

Regional Result Repository

Requirements for Report/ Result Providers

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Requirements for Report/Result Providers

About This Document

Purpose

This document defines the requirements which providers of results/ reports need to meet to successfully populate the Auckland regional result repository with data. The document has been written from the Eclair application perspective.

Intended Audience

The intended audience for this document is Auckland regional result repository stakeholders and providers needing to populate the repository with data. The document is not intended for public distribution.

Document Status

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Document History

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Requirements for Report/Result Providers

Table of Contents

About This Document	2
1. INTRODUCTION	4
1.1 Background	4
1.2 Objectives	4
2. BASIC RULES.....	5
2.1 Message Header	5
2.2 Patient Identifiers	6
2.3 Encounter Numbers.....	7
2.4 Department Identifiers	8
2.5 HL7 Examples	10
2.6 Test names and codes	11
2.7 Doctor codes	12
2.8 Unique codes.....	12
3. HL7 SPECIFICATION	14
3.1 Standards	14
3.2 Message Status.....	14
3.3 OBR issues.....	14
3.4 OBX Sub ID issues.....	14
4. TESTSAFE	15
4.1 Opt-off via the 0800 phone number	15
4.2 Request form - Prevent TestSafe (PTS)	15
4.3 "Organisational" - Prevent TestSafe	15
4.4 Sending ALL community laboratory testing	15
4.5 Opt off Rules Overview.....	16
4.6 PV1-18 content.....	16
4.7 TestSafe Copy to issues.....	18
5. TEST DEVELOPMENT SYSTEM.....	20
6. MESSAGE TRANSPORTATION.....	21
6.1 Message Frequency	21
6.2 Reports via direct connection	21
6.3 Reports via Healthlink.....	22
6.4 Obtaining message transport details	22
7. PRELIMINARY INFORMATION REQUIRED FROM A NEW PROVIDER	23

1. Introduction

1.1 Background

The Auckland Regional Result Repository is housed within the healthAlliance and is currently shared by users from three DHBs: Auckland (ADHB), Counties Manukau (CMDHB), and Waitemata (WDHB). Some community based clinical workers also have access and the expectation is that the number of these users will grow over time.

A number of report/result providers throughout New Zealand send reports to the Auckland Regional Result Repository. The repository currently holds reports for Laboratory, Radiology, Cardiology, Gastroenterology, Respiratory and Clinical Observations.

The introduction of "TestSafe" (GP requested laboratory results loaded into the repository) meant additional requirements had to be met. For example, community patients have the right to "Opt Off" and this must be conveyed in the HL7 message

1.2 Objectives

The objectives of this document are:

- 1) To provide information regarding
 - Acceptable HL7 file structure
 - Acceptable field content
 - Mandatory fields requirements
 - Agreed national code usage
 - Agreed local code usage
 - Test system requirements

- 2) To list preliminary information needed to be collected from a new provider

Requirements for Report/Result Providers

2. Basic Rules

These are the basic rules enforced by the Auckland Regional Result Repository (Eclair).

If these rules are not met HL7 files will be rejected

2.1 Message Header

The message must identify the sending application

Segment MSH - 3 (sending application) must be used for this information - usually the name of the software used by the sender eg "TripleG"

The message must identify the provider.

Segment MSH- 4 (sending facility) must be used for this information eg "LTA"

Before implementation a .gif file of the provider logo/icon needs to be supplied to health Alliance. This enables the display of the logo/icon above every result so the result viewer can easily identify which provider performed the test/procedure.

The message must identify the receiving application

Segment MSH - 5 (receiving application) must be used for this information

Use "EclairHL7"

The message must identify which DHB the result is intended for.

Segment MSH - 6 (receiving facility) must be used for this information. Content of MSH-6 differs depending on the mechanism used for message transportation (see section 6)

A. Healthlink Message Transport

If messages are sent via healthlink edi account names as below must be inserted into MSH-6

eclradhb - for reports destined for **Auckland District Health Board**

eclrcdhb - for reports destined for **Counties Manukau District Health Board**

eclrwdhb - for reports destined for **Waitemata District Health Board**

tstsafep - for sending copies of community reports to **Testsafe** but will not be direct to a DHB clinician or caregiver for signoff.

Requirements for Report/Result Providers

B. Direct Connection Message Transport

If messages are sent via a direct connection the codes below must be inserted into MSH-6

ADHB	- for reports destined for Auckland District Health Board
CMDHB	- for reports destined for Counties Manukau District Health Board
WDHB	- for reports destined for Waitemata District Health Board
COMM	- for reports destined for the community eg GPs

It is very important that COMM is inserted in MSH - 6 as this indicates to Eclair that the report does not require sign off by a DHB clinician.

To facilitate the above it is likely that the provider will need to categorise doctors into their appropriate DHB or community. For example, readily identify that a doctor belongs to CMDHB.

Two messaging processes should be set up, one for DHB reports and one for COMM reports. This allows for the COMM messages to be processed by a loader designed to remove the need for report sign off by a DHB clinician. **Exception: CMDHB & WDHB Radiology do not require two message processes as these messages are sent via E-gate which directs reports to the relevant loaders.**

If the report is for the community but also has a “copyto” for a DHB then only one HL7 message should be sent. In other words, duplicate “copyto” message should not be sent (see 4.7). MSH - 6 should not be COMM but rather the DHB for whom the Copyto is intended so the report is directed to a DHB clinician for signoff.

2.2 Patient Identifiers

The message must identify the patient using NHI

Segment PID - 3 must be used for this information and include the scheme

Requirements for Report/Result Providers

If the sending application uses HL7 version 2.1 the NHI in PID segment 3 should be followed by ^ then the scheme "NHI" eg ABC1234^NHI

If the sending application uses HL7 version 2.3 the NHI in PID segment 3 should be followed by ^^ then the scheme "NHI" eg ABC1234^^NHI

NOTE: An NHI number includes a check digit therefore not just any 3 alpha 4 digit combination can be used. Often, for testing purposes, these NHIs are used PRP1660 and ZZZ9994

2.3 Encounter Numbers

When an encounter number is supplied it must be included in the message

Segment PV1 -19 must be used for this information. When an encounter number is present in PV1-19, the encounter number scheme MUST also be present. Messages with encounter numbers but no schemes will be rejected (also see NOTE: at end of section 4.6 PV1-18 content)

In HL7 v 2.1, the encounter scheme should be defined in PV1-20

In HL7 v 2.3, the encounter scheme should be defined in PV1-19 component four

The following encounter number schemes should be used:

If the encounter number is for an ADHB patient then insert "CMSADT".

If the encounter number is for a WDHB patient then insert "WDHB2".

If the encounter number is for a CMDHB patient then insert "PIMS2".

Each DHB has different encounter formats.

Valid encounter numbers are as follows:

ADHB encounters start with

- V and are followed by 7 + digits
- P and are followed by 7 + digits

CMDHB encounters start with

- E and are followed by 9 digits
- N and are followed by 9 digits
- U and are followed by 9 digits
- W and are followed by 9 digits
- C and are followed by 9 digits
- R and are followed by 9 digits

WDHB encounters start with

- H and are followed by 10 digits

Requirements for Report/Result Providers

- A and are followed by 10 digits
- T and are followed by 10 digits
- R and are followed by 10 digits

DHB Patients have encounter or visit numbers for every episode of care. These numbers must be used for DHB patients as this number is used by the repository to identify which doctor's queue the report will be placed in for viewing and DHB clinician signoff.

To facilitate reports queuing to doctors correctly it is ***paramount that providers record the encounter number at registration and include the encounter number in the HL7 message*** for every report.

2.4 Department Identifiers

Segment OBR - 24 is used for this information.

Background

In order for the Regional Result Repository to correctly categorise reports under departments and areas (eg Laboratory, Microbiology or Radiology, Ultrasound) providers must identify which department/area a result belongs to.

To achieve this Diagnostic Service Codes must be included in OBR -24

A standard coding system must be used to avoid locally developed codes being used which could lead to problems with the same code being used for different departments across the region/country.

Traceability to recognised standards is achieved by the Auckland Regional Result Repository using codes based on the HL7 Diagnostic Service Codes (HL7 table 0074) and Dicom Information Object Definitions (Dicom defined terms C.7.3.1.1.1). If a suitable code did not exist in these standards an agreed one was endorsed.

Accurate categorisation of results relies on providers identifying departments in a consistent manner. To achieve this definitions and codes that are acceptable by the regional result repository are detailed below.

NOTE: *Using an incorrect code or a code not listed below will cause results to be categorised incorrectly*

Valid Diagnostic Service Codes accepted by the Auckland Regional Results Repository

Requirements for Report/Result Providers

Laboratory Diagnostic Service Codes

Laboratory providers MUST include a diagnostic service code in OBR 24

Value	Description
BG	Blood gases
BGEN	Biochem Genetics
BLB	Blood Bank
CGEN	Cytogenetics
CH	Chemistry
CP	Cytology
END	Endocrinology
HLA	Tissue Typing
HM	Haematology
IMM	Immunology
MB	Microbiology
MGEN	Molecular Genetics
MYC	Mycology
NUC	Nuclear Medicine
OTL	Other Lab Tests
OSL	Outside Lab
PAR	Parasitology
SR	Serology
SP	Surgical Pathology
TX	Toxicology
VR	Virology
POC	Point Of Care Testing

Requirements for Report/Result Providers

Radiology Diagnostic Service Codes

Currently it is not mandatory for radiology providers to include diagnostic service codes in OBR 24. The table below is for future use by Radiology providers.

Value	Description
CT	Computed Tomography
MG	Mammography
MR	Magnetic Resonance
OTR	Other Radiology procedures
RG	Radiographic imaging (conventional film/screen)
US	Ultra Sound
XA	X-Ray Angiography
NM	Nuclear Medicine
PT	Positron emission tomography (PET)

Other Diagnostic Service Codes

Value	Description
CARD	Cardiology
CLIN	Clinical Observations
GAS	Gastroenterology
REF	Referral
RESP	Respiratory

2.5 HL7 Examples

1) A result from Testing Medical Lab (TML) using Delphic software for Auckland Hospital using HL7 version 2.1 – Note: the NHI only has 2 carets. Also note the diagserv code identifies this as a microbiology test.

```
MSH|^~\&|DELPHIC|TML|ECLAIRHL7|ADHB|200403120924||ORU|  
22333199|P|2.1 PID|||ABC1234^^NHI||TEST^Patient^|19670209|F  
PV1|||
```

Requirements for Report/Result Providers

```
OBR|0001||0423888012448000^ECLAIR|4480^Faeces^L|R||2004031
00950|""|""|||200403101142||013195^DR T
WANSBOROUGH|||||200403120924||MB|F
OBX|0001|FT|4480^Faeces^L|| Faeces\.br\ Description : Soft
specimen\.br\ No white cells, red cells or mucus present\.br\
Parasites\.br\ No ova or cysts of enteric parasites seen\.br\
Culture\.br\ No Salmonella, Shigella, Campylobacter or Yersinia
isolated.|||||F
```

2) A result containing an encounter number. Note there must be an encounter number scheme. The scheme is PIMS2 because the result is for CMDHB and the scheme is in PV1-20 because HL7 version 2.1 is used.

```
MSH|^~\&|APHDELPHIC|APHDELPHIC|ECLAIRHL7|CMDHB|20040
8091155||ORU|11272525|P|2.1
PID||XYZ6789^NHI|XYZ6789|BM2524|Labtest^John^|19260517|M
PV1||X|MM3^||||MMBLA|||||||||N000711563|PIMS2|
OBR|.....
```

2.6 Test names and codes

To achieve display consistency providers should use lower case for test names and test group/profile headings

A) LABORATORY PROVIDERS

NZPOCS (New Zealand Pathology Observation Codes Set) names and codes are to be used if listed on the NZPOCS.

The NZPOCS is a work in progress. The current NZPOC (agreed and published) including the use of these can be found under

<http://www.ithealthboard.health.nz/nzpocs>

This provides standardised test names while the codes allow cumulating of results across different laboratory providers. Also, naming inconsistencies such as “Full Blood Count” “Full Blood Examination” “Full Blood Screen” “Complete Blood Count” are then avoided. Tree group headers/profile names and test names must be lower case.

Requirements for Report/Result Providers

These codes are in use by all laboratory providers in the Auckland region. It is mandatory to use these codes otherwise your results will stand alone. That is, the same test will not appear on the same line with the other Auckland laboratories.

NOTE:

1. Local schemes are identified by using "L". When LOINC codes are used in the OBX segment the scheme must be "LN". This ensures tests using LOINC belong to the same scheme and will appear on the same line in Eclair.
2. Within OBX 3 the positioning of the local code and the loinc code is very important. OBX|0001|ST|1003^Haemoglobin^L^Local code should be first followed by the LOINC code as displayed in the NZ HL7 Standard ie OBX|0001|ST|1003^Haemoglobin^L^718 - 7^LN||214|g/L|135-180|H|||F
3. OBX-3 must contain a local code. It is not acceptable to only have the LOINC code in OBX -3

B) OTHER PROVIDERS

OBX-3 must contain a local code identified by using "L."

Eg OBX|1|ST|1003^Chest X-ray^L

Other schemes can be used however local code must be first followed by the secondary scheme

2.7 Doctor codes

HPI to identify the ordering clinician

The preference is to use CPN from the Health Provider Index but use of this is not yet universal

The future expectation is that there will be one identifier for each GP. This will provide the foundation to enable a GP to login to the repository and easily display ALL reports pertaining to him/herself, rather than having to search using many doctor identifiers or alternatively mapping logins to many identifiers for the same individual

2.8 Unique codes

The use of **unique** codes for identifying report components such as tests and doctors is fundamental. Messaging to Eclair must maintain a one to one relationship between description and code for a given

Requirements for Report/Result Providers

provider (not many to one). Likewise, previously used codes must not be used for new descriptions because the old description within the Eclair database will be over written with the new description. The text used as the descriptor can change provided that it does not change the logical meaning. Eg HbA1C to Haemoglobin A1C

3. HL7 Specification

3.1 Standards

For details concerning the HL7 specification please refer to the Sysmex document entitled "ORU implementation guide". This provides assistance concerning transmitting HL7 messages to Eclair using Health Level Seven standards

3.2 Message Status

All providers must have the capability of sending corrected or amended messages conforming to HL7 standards. Corrected or amended messages must not be sent with a status of "F". The status needs to be "C" so that the existing report in Eclair is replaced with the amended report.

3.3 OBR issues

Eclair needs one procedure per OBR.

3.4 OBX Sub ID issues

Text results need to be contained in a single OBX not reported line by line in multiple OBXs

An example of using a single OBX

```
MSH|^~\&|DELPHIC|TML|ECLAIRHL7|ADHB|200403120924||ORU|
22333199|P|2.1 PID|||ABC1234^^NHI||TEST^Patient^||19670209|F
PV1|||
OBR|0001||0423888012448000^ECLAIR|4480^Faeces^L|R||2004031
00950|""|""|200403101142||013195^DR T
WANSBOROUGH|||||200403120924||MB|F
OBX|0001|FT|4480^Faeces^L|| Faeces\.br\ Description : Soft
specimen\.br\ No white cells, red cells or mucus present\.br\
Parasites\.br\ No ova or cysts of enteric parasites seen\.br\
Culture\.br\ No Salmonella, Shigella, Campylobacter or Yersinia
isolated.|||||F
```

4. TestSafe

This section is for Laboratory providers only

The term TestSafe was introduced when the Auckland community laboratory commenced sending all community (GP) ordered laboratory results to the Auckland Regional Repository. The ability for a patient to request their lab results are not viewable in the regional repository is central to TestSafe. For TestSafe purposes, this is known as “opt-off”. The results are still sent to the regional repository and are loaded into the database however they are not viewable. Currently in use for Laboratory results only.

4.1 Opt-off via the 0800 phone number

Patients can phone the 0800 number to opt-off by supplying their details and a range of dates for which they wish their test results to be opt-off.

4.2 Request form - Prevent TestSafe (PTS)

Ordering clinicians can opt-off their patients’ results by ticking a check box labelled “Prevent TestSafe” on either paper lab test request forms or GP PMS electronically generated lab test request forms

4.3 “Organisational” - Prevent TestSafe

Allowing organisations to Prevent Test-Safe on all their patient results has also been introduced although this has not been sanctioned by the TestSafe project.

4.4 Sending ALL community laboratory testing

All community laboratory result must be sent to the regional repository. This includes organisational prevent TestSafe and request form Prevent Test Safe

Requirements for Report/Result Providers

4.5 Opt off Rules Overview

The rules for whether a report should not be visible to the user when opt-off is requested are as follows:

Opt off not possible: If the report has been generated for a standard DHB provider then the report should be visible, regardless of whether the patient has opted-off, or where the report has come from.

Opt off possible: If the report has been generated for a community provider and the patient has opted off then the report should not be visible.

Opt off possible: If the report has been generated for a 'special unit', and opt-off has been requested, then the report should not be visible.

To enable Eclair to do the above the laboratory providing the reports must send along with the results, opt off details in PV1-18. See below for details

4.6 PV1-18 content

PV1-18 allows for 2 characters

The first character is one of C,H,S or O defining one of the 4 possibilities below

Flag definition

- C Community
- H Hospital
- S Special Unit
- O Request form opt-off (ie "prevent test safe" check box ticked on request form)

Note: Currently Special Unit is not in use but this allows for doctors/locations to be set up as a special unit so that all their results can be opt-off.

An example of this usage might be a sexual health clinic

The second character indicates if there are any reports generated for DHBs

Requirements for Report/Result Providers

Copyto Flag definition

- N No reports generated for DHB doctors/locations
 Y Reports generated for DHB doctors/locations

PV1-18 content possibilities

Rules set in Eclair

Patient type HY HN SY CY OY cannot opt off

Patient type SN CN can opt off if requested

Patient type ON always confidential (always opt-off). Used when request forms indicate prevent test safe.

Requestor	Copy-tos Include	Requestor Flag	Copytos include DHB –STD flag	HL7 PV1-18	Can Patient opt-off?
Community Provider	Nil	C	N	CN	Yes
Community Provider	Community Provider (e.g. Specialist)	C	N	CN	Yes
Community Provider	DHB - Standard	C	Y	CY	No
Community Provider	DHB - Special Unit	C	N	CN	Yes
DHB – Standard (Hospital or Clinic)	Nil	H	N	HN	No
DHB - Standard	Community Provider	H	N	HN	No
DHB - Standard	DHB - Standard	H	Y	HY	No
DHB - Standard	DHB - Special Unit	H	N	HN	No
DHB - Special Unit	Nil	S	N	SN	Yes
DHB - Special Unit	Community Provider	S	N	SN	Yes
DHB - Special Unit	DHB - Standard	S	Y	SY	No
DHB - Special Unit	DHB - Special Unit	S	N	SN	Yes
Request form Prevent Test Safe	Nil	O	N	ON	obligatory opt off
Request form Prevent Test Safe	Community Provider (e.g. Specialist)	O	N	ON	obligatory opt off
Request form Prevent Test Safe	DHB - Standard	O	Y	OY	No
Request form Prevent Test Safe	DHB - Special Unit	O	N	ON	obligatory opt off

Requirements for Report/Result Providers

NOTE:

Messages will be rejected if a provider doesn't meet the following conditions

1. COMM reports (MSH-6 = COMM) must have an access category of ON or CN – a trigger checks that ON or CN are the only two possibilities and stops other invalid alpha /numeric being inserted into the database.

2 An Encounter scheme must be supplied with the encounter number – this helps to ensure the provider considers the reports belongs to a DHB so that the report is directed to the DHB loader rather than the COMM loader. (In the case of a Sysmex provider the hospital must be defined -not blank so that the report is considered a DHB report)

4.7 TestSafe Copy to issues

GP generated requests with copyto a DHB should be treated as a DHB result and require clinician signoff.

If a report is generated for a standard DHB provider, whether this be as a main recipient or as a copyto, MSH-6 must be the DHB (ADHB, WDHB, or CMDH) not COMM. This allows the report to be added to the appropriate clinician's queue and ensures the report will require signoff. It also means that CN and ON are the only possibilities for PV-18 when MSH-6 is COMM

All other reports destined for Eclair should be suppressed. This is to prevent conflict over whether opt-off is allowed, whether reports should be placed into clinician's queues, and whether reports should require signoff.

In the case of more than one DHB copyto then MSH-6 should be the DHB of the first copyto doctor (MSH-6 only allows for one receiving facility)

In the case of a standard DHB copyto being added to a request after reporting to Eclair, this additional report will be sent to Eclair with the appropriate PV1 – 18 flag and appropriate DHB in MSH-6.

OBR - 16 contains requesting doctor code, name and initials

OBR - 28 contains "copyto" doctor code, name and initials

"COPYTO" EXAMPLE (HL7 v2.1)

```
MSH|^~\&|DELPHIC|SALAB|ECLAIRHL7|CMDHB|200702201229||  
ORU|0000000000|P|2.1  
MSA|AA|0000000000  
PID||ZZZ9994^^NHI|ZZZ9994||DUMMY^HEPATITIS^T||1970091  
9|F  
PV1||""|CHAN24^^  
ORC|OK||DELPHIC  
OBR|0001||07/LG3413001200^DELLAB|0012^General  
Chemistry^L|R||""|""|""|""|""|200702  
201224|0|CHAN24^Chan^Weng|||11581^copyto^Eclair||2007  
02201229||CH|I|||BLAHA^H^Blacklock
```

Requirements for Report/Result Providers

OBX|0001||0102^Sodium^L^2951-2^^LOINC||""|mmol/L|135-
145|||I
OBX|0002||0701^Authorised by^L||""|||R

5. Test development system

The provider must have a test environment so that testing of the above requirements against the Test Regional Repository is possible.

Having a Test/development environment also allows for future development and testing

6. Message Transportation

6.1 Message Frequency

Message frequency is preferably real time. However the frequency and timing can be negotiated

Providers within the DHBs must send messages in real time and agreement needs to be reached concerning sending of interim reports.

Community report providers only send final and completed or corrected /amended reports to Eclair. No interim messages are sent.

6.2 Message Queuing

If Éclair, E-gate or ports utilized by these happen to be down then the sending provider must queue HL7 messages within their application. Once connectivity is established the queue messages must be sent in the order of first in first out. This is important for when receiving systems. Otherwise there is a risk of lost reports

6.3 Reports via direct connection

Providers using direct connections to Eclair loaders should use the following receiving facilities for directing reports:

Reports destined for DHB

Reports for Auckland should have "ADHB" as the receiving facility

Reports for Counties Manukau should have "CMDHB" as the receiving facility

Reports for Waitemata should have "WDHB" as the receiving facility

Reports destined for Community

These reports must have "COMM" as the receiving facility. This receiving facility should be sent to a specialised loader which is designed to remove the need for report sign off by a DHB clinician

Reports destined for DHB and community (COMM) must be sent to different ports One port for loading DHB reports and another port for loading COMM reports. To obtain details regarding IP addresses and ports of these loaders see "obtaining message transport details" below. ***Exception: CMDHB & WDHB Radiology do not require two message processes as these messages are sent via E-gate which directs reports to the relevant loaders. To obtain details***

Requirements for Report/Result Providers

for E-gate IP address see “obtaining message transport details” below

6.4 Reports via Healthlink

Each of the Auckland regional DHBs has a different EDI (Electronic Data Interchange) account addresses at Healthlink for sending messages to Eclair. Providers MUST identify which DHB the report is intended for then send it to the appropriate EDI mailbox. The HL7 message must also contain the EDI account name in the receiving facility segment.

There is an additional EDI account for sending copies of community reports testsafep. The reports will be available in Testsafe but will not be direct to a DHB clinician or caregiver for signoff.

Reports for Auckland should have "eclradhb" as the receiving facility
Reports for Counties Manukau should have "eclrcdhb" as the receiving facility

Reports for Waitemata should have "eclrwdhb" as the receiving facility

Reports to Testsafe should have "ttsafep" as the receiving facility

The Healthlink server has a firewall connection to the E-gate interface engine and messages are relayed to the E-gate server. These messages are then massaged by E-gate to change the receiving facility to one that is acceptable to the Eclair loader.

6.5 Obtaining message transport details

For further details regarding:

- The IP / port address of where HL7 messages must be send
- The type of network to be used (Health intranet /dedicated line)
- Firewall access
- Other communication issues

Please contact

Application Support Team Leader
health Alliance

7. Preliminary Information required from a new provider

Before any progress can be made the following information must be supplied by a potential new result / report provider

Please send the following preliminary information to:

Application Support Team Leader
health Alliance

1. Version of HL7 which will be used
2. Message transportation method to be used
3. Sending application which will be sent in MSH-3
4. Sending facility which will be sent in MSH-4
5. Department identifiers which will be used in OBR-24
6. An example HL7 message
7. The average size of the files
8. The number of files expected to be sent per day
9. Business Service Level expectations (including)
 - How quickly do results need to load into Eclair
 - What is the maximum number of messages that can queue waiting for processing?
10. If the business requires interim reports to be sent to Eclair
11. If the business requires the reports to be accepted by a clinician.

NOTE: If yes, then the sending application needs to be able to record the correct encounter number within their application and send in the HL7 message as described in this document. The correct encounter must always be included in the HL7 message for the report to queue to the correct clinician for acceptance.