

Australian Standard[®]

**Implementation of Health Level Seven
(HL7) Version 2.4**

Part 1: Patient administration



This Australian Standard® was prepared by Committee IT-014, Health Informatics. It was approved on behalf of the Council of Standards Australia on 16 May 2005. This Standard was published on 13 July 2005.

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Part 1: Patient administration

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PREFACE

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This Standard was prepared by the Standards Australia Committee IT-014, Health Informatics, in response to requests from the health informatics community. It covers implementation of Chapter 3 of the Health Level Seven (HL7) Version 2.4 protocol and is based on AS 4700.1—2002, *Implementation of Health Level Seven (HL7) Version 2.3.1, Part 1: Patient administration* and incorporates the differences between HL7 Version 2.3.1 and HL7 Version 2.4. AS 4700.1—2002, HL7 Version 2.3.1 and AS 4700.1—1998, HL7 Version 2.3 will remain current standards.

This Standard incorporates Amendment No. 1 (March 2006) and Amendment No. 2 (December 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.

The objective of this Standard is to enable the greatest degree of standardization possible in the exchange of patient administration data among various healthcare computer applications in Australia using HL7 Version 2.4.

HL7 is a health care application protocol accredited as a Standard by the American National Standards Institute (ANSI). ‘Level Seven’ refers to the highest layer of the International Organization for Standardization (ISO) communications model for Open Systems Interconnection (OSI), the application layer. 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 layer 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 health care organization. It allows development along the fastest possible track to the unique requirements of already installed health care systems, some of which use mature technologies.

Australia already has an existing base of health care 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 USA 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, it 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 2.4 protocol in the Australian health environment requires a common and consistent approach.

The term ‘informative’ has been used in this Standard to define the application of the appendix to which it applies. An ‘informative’ appendix is only for information and guidance.

Standards Australia wishes to thank the Department of Health and Ageing for their continued financial support in helping us to achieve our aims.

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