

Integrating the Healthcare Enterprise



5 **IHE Quality, Research and Public Health
(QRPH)
Technical Framework**

10 **Volume 4
QRPH TF-4
National Extensions**

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CONTENTS

30	1	Introduction	3
	1.1	Introduction to IHE	3
	1.2	Intended Audience	3
	1.3	Overview of Volume 4.....	3
	1.4	Comment Process.....	4
35	1.5	Copyright Licenses	4
	1.5.1	Copyright of Base Standards	4
	1.6	Trademark	4
	1.7	Disclaimer Regarding Patent Rights	4
	1.8	History of Document Changes.....	5
40	2	Overview of National Extensions to the Technical Framework	6
	2.1	Scope of National Extensions	6
	2.2	Process for Developing National Extensions.....	6
	2.3	Process for Proposing Revisions to the Technical Framework	7
	3	National Extensions for IHE United States of America.....	8
45	3.1	IHE United States of America Scope of Changes	8
	3.2	Newborn Admission Notification Information (NANI)	8
		Glossary	10

50 **1 Introduction**

This document, Volume 4, of the IHE Quality, Research and Public Health (QRPH) Technical Framework describes the country-based extensions to specific QRPH transactions and content modules.

1.1 Introduction to IHE

55 Integrating the Healthcare Enterprise (IHE) is an international initiative to promote the use of standards to achieve interoperability among health information technology (HIT) systems and effective use of electronic health records (EHRs). IHE provides a forum for care providers, HIT experts and other stakeholders in several clinical and operational domains to reach consensus on standards-based solutions to critical interoperability issues.

60 The primary output of IHE is system implementation guides, called IHE profiles. IHE publishes each profile through a well-defined process of public review and Trial Implementation and gathers profiles that have reached Final Text status into an IHE Technical Framework, of which this volume is a part.

65 For more general information regarding IHE, refer to www.ihe.net. It is strongly recommended that, prior to reading this volume, the reader familiarizes themselves with the concepts defined in the *[IHE Technical Frameworks General Introduction](#)*.

1.2 Intended Audience

The intended audience of IHE Technical Frameworks Volume 4 is:

- 70 • Those interested in integrating healthcare information systems and workflows on an international or country basis
- IT departments of healthcare institutions
- Technical staff of vendors participating in the IHE initiative
- Experts involved in standards development

1.3 Overview of Volume 4

75 This volume contains information about the scope of national extensions to the transactions and/or content modules defined in the IHE Quality, Research and Public Health (QRPH) Technical Framework. Section 2 describes the permitted scope of national extensions and the process by which national IHE initiatives can propose such extensions for approval by the IHE Technical Committee and documentation in the IHE Technical Framework. Section 3 and
80 beyond describe the national extensions, per country, which have been defined. Examples include specific transaction or content changes for IHE Canada, IHE Germany, IHE Japan, etc.

1.4 Comment Process

IHE International welcomes comments on this document and the IHE initiative. They can be submitted by sending an email to the co-chairs and secretary of the Quality, Research and Public Health domain committees at qrph@ihe.net.

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disclosure process including links to forms for making disclosures is available at
http://www.ihe.net/Patent_Disclosure_Process. Please address questions about the patent
disclosure process to the secretary of the IHE International Board: secretary@ihe.net.

1.8 History of Document Changes

This section provides a brief summary of changes and additions to this document.

Date	Document Revision	Change Summary
2019-07-05	2.0	Addition of Volume 4 to the QRPH Technical Framework

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2 Overview of National Extensions to the Technical Framework

135 The goal of IHE is to promote implementation of standards-based solutions to improve workflow and access to information in support of optimal patient care. To that end, IHE encourages the development of IHE National Deployment Committees to address issues specific to local health systems, policies and traditions of care. The role of these organizations and information about how they are formed is available at http://www.ihe.net/Governance/#National_Deployment.

2.1 Scope of National Extensions

140 National extensions to the IHE Technical Framework are allowed in order to address specific local healthcare needs and promote the implementation of the IHE Technical Frameworks. They may add (though not relax) requirements that apply to the Technical Framework generally or to specific transactions, actors and integration profiles. Some examples of appropriate national extensions are:

- Require support of character sets and national languages
- 145 • Provide translation of IHE concepts or data fields from English into other national languages
- Extensions of patient or provider information to reflect policies regarding privacy and confidentiality
- Changes to institutional information and financial transactions to conform to national health system payment structures and support specific local care practices

150 All national extensions shall include concise descriptions of the local need they are intended to address. They shall identify the precise transactions, actors, integration profiles and sections of the Technical Framework to which they apply. And they must provide technical detail equivalent to that contained in the Technical Framework in describing the nature of the extension.

2.2 Process for Developing National Extensions

155 National extension documents are to be developed, approved and incorporated in the Technical Framework in coordination with the IHE Technical Committee and its annual cycle of activities in publishing and maintaining the Technical Framework. The first prerequisite for developing a national extension document is to establish a national IHE initiative and make information regarding its composition and activities available to other IHE initiatives.

160 Established IHE national initiatives may draft a document describing potential national extensions containing the general information outlined above. This draft document is submitted to the IHE Technical Committee for review and comment. Based on discussion with the Technical Committee, they prepare and submit finalized version of the document in appropriate format for incorporation into the Technical Framework. The publication of National Extensions
165 is to be coordinated with the annual publication cycle of other Technical Framework documents in the relevant domain.

2.3 Process for Proposing Revisions to the Technical Framework

170 In addition to developing national extension documents to be incorporated in the Technical Framework, national IHE initiatives may also propose revisions to the global Technical Framework. These may take the form of changes to existing transactions, actors or integration profiles or the addition of new ones. Such general changes would be subject to approval by the IHE Technical and Planning Committees.

175 National extensions that are minor in scope, such as suggestions for clarifications or corrections to documentation, may be submitted throughout the year via the ongoing errata tracking process, called the [Change Proposal Process](#).

More substantial revision proposals, such as proposals to add new integration profiles or major country-based extensions, should be submitted directly to the IHE Technical and Planning Committees via the process for submitting new proposals called the [Profile Proposal Process](#).

180 **3 National Extensions for IHE United States of America**

The national extensions documented in this section shall be used in conjunction with the definitions of integration profiles, actors and transactions provided in Volumes 1 through 3 of the IHE QRPH Technical Framework. This section includes extensions and restrictions to effectively support the regional practice of healthcare in the United States of America. It also translates a number of English terms to ensure correct interpretation of requirements of the QRPH Technical Framework.

This QRPH national extension document was authored under the sponsorship and supervision of HIMSS, RSNA and the IHE USA initiative.

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3.1 IHE United States of America Scope of Changes

The extensions, restrictions and translations specified apply to the following IHE QRPH Integration profiles:

- QRPH: Newborn Admission Notification Information (NANI) Profile

195 **3.2 Newborn Admission Notification Information (NANI)**

The table below replaces the corresponding table (same number) in Volume 2.

Table 3.34.4.1.2.3-1: IHE Profile - PID segment (US Realm)

SEQ	LEN	DT	OPT	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O		00104	Set ID - Patient ID
2	20	CX	O		00105	Patient ID
3	250 ^{Note2}	CX	R		00106	Patient Identifier List
4	20	CX	O		00107	Alternate Patient ID
5	250 ^{Note2}	XPN	R		00108	Patient Name
6	250 ^{Note2}	XPN	R2		00109	Mother's Maiden Name
7	26	TS	R+		00110	Date/Time of Birth
8	1	IS	R+	0001	00111	Administrative Sex
9	250 ^{Note2}	XPN	O		00112	Patient Alias
10	250 ^{Note2}	CE	R2 ^{Note 4}	0005	00113	Race
11	250 ^{Note2}	XAD	R2		00114	Patient Address
12	4	IS	O	0289	00115	County Code
13	250 ^{Note2}	XTN	R2		00116	Phone Number - Home
14	250 ^{Note2}	XTN	R2		00117	Phone Number - Business
15	250 ^{Note2}	CE	O	0296	00118	Primary Language

SEQ	LEN	DT	OPT	TBL#	ITEM#	ELEMENT NAME
16	250 ^{Note2}	CE	O	0002	00119	Marital Status
17	250 ^{Note2}	CE	O	0006	00120	Religion
18	250 ^{Note2}	CX	O		00121	Patient Account Number
19	16	ST	R2		00122	SSN Number – Patient
20	25	DLN	R2		00123	Driver's License Number - Patient
21	250 ^{Note2}	CX	R2		00124	Mother's Identifier
22	250 ^{Note2}	CE	R2 ^{Note 5}	0189	00125	Ethnic Group
23	250 ^{Note2}	ST	O		00126	Birth Place
24	1	ID	R2	0136	00127	Multiple Birth Indicator
25	2	NM	R2		00128	Birth Order
26	250 ^{Note2}	CE	O	0171	00129	Citizenship
27	250 ^{Note2}	CE	O	0172	00130	Veterans Military Status
28	250 ^{Note2}	CE	O	0212	00739	Nationality
29	26	TS	R2		00740	Patient Death Date and Time
30	1	ID	R2	0136	00741	Patient Death Indicator

Adapted from the HL7 standard, Version 2.3.1

200 Note 1: This table defines the attributes required to be handled by the Information Recipient. It is likely that not all attributes marked as R2 or R+ will be sent in some environments by the Information Source.

Note 2: The field length of many attributes in this table exceeds the requirements stated in HL7 2.3.1. The Information Recipient is required to support these extended lengths to cope with the information it needs to complete identifier cross-referencing logic. The Information Source may or may not send values of the full length listed in this table.

205 Note 3: Bolding in this table indicates an attribute where the optionality differs from the optionality in the HL7 ADT message.

Note 4: Race constraint is tightened to R2 in the US Realm message content module.

Note 5: Ethnic Group is tightened to R2 in the US Realm message content module.

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Glossary

The IHE Glossary, an appendix to the *IHE Technical Frameworks General Introduction* can be found [here](#).

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