of interest, but that ordering supplies from a manufacturer lay outside. The purpose of this limitation was to limit the interchanges considered—it in no way limits HL7 usage per se.

In this document, frequent reference is made to AS 4700.1—2001, *Implementation of Health Level Seven (HL7) Version 2.3.1 Part 1: Patient administration* which covers the implementation of HL7 Version 2.3.1 for patient administration within and between Australian healthcare settings. AS 4700.1 provides an important foundation for the building of most clinical healthcare messages.

The IT-014-06-04, Prescription Messages working group has reviewed and interpreted data segments and data elements that are mandatory (required), conditional (required, based on a condition) or optional, and relevant usage notes in the Australian and New Zealand health environments.

In preparation of this Standard, cognizance was taken of the work being done by other parties with regard to patient confidentiality and adverse drug reactions.

A1

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CONTENTS

	<i>Page</i>
1 SCOPE.....	5
2 APPLICATION	5
3 REFERENCED AND RELATED DOCUMENTS.....	6
4 DEFINITIONS.....	7
5 OVERVIEW	12
6 MESSAGES.....	28
7 MESSAGE SEGMENTS	49

STANDARDS AUSTRALIA/STANDARDS NEW ZEALAND

Australian/New Zealand Standard **Implementation of Health Level Seven (HL7) Version 2.3.1**

Part 3: Electronic messages for exchange of information on drug prescription

1 SCOPE

This Standard covers implementation of electronic messages for exchange of information on drug prescriptions using the Health Level Seven (HL7) Version 2.3.1 protocol.

This Standard does not deal with commercial transactions with suppliers.

This Standard provides consistent use of data definitions as well as commentary and references to the International Organization for Standardization (ISO) and the National Health Data Dictionary.

For the purposes of this Standard, only human patients are considered.

2 APPLICATION

2.1 General

This Standard is a guide for use by health authorities, healthcare providers, healthcare institutions, health information technology vendors, health information technology consultants, the health informatics community and the general public.

Australia and New Zealand already have an existing base of healthcare institutions that use the HL7 protocol to exchange key sets of data between different computer application systems. However, because of HL7's inbuilt flexibility, it is open to misinterpretation in structure and format. Implementation of the HL7 Standard in the Australian and New Zealand health environments requires a common and consistent approach.

This is not a stand-alone document. A good understanding and, preferably, working knowledge of HL7 is essential, as this Standard is based on and frequently refers to the HL7 Version 2.3.1 Protocol.

2.2 Alert Variance to HL7 2.3.1 Field Lengths

The Better Medication Management System (BMMS) specifies either the exact or maximum lengths that are acceptable to BMMS applications. In some instances these exceed HL7 2.3.1 length but are within the specified field lengths as defined in Version 2.4. These occurrences are notated in the specifications. For all other instances developers need to ensure that no more than the BMMS maximum lengths are sent as truncation will occur.