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STAR 2000™

STAR PATIENT CARE
Vendor Specifications for the Medical Record Transcription Interface

Release 17.0
October 2011

C17000381

Publication date

October 2011

Produced in Cork, Ireland

Product and version

STAR 2000 Release 17.0

Publication number

C17000381

Reader comments

Any comments or suggestions regarding this publication are welcomed and should be forwarded to the attention of

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Preface

This document provides transcription system vendors with specifications for the STAR Patient Care Medical Record Transcription Interface. This interface provides Medical Record departments with a generic interface based on Health Level Seven® (HL7®) standards and Transmission Control Protocol/Internet Protocol (TCP/IP) communication. The transcription interface is based on HL7 version 2.1 or later.

The specifications in this guide are designed to ensure that the standard interface is operational with any transcription vendor. Separate chapters of this document provide specifications relating to STAR-to-vendor transactions, vendor-to-STAR transactions, and query functionality and format.

Table of Contents

Introduction

The STAR Medical Records Transcription Interface to the vendor's transcription system is a two-way online HL7 interface that transmits:

- Admission, discharge, and transfer (ADT) data outbound from STAR Patient Care to the vendor's transcription system
- Document header data inbound from the vendor to STAR
- An updated document header with electronic signature information
- User-generated queries to view transcribed documents

The transcription interface is based on HL7 version 2.1 or higher.

The document header record *does not* contain the actual transcribed text. It is maintained in an index within STAR in order to update STAR Chart Deficiency, STAR Clinical Browser, and Horizon*WP*® Physician Portal, as well to create HL7 queries for report viewing and printing via STAR.

STAR Patient Care is the **master** of ADT data. Any updates to any MPI- or ADT-related data are performed by STAR and re-transmitted to the vendor. This preserves the integrity of the ADT data between STAR and the transcription vendor.

The vendor is the **master** of the transcription data. Any updates to transcription information are performed by the vendor and the document header information is re-transmitted to STAR.

ASSUMPTIONS/CAUTIONS/LIMITATIONS

- McKesson takes no ownership of the integrity of the data sent from the transcription system. The transcription vendor is solely responsible for the integrity of the transcription document information.

- Any table in STAR that is utilized in the transcription interface must have corresponding valid values in the transcription system. For example, the Physician Master must be kept in sync across the two systems.

- ADT information that has been transmitted to the transcription system and updated within that system is *not* transmitted back to STAR.

- Transcribed reports are *not* maintained by nor stored in STAR. All reports are maintained in the transcription system.

- A report is available for viewing and printing via STAR only for as long as that report is available in the transcription system.

- Updates or changes to transcribed reports (other than the attachment of an electronic signature) *cannot* be done via STAR.

- Reports that are viewed and/or printed via STAR are in ASCII format and *do not* appear in the same word processing format (i.e., WordPerfect®, Microsoft® Word, etc.) as found in the transcription system.

- McKesson does not maintain a transcription system at the corporate office; thus, beta testing is frequent.

- It is assumed that the customer's transcription vendor of choice follows the HL7 guidelines and format as outlined in the vendor specifications document. Failure to do so will result in a customized version of the transcription interface. McKesson will not change the base interface to be specific to any one vendor.

FEATURES/FUNCTIONALITY

Following are the included features/functionality:

- Online HL7 transactions for both the transmission of ADT information from STAR Patient Care and of document header information from the vendor.
- Ability to view, print, and/or electronically sign transcribed reports from the vendor via STAR.
- Ability to update the transcription system with an electronic signature and date and time.

COLUMN HEADING DEFINITIONS

The following chapters of this document present tables that list elements included in various segments of the interface. The column heading definitions presented here apply to each segment table.

SEQ
This column contains a sequence ID used to identify the position of the data field within the segment. The identifier is a positive, non-zero integer.

LEN
This column indicates the maximum number of characters one occurrence of the data field may occupy in any message.

DT
This column identifies the type of data in this field, and indicates the restrictions on the contents of the data field. Specific data types are defined in this document only for the TXA segment.

R/O
This column indicates the options available in a data element. The designations are

- **R** - Indicates this data element is required and the message segment cannot be transmitted without the presence of this field.
- **O** - Indicates this data element is optional and the message segment can be transmitted with or without the presence of this field.
- **C** - Indicates this data element is conditional. The message segment can be transmitted with or without the presence of this field. This is dependent on the trigger event or the presence of another piece of data in the segment.

RP/#
This column indicates whether this a repeating field. The designations are

- **N** - No repetition
- **Y** - The field may redisplay an indefinite, or site-determined, number of times. The pound sign (**#**) indicates the number of times this field can repeat.

TBL#
This column contains the table number as assigned by the HL7 Executive Committee. As of this time, the transcription-related messages and segments are still under review; therefore, table numbers have not been assigned. Instead, “xxxx” displays here.

ITEM #
This column contains the item number associated with the element. As of this time, the transcription related messages and segments are still under review; therefore all item numbers have not been assigned.

ELEMENT NAME
This column contains the unique identifying name of the field.

Chapter 1 - STAR-TO-VENDOR TRANSACTION EVENTS

INTRODUCTION

You, the vendor, should use this chapter to document the ADT data elements required by individual customers for use with their transcribed reports. This chapter presents tables that list the elements included in each segment transmitted as a result of a message. The last column in each table, FAC USE, is for your use. In each table, place a checkmark (√) in rows containing elements used by the facility in the interface. Element usage can vary by customer.

STAR uses colons (:) as delimiters between elements. For example, the elements Electronic Signature and Date/Time are transmitted as code;name:date/time.

STAR uses semicolons (;) as delimiters in elements that have multiple components. For example, Patient Name is transmitted as last;first;middle;entitle.

SUPPORTED MESSAGES

The STAR-to-Vendor ADT Interface is the base-supported online HL7 interface for STAR Releases 16.1 and later. The interface supports the following messages:

NOTE: The messages and segments in the table below are from the *Health Level Seven Implementation Support Guide for HL7 Standard Version 2.3*, © 1998. Your facility must determine which HL7 version and segments should be used in its interface.

MESSAGE	SEGMENT
A01-Admit a Patient	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information Z__
A02-Transfer	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information

MESSAGE	SEGMENT
A03-Discharge	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role OBX Health Information
A04-Register a Patient	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information

MESSAGE	SEGMENT
A05-Pre-Admit a Patient	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information

MESSAGE	SEGMENT
A06-Change Patient Type (Transfer an Outpatient-to-Inpatient)	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics MRG Merge Information NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information

MESSAGE	SEGMENT
A07-Change Patient Type (Transfer an Inpatient-to-Outpatient)	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics MRG Merge Information NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information

MESSAGE	SEGMENT
A08-Update Patient Information	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information Z__
A11-Cancel Admit	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information DG1 Diagnosis Information

MESSAGE	SEGMENT
A12-Cancel Transfer	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information DG1 Diagnosis Information
A13-Cancel Discharge	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics NK1 Next of Kin PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information AL1 Allergy Information DG1 Diagnosis Information DRG Diagnosis Related Group PR1 Procedures ROL Role GT1 Guarantor Information IN1 Insurance Information IN2 Insurance Information (Additional Info.) IN3 Insurance Information (Cert.) ACC Accident Information UB1 Universal Bill Information UB2 Universal Bill 92 Information

MESSAGE	SEGMENT
A17-Simultaneous Transfer (Swap Patients)	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information PID Patient Identification PD1 Additional Demographics PV1 Patient Visit PV2 Patient Visit (Additional Info.) DB1 Disability Information OBX Health Information
A18-Merge Patient Information	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics MRG Merge Information PV1 Patient Visit
A34-Unit Number Change (Merge Patient Information - ID Only)	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics MRG Merge Information
A36-Transfer Visit (Merge Patient Information - Patient ID & Account Number)	MSH Message Header EVN Event Type PID Patient Identification PD1 Additional Demographics MRG Merge Information
T01-Transcription Electronic Signature (Original Document Notification)	MSH Message Header EVN Event Type PID Patient Identification PV1 Patient Visit TXA Document Notification

STAR-TO-VENDOR HL7 SEGMENT LAYOUTS

MSH-01 Message Header

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME	FAC USE
1	4	ST	R			00509	Encoding Characters	
2	15	ST				00006	Sending Application	
3	20	ST				00512	Sending Facility	
4	15	ST				00009	Receiving Application	
5	30	ST				00513	Receiving Facility	
6	19	TS				00010	Date/Time of Message	
7	40	ST				00008	Security	
8	7	ID	R		0076	00012	Message Type	
9	20	ST	R			00003	Message Control ID	
10	1	ID	R		0103	00014	Processing ID	
11	8	NM	R		0104	00015	Version ID	
12	15	NM				00633	Sequence Number	
13	180	ST				00699	Continuation Pointer	

NOTE: Seq 10 Processing ID:

- P = Live/Production
- D = Testing
- T = Alternate Testing

For Sequence 11, Version ID, the vendor version must match the STAR version.

EVN-01 Event Type

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	3	ID	R		0003	00029	Event Type Code	
2	19	TS	R			00030	Date/Time of Event	
3	19	TS				00032	Date/Time Planned Event	
4	3	ID			0062	00369	Event Reason Code	

PID-01 Patient ID Information

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI				00572	Set ID - Patient ID	
2	16	CK			0061	00581	Patient ID (External ID)	
3	16	CK	R		0061	00034	Patient ID (Internal ID)	
4	12	ST				00038	Alternate Patient ID	N/A
5	48	PN	R			00041	Patient Name	
6	30	ST				00582	Mother's Maiden Name	
7	8	DT				00043	Date of Birth	
8	1	ID			0001	00042	Sex	
9	48	PN		Y		00597	Patient Alias	
10	1	ID			0005	00044	Ethnic Group	
11	106	AD				00020	Patient Address	
12	4	ID				00026	County Code	
13	40	TN		Y 3		00049	Phone Number - Home	
14	40	TN		Y 3		00050	Phone Number - Business	
15	25	ST				00464	Language - Patient	
16	1	ID			0002	00046	Marital Status	
17	3	ID			0006	00045	Religion	
18	20	CK			0061	00035	Patient Account Number	
19	16	ST				00457	SSN - Patient	
20	25	CM				00453	Driver's Lic Num - Patient	N/A

Selected Seq Explanations

2. PATIENT ID (EXTERNAL ID)
This is the patient's corporate number in STAR.

3. PATIENT ID (INTERNAL ID)
This is the patient's unit number (medical record number) in STAR. The facility *must* use this element in the interface. This number is formatted as unit#;;;facility indicator (one character). The length of the number must match the length of the number in STAR.

5. PATIENT NAME
This is formatted as last;first;middle;entitle.

11. PATIENT ADDRESS
This is formatted as address1;address2;city;state;zip;country.

18. PATIENT ACCOUNT NUMBER
This is formatted as acct#;;;facility indicator (one character). The length of the number must match the length of the number in STAR.

19. SSN (PATIENT)
This is the patient's social security number formatted as NNN-NN-NNNN.

NOTE: Display of the social security number may be masked or partially masked, depending on your facility's settings.

NK1-01 Next of Kin

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI	R			00712	Set ID - Next of Kin	
2	48	PN				00048	Next of Kin Name	
3	15	ST			0063	00047	Next of Kin Relationship	
4	106	AD				00225	Next of Kin Address	
5	40	TN		Y		00230	Next of Kin Phone Number	

PV1-01 Patient Visit

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI				00458	Set ID - Patient Visit	
2	1	ID	R		0004	00052	Patient Class	
3	12	ID	R		0079	00053	Assigned Patient Location	
4	2	ID			0007	00218	Admission Type	
5	20	ST				00219	Pre-Admit Number	
6	12	ID			0079	00056	Prior Patient Location	
7	60	CN			0010	00057	Attending Doctor	
8	60	CN			0010	00579	Referring Doctor	
9	60	CN		Y	0010	00580	Consulting Doctor	
10	3	ID			0069	00059	Hospital Service	
11	12	ID			0079	00060	Temporary Location	
12	2	ID			0087	00220	Pre-Admit Test Indicator	
13	2	ID			0092	00221	Re-Admission Indicator	
14	3	ID			0023	00063	Admit Source	
15	2	ID			0009	00064	Ambulatory Status	
16	2	ID			0099	00193	VIP Indicator	
17	60	CN			0010	00189	Admitting Doctor	
18	3	ID			0018	00191	Patient Type	
19	4	NM				00194	Visit Number	
20	11	ID		Y 4	0064	00195	Financial Class	

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
21	2	ID			0032	00199	Charge Price Indicator	
22	2	ID			0045	00386	Courtesy Code	
23	2	ID			0046	00200	Credit Code	
24	2	ID		Y	0044	00201	Contract Code	
25	8	DT		Y		00202	Contract Effective Date	
26	12	NM		Y		00203	Contract Amount	
27	3	NM		Y		00204	Contract Period	
28	2	ID			0073	00387	Interest Code	
29	1	ID			0110	00205	Transfer to Bad Debt Code	
30	8	DT				00388	Transfer to Bad Debt Date	
31	10	ST			0021	00206	Bad Debt Agency Code	
32	12	NM				00389	Bad Debt Transfer Amount	
33	12	NM				00390	Bad Debt Recovery Amount	
34	1	ID			0111	00207	Delete Account Indicator	
35	8	DT				00208	Delete Account Date	
36	2	ID			0112	00613	Discharge Disposition	
37	2	ID			0113	00614	Discharged to Location	
38	2	ID			0114	00615	Diet Type	
39	2	ID			0115	00616	Servicing Facility	
40	1	ID			0116	00671	Bed Status	
41	2	ID			0117	00703	Account Status	
42	12	ID			0079	00704	Pending Location	
43	12	ID			0079	00705	Prior Temporary Location	
44	19	TS				00775	Admit Date/Time	
45	19	TS				00776	Discharge Date/Time	
46	12	NM				00777	Current Patient Balance	
47	12	NM				00778	Total Charges	
48	12	NM				00779	Total Adjustments	
49	12	NM				00780	Total Payments	

Selected Seq Explanations

3. ASSIGNED PATIENT LOCATION
The is the station;room;bed;;;overflow indicator. In STAR, the length of the station identifier is 3,the room identifier is 4, and the bed identifier is 2.

7. ATTENDING DOCTOR
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface. The format is code;last;first;middle initial;;;degree.

8. REFERRING DOCTOR
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface. In STAR, Referring Doctor can be entered as free-form text (that is, without a code). If a physician name has been typed in free form, the text is transmitted, but no code is included. The format is code;last;first;middle initial;;;degree.

9. CONSULTING DOCTOR
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface. The format is code;last;first;middle initial;;;degree.

10. HOSPITAL SERVICE
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface.

17. ADMITTING DOCTOR
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface. The format is code;last;first;middle initial;;;degree.

18. PATIENT TYPE
Depending on the vendor, this may be a code-table-driven field. If it is, the vendor must have matching codes built in the transcription system in order to translate the values sent across the interface.

20. FINANCIAL CLASS
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface.

36. DISCHARGE DISPOSITION
This is a code-table-driven field. The vendor must have matching codes built in the transcription system in order to translate the values sent across the interface.

44. ADMIT DATE/TIME
The date and time the patient was admitted to the hospital.

45. DISCHARGE DATE/TIME
The date and time the patient was discharged from the hospital.

TXA-01 Document Notification Segment

At the time the TXA message segment was developed, it was under review by the HL7 Health Information Technical Committee for inclusion in the 3.0 version of HL7 standards. It has since been approved. However, minor differences require the vendor to follow the specifications for transmission of the report header outlined here.

Some of the tables referred to in the segment have a table number of XXXX. Until approval of this message segment is obtained by the HL7 membership, a table number cannot be assigned. Currently, the tables involved are not utilized by STAR in this interface, so the lack of a table number does not affect the interface.

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI	R				Set ID - Transcription	
2	6	ID	R				Report Type	
3	30	ST	O				Document Content Presentation	
4	8	DT	O				Activity Date	
5	60	CN	C				Primary Activity Caregiver	
6	19	TS	O				Origination Date/Time	
7	19	TS	C				Transcription Date/Time	
8	19	TS	O	Y			Edit Date/Time	
9	60	CN	O				Originator Code/Name	
10	60	CN	C				Document Authenticator #1	
11	60	CN	O				Document Authenticator #2	
12	60	CN	O				Document Authenticator #3	
13	48	ST	O				Transcriptionist	
14	30	ST	C				Unique Document Number	
15	30	ST	O				Parent Document Number	
16	30	ST	O				Document File Name	
17	2	ID	R		XXXX		Document Status	
18	2	ID	R		XXXX		Document Succession Status	
19	60	CN	O				Authenticated by Code/Name	
20	19	TS	C				Authenticated Date/Time	

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
21	60	CN	O	Y/N			Distributed Copies (Code and Name of Recipients)	

Seq Explanations

1. SET ID DOCUMENT
This field distinguishes the transcription segment from others in the same message.

2. REPORT TYPE
This field contains a report identifier used in the transcription system. For examples, if the code for a History and Physical is HP, then HP is transmitted in this field. A report type code can be up to 30 alphanumeric characters. This element is required.

3. DOCUMENT CONTENT PRESENTATION
This field identifies the method by which this document was obtained.

In HL7, this is a table-driven field. The following tables lists the valid codes.

Document Content Presentation	
Value	**Description**
FX	Facsimile
SC	Scanned
VO	Voice
TX	Text
MM	Multimedia
DG	Digital
VI	Video
SO	Sound

McKesson does not currently use this element. The system assumes all documents are *text.*

4. ACTIVITY DATE
This field contains the date identified in the document as the date a procedure or activity was performed. This date can identify the date of surgery, non-invasive procedure, consultation, examination, and so on.

5. PRIMARY ACTIVITY PROVIDER CODE/NAME
This field contains the person identified in the document as responsible for performing the procedure or activity. This field can include the code and name (if available) of the

provider. The provider identified in this field is not automatically assumed to be the person responsible for authenticating the report. This field is conditional based upon the presence of a Procedure Date (item #xxxxx).

6. ORIGINATION DATE/TIME
This field contains the date and time the report was originated (dictated). This information is stored in STAR.

7. TRANSCRIPTION DATE/TIME
The Transaction Date/Time is the date and time the report was actually transcribed and/or released by the transcriptionist.

8. EDIT DATE/TIME
This field contains the date and time the report was edited. The unique document number enables the receiving system to associate the edit date and time with a previously received report header. Therefore, this element should be present whenever a document is resent with the same unique document number.

9. ORIGINATOR CODE/NAME
This field identifies the person who originated (dictated) the report. The document originator may differ from the person responsible for authenticating the report.

10-12. DOCUMENT AUTHENTICATOR
These fields identify all persons responsible for signing the report. The TXA segment includes three Document Authenticator fields, to accommodate up to three signatures per report. In some larger teaching facilities, more than one individual may be responsible for authenticating the document.

13. TRANSCRIPTIONIST CODE/NAME
This field identifies the transcriber of the report.

14. UNIQUE DOCUMENT NUMBER (UDN)
This field contains the unique document number (UDN) assigned by the transcription system. The UDN is used in STAR as the basis for setting up the report header index, which is used for report queries. The UDN is also used to match future updates to the document. If the transcription vendor does not provide a UDN, some type of unique document identifier must be entered here, such as the document file name. In order to ensure uniqueness and maintain a usable document index, this number should never be reused.

15. PARENT DOCUMENT NUMBER
This field contains the document number that identifies the parent document to which this document belongs. The parent document number can be used to assist the receiving system in matching future updates to this document. Not all documents have a parent document. McKesson does not use this element.

16. DOCUMENT FILE NAME
This field contains the unique name assigned to a document by the transcription system. The file name is used to assist the receiving system in matching future

updates to the document. In order to ensure uniqueness and maintain a usable document index, this name should not be reused. McKesson does use this element.

17. DOCUMENT STATUS

This field identifies the current state of the document. McKesson does not use this element. However, the transcription vendor may hard code a status of **PR** for Preliminary. Here is a list of valid codes:

Document Status	
Value	**Description**
OR	Original
RE	Revision
DE	Deletion/Cancellation
AP	Appended

18. DOCUMENT SUCCESSION STATUS

This field identifies a change in the state of a previously transcribed report. McKesson does not use this element. However, the vendor may hard-code a status of **O** for Original. Here is a list of valid codes:

Document Succession Status	
Value	**Description**
OR	Original
RE	Revision
DE	Deletion/Cancellation
AP	Appended

19. AUTHENTICATED BY

This field identifies the person who has electronically (or manually) authenticated the transcribed report. This information may be obtained either by the STAR system and transmitted to the vendor or vice versa.

20. AUTHENTICATED DATE/TIME

This field identifies the date and time the transcribed report was electronically (or manually) authenticated. This information may be obtained either by STAR and transmitted to the vendor or vice versa.

21. DISTRIBUTED COPIES

This field identifies persons who received a copy of this document. McKesson does not use this element.

DG1-09 Admitting Diagnosis

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	FAC USE
1	4	SI	R			00506	Set ID - Diagnosis	
2	2	ID	R		0053	00394	Diagnosis Coding Method	
3	8	ID			0051	00293	Diagnosis Code	
4	40	ST				00294	Diagnosis Description	
5	19	TS				00295	Diagnosis Date/Time	
6	2	ID	R		0052	00297	Diagnosis/DRG Type	
7	4	ST			0118	00298	Major Diagnostic Category	
8	4	ID			0055	00299	Diagnostic Related Group	
9	2	ID				00373	DRG Approval Indicator	
10	2	ID			0056	00374	DRG Grouper Review Code	
11	2	ID			0083	00375	Outlier Type	
12	3	NM				00300	Outlier Days	
13	12	NM				00376	Outlier Cost	
14	4	ST				00781	Grouper Version and Type	

Selected Seq Explanations

3. DIAGNOSIS CODE

The ICD-9-CM code associated with the admitting diagnosis.

4. DIAGNOSIS DESCRIPTION

The ICD-9-CM description for the admitting diagnosis or a free-form override of the admitting diagnosis.

IN1-01 Insurance

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	FAC USE
1	4	SI	R			00234	Set ID - Insurance	
2	8	ID	R		0072	00378	Insurance Plan ID	
3	6	ST	R			00235	Insurance Company ID	
4	45	ST				00236	Insurance Company Name	
5	106	AD				00237	Insurance Company Address	
6	48	PN				00242	Insurance Company Contact Person	
7	40	TN				00243	Insurance Company Phone Number	
8	12	ST				00248	Group Number	
9	35	ST				00249	Group Name	
10	12	ST				00250	Insured's Group Employer ID	
11	45	ST				00251	Insured's Group Emp Name	
12	8	DT				00252	Plan Effective Date	
13	8	DT				00253	Plan Expiration Date	
14	55	ST				00254	Authorization Information	
15	2	ID			0086	00260	Plan Type	
16	48	PN				00261	Name of Insured	
17	2	ID			0063	00262	Insured's Relation to Patient	
18	8	DT				00708	Insured's Date of Birth	
19	106	AD				00709	Insured's Address	
20	2	ID				00263	Assignment of Benefits	
21	2	ID				00264	Coordination of Benefits	
22	2	ST				00265	Coordination of Benefits Priority	
23	2	ID			0081	00266	Notice of Admission Code	
24	8	DT				00267	Notice of Admission Date	
25	2	ID			0094	00268	Rpt of Eligibility Code	
26	8	DT				00269	Rpt of Eligibility Date	

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	FAC USE
27	2	ID			0093	00270	Release Information Code	
28	15	ST				00271	Pre-Admit Certification	
29	8	DT				00272	Verification Date	
30	60	CM				00273	Verification By	
31	2	ID			0098	00277	Type of Agreement Code	
32	2	ID			0022	00278	Billing Status	
33	4	NM				00280	Lifetime Reserve Days	
34	4	NM				00281	Delay Before L.R. Day	
35	8	ST			0042	00282	Company Plan Code	
36	15	ST				00283	Policy Number	
37	12	NM				00284	Policy Deductible	
38	12	NM				00285	Policy Limit - Amount	
39	4	NM				00286	Policy Limit - Days	
40	12	NM				00287	Room Rate - Semi-Private	
41	12	NM				00288	Room Rate - Private	
42	1	ID			0066	00710	Insured's Employment Status	
43	1	ID			0001	00711	Insured's Sex	
44	106	AD				00713	Insured's Employer Address	

GT1-01 Guarantor

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI	R			00321	Set ID - Guarantor	
2	20	ID				00322	Guarantor Number	
3	48	PN	R			00323	Guarantor Name	
4	48	PN				00707	Guarantor Spouse Name	
5	106	AD				00324	Guarantor Address	
6	40	TN				00329	Guarantor Phone Nbr (Home)	
7	40	TN				00330	Guarantor Phone Nbr (Bus)	
8	8	DT				00331	Guarantor Date Of Birth	
9	1	ID			0001	00332	Guarantor Sex	
10	2	ID			0068	00333	Guarantor Type	
11	2	ID			0063	00334	Guarantor Relationship	
12	11	ST				00335	Guarantor SSN	
13	8	DT				00338	Guarantor Date - Begin	
14	8	DT				00339	Guarantor Date - End	
15	2	NM				00340	Guarantor Priority	
16	45	ST				00341	Guarantor Employer Name	
17	106	AD				00342	Guarantor Employer Address	
18	40	TN				00347	Guarantor Employer Phone Nbr	
19	20	ST				00391	Guarantor Employer ID Nbr	
20	2	ID			0066	00392	Guarantor Employment Status	

ACC-01 Accident

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	FAC USE
1	19	TS				00182	Accident Date/Time	
2	2	ID			0050	00184	Accident Code	
3	25	ST				00185	Accident Location	

UB1-01 UB82/92 Data

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM #	ELEMENT NAME	FAC USE
1	4	SI				00459	Set ID - UB82	
2	1	ST				00279	Blood Deductible	
3	2	ST				00396	Blood Furn - Pints of	
4	2	ST				00397	Blood Replaced - Pints	
5	2	ST				00398	Blood Not Replaced - Pints	
6	2	ST				00399	Co-Insurance Days	
7	2	ID		Y/5	0043	00400	Condition Code	
8	3	ST				00405	Covered Days	
9	3	ST				00406	Non Covered Days	
10	12	CM		Y/8		00407	Value Amount & Code	
11	2	ST				00424	Number of Grace Days	
12	2	ID				00425	Spec Prog Indicator	
13	1	ID				00426	PSRO/UR Approval Ind	
14	8	DT				00427	PSRO/UR Approved Stay-From	
15	8	DT				00428	PSRO/UR Approved Stay-To	
16	20	ID		Y/5		00429	Occurrence (28-32)	
17	2	ID				00435	Occurrence Span (33)	
18	8	DT				00446	Occurrence Span Start Date (33)	
19	8	DT				00447	Occurrence Span End Date (33)	
20	30	ST				00448	UB82 Locator 2	
21	7	ST				00449	UB82 Locator 9	
22	8	ST				00450	UB82 Locator 27	
23	17	ST				00451	UB82 Locator 45	

MRG-01 Merge Patient Information

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	FAC USE
1	16	CK	R		0061	00576	Prior Patient ID - Internal	
2	16	CK			0061	00577	Prior Alternate Patient ID	
3	20	CK			0061	00578	Prior Patient Account Number	

Selected Seq Explanations

1. PRIOR PATIENT ID - INTERNAL

This field contains the patient's unit number.

Chapter 2 - VENDOR-TO-STAR TRANSACTION EVENTS

INTRODUCTION

The Vendor-to-STAR portion of the Medical Transcription Interface is also an online HL7 interface. This transmission is done via a T01 message. The main segment of information is the TXA, which contains the document header that populates the index on STAR. For each T01 message, the following segments are transmitted:

- MSH-01 Message Header
- EVN-01 Event Type
- PID-01 Patient Identification
- PV1-01 Patient Visit Information
- TXA-01 Document Notification Record

MESSAGE	SEGMENT	NOTES/COMMENTS
T01-Document Status	MSH-01 Message Header EVN-01 Event Type PID-01 Patient Identification PV1-01 Patient Visit TXA-01 Document Notification	This message is transmitted when the transcriptionist completes (releases) a new report or when a report has been electronically authenticated on the transcription system.

VENDOR-TO-STAR HL7 SEGMENT LAYOUTS

For column heading definitions for each of the tables in this chapter, refer to the Introduction. A bullet (•) in the last column, MCKESSON USE, indicates that the interface uses this element.

MSH-01 Message Header

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	MCKESSON USE
1	4	ST	R			00509	Encoding Characters	•
2	15	ST				00006	Sending Application	•
3	20	ST				00512	Sending Facility	•
4	15	ST				00009	Receiving Application	•
5	30	ST				00513	Receiving Facility	•
6	19	TS				00010	Date/Time of Message	
7	40	ST				00008	Security	
8	7	ID	R		0076	00012	Message Type	•
9	20	ST	R			00003	Message Control ID	•
10	1	ID	R		0103	00014	Processing ID	•
11	8	NM	R		0104	00015	Version ID	•
12	15	NM				00633	Sequence Number	
13	180	ST				00699	Continuation Pointer	

Selected Seq Explanations

1. ENCODING CHARACTERS

These characters define the sub-field delimiters used by all segments in the HL7 message. STAR uses a colon (:) as the field delimiter and a semicolon (;) as its primary sub-field delimiter; therefore, the use of a semicolon is preferred. If necessary, any delimiter may be passed by the sending application.

8. MESSAGE TYPE

The interface uses this field to determine if the message is acceptable and what program to use to process the HL7 message.

10. PROCESSING ID

In the customer's Live ID (1), this field indicates that the sending application is passing data from its production system. In any nonproduction STAR ID, valid values are D for testing, T for alternate testing, and P for production.

11. VERSION ID
This field indicates the HL7 version number and is used to determine that the sending application and this interface are communicating under the same HL7 criteria.

EVN-01 Event Type

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME	MCKESSON USE
1	3	ID	R		0003	00029	Event Type Code	•
2	19	TS	R			00030	Date/Time of Event	•
3	19	TS				00032	Date/Time Planned Event	
4	3	ID			0062	00369	Event Reason Code	

Selected Seq Explanations

1. EVENT TYPE CODE
The interface uses this field to determine whether the event is acceptable and what processing program to use for this event.

2. DATE/TIME OF EVENT
This field contains the system date and time at the time of the transaction.

PID-01 Patient ID Information

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
1	4	SI				00572	Set ID - Patient ID	
2	16	CK			0061	00581	Patient ID (External ID)	
3	16	CK	R		0061	00034	Patient ID (Internal ID)	•
4	12	ST				00038	Alternate Patient ID	
5	48	PN	R			00041	Patient Name	•
6	30	ST				00582	Mother's Maiden Name	
7	8	DT				00043	Date of Birth	
8	1	ID			0001	00042	Sex	
9	48	PN		Y		00597	Patient Alias	
10	1	ID			0005	00044	Ethnic Group	
11	106	AD				00020	Patient Address	
12	4	ID				00026	County Code	

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
13	40	TN		Y 3		00049	Phone Number - Home	
14	40	TN		Y 3		00050	Phone Number - Business	
15	25	ST				00464	Language - Patient	
16	1	ID			0002	00046	Marital Status	
17	3	ID			0006	00045	Religion	
18	20	CK			0061	00035	Patient Account Number	•
19	16	ST				00457	SSN Number - Patient	
20	25	CM				00453	Driver's Lic Num - Patient	

Selected Seq Explanations

3. PATIENT ID (INTERNAL ID)
The value in this field uniquely identifies the patient in STAR. Its value in this interface is the patient unit number (Medical Record Number). The length of the number must match the length of the number in STAR.

5. PATIENT NAME
This field contains the patient's last name. The name entered here is compared to the patient's last name (identified by unit number) in STAR to verify that the unit number corresponds to the proper patient.

18. PATIENT ACCOUNT NUMBER
The entry in this field is formatted as acct#;;;facility indicator (one character, **uppercase only**). The length of the number must match the length of the number in STAR.

NOTE: The facility indicator *must* be sent with the account number. Without a facility indicator, STAR cannot process the incoming header record.

PV1-01 Patient Visit

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
1	4	SI				00458	Set ID - Patient Visit	
2	1	ID	R		0004	00052	Patient Class	
3	12	ID	R		0079	00053	Assigned Patient Location	
4	2	ID			0007	00218	Admission Type	
5	20	ST				00219	Pre-Admit Number	

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
6	12	ID			0079	00056	Prior Patient Location	
7	60	CN			0010	00057	Attending Doctor	
8	60	CN			0010	00579	Referring Doctor	
9	60	CN		Y	0010	00580	Consulting Doctor	
10	3	ID			0069	00059	Hospital Service	
11	12	ID			0079	00060	Temporary Location	
12	2	ID			0087	00220	Pre-Admit Test Indicator	
13	2	ID			0092	00221	Re-Admission Indicator	
14	3	ID			0023	00063	Admit Source	
15	2	ID			0009	00064	Ambulatory Status	
16	2	ID			0099	00193	VIP Indicator	
17	60	CN			0010	00189	Admitting Doctor	
18	3	ID			0018	00191	Patient Type	
19	4	NM				00194	Visit Number	
20	11	ID		Y 4	0064	00195	Financial Class	
21	2	ID			0032	00199	Charge Price Indicator	
22	2	ID			0045	00386	Courtesy Code	
23	2	ID			0046	00200	Credit Code	
24	2	ID		Y	0044	00201	Contract Code	
25	8	DT		Y		00202	Contract Effective Date	
26	12	NM		Y		00203	Contract Amount	
27	3	NM		Y		00204	Contract Period	
28	2	ID			0073	00387	Interest Code	
29	1	ID			0110	00205	Transfer to Bad Debt Code	
30	8	DT				00388	Transfer to Bad Debt Date	
31	10	ST			0021	00206	Bad Debt Agency Code	
32	12	NM				00389	Bad Debt Transfer Amount	
33	12	NM				00390	Bad Debt Recovery Amount	
34	1	ID			0111	00207	Delete Account Indicator	

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
35	8	DT				00208	Delete Account Date	
36	2	ID			0112	00613	Discharge Disposition	
37	2	ID			0113	00614	Discharged to Location	
38	2	ID			0114	00615	Diet Type	
39	2	ID			0115	00616	Servicing Facility	
40	1	ID			0116	00671	Bed Status	
41	2	ID			0117	00703	Account Status	
42	12	ID			0079	00704	Pending Location	
43	12	ID			0079	00705	Prior Temporary Location	
44	19	TS				00775	Admit Date/Time	
45	19	TS				00776	Discharge Date/Time	
46	12	NM				00777	Current Patient Balance	
47	12	NM				00778	Total Charges	
48	12	NM				00779	Total Adjustments	
49	12	NM				00780	Total Payments	

TXA-01 Document Notification Segment

The TXA segment contains the data elements transmitted in the report header information. Information specific to a transcribed report is transmitted to STAR in the TXA message segment when a trigger event occurs in the transcription system. Within the transcription system, this *trigger* is most likely the completion of a report which could be defined as printing, releasing, and so on.

At the time the TXA message segment was developed, it was under review by the HL7 Health Information Technical Committee for inclusion in the 3.0 version of HL7 standards. It has since been approved. However, minor differences require the vendor to follow the specifications for transmission of the report header outlined here.

This chapter includes sequence explanations specific to the TXA segment. Some of the data elements in the TXA segment are not used by STAR but have been included based on feedback from other vendors and users that participate in the HL7 Health Information Technical Committee.

Some of the tables referred to in the segment have a table number of XXXX. Until approval of this message segment is obtained by the HL7 membership, a table number

cannot be assigned. Currently, the tables involved are not used by STAR in this interface, so the lack of a table number does not affect the interface.

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
1	4	ST	R				Set ID - Transcription	•
2	6	ID	R				Report Type	•
3	30	ST	O				Document Content Presentation	
4	8	DT	O				Activity Date	•
5	60	CN	C				Primary Activity Caregiver	•
6	19	TS	O				Origination Date/Time	•
7	19	TS	C				Transcription Date/Time	•
8	19	TS	O	Y			Edit Date/Time	•
9	60	CN	O				Originator Code/Name	•
10	60	CN	C				Document Authenticator #1	•
11	60	CN	O				Document Authenticator #2	•
12	60	CN	O				Document Authenticator #3	•
13	48	ST	O				Transcriptionist	•
14	30	ST	C				Unique Document Number	•
15	30	ST	O				Parent Document Number	
16	30	ST	O				Document File Name	•
17	2	ID	R		XXXX		Document Status	
18	2	ID	R		XXXX		Document Succession Status	
19	60	CN	O				Authenticated By Code/Name	•
20	19	TS	C				Authenticated Date/Time	•
21	60	CN	O	Y/N			Distributed Copies (Code And Name Of Recipients)	

Refer to the Introduction for column heading definitions. For the Data Type (DT) column, the TXA segment may contain the following data types:

- ST (STRING) - Any display characters are allowed. String data is left justified with trailing blanks optional.
- DT (DATE) - Contains the date of the event and always includes a 4-digit year.

- TS (TIME STAMP) - Contains the exact time of an event, including the date and time.

- ID (CODED VALUE) - The value of this field follow the formatting rules for an ST field, except that it is drawn from a table of legal values. Examples of ID fields include physician, religion, and sex.

- CN (CODE & NAME) - Contains the code and/or name that corresponds to this element.

- CM (COMPOSITE) - A field that is a combination of other meaningful data fields. Each portion is called a component.

- CQ (CODE & QUANTITY) - Contains the code and quantity that corresponds to this element.

Seq Explanations

1. SET ID DOCUMENT
This field distinguishes the transcription segment from others in the same message.

2. REPORT TYPE
This field contains a report identifier used in the transcription system. For example, if the code for a History and Physical is HP, then HP is transmitted in this field. A report type code can be up to 30 alphanumeric characters. This element is required.

3. DOCUMENT CONTENT PRESENTATION
This field identifies the method by which this document was obtained.

In HL7, this is a table-driven field. Following are valid codes:

Document Content Presentation	
Value	**Description**
FX	Facsimile
SC	Scanned
VO	Voice
TX	Text
MM	Multimedia
DG	Digital
VI	Video
SO	Sound

McKesson does not currently use this element. The system assumes all documents are *text*.

4. ACTIVITY DATE
This field contains the date identified in the document as the date a procedure or activity was performed. This date can identify the date of surgery, non-invasive procedure, consultation, examination, and so on.

5. PRIMARY ACTIVITY PROVIDER CODE/NAME
This field contains the person identified in the document as responsible for performing the procedure or activity. This field can include the code and name (if available) of the provider. The provider identified in this field is not automatically assumed to be the person responsible for authenticating the report. This field is conditional based upon the presence of a Procedure Date (item #xxxxx).

6. ORIGINATION DATE/TIME
This field contains the date and time the report was originated (dictated). This information is stored in STAR.

7. TRANSCRIPTION DATE/TIME
The Transaction Date/Time is the date and time the report was actually transcribed and/or released by the transcriptionist.

8. EDIT DATE/TIME
This field contains the date and time the report was edited. The unique document number enables the receiving system to associate the edit date and time with a previously received report header. Therefore, this element should be present whenever a document is resent with the same unique document number.

9. ORIGINATOR CODE/NAME
This field identifies the person who originated (dictated) the report. The document originator may differ from the person responsible for authenticating the report.

10-12. DOCUMENT AUTHENTICATOR
These fields identify all persons responsible for signing the report. The TXA segment includes three Document Authenticator fields, to accommodate up to three signatures per report. In some larger teaching facilities, more than one individual may be responsible for authenticating the document.

13. TRANSCRIPTIONIST CODE/NAME
This field identifies the transcriber of the report.

14. UNIQUE DOCUMENT NUMBER (UDN)
This field contains the unique document number (UDN) assigned by the transcription system. The UDN is used in STAR as the basis for setting up the report header index which is used for report queries. The UDN is also used to match future updates to the document. If the transcription vendor does not provide a UDN, some type of unique document identifier must be entered here, such as the document file name. In order to ensure uniqueness and maintain a usable document index, this number should never be reused.

15. PARENT DOCUMENT NUMBER
This field contains the document number that identifies the parent document to which this document belongs. The parent document number can be used to assist the receiving system in matching future updates to this document. Not all documents have a parent document. McKesson does not use this element.

16. DOCUMENT FILE NAME
This field contains the unique name assigned to a document by the transcription system. The file name is used to assist the receiving system in matching future updates to the document. In order to ensure uniqueness and maintain a usable document index, this name should not be reused. McKesson uses this element.

17. DOCUMENT STATUS
This field identifies the current state of the document. McKesson does not use this element. However, the transcription vendor may hard code a status of **PR** for Preliminary. Here is a list of valid codes:

Document Status	
Value	**Description**
OR	Original
RE	Revision
DE	Deletion/Cancellation
AP	Appended

18. DOCUMENT SUCCESSION STATUS
This field identifies a change in the state of a previously transcribed report. McKesson does not use this element. However, the vendor may hard-code a status of **O** for Original. Here is a list of valid codes:

Document Succession Status	
Value	**Description**
OR	Original
RE	Revision
DE	Deletion/Cancellation
AP	Appended

19. AUTHENTICATED BY
This field identifies the person who has electronically (or manually) authenticated the transcribed report. This information may be obtained either by the STAR system and transmitted to the vendor or vice versa.

20. AUTHENTICATED DATE/TIME
This field identifies the date and time the transcribed report was electronically (or manually) authenticated. This information may be obtained either by STAR and transmitted to the vendor or vice versa.

21. DISTRIBUTED COPIES
This field identifies persons who received a copy of this document. McKesson does not use this element.

Chapter 3 - INTERFACE BUILD REQUIREMENTS

TABLES

Currently, the only STAR table that must be in syncwith the transcription system is the Physician table. The customer *must* verify that the physician numbers are in sync before the interface is activated. Any other table that is used must be built in the transcription system to match STAR tables.

Chapter 4 - QUERY FUNCTIONALITY

OVERVIEW

This chapter contains a detailed view of the transcription interface's query functionality, including discussions of functionality, performance, and vendor expectations. The information is presented from a STAR perspective, and assumes that the interface is to a transcription system that requires online viewing of the transcribed report.

Transcription vendors must accommodate the TCP/IP communication protocol and have at least three query communication lines. They must maintain both a test and live environment, which may require a minimum of two interface PCs.

The transcription query interface is based on the HL7 standard (version 2.1 or higher). Through the HL7 standard, the variety of potential queries is almost unlimited. This interface specifically handles transcription queries. The query discussed here relates to an immediate rather than deferred response and is displayed, not record oriented.

Querying for reports has many advantages. First, queries use multiple lines and connections. To date, as many as eight lines have been used by one customer in a similar setup involving results reporting. The customer decides what is acceptable or optimal.

Second, when a user generates a query, the system uses the first available communication line. If no lines are available, the system notifies the user, who is not left waiting for a response that will not come. Third, queries on a patient's historical reports are limited only by the transcription system. Finally, queried reports are transmitted directly from the vendor responsible for maintaining their integrity.

ONE-STEP QUERY

Queries can occur in one or two steps. In a one-step query, the specific information for the desired report is known. For the STAR Medical Records Transcription Interface, this means the unique document number (UDN) associated with the report is on STAR, and the specific report number may be used in the query. For most vendors, the one-step query requires the patient's account number, medical record number, and UDN. If the specific requirements for a given vendor have been settled before implementing the transcription interface, then the query message content can easily be changed to meet those requirements.

When the user initiates the query, the message *Processing* displays. In a TCP/IP environment, the average query response time is 1-3 seconds. Occasionally, the query will take 5-8 seconds depending on network activity. If 10 seconds pass with no response, the interface asks if the user wants to continue the process. If the customer answer no, the process is terminated. If the response is yes, the process continues for up to 30 seconds, with additional termination prompts every 10 seconds.

If the user has selected multiple entries, the 1-3 or 5-8 second response time applies only to the first report. While the user views the first report, STAR collects the other reports. The user should be able to view subsequent reports in the grouping immediately.

If there are no reports to view, the vendor should indicate so in the query response.

Theses performance times apply to a one-step query or the second step of a two-step query. The next section addresses performance time in the first step of a two step query.

TWO-STEP QUERY

A two-step query is required when the UDN is not available on STAR. This may be the case if the transcription system was Live at the facility before the transcription interface's implementation. Under such circumstances, the transcription system contains reports for which a report header (including the UDN) is not stored in STAR.

The first step in a two-step query is a query from STAR to the transcription system that includes a specific date range and/or report type on which to search. The vendor responds with a list of known reports for that patient within the specified time frame. The second step is a query from STAR to the transcription system that requests specific documents selected from the list transmitted in step one. The transcription vendor responds by sending the reports.

NOTE: For reports of only a selected report type to display, your facility must use the QRF-04 segment instead of the QRF-01 segment in the HL7 query message. Your transcription vendor may need to make adjustments on their side to process the QRF-04 segment.

If the QRF-01 segment is used, all reports are returned from the transcription vendor instead of only the selected report type.

A two-step query can take from 1 to 15 seconds because it requires more processing by the vendor. In general, the vendor must perform a more exhaustive search through its database. For this application, McKesson has set a maximum of approximately 10 screens (list of reports) in STAR per response. The average query response time is 3-7 seconds for each step of a two-step query. Only when a patient has a large volume of data for the specified time frame does the query response time approach the upper end of the range.

ERROR PROCESSING

The query portion of the transcription interface differs from other HL7 interfaces in how transactions are queued. For example, ADT transactions build up in a queue, and the interface software empties that queue. If a problem develops, the queue backs up, and the interface empties it when it is up and running again after the problem has been resolved. However, with a query, a time-sensitive customer waits in the foreground. Therefore, the queue for this interface contains only transactions specific to the query for an individual user.

When the STAR user initiates the query process, the system searches for an available line. When it finds one, STAR defines the available line as not in use, activates it, and establishes a TCP/IP connection with the vendor. If there are no lines available, STAR notifies the customer and displays the status of each line. Other statuses could be "attempting to establish communications," indicating a problem with the connection from the vendor. Error Processing provides immediate feedback and prevents a customer from waiting for results that may not arrive due to other problems.

The vendor should provide STAR with any application errors (for example, invalid patient, no reports for a particular patient, invalid account number) as a response to the query.

Chapter 5 - QUERY FORMAT

OUTBOUND QUERY FROM STAR TO VENDOR

The query message format for an outbound query is STAR -->Vendor.

QRD - Query Definition Segment

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM#	ELEMENT NAME	MCKESSON USE
1	26	TS	R			00025	Query Date/Time	•
2	1	ID	R		0106	00026	Query Format Code	•
3	1	ID	R		0091	00027	Query Priority	
4	10	ST	R			00028	Query ID	•
5	1	ID			0107	00029	Deferred Response Type	
6	26	TS				00030	Deferred Response Date/ Time	
7	10	CQ	R		0126	00031	Quantity Limited Request	•
8	20	ST	R	Y		00032	Who Subject Filter	•
9	3	ID	R	Y	0048	00033	What Subject Filter	•
10	20	ST	R	Y		00034	What Department Date Code	•
11	20	ST		Y		00035	What Data Code Value Qual.	
12	1	ID				00036	Query Results Level	

Seq Explanations

1. QUERY DATE/TIME
This field contains the date and time the query was generated by the application program.

2. QUERY FORMAT CODE
This field uses HL7 table 0106. The valid entry for thisinterface is **D** for Display, which indicates the response in in display format.

3. QUERY PRIORITY
This field uses HL7 table 009. The valid entry for this interface is **I** for Immediate.

4. QUERY ID
This field identifies the user who initiated the query. This ID be returned to STAR with the query data to enable STAR to display the data to the requestor.

5. DEFERRED RESPONSE TYPE
The interface does not use this field.

6. DEFERRED RESPONSE DATE/TIME
The interface does not use this field.

7. QUANTITY LIMITED REQUEST
This field identifies the maximum response length that the requesting system can accept. For STAR, this field is sub-delimited as 120;LI, indicating 120 lines per query response/message.

8. WHO SUBJECT FILTER
This field identifies the query subject. For STAR, this field is sub-delimited as MR;EN;Fac Code, where MR = Medical Record Number, EN=Account number/ encounter number, and Fac Code = the facility identifier.

9. WHAT SUBJECT FILTER
This field describes the kind of information required to satisfy this request. The valid codes for a one-step query (where the report ID is known and resides on STAR) is Res (Result) or Oth (Other).

NOTE: Res is used because HL7 table 0048 does not contain an identifier specific to transcription. For a two-step query (where the report ID is not known or has been purged) STAR must first query the transcription system for a list of reports, and then query from the list provided in response by the vendor. See "TWO-STEP QUERY" in Chapter Four: Query Functionality.

10. WHAT DEPARTMENT DATA CODE
This field identifies the query's possible contents including test number, procedure number, drug code, item number, order number, and so on. The previous field's contents determine the contents of this field. For a two-step query, where STAR must first query for a list of transcription reports, this value is List. In a straight one-step query or the second part of a two-step query, STAR transmits the document number in element 5 of the Display Data (DSP) segment.

11. WHAT DATA CODE VALUE QUAL
The interface does not use this field.

12. QUERY RESULTS LEVEL
The interface does not use this field.

QRF - Query Filter Segment

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	MCKESSON USE
1	20	ST	R	Y		00037	Where Subject Filter	•
2	26	TS				00038	When Data Start Date/Time	•
3	26	TS				00039	When Data End Date/Time	
4	20	ST		Y		00040	What User Qualifier	•
5	20	ST		Y		00041	Other Query Subject Filter	
6	12	ID		Y	0156	00042	Which Date/Time Qualifier	•
7	12	ID		Y	0157	00043	Which Date/Time Status Qualifier	•
8	12	ID		Y	0158	00044	Date/Time Selection Qualifier	•

NOTE: For reports of only a selected report type to display, your facility must use the QRF-04 segment instead of the QRF-01 segment in theHL7 query message. Your transcription vendor may need to make adjustments on their side to process the QRF-04 segment.

If the QRF-01 segment is used, all reports are returned from the transcription vendor instead of only the selected report type.

Seq Explanations

1. WHERE SUBJECT FILTER

This field identifies the department, system, or subsystem to which the query pertains (for example, Laboratory). STAR transmits this information if it is available; otherwise this field is blank.

2. WHEN DATA START DATE/TIME

This field tells the receiving system to include in its response the data for dates and times equal to or *after* this value. This field is used in a two-step query. The transcription system may compare the start date and time in the query to its own transcription or admission dates for this patient. The transcription vendor/system decides how to use this date. If the transcription system compares this date to the admission date and an admission date is not available, the date in this field may be compared against the transcription date.

For example, if the start date in the query is 02/01/02, the transcription system should compare this to its database and search for reports for this patient that fall between 02/01/02 and the date in the Data End Date/Time field. 0000 is the start time sent.

3. WHEN DATA END DATE/TIME
This field tells the receiving system to include in its response the data for dates and times equal to or *before* this value. This field is utilized in a two-step query. The transcription system may compare the end date and time in the query to its own transcription or discharge dates for this patient. The transcription vendor/system decides how to use this date. If the transcription system compares this date to the discharge date and a discharge date is not available, the date in this field may be compared against the transcription date.

For example, if the end date in the query is 02/28/02, the transcription system should compare this to its database and search for reports for this patient that fall between the Data Start Date/Time and 02/28/02. 2359 is the end time sent.

4. WHAT USER QUALIFIER
The interface does not use this field.

5. OTHER QRY SUBJECT FILTER
The interface does not use this field.

6. WHICH DATE/TIME QUALIFIER
The interface does not use this field.

7. WHICH DATE/TIME STATUS QUALIFIER
The interface does not use this field.

8. DATE/TIME SELECTION QUALIFIER
The interface does not use this field.

DCS - Continuation Pointer Segment

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	MCKESSON USE
1	180	ST				00060	Continuation Pointer	•

Seq Explanations

1. CONTINUATION POINTER
In an initial query request this value is null. If a query response includes a non-null value and the user requests to view more of the report, the value sent by the vendor will be returned with the subsequent query request. If this segment has data, STAR will echo the data back in another query to continue where the last message left off. If this segment is null, STAR assumes it has received the full report.

NOTE: The length and characteristics of each data field must comply with the HL7 standard, version 2.1 or higher. Any exceptions to the standard must be agreed upon jointly.

OUTBOUND QUERY FROM VENDOR TO STAR

The query message format for the outbound query is Vendor --> STAR.

DSP - Display Data Segment

SEQ	LEN	DT	R/O	RP/#	TBL#	ITEM #	ELEMENT NAME	MCKESSON USE
1	4	SI				00061	Set ID - Display Data	•
2	4	SI				00062	Display Level	
3	300	TX	R			00063	Data Line	
4	2	ST				00064	Logical Break Point	
5	20	TX				00065	Result ID	

Seq Explanations

1. SET ID
This field is used optionally to number multiple display segments.

2. DISPLAY LEVEL
The interface does not use this field.

3. DATA LINE
This field contains an actual line as it should be displayed.

4. LOGICAL BREAK POINT
The interface does not use this field because within STAR the user can view the next or previous page as desired. STAR retains the query response locally until the user has finished viewing the report.

5. RESULT ID
The result ID in this field should be sent to STAR as part of the first step in a two-step query. Once the user on STAR has selected an item from the list, the Result ID is sent back to the transcription system as element 10 of the Query Definition (QRD) segment.

DCS - Continuation Pointer Segment

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	MCKESSON USE
1	180	ST				00060	Continuation Pointer	•

Seq Explanations

1. CONTINUATION POINTER

In an initial query request this value is null. If a query response includes a non-null value and the user requests to view more of the report, the value sent by the vendor will be returned with the subsequent query request. If this segment has data, STAR will echo the data back in another query to continue where the last message left off. If this segment is null, STAR assumes it has received the full report.

NOTE: The length and characteristics of each data field must comply with the HL7 standard, version 2.1 or higher. Any exceptions to the standard must be agreed upon jointly.

RESPONSE QUERY LISTING FROM VENDOR TO STAR

The two-step query listing format is Vendor --> STAR.

When the user performs a two-step query, the vendor responds with a list of known reports for the specified patient within the specified time frame. For example, if STAR queries the vendor for all reports on Patient #1234567 with a Data Start Date/Time of 01/01/04 and a Data End Date/Time of 01/31/04, the first step of the queries returns a list like this:

Choice #	Report Type	Date	Time	Adm Date	Dis Date	Elec Signed
	Document Authenticator(s)					
1	DS	1/17/04	12:31	01/02/04	01/15/04	No
	John Smith					
2	HP	1/13/04	08:14	01/02/04	01/15/04	No
	Mary Brown, John Smith					
3	HP	1/20/04	10:21	01/20/04	01/25/04	No
	Matthews, Jason					
4	DS	1/27/04	17:12	01/20/04	01/25/04	No
	Samuel, Mark					

The list of reports includes all reports for the identified patient covering admission and discharge dates between the specified Data Start Date/Time and Data End Date/Time. If the transcription system does not have an admission and/or discharge date for the patient, the start and end dates are compared against the transcription date.

NOTE: If you are using SoftMed's transcription system and *ACTIVE ON XX* is displayed as the report type, your SoftMed representative needs to make some modifications to the QueryLinc setup.

STAR creates the column headings from the following information sent by the vendor:

BEGINNING COLUMN	ENDING COLUMN	HEADING DESCRIPTION
1	6	Choice # - This field numbers the entries being transmitted to enable the customer to select an entry option.
12	22	Report Type - This field contains the report type code associated with this entry.
27	35	Transcription Date - This field contains the date the report was transcribed.
37	43	Transcription Time - This field contains the time the report was transcribed.

BEGINNING COLUMN	ENDING COLUMN	HEADING DESCRIPTION
45	53	Admission Date - This field contains the date the patient was admitted according to the account number associated with the report entry. This field is blank if this information is not available within the transcription system.
56	64	Discharge Date - This field contains the date the patient was discharged according to the account number that is associated with the report entry. This field is blank if the transcription system does not provide this.
66	75	Electronically Signed - This field indicates if this entry has been electronically signed. The transcription system will know if the entry has been signed if a) it was signed within the transcription system or b) McKesson sent an electronic signature date and time to the transcription system. This field should contain Yes or No.

NOTE: The second line (Document Authenticator) contains up to 69 characters of data sent in the Document Authenticator fields.

DCS - Continuation Pointer Segment

SEQ	LEN	DT	R/O	RP/#	TBL #	ITEM#	ELEMENT NAME	MCKESSON USE
1	180	ST				00060	Continuation Pointer	•

Seq Explanations

1. CONTINUATION POINTER

In an initial query request this value is null. If a query response includes a non-null value and the user requests to view more of the report, the value sent by the vendor will be returned with the subsequent query request. If this segment has data, STAR will echo the data back in another query to continue where the last message left off. If this segment is null, STAR assumes it has received the full report.

NOTE: The length and characteristics of each data field must comply with the HL7 standard, version 2.1 or higher. Any exceptions to the standard must be agreed upon jointly.

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■ Reader Comment Form ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *STAR Patient Care - Vendor Specifications for the Medical Record Transcription Interface* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

_____

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Other Comments:

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Thanks for your help in improving the documentation.

Your Name and Position _____

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