Integrating the Healthcare Enterprise

IHE Patient Care Coordination Technical Framework Supplement

360 Exchange Closed Loop Acute Care to SNF Transfer (360XL)

Revision 1.0 – Draft for Public Comment

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Foreword

This is a supplement to the IHE Patient Care Coordination Technical Framework V11.0. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

This supplement is published on August 26, 2020 for Public Comment. Comments are invited and can be submitted at https://www.ihe.net/PCC_Public_Comments. In order to be considered in development of the Trial Implementation version of the supplement, comments must be received by September 25, 2020.

This supplement describes changes to the existing technical framework documents.

"Boxed" instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume.

Amend Section X.X by the following:

Where the amendment adds text, make the added text **bold underline**. Where the amendment removes text, make the removed text ~~**bold strikethrough**~~. When entire new sections are added, introduce with editor's instructions to "add new text" or similar, which for readability are not bolded or underlined.

General information about IHE can be found at http://ihe.net.

Information about the IHE Patient Care Coordination domain can be found at http://ihe.net/IHE_Domains.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at http://ihe.net/IHE_Process and http://ihe.net/Profiles.

The current version of the IHE Patient Care Coordination Technical Framework can be found at http://ihe.net/Technical_Frameworks.

CONTENTS

Introduction to this Supplement

The 360 Closed Loop Transfer from Acute or Ambulatory Care to Skilled Nursing Facility (360XL) Profile, which is described in this supplement, builds upon the 360X Profile for closed loop referrals. This supplement uses some of the existing transactions of the 360X Profile and adds some new ones in order to address use-case specific requirements for the transition of care form an acute care facility to a long term skilled nursing facility (Acute to SNF use case) or from and ambulatory care provider to a long term skilled nursing facility (Ambulatory to SNF use case).

Open Issues and Questions

1. Is this truly a new profile, or can this be extended to 360X while carving out named options for referral from PCP to specialist, and transfer from Acute Care to SNF?
2. The new Y3 transaction, Facility Admission Notification is currently represented by an Order Status Update HL7 v2 message. An alternative would be to use an HL7 v2 ADT^A01 message, which is already defined as part of the PAM Profile. Any feedback on this would be appreciated.

Closed Issues

1. This addresses a specific use case (transfer from acute care to skilled nursing facility). Should we add additional use cases that can benefit from the same set of transaction as described in this profile? - Resolved, second use case added.

IHE Technical Frameworks General Introduction

The IHE Technical Framework General Introduction is shared by all of the IHE domain technical frameworks. Each technical framework volume contains links to this document where appropriate.

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The IHE Technical Framework General Introduction Appendices are components shared by all of the IHE domain technical frameworks. Each technical framework volume contains links to these documents where appropriate.

*Update the following appendices to the General Introduction as indicated below. Note that these are **not** appendices to this domain's Technical Framework (TF-1, TF-2, TF-3 or TF-4) but rather, they are appendices to the IHE Technical Frameworks General Introduction located here.*

Appendix A – Actor Summary Definitions

*Add the following **new or modified** actors to the IHE Technical Frameworks General Introduction Appendix A:*

New (or modified) Actor Name	Definition
	*If this is a modified actor description, add the original description and use **bold underline** to indicate where the amendment adds text and ~~**bold strikethrough**~~. where the amendment removes text*
Referral Initiator	The provider, organization, or system, which initiates the referral **or transfer**.
Referral Recipient	The provider, organization, or system, which **receives the request and** will **potentially** perform the services for which the patient is referred **or transferred**.

Appendix B – Transaction Summary Definitions

*Add the following **new or modified** transactions to the IHE Technical Frameworks General Introduction Appendix B:*

New (or modified) Transaction Name and Number	Definition
<Verb-Noun formation (e.g., Send Data [DOM-xx]}>	*If this is a modified transaction description, add the original description and use **bold underline** to indicate where the amendment adds text and ~~**bold strikethrough**~~. where the amendment removes text*

New (or modified) Transaction Name and Number	Definition
Referral Request Selection [PCC-Y1]	This transaction is used by the Referral Initiator to convey to the selected Referral Recipient, who had previously accepted the referral request, that they will be providing care for the patient, and to the Referral Recipients, that have not been selected, that they will not be providing care for the patient.
LTPAC Transfer Documentation [PCC-Y2]	This transaction is used by the Referral Initiator to send the most up-to-date information to the Referral Recipient at the time of transferring the patient.
LTPAC Admission Notification [PCC-Y3]	This transaction is used by the Referral Recipient to convey to a Referral Initiator that the patient had been admitted to the facility.

Appendix D – Glossary

255 *Add the following **new or updated glossary** terms to the IHE Technical Frameworks General Introduction Appendix D.*

New (or modified) Glossary Term	Definition	Synonyms	Acronym/ Abbreviation
Skilled Nursing Facility	A skilled nursing facility is an in-patient rehabilitation and medical treatment center staffed with trained medical professionals. SNFs are a subset for Long Term Post-Acute Care facilities.		SNF
Long Term and Post-Acute Care	Long-term and post-acute care services cover a wide array of services ranging from institutional services provided in specialty hospitals and nursing homes, to a variety of home and community based services.		LTPAC

Volume 1 – Profiles

Domain-specific additions

None

Add new Section X

X 360 Exchange Closed Loop Transfer from Acute or Ambulatory Care to Skilled Nursing Facility (360XL) Profile

The 360XL Profile addresses the needs for data exchange and workflow management when patient care requires a transfer from one care setting (most commonly an acute care setting) to a skilled nursing facility. The profile is a workflow and content profile.

The workflow part of the profile enables multiple destinations to receive a referral request, allows each destination to accept or decline the request, and facilitates the selection of the actual destination of the transfer among those which accepted the request.

The content part of the 360XL Profile describes the way clinical information is shared as part of the request in order for the possible destinations to evaluate the patient's needs before they make the decision to accept or decline. The specific needs to document the patient's condition at the time of transfer are also described in the content part.

X.1 360XL Actors, Transactions, and Content Modules

This section defines the actors, transactions, and content modules in this profile. General definitions of actors are given in the Technical Frameworks General Introduction Appendix A. IHE Transactions can be found in the Technical Frameworks General Introduction Appendix B. Both appendices are located at http://ihe.net/Technical_Frameworks/#GenIntro

Figure X.1-1 shows the actors directly involved in the 360XL Profile and the relevant transactions between them. If needed for context, other actors that may be indirectly involved due to their participation in other related profiles are shown in dotted lines. Actors which have a required grouping are shown in conjoined boxes (see Section X.3).

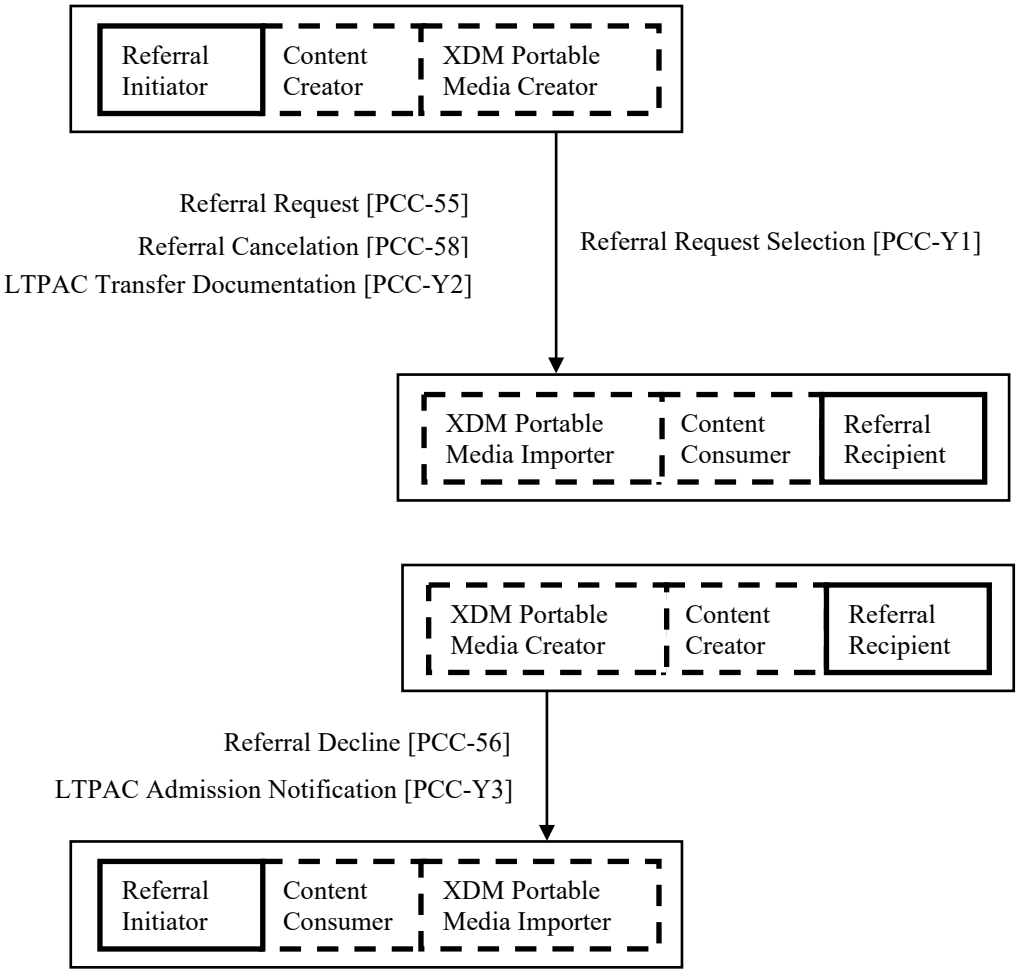


Figure X.1-1: 360XL Actor Diagram

Table X.1-1 lists the transactions for each actor directly involved in the 360XL Profile. To claim compliance with this profile, an actor shall support all required transactions (labeled "R") and may support the optional transactions (labeled "O").

Table X.1-1: 360XL Profile - Actors and Transactions

Actors	Transactions	Actions	Optionality	Reference
Referral Initiator	Referral Request [PCC-55]	Send Referral Request / Receive Accept or Decline	R	PCC TF-2: 3.55
	Referral Decline [PCC-56]	Receive Decline of Referral Request	R (see note 1)	PCC TF-2: 3.56
	Referral Cancellation [PCC-58]	Send Request for Cancellation / Receive Cancellation Confirmation	O (see note 2)	PCC TF-2: 3.58
	Referral Request Selection [PCC-Y1]	Send Request Confirm or Request Discontinue Notification	R	PCC TF-2: 3.Y1

Actors	Transactions	Actions	Optionality	Reference
	LTPAC Transfer Documentation [PCC-Y2]	Send LTPAC Transfer Documentation	R2	PCC TF-2: 3.Y2
	LTPAC Admission Notification [PCC-Y3]	Receive LTPAC Admission Notification	R2	PCC TF-2: 3.Y2
Referral Recipient	Referral Request [PCC-55]	Receive Referral Request / Send Accept or Decline	R	PCC TF-2: 3.55
	Referral Decline [PCC-56]	Send Decline of Referral Request	O (see note 3)	PCC TF-2: 3.56
	Referral Cancellation [PCC-58]	Receive Request for Cancellation / Send Cancellation Confirmation	O (see note 4)	PCC TF-2: 3.58
	Referral Request Selection [PCC-Y1]	Receive Request Confirm Notification or Request Discontinue Notification	R	PCC TF-2: 3.Y1
	LTPAC Transfer Documentation [PCC-Y2]	Receive LTPAC Transfer Documentation	R2	PCC TF-2: 3.Y2
	LTPAC Admission Notification [PCC-Y3]	Send LTPAC Admission Notification	R2	PCC TF-2: 3.Y3

Note 1: When transaction 56 is received by the Referral Initiator, this signifies the end of the referral process, and it should be represented correspondingly in the initiator's system.

Note 2: A Referral Initiator may not have a workflow where a cancellation of the referral request is needed; that is why transaction 58 is optional. If transaction 58 is supported, then the Referral Initiator must support receiving a Cancellation Confirmation message, which signifies the end of the referral process (see note 1).

Note 3: A Referral Recipient must support sending a decline message as the initial response to a received referral request, if there is a reason that it cannot be accepted. Transaction 56 provides the optional ability of the Referral Recipient to send a decline message even after the referral request was initially accepted.

Note 4: A Referral Recipient may operate in a context where they cannot interrupt the referral process when they receive a request for cancellation message, and this is why receiving transaction 58 is optional. Even if in some circumstances the Referral Recipient can receive and process transaction 58, there is no requirement that a cancellation confirmation must always be sent, due to the timing of the cancellation request, for example.

Figure X.1-2 shows the actors engaged in content sharing in the 360XL Profile and the direction that the content is exchanged.

As already described in Figure X.1-1, the actors from this profile are grouped with the Content Creator and Content Consumer Actors. The grouping of the content module described in this profile to specific actors is described in more detail in Required Actor Groupings PCC TF-1: X.3, and in Cross Profile Considerations PCC TF-1: X.6.

Figure X.1-2: 360XL Actor Diagram

Table X.1-2 lists the content modules defined in the 360XL Profile. To claim support with this profile, an actor shall support all required content modules (labeled "R") and may support optional content modules (labeled "O"). Note that the required actor groupings add a requirement for the Content Consumer to support the Document Import Option for the corresponding module.

Transactions [PCC-55] and [PCC-Y2], which use the specific content, have further discussions and requirements on the document and section templates relevant to this profile.

Table X.1-2: 360XL – Actors and Content Modules

Actors	Content Modules	Optionality	Reference
Content Creator	C-CDA Document Templates	R	C-CDA 2.1 IG
Content Consumer	C-CDA Document Templates	R	C-CDA 2.1 IG

X.1.1 Actor Descriptions and Actor Profile Requirements

Most requirements are documented in PCC TF-2 Transactions and PCC TF-3 Content Modules. This section documents any additional requirements on profile's actors.

X.1.1.1 Referral Initiator

The Referral Initiator starts the referral and transfer process by sending instances of the referral request to one or more Referral Recipients. Each instance of the referral request must have a unique referral identifier as described in the Referral Request Transaction (PCC TF-2: 3.55). This requirement allows the status of each referral request to be properly managed.

Once the referral request is sent, the Referral Initiator must be able to receive and process an acceptance or a decline. If the referral is accepted, the Referral Initiator must still be able to accept and process a subsequent decline.

If the Referral Initiator is able to send a Cancellation Request during any part of the workflow, it must be able to receive and process a Cancellation Confirmation, and it also must be able to proceed in a deterministic manner if a Cancellation Confirmation is not received in a reasonable timeframe.

After the final selection for the transfer destination is made, the Referral Initiator must send one referral request confirmation the Referral Recipient representing the selected destination, and the Referral Initiator must send a request discontinuation to all other Referral Recipients, which had previously accepted the initial request.

At the time of transfer, the Referral Initiator must send an LTPAC transfer documentation transaction.

The following requirements apply to the Referral Initiator for all transactions:

The Referral Initiator shall provide a unique patient identifier with the initial referral request, and must use the same patient identifier in any subsequent communications throughout a single referral information exchange. This identifier shall be present in the metadata for the XD* submission set and document entries, and in the PID segment of the HL7 V2 messages. The identifier should be present in the CDA document header.

The Referral Initiator MUST use one of two options for the patient identifier:

1. a unique patient identifier known to the Referral Initiator, which may or may not be known to the Referral Recipient. In the XD* Metadata, this identifier shall be present in the sourcePatientId attribute of each and every document entry.
2. a unique patient identifier commonly known to both the Referral Initiator and the Referral Recipient. The method, by which this knowledge is obtained, is outside the scope of this implementation guide, and it may include communication with other parties, such as a regional HIE, an MPI, etc. In the XD* Metadata, this identifier shall be present in the patientId attribute of the submission set, and the patientId attribute of each and every document entry.

The Referral Initiator shall provide a unique identifier for the referral with the initial referral request, and must use the same referral identifier in any subsequent communications throughout a single referral information exchange. This identifier shall be present in the metadata for the XDM submission set and document entries, and in the ORC and OBR segments of the HL7 V2 messages. The identifier should be present in the CDA referral section.

X.1.1.2 Referral Recipient

The Referral Recipient must receive and process a referral request, which is sent by a Referral Initiator, and the Referral Recipient must be able to respond with either an acceptance or a decline.

Once a referral request is accepted, the Referral Recipient must be able to receive and process a referral request confirmation, and a referral request discontinuation. The Referral Recipient must be able to accept a Cancellation request at any point of the workflow, and it must respond with a Cancellation Confirmation.

At the time of transfer, the Referral Recipient must be able to receive and process an LTPAC transfer documentation transaction.

The Referral Recipient, as a Content Consumer, must implement the Document Import Option (see PCC TF-2: 3.1.2) for all CDA document types based on the content option(s) supported, and may implement the Section Import Option (PCC TF-2: 3.1.3), and/or the Discrete Data Import Option (PCC TF-2: 3.1.3).

The following requirements apply to the Referral Recipient for all transactions:

- The Referral Recipient MUST use the unique patient identifier provided in the initial referral request in any subsequent communications with the Referral Initiator throughout the information exchange for a specific referral. When sent by the Referral Recipient, this

identifier shall be present in the patientId metadata attribute for the XDM submission set and the patientId attribute of each and every document entry, and in the PID segment of the HL7 V2 messages. The identifier may be present in the CDA document header.

- The Referral Recipient MAY provide another unique patient identifier in any subsequent communications for the purpose of simplifying future communications between the two systems. Any further use of additional patient identifiers is outside the scope of this profile.
- The Referral Recipient SHALL use the unique referral identifier provided in the initial referral request in any subsequent communications with the Referral Initiator throughout a single referral information exchange. This identifier shall be present in the metadata for the XD submission set and document entries, and in the ORC segment of the HL7 V2 messages. The identifier may be present in the CDA document header.

X.2 360XL Actor Options

Options that may be selected for each actor in this profile, if any, are listed in the Table X.2-1. Dependencies between options, when applicable, are specified in notes.

Table X.2-1: 360XL – Actors and Options

Actor	Option Name	Reference
Referral Initiator	Acute Care Initiator Option[Note 1]	PCC TF-1: X.2.1
	Ambulatory Care Initiator Option[Note 1]	PCC TF-1: X.2.2
	XDR Option	PCC TF-1: X.2.3
Referral Recipient	Acute Care Initiator Option[Note 2]	PCC TF-1: X.2.1
	Ambulatory Care Initiator Option[Note 2]	PCC TF-1: X.2.2
	Section Import Option	PCC TF-2: 3.1.3
	Discrete Data Import Option	PCC TF-2: 3.1.4
	XDR Option	PCC TF-1: X.2.3

Note1: At least one of the Acute Care Initiator Option or the Ambulatory Care Initiator Option must be supported by the Referral Initiator.

Note 2: At least one of the Acute Care Initiator Option or the Ambulatory Care Initiator Option must be supported by the Referral Recipient.

X.2.1 Acute Care Initiator Option

This option applies for use cases where the patient is in an acute care setting, and will be transferred to a skilled nursing facility.

The Referral Initiator who claims support for this option shall support transaction [PCC-Y2], sending LTPAC Transfer Documentation.

The Referral Recipient who claims support for this option shall support transaction [PCC-Y2], receiving LTPAC Transfer Documentation.

X.2.2 Ambulatory Care Initiator Option

This option applies for use cases where the patient is treated by a provider in an ambulatory care setting, and the patient, provider and other caregivers agree that the patient needs to be admitted in a skilled nursing facility.

The Referral Initiator who claims support for this option shall support transaction [PCC-Y3], receiving LTPAC Admission Notification.

The Referral Recipient who claims support for this option shall support transaction [PCC-Y3], sending LTPAC Admission Notification.

X.2.3 XDR Option

The 360XL Profile requires the use of the ITI XDM Profile as the base transport mechanism of the 360X. In addition to the base mechanism, this profile also adds the XDR Option for transport mechanisms.

The XDR Option replaces the ITI XDM actors and associated transaction with the corresponding XDR actors and associated transaction. See Section X.3.2.

X.3 360XL Required Actor Groupings

The actor groupings represent the requirements for implementing the 360X Profile. Note that all implementations must implement the required actor groupings. One or more optional actor groupings may be present in Section X.6.

X.3.1 Required Actor Groupings - XDM

The actors of this profile are grouped with both the XDM actors, and the generic Content Consumer and Content Creator Actors (as shown in Figure X.1-1, the 360XL Actor Diagram).

An actor from this profile (Column 1) shall implement all of the required transactions and/or content modules in this profile ***in addition to*** all of the transactions required for the grouped actor (Column 2).

Section X.5 describes additional groupings that may be of interest for security considerations and Section X.6 describes some optional groupings in other related profiles.

Table X.3.1-1: 360XL - Required Actor Groupings

360XL Actor	Actor to be grouped with	Reference	Content Bindings Reference
Referral Initiator	ITI XDM Portable Media Creator with options: ZIP over Email ZIP Over Email Response	ITI TF-1: 16.1 ITI TF-1: 16.2.3 ITI TF-1: 16.2.4	
	ITI XDM Portable Media Importer with options: ZIP over Email ZIP Over Email Response	ITI TF-1: 16.1 ITI TF-1: 16.2.3 ITI TF-1: 16.2.4	

360XL Actor	Actor to be grouped with	Reference	Content Bindings Reference
Referral Recipient	ITI XDM Portable Media Importer with options: ZIP over Email ZIP Over Email Response	ITI TF-1: 16.1 ITI TF-1: 16.2.3 ITI TF-1: 16.2.4	
	ITI XDM Portable Media Creator with options: ZIP over Email ZIP Over Email Response	ITI TF-1: 16.1 ITI TF-1: 16.2.3 ITI TF-1: 16.2.4	
	Content Consumer with Document Import Option	PCC TF-2:3.1.2	See Note 1

Note 1: The Content Consumer requirements are for the CDA documents described as payload for some of the 360X transactions, and only apply in the case when a patient referral is accepted by the Referral Recipient

X.3.2 Required Actor Groupings - XDR Option

The XDR Option for 360X replaces the XDM actor grouping with the corresponding XDR actor grouping.

An actor from this profile (Column 1) claiming the XDR Option shall implement all of the required transactions and/or content modules in this profile ***in addition to*** all of the transactions required for the grouped actor (Column 2).

Section X.5 describes additional groupings that may be of interest for security considerations and Section X.6 describes some optional groupings in other related profiles.

Table X.3.2-1: 360XL - XDR Actor Groupings

360X Actor	Actor to be grouped with	Reference	Content Bindings Reference
Referral Initiator	ITI XDR Document Source	ITI TF-1: 15.1	
	ITI XDR Document Recipient	ITI TF-1: 15.1	
Referral Recipient	ITI XDR Document Recipient	ITI TF-1: 15.1	
	ITI XDR Document Source	ITI TF-1: 15.1	
	Content Consumer with Document Import Option	PCC TF-2:3.1.2	See Note 1

Note 1: The Content Consumer requirements are for the CDA documents described as payload for some of the 360X transactions, and only apply in the case when a patient referral is accepted by the Referral Recipient

X.4 360XL Overview

X.4.1 Concepts

The 360XL Profile is a combination of a set of transactions and content modules, which enables the Referral Initiator and the Referral Recipient to exchange clinical information about the patient who is being transferred, and to manage the transfer workflow at an abstract level.

The following state transition diagram describes a series of workflow steps found in acute care to long term care transfers. This diagram is used as a reference to define the requirements for the transactions in this profile.

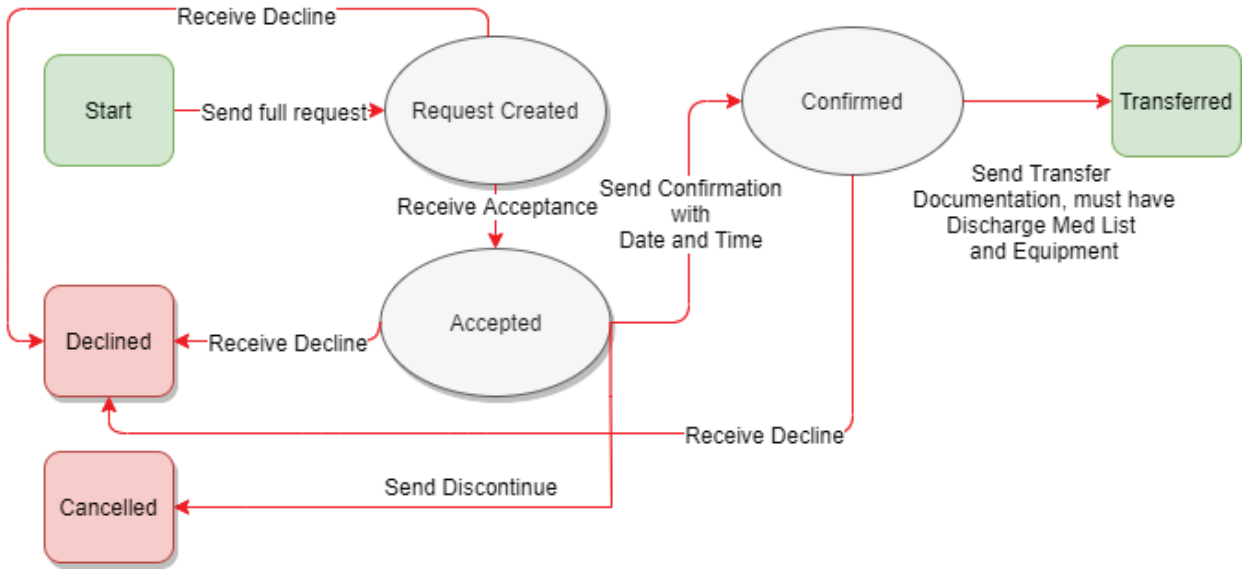


Figure X.4.1-1: 360XL State Transitions from the point of view of the Referral Initiator

The state transitions from the Referral Initiator's point of view show the possible actions and expectations for the Referral Initiator. It shows that Referral Decline can be received throughout the workflow, and the Referral Initiator must be prepared to deal with these "delayed" declines.

X.4.2 Use Cases

The 360XL Profile targets the use case of a referral to a skilled nursing facility and the resulting transfer. While the workflow differs from the one in the 360X Profile, several concepts have been reused, including the concept of End of Care, which is when the transfer is considered completed.

The new steps in the workflow allow the sending of a request to multiple recipients, and managing the cases where multiple acceptances are received.

X.4.2.1 Use Case #1: Acute Care to SNF

This use case describes the referral and subsequent transfer of a patient from a hospital to a skilled nursing facility

X.4.2.1.1 Acute Care to SNF Use Case Description

Ms. Peterson, age 73, who lives by herself, needs a knee replacement surgery. She is admitted at Bay View Hospital on July 23, 2020 for the procedure. The surgery is successful, and Ms. Peterson is recovering at the hospital. Given her general situation, and typical recovery, the care team recommends a transfer to a skilled nursing facility for a 3-week rehabilitation post-surgery. The care coordinator at the hospital, Mr. Carrelton, works with Ms. Peterson to select a few potential facilities where she may want to get transferred.

The initial list of possible choices is created based on a variety of criteria, and includes four possible facilities. A referral request, including the clinical information of Ms. Peterson's procedure and her current condition, is sent to each of the four facilities. At each facility, a care coordinator reviews the request and determines if the facility is able to admit the patient.

One of the facilities does not have capacity to receive Ms. Peterson as a patient, and they decline the request. The other three facilities accept the request.

Ms. Peterson and her son, who is visiting from out of state, review the information about the three facilities, and together with Mr. Carrelton they choose Better Health Rehab. The two other facilities receive a discontinuation notification, and Better Health Rehab receives a confirmation notification, which indicates the date and time of the proposed transfer.

On the day of transfer Mr. Carrelton completes and sends a transfer of care note to Better Health Rehab. Ms. Peterson is successfully admitted, and after three weeks of rehabilitation she is discharged to her home with fully functional knee replacement.

X.4.2.1.2 Acute Care to SNF Process Flow

This use case corresponds to the Acute Care Initiator Option, described in Section X.2.1.

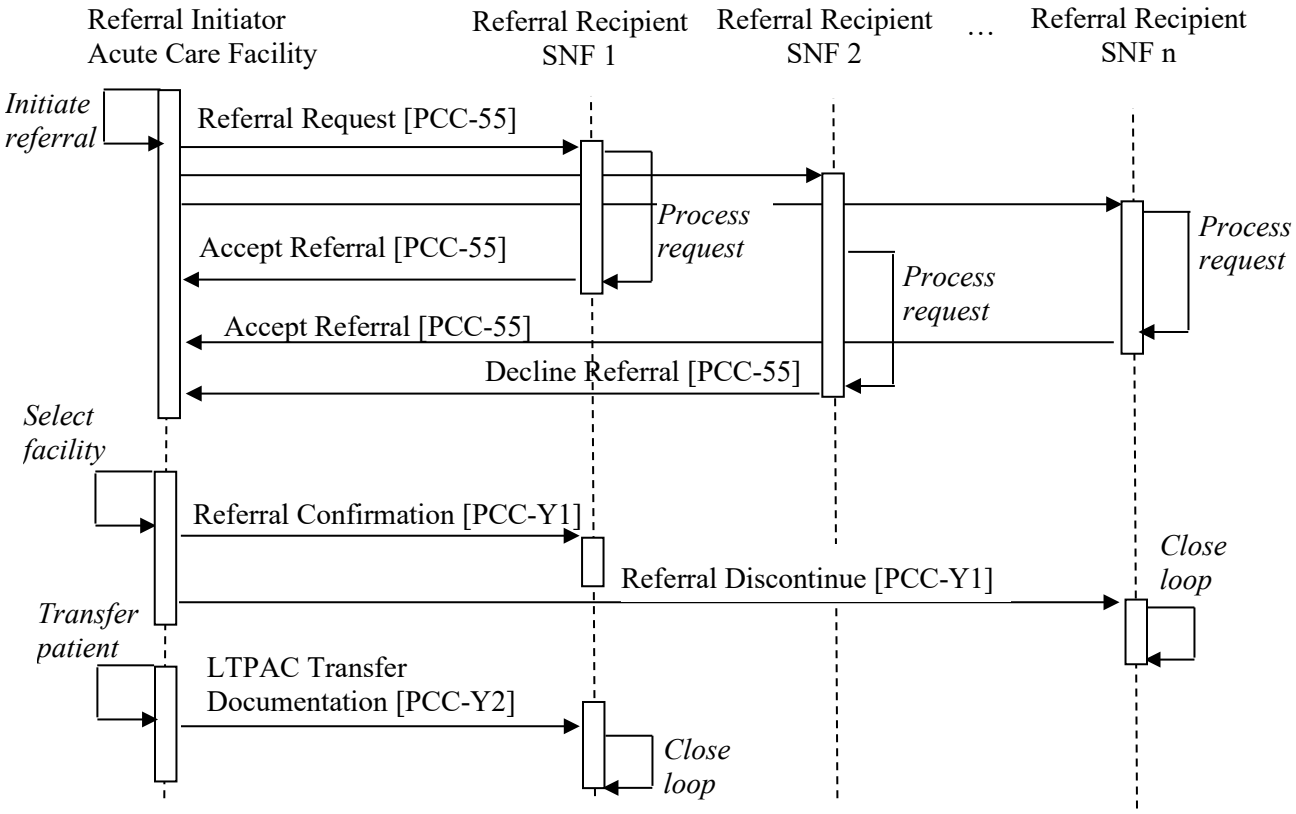


Figure X.4.2.1.2-1: Basic Process Flow in the 360XL Profile

The process flow shows the multiple referral requests sent from the Referral Initiator to the Referral Recipients representing the multiple skilled nursing facilities.

Some Referral Recipients respond with an Accept, and others respond with a Decline. Once a selection is made, the selected facility receives a Referral Confirmation, and the rest receive a Referral Discontinue message.

Finally, at the time of transfer, the Referral Initiator sends the appropriate Transfer Documentation to the Referral Recipient representing the selected facility.

X.4.2.2 Use Case #2: Ambulatory Care to SNF

This use case describes the referral from an ambulatory setting to a skilled nursing facility (request is made from the ambulatory setting, patient is living at home or in another outpatient setting), and subsequent admission of the patient to the skilled nursing facility.

X.4.2.2.1 Ambulatory Care to SNF Use Case Description

Mr. Ross Jones, age 83, lives with his daughter, Andrea. In the last few months Andrea has noticed that her father is far more forgetful than normal. Several times Mr. Jones has wandered out of the house and become lost, one time he was lost overnight. Andrea now dreads leaving her father fearing what might happen to him while she is at work. Mr. Jones also has escalating behavioral changes with episodes of becoming aggressive and physical.

Andrea took her father to his long-time PCP, Dr. Wilson. The diagnostic tests ordered by Dr. Wilson revealed no treatable causes for these issues, and a subsequent CT scan showed presence of multi-infarct dementia.

Dr. Wilson discusses the results with Mr. Jones and Andrea. Mr. Jones recognizes that he is no longer safe in Andrea's home and requires additional care. Together they decide on skilled nursing facility placement.

After doing some preliminary research, they make a list of three possible facilities. Dr. Wilson's staff sends a referral request, including the clinical information of the patient's current condition, to each of the three facilities. At each facility, a care coordinator reviews the request and determines if the facility is able to admit the patient.

One of the facilities does not have capacity to receive Mr. Jones as a patient, and they decline the request. The other two facilities accept the request, including their preferred choice, All Star Senior Living, which is located near Andrea's house.

The staff at Dr. Wilsons's office send a referral request confirmation message to All Star Senior Living and a referral request discontinue message to the facility which was not chosen.

Two weeks later Mr. Jones arrives at the skilled nursing facility, and upon admission, a notification is sent to Dr. Wilson that his patient was successfully admitted. This closes the loop for the referral.

X.4.2.2.2 Ambulatory Care to SNF Process Flow

This use case corresponds to the Ambulatory Care Initiator Option, described in Section X.2.2.

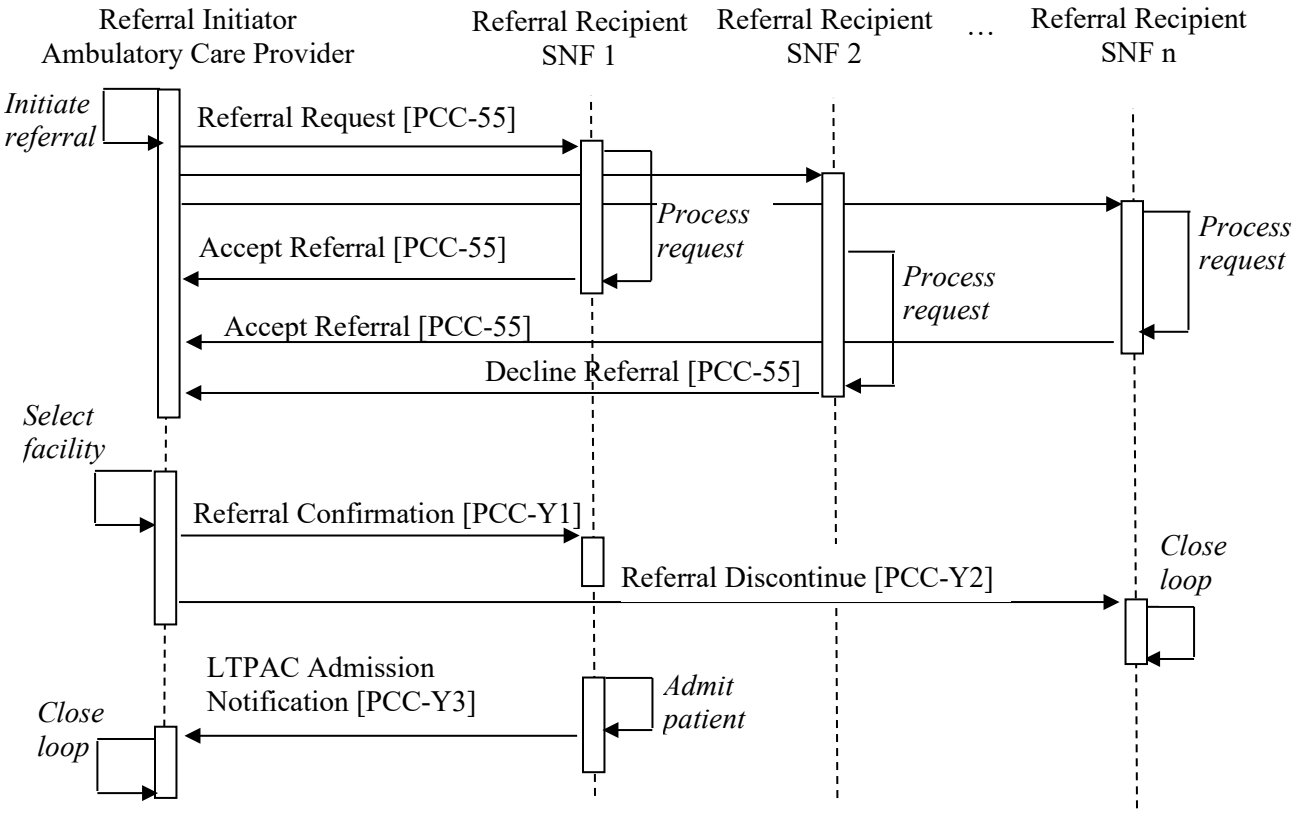


Figure X.4.2.2.2-1: Basic Process Flow in the 360XL Profile

The process flow shows the multiple referral requests sent from the Referral Initiator to the Referral Recipients representing the multiple skilled nursing facilities.

Some Referral Recipients respond with an Accept, and others respond with a Decline. Once a selection is made, the selected facility receives a Referral Confirmation, and the rest receive a Referral Discontinue message.

Finally, at the time of admission, the Referral Recipient representing the selected facility sends an admission notification to the Referral Initiator.

X.5 360XL Security Considerations

The 360XL Profile actors are grouped with the Portable Media Creator and Portable Media Importer actors of the XDM Profile, and requires the ZIP over Email and Zip over Email

Response Options. In particular, the use of S-MIME encryption and signature requirements are applied to this profile.

Sections X.1.1.1 and X.1.1.2 address the management of patient and referral identification for the purposes of this profile.

X.6 360XL Cross Profile Considerations

X.6.1 360X - 360 Exchange Closed Loop Referral

This profile reuses transactions [PCC-55] and [PCC-58] from the 360X Profile, and employs the Referral Initiator and Referral Recipient actors, first defined in the 360X Profile.

There are differences in the content of the CDA document, which is part of [PCC-55], when used with this profile. These differences are documented in Section 6.3.1.D1

Appendices to Volume 1

Not applicable

Volume 2 – Transactions

3.55 Referral Request [PCC-55]

Update Table 3.55.4-1 as follows

contentTypeCode	Defines the submission set as part of a referral.	R (360X **and 360XL**)	**360X:** LOINC Code 57133-1 is used to indicate that this Submission Set is part of a referral **360XL: LOINC Code 85199-8 is used to indicate that this Submission Set is part of a long-term care facility referral**

Update Table 3.55.4-6 as follows

contentTypeCode	Defines the submission set as part of a referral.	R (360X **and 360XL**)	**360X:** LOINC Code 57133-1 is used to indicate that this Submission Set is part of a referral **360XL: LOINC Code 85199-8 is used to indicate that this Submission Set is part of a long-term care facility referral**

Update Table 3.55.4-9 as follows

contentTypeCode	Defines the submission set as part of a referral.	R (360X **and 360XL**)	**360X:** LOINC Code 57133-1 is used to indicate that this Submission Set is part of a referral **360XL: LOINC Code 85199-8 is used to indicate that this Submission Set is part of a long-term care facility referral**

Modify the first paragraph of Section 3.55.4.1.2.3 as follows:

The clinical information for the referral **request** is conveyed via a CDA document. For each ~~**360X**~~ content option **for the 360X Profile**, the following CDA document templates are specified for use in a referral request. **The 360XL Profile uses only the C-CDA Option.**

In Table 3.55.4-5 rename the "Use" column to "360X Use", and add another column called "360XL Use"

Table 3.55.4-5: 360X US National Extension Document Content Modules

Document Content Modules	Template ID (/ClinicalDocument/templateid)	360X Use	360XL Use	Reference
Care Plan	@root: 2.16.840.1.113883.10.20.22.1.15 @extension: 2015-08-01	O	**O**	C-CDA Section 1.1.2
Consultation Note	@root: 2.16.840.1.113883.10.20.22.1.4 @extension: 2015-08-01	N/A	**N/A**	C-CDA Section 1.1.3
Continuity of Care Document (CCD)	@root: 2.16.840.1.113883.10.20.22.1.2 @extension: 2015-08-01	RC	**O**	C-CDA Section 1.1.5
Diagnostic Imaging Report	@root: 2.16.840.1.113883.10.20.22.1.5 @extension: 2014-06-09	N/A	**N/A**	C-CDA Section 1.1.7
Discharge Summary	@root: 2.16.840.1.113883.10.20.22.1.8 @extension: 2015-08-01	N/A	**RC**	C-CDA Section 1.1.9
History and Physical	@root: 2.16.840.1.113883.10.20.22.1.3 @extension: 2015-08-01	O	**O**	C-CDA Section 1.1.11
Operative Note	@root: 2.16.840.1.113883.10.20.22.1.7 @extension: 2015-08-01	N/A	**O**	C-CDA Section 1.1.13
Procedure Note	@root: 2.16.840.1.113883.10.20.22.1.6 @extension: 2015-08-01	N/A	**O**	C-CDA Section 1.1.15
Progress Note	@root: 2.16.840.1.113883.10.20.22.1.9 @extension: 2015-08-01	O	**O**	C-CDA Section 1.1.17
Referral Note	@root: 2.16.840.1.113883.10.20.22.1.14 @extension: 2015-08-01	RC	**O**	C-CDA Section 1.1.19
Transfer Summary	@root: 2.16.840.1.113883.10.20.22.1.13 @extension: 2015-08-01	O	**RC**	C-CDA Section 1.1.20
Unstructured Document	@root: 2.16.840.1.113883.10.20.22.1.10 @extension: 2015-08-01	N/A	**N/A**	C-CDA Section 1.1.21

The Referral Recipient who claims support for this option shall be able to receive, store and allow users to access the contents of any of the recommended (RC) or Optional (O) documents from this table

*Add new section heading 3.55.4.1.2.3.2.1 to the **existing** following paragraph (second paragraph after the table) and modify the first sentence as shown below.*

3.55.4.1.2.3.2.1 Document Content Modules for 360X

When this transaction is used in the 360X Profile, T~~t~~he Referral Note document template is recommended, as its purpose is aligned most closely with the referral request. It requires the Reason for Referral section template (template ID root 1.3.6.1.4.1.19376.1.5.3.1.3.1, template ID extension 2014-06-09).

Add the following new Section 3.55.4.1.2.3.2.2 before Section 3.55.4.1.3

3.55.4.1.2.3.2.2 Document Content Modules for 360XL

When this transaction is used in the 360XL Profile, the Transfer Summary document template is recommended, as its purpose is aligned most closely with a referral request for transfer to a Skilled Nursing Facility. It requires the Reason for Referral section template (template ID root 1.3.6.1.4.1.19376.1.5.3.1.3.1, template ID extension 2014-06-09).

The Discharge Summary template is also recommended as it is one of the most widespread implemented document types. It is an open template, and it SHOULD contain a Reason for Referral section when used as a payload of the Referral Request [PCC-55] transaction.

The document templates in this list provide a hierarchy of implementation choices for the Content Creator:

- If possible, create a Transfer Summary, with the addition of one of Discharge Medications Section (entries required) or Medications Section (entries required) section templates. The choice will depend on the practice setting of the requester.
- If already able to create a Discharge Summary, use the Discharge Summary template with the addition of the Reason for Referral section template, and the Discharge Medications Section (entries required) section template.
- If already able to create a Discharge Summary without the capability for additional sections, use the Discharge Summary as is
- If any other document template, marked as O (optional) in the table above is more applicable to a specific referral workflow, use that document template.

Whenever used, the Reason for Referral section SHALL contain a Patient Referral Act entry template (template ID root 2.16.840.1.113883.10.20.22.4.140). The entry/act/id element SHALL

contain the same referral ID as the one present in the metadata, and in the HL7 V2 message payload of the transaction.

In addition to the required sections in each document template, either the Medications Section (entries required) template (template ID root 2.16.840.1.113883.10.20.22.2.1.1, template ID extension 2014-06-09), or the Discharge Medications Section (entries required) (template ID root 2.16.840.1.113883.10.20.22.2.11.1, template ID extension 2015-08-01) SHALL be present in the document.

Add new Section 3.Y1

3.Y1 Referral Request Selection [PCC-Y1]

3.Y1.1 Scope

This transaction is used by the Referral Initiator to convey to the selected Referral Recipient, who had previously accepted the referral request, that they will be providing care for the patient, and to the Referral Recipients, that have not been selected, that they will not be providing care for the patient.

3.Y1.2 Actor Roles

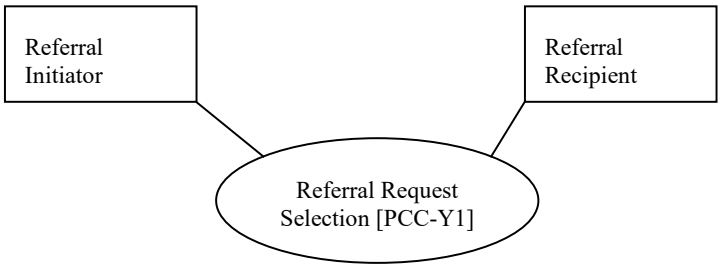


Figure 3.Y1.2-1: Use Case Diagram

Table 3.Y1.2-1: Actor Roles

Actor:	Referral Initiator
Role:	The acute care facility which is notifying the SNF that they were chosen to provide care for the patient.
Actor:	Referral Recipient
Role:	The skilled nursing facility, which receives a notification that they were chosen to provide care for the patient.

3.Y1.3 Referenced Standards

- HL7 Messaging standard, version 2.5.1 Chapters 2, 4
- HL7 Messaging standard, version 2.9 Chapter 4

3.Y1.4 Messages

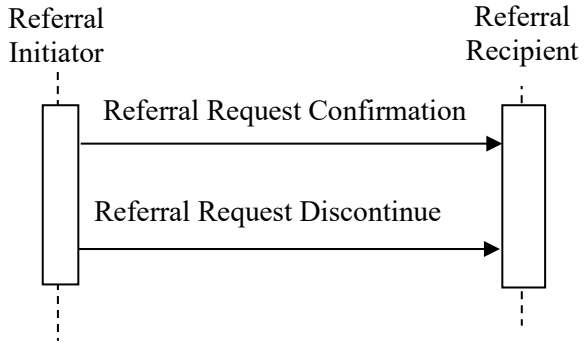


Figure 3.Y1.4-1: Interaction Diagram

3.Y1.4.1 Referral Request Confirmation

The Referral Request Confirmation message is a notification that the Referral recipient has been chosen to provide care for the patient.

3.Y1.4.1.1 Trigger Events

The message is triggered as a result of the patient and their care givers selecting a facility to be transferred to.

3.Y1.4.1.2 Message Semantics

This message is an XDM package constructed following the rules described in the XDM Profile, transaction [ITI-32], ITI TF-2: 3.32. The current transaction, [PCC-Y1], adds the following constraints:

- Only a single submission set shall be present in the XDM package (ITI TF-2: 3.32.4.1.2)
- Only “simple part” documents shall be allowed in the XDM package (ITI TF-2: 3.32.4.1.2.2).

The Referral Request Confirmation XDM package contains a single HL7 V2 OSU^O51^OSU_O51 message.

3.Y1.4.1.2.1 Message Content – Metadata

The metadata in the XDM package is constrained for the purposes of Acute Care to SNF transfers as described in the following sections for Submission Set and Document Entries.

3.Y1.4.1.2.1.1 Submission Set

670 The table contains all required (R) Submission Set attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of a Document Entry.

Table 3.Y1.4.1.2.1.1-1: 360X Submission Set Attributes

Attribute	Purpose within 360X	Requirement (Source of requirement)	Value and Source
Author	The entity which created the submission set, including the Referral Initiator's Direct address.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Initiator is placed in the authorTelecommunication slot of the author classification.
contentTypeCode	Defines the submission set as part of a referral.	R (360X)	LOINC Code 85199-8 is used to indicate that this Submission Set is part of a long-term care facility referral
entryUUID	The identifier used for referencing the Submission Set object within the metadata.	R (IHE)	Assigned by the Referral Recipient when the Submission Set was created
intendedRecipient	The entity for which the Submission set is intended.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Recipient.
patientId	The patient ID known to the Referral Recipient. It can be obtained from the sourcePatientId of the Accept message from [ITI-55], if it was present, or it can be obtained by means that are out of scope for this profile. This value must be the same for the Submission Set, and the Document Entries within it. See PCC TF-1: X.1.1.1.	R2 (360X)	See PCC TF-1: X.1.1.1 for description on how patient identity is conveyed between the Referral Initiator and the Referral Recipient
sourceId	Globally unique identifier representing the entity which created the submission set. Usually an organizational identifier.	R (IHE)	An OID.
submissionTime	Represents the point in time at the creating entity when the SubmissionSet was created.	R (IHE)	Timestamp in UTC
uniqueId	Globally unique identifier assigned to the submission set by its creator.	R	An OID.

Attribute	Purpose within 360X	Requirement (Source of requirement)	Value and Source
referenceIdList	The referenceIdList contains the referral ID, as described in PCC TF-1: X.1.1.1.	R (360X)	This attribute is currently only defined by IHE for the Document Entry metadata. Since it is a Slot, however, it is not prohibited from being added to the Submission Set metadata.

675 **3.Y1.4.1.2.1.2 Document Entry for Referral Status Update**

The table contains all required (R) Document Entry attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of the Document Entry.

Table 3.Y1.4.1.2.1.2-1: 360XL Document Entry Attributes

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
Author	If supplied, MUST indicate the clinician who is requesting the referral.	R2 (XDR and XDM for Direct Messaging)	
classCode	Identifies the specific document type, in this case an HL7 V2 Order Status Update.	R (360X) (R2 XDR and XDM for Direct Messaging)	Message Type in MSH-9.1 value: OSU name: Order status update message coding system: 2.16.840.1.113883.12.76
confidentialityCode	Identifies the confidentiality defined for the order. Implementations SHOULD NOT use codes that reveal the specific trigger causes of confidentiality (e.g., ETH, HIV, PSY, SDV).	R2 (XDR and XDM for Direct Messaging)	Confidentiality Code in ORC-28 Implementations SHOULD constrain to values that do not reflect the cause of confidentiality such as: V Very restricted R Restricted U Usual control
creationTime	Defines the creation time of the order message (as opposed to the order itself).	R2 (XDR and XDM for Direct Messaging)	Date/Time of Message in MSH-7. In the metadata the timestamp shall be in UTC time.
entryUUID	The identifier used for referencing the Document Entry object within the metadata.	R (XDR and XDM for Direct Messaging)	N/A

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
formatCode	The specific format for the message.	R (360X)	Based on MSH-9 urn:ihe:pcc:360x:hl7:OSU:O51:2017
Hash	SHA-1 hash of the content.	R (XDM)	N/A
healthcareFacilityTypeCode	See also practice setting type. This code represents the type of organizational setting which accepted the referral request.	R2 (XDR and XDM for Direct Messaging)	May be derived from / mapped to the information in ORC-21 through 24
languageCode	Specifies the language of the document (order / referral request).	R2 (XDR and XDM for Direct Messaging)	Principal Language of Message in MSH-19
mimeType	The MIME type of the message, indicating that it is plain text (ASCII or utf-8), formatted according to the HL7 V2 rules.	R	x-application/hl7-v2+er7
patientId	The patient ID known to the Referral Recipient. It can be obtained from the sourcePatientId of the Accept message from [ITI-55], if it was present, or it can be obtained by means that are out of scope for this profile. This value must be the same for the SubmissionSet. See PCC TF-1: X.1.1.1.	R2 (360XL)	PID-3
practiceSettingCode	Identifies the setting that created the order at a high granularity e.g., Cardiology, FamilyPractice. Should not create ambiguity as compared to healthcareFacilityTypeCode.	R2 (XDR and XDM for Direct)	
Size	Size in bytes of the message as it exists in the file system when the contents of ZIP package are extracted.	R (XDM)	N/A
sourcePatientId	The sourcePatientId is the ID as known by the Referral Initiator. PCC TF-1: X.1.1.1.	R2 (360XL)	PID-3
sourcePatientInfo	Demographics information for the patient for whom the referral is made. Adding this attribute is useful for enabling future unrelated communications about this patient between the Initiator and Recipient.	R2 (XDM)	The values from PID-5 (Patient Name), PID-7 (Patient DOB), PID-8 (Patient Sex), and PID-11 (Patient Address) should be used.

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
typeCode	Further refines classCode – in this case defines the specific HL7 V2 message structure, for this message it is OSU_O51.	R (360X)	MSH-9.3
uniqueId	Globally unique identifier assigned to the document by its creator.	R	N/A May be based on Message Control ID in MSH-10
URI	The file name in the ZIP file structure containing the order message.	R (XDM)	N/A
referenceIdList	Contains the referral ID. See PCC TF-1: X.1.1.1.	R (360X)	Derived from ORC-2 (Placer Order Number).
objectType	The object type distinguishes between stable and dynamic documents. Only stable documents are used in XDM, and therefore in 360X.	R	N/A fixed to urn:uuid:7edca82f-054d-47f2-a032-9b2a5b5186c1

680

3.Y1.4.1.2.2 Message Content – Referral Status Update

The content of the Referral Request Confirmation message is an HL7 Version 2 OSU^O51^OMG_O51 Order Status Update message. The complete message definition can be found in the 360X HL7 V2 Message Payload Definition (chapters 3 to 5).

685 A table containing only the required segments and fields can be found as part of the 360X project implementation Guide at https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Implementation+Guide#id-360XImplementationGuide-6.3.3MessageOSU^O51^OSU_O51.

The following fields are specific to the Referral Request Confirmation:

690 **Table 3.Y1.4.1.2.2-1: 360XL Status Update Fields**

Data element	Message Field	Format and use
Order Control Code	ORC-1	The value of SC shall be used for the Referral Request Confirmation
Referral ID	ORC-2	<referral ID>^^<assigning authority OID>^ISO
Order status	ORC-5	The value of SC shall be used for the Referral Request Confirmation
Ordering provider	ORC-12	Indicates the referring facility or provider
Order Effective Date/Time	ORC-15	Indicates the date and time of the transfer

3.Y1.4.1.3 Expected Actions

The message notifies a Skilled Nursing Facility, which had previously accepted a Referral Request from the Acute Care facility, that they have been selected to provide care for the patient. Upon receiving the message, the Referral Recipient's system is expected to extract the payload, and provide the appropriate information to the person or persons who can take the next steps in preparing for the arrival of the patient.

3.Y1.4.2 Referral Request Discontinue

The Referral Request Discontinue message is a notification that the Referral Recipient has not been chosen to provide care for the patient.

3.Y1.4.2.1 Trigger Events

The message is triggered as a result of the patient and their care givers selecting a facility to be transferred to.

3.Y1.4.2.2 Message Semantics

This message is an XDM package constructed following the rules described in the XDM Profile, transaction [ITI-32], ITI TF-2: 3.32. The current transaction, [PCC-Y1], adds the following constraints:

- Only a single submission set shall be present in the XDM package (ITI TF-2: 3.32.4.1.2)
- Only "simple part" documents shall be allowed in the XDM package (ITI TF-2: 3.32.4.1.2.2).

The Referral Request Discontinue XDM package contains a single HL7 V2 OSU^O51^OSU_O51 message.

3.Y1.4.2.2.1 Message Content – Metadata

The metadata in the XDM package is constrained for the purposes of Acute Care to SNF transfers as described in the following sections for Submission Set and Document Entries.

3.Y1.4.2.2.1.1 Submission Set

Table 3.Y1.4.1.2.1.1-1 in Section 3.Y1.4.1.2.1.1 contains all required (R) Submission Set attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of a Document Entry.

3.Y1.4.2.2.1.2 Document Entry for Referral Status Update

Table 3.Y1.4.1.2.1.2-1 in Section 3.Y1.4.1.2.1.2 contains all required (R) Document Entry attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of the Document Entry.

3.Y1.4.2.2.2 Message Content – Referral Status Update

The content of the Referral Request Discontinue message is an HL7 Version 2 OSU^O51^OMG_O51 Order Status Update message. The complete message definition can be found in the 360X HL7 V2 Message Payload Definition (chapters 3 to 5).

A table containing only the required segments and fields can be found as part of the 360X project implementation Guide at https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Implementation+Guide#id-360XImplementationGuide-6.3.3MessageOSU^O51^OSU_O51.

The following fields are specific to the Referral Request Discontinue:

Table 3.Y1.4.2.2.2-1: 360XL Status Update Fields

Data element	Message Field	Format and use
Order Control Code	ORC-1	The value of DC shall be used for the Referral Request Discontinue
Referral ID	ORC-2	<referral ID>^^<assigning authority OID>^ISO
Order status	ORC-5	The value of CA shall be used for the Referral Request Discontinue
Ordering provider	ORC-12	Indicates the referring facility or provider

3.Y1.4.2.3 Expected Actions

The message notifies a Skilled Nursing Facility, which had previously accepted a Referral Request from the ambulatory location, that they have not been selected to provide care for the patient. Upon receiving the message, the Referral Recipient's system is expected to extract the payload, record the closing of the loop, and provide the appropriate information to the person or persons who need to complete any actions based on the information that the patient is not going to be admitted to the facility.

3.Y1.5 Protocol Requirements

N/A

3.Y1.6 Security Considerations

The security requirements for the XDM Profile, and the "ZIP over Email" and "Zip over Email Response" Options apply to this transaction.

3.Y1.6.1 Security Audit Considerations

N/A

Add Section 3.Y2

3.Y2 LTPAC Transfer Documentation [PCC-Y2]

3.Y2.1 Scope

This transaction is used by the Referral Initiator to send the most up-to-date information to the Referral Recipient at the time of transferring the patient.

3.Y2.2 Actor Roles

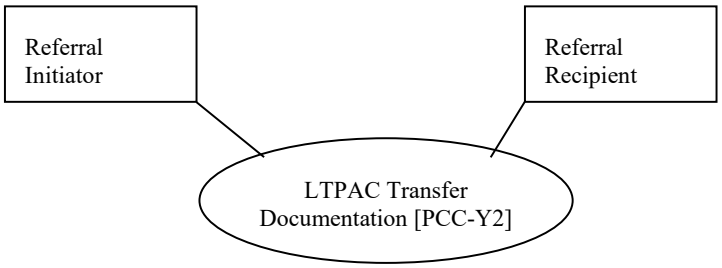


Figure 3.Y2.2-1: Use Case Diagram

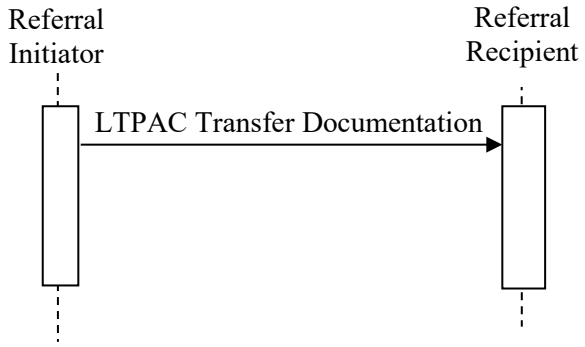
Table 3.Y2.2-1: Actor Roles

Actor:	Referral Initiator
Role:	The facility from which the patient is being transferred.
Actor:	Referral Recipient
Role:	The skilled nursing facility, which will receive the patient.

3.Y2.3 Referenced Standards

- HL7 Messaging standard, version 2.5.1 Chapters 2, 4
- HL7 Messaging standard, version 2.9 Chapter 4

3.Y2.4 Messages



765 **Figure 3.Y2.4-1: Interaction Diagram**

3.Y2.4.1 LTPAC Transfer Documentation

The LTPAC Transfer Documentation message contains the clinical information regarding the current condition of the patient, and indicates the closing of the loop.

3.Y2.4.1.1 Trigger Events

770 The message is triggered at the time of transfer of the patient. The exact trigger may be different for patients with different needs, and it needs to occur at an appropriate time point where as much of the relevant information is available and the Referral Recipient would have time to act upon that information.

3.Y2.4.1.2 Message Semantics

775 This message is an XDM package constructed following the rules described in the XDM Profile, transaction [ITI-32], ITI TF-2: 3.32. The current transaction, [PCC-Y1], adds the following constraints:

- Only a single submission set shall be present in the XDM package (ITI TF-2: 3.32.4.1.2)
- Only “simple part” documents shall be allowed in the XDM package (ITI TF-2:
780 3.32.4.1.2.2).

The LTPAC Transfer Documentation XDM package contains two Document Entries - an HL7 V2 OSU^O51^OSU_O51 message, and a CDA clinical document.

3.Y2.4.1.2.1 Message Content – Metadata

The metadata in the XDM package is constrained for the purposes of Acute Care to SNF
785 transfers as described in the following sections for Submission Set and Document Entries.

3.Y2.4.1.2.1.1 Submission Set

The table contains all required (R) Submission Set attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of a Document Entry.

790 **Table 3.Y2.4.1.2.1.1-1: 360XL Submission Set Attributes**

Attribute	Purpose within 360X	Requirement (Source of requirement)	Value and Source
Author	The entity which created the submission set, including the Referral Initiator's Direct address.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Initiator is placed in the authorTelecommunication slot of the author classification.
contentTypeCode	Defines the submission set as part of a referral.	R (360XL)	LOINC Code 85187-3 is used to indicate that this Submission Set is part of a long-term care facility transfer
entryUUID	The identifier used for referencing the Submission Set object within the metadata.	R (IHE)	Assigned by the Referral Recipient when the Submission Set was created
intendedRecipient	The entity for which the Submission set is intended.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Recipient.
patientId	The patient ID known to the Referral Recipient. It can be obtained from the sourcePatientId of the Accept message from [ITI-55], if it was present, or it can be obtained by means that are out of scope for this profile. This value must be the same for the Submission Set, and the Document Entries within it. See PCC TF-1: X.1.1.1.	R2 (360XL)	See PCC TF-1: X.1.1.1 for description on how patient identity is conveyed between the Referral Initiator and the Referral Recipient
sourceId	Globally unique identifier representing the entity which created the submission set. Usually an organizational identifier.	R (IHE)	An OID.
submissionTime	Represents the point in time at the creating entity when the SubmissionSet was created.	R (IHE)	Timestamp in UTC
uniqueId	Globally unique identifier assigned to the submission set by its creator.	R	An OID.

Attribute	Purpose within 360X	Requirement (Source of requirement)	Value and Source
referenceIdList	The referenceIdList contains the referral ID, as described in PCC TF-1: X.1.1.1.	R (360XL)	This attribute is currently only defined by IHE for the Document Entry metadata. Since it is a Slot, however, it is not prohibited from being added to the Submission Set metadata.

3.Y2.4.1.2.1.2 Document Entry for Referral Status Update

The table contains all required (R) Document Entry attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of the Document Entry.

Table 3.Y2.4.1.2.1.2-1: 360XL Document Entry Attributes

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
author	If supplied, MUST indicate the clinician who is requesting the referral.	R2 (XDR and XDM for Direct Messaging)	
classCode	Identifies the specific document type, in this case an HL7 V2 Order Status Update.	R (360XL) (R2 XDR and XDM for Direct Messaging)	Message Type in MSH-9.1 value: OSU name: Order status update message coding system: 2.16.840.1.113883.12.76
confidentialityCode	Identifies the confidentiality defined for the order. Implementations SHOULD NOT use codes that reveal the specific trigger causes of confidentiality (e.g., ETH, HIV, PSY, SDV).	R2 (XDR and XDM for Direct Messaging)	Confidentiality Code in ORC-28 Implementations SHOULD constrain to values that do not reflect the cause of confidentiality such as: V Very restricted R Restricted U Usual control
creationTime	Defines the creation time of the order message (as opposed to the order itself).	R2 (XDR and XDM for Direct Messaging)	Date/Time of Message in MSH-7. In the metadata the timestamp shall be in UTC time.
entryUUID	The identifier used for referencing the Document Entry object within the metadata.	R (XDR and XDM for Direct Messaging)	N/A

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
formatCode	The specific format for the message.	R (360XL)	Based on MSH-9 urn:ihe:pcc:360x:hl7:OSU:O51:2017
hash	SHA-1 hash of the content.	R (XDM)	N/A
healthcareFacilityTypeCode	See also practice setting type. This code represents the type of organizational setting which accepted the referral request.	R2 (XDR and XDM for Direct Messaging)	May be derived from / mapped to the information in ORC-21 through 24
languageCode	Specifies the language of the document (order / referral request).	R2 (XDR and XDM for Direct Messaging)	Principal Language of Message in MSH-19
mimeType	The MIME type of the message, indicating that it is plain text (ASCII or utf-8), formatted according to the HL7 V2 rules.	R	x-application/hl7-v2+er7
patientId	The patient ID known to the Referral Recipient. It can be obtained from the sourcePatientId of the Accept message from [ITI-55], if it was present, or it can be obtained by means that are out of scope for this profile. This value must be the same for the SubmissionSet. See PCC TF-1: X.1.1.1.	R2 (360XL)	PID-3
practiceSettingCode	Identifies the setting that created the order at a high granularity e.g., Cardiology, FamilyPractice. Should not create ambiguity as compared to healthcareFacilityTypeCode.	R2 (XDR and XDM for Direct)	
size	Size in bytes of the message as it exists in the file system when the contents of ZIP package are extracted.	R (XDM)	N/A
sourcePatientId	The sourcePatientId is the ID as known by the Referral Initiator. PCC TF-1: X.1.1.1	R2 (360XL)	PID-3
sourcePatientInfo	Demographics information for the patient for whom the referral is made. Adding this attribute is useful for enabling future unrelated communications about this patient between the Initiator and Recipient.	R2 (XDM)	The values from PID-5 (Patient Name), PID-7 (Patient DOB), PID-8 (Patient Sex), and PID-11 (Patient Address) should be used.

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
typeCode	Further refines classCode – in this case defines the specific HL7 V2 message structure, for this message it is OSU_O51.	R (360XL)	MSH-9.3
uniqueId	Globally unique identifier assigned to the document by its creator.	R	N/A May be based on Message Control ID in MSH-10
URI	The file name in the ZIP file structure containing the order message.	R (XDM)	N/A
referenceIdList	Contains the referral ID. See PCC TF-1: X.1.1.1.	R (360XL)	Derived from ORC-2 (Placer Order Number).
objectType	The object type distinguishes between stable and dynamic documents. Only stable documents are used in XDM, and therefore in 360X.	R	N/A fixed to urn:uuid:7edca82f-054d-47f2-a032-9b2a5b5186c1

3.Y2.4.1.2.1.3 Document Entry for Transfer Documentation

The table contains all required (R) Document Entry attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360X imposes a specific constraint or connection to the content of the Document Entry.

The corresponding source information from the CDA Header for each metadata attribute is already described in PCC TF-2:4.1.1, XDSDocumentEntry Metadata.

Table 3.Y2.4.1.2.1.3-1: 360XL Document Entry Attributes for Clinical Documents

Attribute	Purpose within 360X	Requirement (Source of requirement)	Corresponding CDA XML element or attribute
author	If supplied, MUST match the author of the CDA.	R2 (XDR and XDM for Direct Messaging)	/ClinicalDocument/author
classCode	Identifies the specific document code, as specified in the CDA document.	R (360XL) (R2 XDR and XDM for Direct Messaging)	The same as /ClinicalDocument/code/@code

Attribute	Purpose within 360X	Requirement (Source of requirement)	Corresponding CDA XML element or attribute
confidentialityCode	Identifies the confidentiality defined for the order. Implementations SHOULD NOT use codes that reveal the specific trigger causes of confidentiality (e.g., ETH, HIV, PSY, SDV).	R2 (XDR and XDM for Direct Messaging)	/ClinicalDocument/confidentialityCode/@code Implementations SHOULD constrain to values that do not reflect the cause of confidentiality such as: V Very restricted R Restricted U Usual control
creationTime	Defines the creation time of the CDA (as opposed to the order or the submission set).	R2 (XDR and XDM for Direct Messaging)	/ClinicalDocument/effectiveTime Date/Time of the CCDA. In the metadata, the timestamp shall be in UTC.
entryUUID	The identifier used for referencing the Document Entry object within the metadata.	R (XDR and XDM for Direct Messaging)	N/A
formatCode	The specific format of the message.	R (360XL)	The format code defined for the specific CDA document template: urn:hl7-org:sdwg:ccda-structuredBody:2.1
hash	SHA-1 hash of the content.	R (XDM)	N/A
healthcareFacilityTypeCode	See also practice setting type. This code represents the type of organizational setting of the clinical encounter documented in the CDA. Note that in context of 360X, this is the facility type of the Referral Request Initiator.	R2 (XDR and XDM for Direct Messaging)	Must be consistent with /ClinicalDocument/author
languageCode	Specifies the language of the document (order / referral request).	R2 (XDR and XDM for Direct Messaging)	/ClinicalDocument/languageCode
mimeType	The MIME type of the document.	R	text/xml
patientId	The patient ID known to the Referral Recipient. How the Referral Initiator obtains this information is out of scope for this profile. This value, if present, must be the same for the Submission Set, and the other Document entries. See PCC TF-1: X.1.1.1.	R2 (360XL) (R2 XDR and XDM for Direct Messaging)	This identifier may be present in /ClinicalDocument/recordTarget/patientRole/id

Attribute	Purpose within 360X	Requirement (Source of requirement)	Corresponding CDA XML element or attribute
practiceSettingCode	Identifies the setting that created the document at a high granularity e.g., Cardiology, Family Practice. Should not create ambiguity as compared to healthcareFacilityTypeCode.	R2 (XDR and XDM for Direct)	N/A
Size	Size in bytes of the message as it exists in the file system when the contents of ZIP package are extracted.	R (XDM)	N/A
sourcePatientId	The sourcePatientID is the ID as known by the Referral Initiator. See PCC TF-1: X.1.1.1.	R2 (360XL)	The patient ID in /ClinicalDocument/recordTarget/patientRole/id, formatted in the CX data type format
sourcePatientInfo	Demographics information for the patient for whom the referral is made. The demographics information should be used by the Referral Recipient for patient identity matching and verification.	R2 (XDM)	The information corresponding the fields PID-5 (Patient Name), PID-7 (Patient DOB), PID-8 (Patient Sex), and PID-11 (Patient Address) can be found in /ClinicalDocument/recordTarget/patientRole
typeCode	Further refines classCode – in this case it is the same as the CDA document code.	R (360XL)	/ClinicalDocument/code/
uniqueId	Globally unique identifier assigned to the document by its creator.	R	/ClinicalDocument/id
URI	The file name in the ZIP file structure containing the order message.	R (XDM)	N/A
referenceIdList	Contains the referral ID. See PCC TF-1: X.1.1.1.	R (360XL)	
objectType	The object type distinguishes between stable and dynamic documents. Only stable documents are used in XDM, and therefore in 360X.	R	N/A fixed to urn:uuid:7edca82f-054d-47f2-a032-9b2a5b5186c1

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3.Y2.4.1.2.2 Message Content – Referral Status Update

The content of the Referral Request Confirmation message is an HL7 Version 2 OSU^O51^OMG_O51 Order Status Update message. The complete message definition can be found in the 360X HL7 V2 Message Payload Definition (chapters 3 to 5).

810 A table containing only the required segments and fields can be found as part of the 360X project implementation Guide at

https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Implementation+Guide#id-360XImplementationGuide-6.3.3MessageOSU^O51^OSU_O51.

The following fields are specific to the Referral Request Confirmation:

Table 3.Y2.4.1.2.2-1: 360XL Status Update Fields

Data element	Message Field	Format and use
Order Control Code	ORC-1	The value of SC shall be used for the LTPAC Transfer Documentation
Referral ID	ORC-2	<referral ID>^^<assigning authority OID>^ISO
Order status	ORC-5	The value of CM shall be used for the LTPAC Transfer Documentation
Ordering provider	ORC-12	Indicates the referring Acute Care facility
Order Effective Date/Time	ORC-15	Indicates the date and time of the transfer

3.Y2.4.1.2.3 Message Content – Transfer Information

The HL7 Implementation Guide for CDA Release 2: Consolidated CDA Templates for Clinical Notes (US Realm) DSTU Release 2.1 has multiple document templates defined. The following table shows the available document templates, and their use as payload for transaction [PCC-Y2]. RC means recommended, O means optional, and N/A (Not Applicable) means that the particular document type is not to be used in the LTPAC Transfer Documentation [PCC-Y2] transaction.

Table 3.Y2.4.1.2.3-1: 360XL Document Content Modules

Document Content Modules	Template ID (/ClinicalDocument/templateid)	360XL Use	Reference
Care Plan	@root: 2.16.840.1.113883.10.20.22.1.15 @extension: 2015-08-01	O	C-CDA Section 1.1.2
Consultation Note	@root: 2.16.840.1.113883.10.20.22.1.4 @extension: 2015-08-01	N/A	C-CDA Section 1.1.3
Continuity of Care Document (CCD)	@root: 2.16.840.1.113883.10.20.22.1.2 @extension: 2015-08-01	O	C-CDA Section 1.1.5
Diagnostic Imaging Report	@root: 2.16.840.1.113883.10.20.22.1.5 @extension: 2014-06-09	N/A	C-CDA Section 1.1.7
Discharge Summary	@root: 2.16.840.1.113883.10.20.22.1.8 @extension: 2015-08-01	RC	C-CDA Section 1.1.9
History and Physical	@root: 2.16.840.1.113883.10.20.22.1.3 @extension: 2015-08-01	O	C-CDA Section 1.1.11
Operative Note	@root: 2.16.840.1.113883.10.20.22.1.7 @extension: 2015-08-01	O	C-CDA Section 1.1.13

Document Content Modules	Template ID (/ClinicalDocument/templateid)	360XL Use	Reference
Procedure Note	@root: 2.16.840.1.113883.10.20.22.1.6 @extension: 2015-08-01	O	C-CDA Section 1.1.15
Progress Note	@root: 2.16.840.1.113883.10.20.22.1.9 @extension: 2015-08-01	O	C-CDA Section 1.1.17
Referral Note	@root: 2.16.840.1.113883.10.20.22.1.14 @extension: 2015-08-01	O	C-CDA Section 1.1.19
Transfer Summary	@root: 2.16.840.1.113883.10.20.22.1.13 @extension: 2015-08-01	RC	C-CDA Section 1.1.20
Unstructured Document	@root: 2.16.840.1.113883.10.20.22.1.10 @extension: 2015-08-01	N/A	C-CDA Section 1.1.21

The Referral Recipient who claims support for this option shall be able to receive, store and allow users to access the contents of any of the recommended (RC) or Optional (O) documents from this table.

The information that is relevant to a particular transfer will vary. The following recommendations provide the base content requirements, with the expectation that additional section and entry templates will be used to properly inform the recipient of the condition and care requirements for the patient.

When this transaction is used in the 360XL Profile, the Transfer Summary document template is recommended, as its purpose is aligned most closely with a referral request for transfer to a Skilled Nursing Facility. It requires the Reason for Referral section template (template ID root 1.3.6.1.4.1.19376.1.5.3.1.3.1, template ID extension 2014-06-09), allowing the communication of the referral ID.

The Discharge Summary template is also recommended as it is one of the most widespread implemented document types. It is an open template, and it SHOULD contain a Reason for Referral section when used as a payload of the Referral Request [PCC-55] transaction.

The document templates in this list provide a hierarchy of implementation choices for the Content Creator:

- If possible, create a Transfer Summary, with the addition of Discharge Medications Section (entries required) section template.
- If already able to create a Discharge Summary, use the Discharge Summary template with the addition of the Reason for Referral section template, and the Discharge Medications Section (entries required) section template.
- If already able to create a Discharge Summary without the capability for additional sections, use the Discharge Summary as is
- If any other document template, marked as O (optional) in the table above is more applicable to a specific referral workflow, use that document template.

Whenever used, the Reason for Referral section SHALL contain a Patient Referral Act entry template (template ID root 2.16.840.1.113883.10.20.22.4.140). The entry/act/id element SHALL contain the same referral ID as the one present in the metadata, and in the HL7 V2 message payload of the transaction.

In addition to the required sections in each document template, the Discharge Medications Section (entries required) (template ID root 2.16.840.1.113883.10.20.22.2.11.1, template ID extension 2015-08-01) SHALL be present in the document.

3.Y2.4.1.3 Expected Actions

The message notifies a Skilled Nursing Facility, which had previously accepted a Referral Request from the Acute Care facility, that they have been selected to provide care for the patient. Upon receiving the message, the Referral Recipient's system is expected to extract the payload, and provide the appropriate information to the person or persons who can take the next steps in preparing for the arrival of the patient.

3.Y2.5 Protocol Requirements

N/A

3.Y2.6 Security Considerations

The security requirements for the XDM Profile, and the "ZIP over Email" and "Zip over Email Response" Options apply to this transaction.

3.Y2.6.1 Security Audit Considerations

N/A

Add new Section 3.Y3

3.Y3 Facility Admission Notification [PCC-Y3]

3.Y3.1 Scope

This transaction is used by the Referral Recipient to convey to a Referral Initiator that the patient had been admitted to the facility

3.Y3.2 Actor Roles

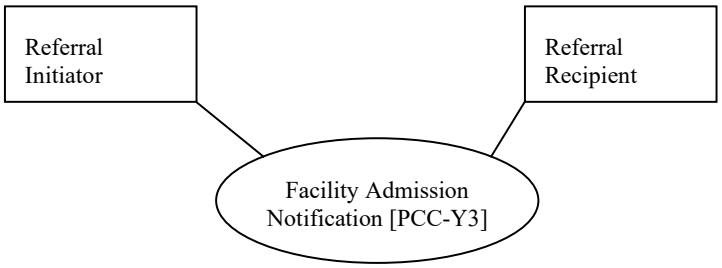

Figure 3.Y3.2-1: Use Case Diagram

Table 3.Y3.2-1: Actor Roles

Actor:	Referral Initiator
Role:	The ambulatory setting which referred the patient to the skilled nursing facility
Actor:	Referral Recipient
Role:	The skilled nursing facility, which sends a notification that the patient has been successfully admitted

3.Y3.3 Referenced Standards

- HL7 Messaging standard, version 2.5.1 Chapters 2, 4
- HL7 Messaging standard, version 2.9 Chapter 4

3.Y3.4 Messages

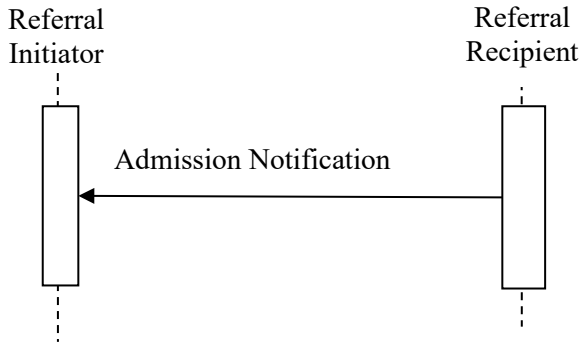

Figure 3.Y3.4-1: Interaction Diagram

3.Y3.4.1 Facility Admission Notification

The Facility Admission Notification message is a notification that the patient has been admitted at the facility represented by the Referral Recipient.

3.Y3.4.1.1 Trigger Events

The message is triggered as the patient is admitted to the facility.

3.Y3.4.1.2 Message Semantics

This message is an XDM package constructed following the rules described in the XDM Profile, transaction [ITI-32], ITI TF-2: 3.32. The current transaction, [PCC-Y3], adds the following constraints:

- Only a single submission set shall be present in the XDM package (ITI TF-2: 3.32.4.1.2)
- Only "simple part" documents shall be allowed in the XDM package (ITI TF-2: 3.32.4.1.2.2).

The Facility Admission Notification XDM package contains a single HL7 V2 OSU^O51^OSU_O51 message.

3.Y3.4.1.2.1 Message Content – Metadata

The metadata in the XDM package is constrained for the purposes of Ambulatory Care to SNF transfers as described in the following sections for Submission Set and Document Entries.

3.Y3.4.1.2.1.1 Submission Set

The table contains all required (R) Submission Set attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of a Document Entry.

910 **Table 3.Y3.4.1.2.1.1-1: 360XL Submission Set Attributes**

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Value and Source
Author	The entity which created the submission set, including the Referral Recipient's Direct address.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Recipient is placed in the authorTelecommunication slot of the author classification.
contentTypeCode	Defines the submission set as part of a referral.	R (360X)	LOINC Code 85199-8 is used to indicate that this Submission Set is part of a long-term care facility referral
entryUUID	The identifier used for referencing the Submission Set object within the metadata.	R (IHE)	Assigned by the Referral Recipient when the Submission Set was created
intendedRecipient	The entity for which the Submission set is intended.	R (XDR and XDM for Direct Messaging)	The Direct address of the Referral Initiator.
patientId	The patient ID known to the Referral Initiator. This is either the value of the patientId attribute, or the value of the sourcePatientId attribute, as they were sent in the Referral Request. This value must be the same for the Submission Set, and the Document Entries within it. See PCC TF-1: X.1.1.1.	R (360X)	See PCC TF-1: X.1.1.1 for description on how patient identity is conveyed between the Referral Initiator and the Referral Recipient
sourceId	Globally unique identifier representing the entity which created the submission set. Usually an organizational identifier.	R (IHE)	An OID.
submissionTime	Represents the point in time at the creating entity when the SubmissionSet was created.	R (IHE)	Timestamp in UTC
uniqueId	Globally unique identifier assigned to the submission set by its creator.	R	An OID.
referenceIdList	The referenceIdList contains the referral ID, as described in PCC TF-1: X.1.1.1.	R (360X)	This attribute is currently only defined by IHE for the Document Entry metadata. Since it is a Slot, however, it is not prohibited from being added to the Submission Set metadata.

3.Y3.4.3.2.1.2 Document Entry for Referral Status Update

The table contains all required (R) Document Entry attributes, as well as any "required if known" (R2) or optional (O) attributes, where 360XL imposes a specific constraint or connection to the content of the Document Entry.

Table 3.Y3.4.3.2.1.2-1: 360XL Document Entry Attributes

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
author	If supplied, MUST indicate the clinician who is requesting the referral.	R2 (XDR and XDM for Direct Messaging)	
classCode	Identifies the specific document type, in this case an HL7 V2 Order Status Update.	R (360X) (R2 XDR and XDM for Direct Messaging)	Message Type in MSH-9.1 value: OSU name: Order status update message coding system: 2.16.840.1.113883.12.76
confidentialityCode	Identifies the confidentiality defined for the order. Implementations SHOULD NOT use codes that reveal the specific trigger causes of confidentiality (e.g., ETH, HIV, PSY, SDV).	R2 (XDR and XDM for Direct Messaging)	Confidentiality Code in ORC-28 Implementations SHOULD constrain to values that do not reflect the cause of confidentiality such as: V Very restricted R Restricted U Usual control
creationTime	Defines the creation time of the order message (as opposed to the order itself).	R2 (XDR and XDM for Direct Messaging)	Date/Time of Message in MSH-7. In the metadata the timestamp shall be in UTC time.
entryUUID	The identifier used for referencing the Document Entry object within the metadata.	R (XDR and XDM for Direct Messaging)	N/A
formatCode	The specific format for the message.	R (360X)	Based on MSH-9 urn:ihe:pcc:360x:hl7:OSU:O51:2017
Hash	SHA-1 hash of the content.	R (XDM)	N/A
healthcareFacilityTypeCode	See also practice setting type. This code represents the type of organizational setting which accepted the referral request.	R2 (XDR and XDM for Direct Messaging)	May be derived from / mapped to the information in ORC-21 through 24
languageCode	Specifies the language of the document (order / referral request).	R2 (XDR and XDM for Direct Messaging)	Principal Language of Message in MSH-19

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
mimeType	The MIME type of the message, indicating that it is plain text (ASCII or utf-8), formatted according to the HL7 V2 rules.	R	x-application/hl7-v2+er7
patientId	The patient ID known to the Referral Initiator. This is either the value of the patientId attribute, or the value of the sourcePatientId attribute, as they were sent in the Referral Request. This value must be the same for the Submission Set, and the Document Entries within it. See PCC TF-1: X.1.1.1.	R (360X)	PID-3
practiceSettingCode	Identifies the setting that created the order at a high granularity e.g., Cardiology, Family Practice. Should not create ambiguity as compared to healthcareFacilityTypeCode.	R2 (XDR and XDM for Direct)	
Size	Size in bytes of the message as it exists in the file system when the contents of ZIP package are extracted.	R (XDM)	N/A
sourcePatientId	The sourcePatientID is the ID as known by the Referral Recipient. Adding this attribute is useful for enabling future unrelated communications about this patient between the Initiator and Recipient. See PCC TF-1: X.1.1.1.	R2 (360XL)	PID-3
sourcePatientInfo	Demographics information for the patient for whom the referral is made. Adding this attribute is useful for enabling future unrelated communications about this patient between the Initiator and Recipient.	R2 (XDM)	The values from PID-5 (Patient Name), PID-7 (Patient DOB), PID-8 (Patient Sex), and PID-11 (Patient Address) should be used.
typeCode	Further refines classCode – in this case defines the specific HL7 V2 message structure, for this message it is OSU_O51.	R (360X)	MSH-9.3
uniqueId	Globally unique identifier assigned to the document by its creator.	R	N/A May be based on Message Control ID in MSH-10

Attribute	Purpose within 360XL	Requirement (Source of requirement)	Corresponding HL7 Field/Component/Subcomponent
URI	The file name in the ZIP file structure containing the order message.	R (XDM)	N/A
referenceIdList	Contains the referral ID. See PCC TF-1: X.1.1.1.	R (360X)	Derived from ORC-2 (Placer Order Number).
objectType	The object type distinguishes between stable and dynamic documents. Only stable documents are used in XDM, and therefore in 360X.	R	N/A fixed to urn:uuid:7edca82f-054d-47f2-a032-9b2a5b5186c1

3.Y3.4.1.2.2 Message Content – Referral Status Update

The content of the Facility Admission Notification message is an HL7 Version 2 OSU^O51^OMG_O51 Order Status Update message. The complete message definition can be found in the 360X HL7 V2 Message Payload Definition (chapters 3 to 5).

A table containing only the required segments and fields can be found as part of the 360X project implementation Guide at https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Implementation+Guide#id-360XImplementationGuide-6.3.3MessageOSU^O51^OSU_O51.

The following fields are specific to the Referral Request Confirmation:

Table 3.Y3.4.1.2.2-1: 360XL Status Update Fields

Data element	Message Field	Format and use
Order Control Code	ORC-1	The value of OK shall be used for the Facility Admission Notification
Referral ID	ORC-2	<referral ID>^^<assigning authority OID>^ISO
Order status	ORC-5	The value of CM shall be used for the Facility Admission Notification
Ordering provider	ORC-12	Indicates the referring facility or provider

3.Y3.4.1.3 Expected Actions

The message notifies the referring provider or ambulatory care facility that the patient has been admitted at the skilled nursing facility. Upon receiving the message, the Referral Initiator's system is expected to extract the payload, and indicate that the referral loop is closed.

3.Y3.5 Protocol Requirements

N/A

3.Y3.6 Security Considerations

The security requirements for the XDM Profile, and the “ZIP over Email” and “Zip over Email Response” Options apply to this transaction.

3.Y3.6.1 Security Audit Considerations

N/A

Appendices to Volume 2

Not applicable

Namespace Additions for Volume 2

The PCC registry of OIDs

See https://wiki.ihe.net/index.php/PCC_Vocabulary_Registry_and_Data_Dictionary.

Volume 2 additions to the Patient Care Coordination OID Registry

None

Volume 3 – Content Modules

NA

Volume 4 – National Extensions

Add appropriate Country section

No National Extensions at this time.

