## **IHE Change Proposal**

## **Tracking Information**

IHE Domain	Patient Care Devices
Change Proposal ID	CP-PCD-050-00
Change Proposal Status	Ballot
Date of last update	2011-04-01
Person assigned	John Rhoads

## **Change Proposal Summary Information**

Title:	Update Table of Data Types in A.5 for HL7 v. 2.6 and correct typographical errors
Submitter's Name(s) and e-mail address(es):	John Rhoads
Submission Date:	2011-04-01
Integration Profile(s) affected:	all
Actor(s) affected:	all
IHE Technical Framework or Supplement modified:	Technical Framework Final Text
Volume(s) and Section(s) affected:	vol. 2, A.5 and typos in other sections
Rationale for Change: Table of Data types in Appendix section A.5 had a typo (CD which is not a data type) and lacked some HL7 v.3.7 types such as CWE and CNE	

A.5 omissions - see "Track Changes" in Word document

typos - see "Track Changes" in Word document and list below for details

 $\textbf{From:} \ \, \textbf{Al Engelbert [mailto: } \underline{\textbf{aleng@protolink.com}} \ \, \textbf{]}$ 

Sent: Tuesday, March 29, 2011 4:51 PM

To: Rhoads, John

Subject: RE: [ihepcdtech:724] Technical Framework Volume 2 Final Text for Technical Committee review

I have a few observations. Nothing earth shattering, but here goes:

- In Section 3.3.4.4.1 (MSH Message Header Segment)
  - The paragraphs for MSH-15 and MSH-16 could probably be eliminated, as their content is essentially repeated in Appendix B.1 MSH – Message Header Segment
    - I'm guessing that they were probably in 3.3.4.4.1 from when there was mention of the "special considerations" in PCD-03.
- In Section 3.3.4.4.8 (OBX Observation/Result segment)
  - o In the subsection for OBX-18 (Equipment Instance Identifier)
    - In the second to last paragraph, a reference to IE-4 should be EI-4
- In Section A.2 (Values Type in HL7 OBX-2)
  - o The table A.2-1 should be updated for HL7 v2.6
    - Examples: CD is invalid (probably should have been CE all along, since the description says 'Coded Entry'), and CWE should be added
- In Section B.1 (MSH Message Header Segment)
  - o In the subsection for MSH-21 (Message Profile Identifier)
    - The first paragraph should be reworded to remove the improper grammar (replace "...Committee and that the ..." with "...Committee and the ..."
- In Section B.5 (PID Patient Identification segment)
  - o In the section for PID-3 (Patient Identifier List)
    - The new text in the second paragraph suggests the PID-3.4 and PID-3.5 are no longer required ("...if the normal practice of the institution is to include them in ADT messages."), yet in Appendix C.3 (CX Data Type), those fields are still marked as required
- In Section B.7 (OBR Observation Request segment)
  - o In the section for OBR-2 (Placer Order Number)
    - The last paragraph of the section references HL7 V2.5 instead of 2.6
  - o In the section for OBR-4 (Universal Service ID)
    - The last paragraph of the section references HL7 V2.5 instead of 2.6
- In Section B.9 (ORC Common Order Segment)

- o In the section for ORC-2 (Placer Order Number)
  - The last paragraph of the section references HL7 V2.5 instead of 2.6
- In Section C.5 (Entity Identifier (EI) Data Type)
  - o In the subsection for "Identifying with an EUI-64"
    - For clarity, the last sentence could be replaced by "The Universal ID Type (EI-4) contains the value EUI-64."
  - o In the subsection for "Identifying with a DSN"
    - The two references to DSN should be DNS

I would say that the only ones that could causes issues with implementers or validation tools developers are the ones in Sections A.2 and B.5.