

Australian Standard™

**Implementation of Health Level Seven
(HL7) Version 2.3.1**

Part 1: Patient administration



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This Standard was issued in draft form for comment as DR 00046.



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Part 1: Patient administration

Originated as AS 4700.1—1997.
Previous edition AS 4700.1—1998.
Third edition 2001.

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Published by Standards Australia International Ltd
GPO Box 5420, Sydney, NSW 2001, Australia

ISBN 0 7337 3738 2

PREFACE

This Standard was prepared by the Standards Australia/Standards New Zealand Committee IT-014, Health Informatics, in response to requests from the health informatics community. This Standard supersedes AS 4700.1—1998, *Implementation of Health Level Seven (HL7) Version 2.3, Part 1: Patient administration*. It covers implementation of Chapter 3 of the Health Level Seven (HL7) Version 2.3.1 protocol. This Standard is primarily designed for use within and between Australian healthcare settings. The Standard covers the function of patient administration, as this forms the basis for most clinical healthcare messages.

This Standard is the result of a consensus among Australian and New Zealand representatives on the Joint Committee that it be produced as an Australian Standard.

HL7 is a healthcare application protocol accredited as a Standard by the American National Standards Institute (ANSI). ‘Level Seven’ refers to the highest level of the International Organization for Standardization (ISO) communications model for Open Systems Interconnection (OSI)—the application level. Issues within the application level include definition of the data to be exchanged, the timing of the exchange and communication of certain errors to the application. This level supports such functions as security checks, identification of the participants, availability checks, negotiating exchange mechanisms and, importantly, structuring the data exchanges themselves.

HL7 focuses on the interface requirements of the entire healthcare organization. It allows development along the fastest possible track to the unique requirements of already installed healthcare systems, some of which use mature technologies.

Australia and New Zealand already have an existing base of healthcare institutions that use the HL7 protocol to exchange key sets of data between different computer application systems. While HL7 is concerned with addressing immediate needs, there is a very strong focus on convergence with other Standards development activities in the USA and international HL7 initiatives in countries such as Canada, Finland, Germany, India, Japan, the Netherlands, South Africa and the United Kingdom.

The HL7 protocol is a collection of standard formats that specify the implementation of interfaces between computer applications. It is not rigid. Flexibility is built into the protocol to allow compatibility for specialized data sets that have facility-specific needs. One of HL7’s strengths is its inbuilt flexibility. However, it is also one of its weaknesses. It is open to misinterpretation in its structure and format. HL7 is based on the health environment in the USA. Implementation of the HL7 Version 2.3.1 protocol in the Australian health environment requires a common and consistent approach.

This is not a stand-alone document for application in isolation. A good understanding and, preferably, working knowledge of HL7 is essential, as this Standard is based on and frequently refers to the HL7 Version 2.3.1 protocol. Further information on the HL7 protocol is available from Standards Australia.

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FOREWORD

This Standard was prepared by the IT-014-06-03, HL7 Health Message Working Group under direction from Committee IT-014, Health Informatics.

The mission of this working group is to develop Australian Standards for patient electronic data communication between healthcare information systems based on the current release of the Health Level Seven (HL7) protocol.

The HL7 protocol covers a wide range of data interchange functions. However, this Australian implementation Standard focuses on the patient administration functions as these form the common basis for all HL7 messages. Generally, information entered into a patient administration system is passed to the nursing, ancillary and financial systems, either in the form of an unsolicited update or in response to a record-oriented query.

Other functions of HL7 being addressed include pathology orders and results, pathology results for registries, electronic messages for exchange of information on drug prescription, and referral and health service messaging. These Standards are being developed by combining HL7 technical expertise with specialist business knowledge.

Beyond developing Australian Standards for patient electronic data communication between healthcare information systems, the working group has the following objectives:

- (a) To provide a single channel for Australian review and discussion of input for the development of the HL7 protocol.
- (b) To provide the infrastructure to—
 - (i) disseminate information on the HL7 protocol;
 - (ii) provide a forum for discussion and feedback;
 - (iii) expedite the information flows from Australia to the HL7 organization in the USA; and
 - (iv) liaise with Standards Australia Committee IT-011 on electronic commerce and UN/CEFACT message development.
- (c) To seek representation from all interested parties in any review and discussion.
- (d) To provide a focus for Australian input to the development of HL7 Version 3.0.

All efforts have been made to minimize divergence from the HL7 USA protocol to ensure maximum compatibility with future versions.

Standards Australia

Australian Standard

Implementation of Health Level Seven (HL7) Version 2.3.1

Part 1: Patient administration

1 SCOPE

This Standard defines a uniform implementation of Chapter 3 of the Health Level Seven (HL7) Version 2.3.1 protocol. This Standard is primarily designed for use within and between Australian healthcare settings. It covers patient administration functions, as these form the basis for most clinical healthcare messages. The Standard provides interpretation and guidance on which HL7 trigger events, segments and data elements are mandatory (required), or optional or conditional (required, based on a condition), and gives relevant usage notes for the Australian health environment. The Standard provides for consistent use of data definitions as well as commentary and references to the National Health Data Dictionary and the International Organization for Standardization (ISO). This Standard is referenced by other Australian Standards on how to implement HL7 and is required by implementers of those Standards.

2 APPLICATION

Australia already has an existing base of healthcare institutions that use the HL7 protocol to exchange key sets of data between different computer application systems. However, because of HL7's inbuilt flexibility, it is open to misinterpretation in structure and format. Implementation of the HL7 Standard in the Australian health environment requires a common and consistent approach.

This is not a stand-alone document for application in isolation. A good understanding and, preferably, working knowledge of HL7 is essential, as this Standard is based on and frequently refers to the HL7 Version 2.3.1 Standard.

This Standard is a guide for use by Australian health authorities, health service providers, health institutions, health information technology vendors, health information technology consultants and the health informatics community who use the HL7 protocol to exchange key sets of data between different computer application systems.

For the purposes of this Standard, only human patients are considered.

3 REFERENCED DOCUMENTS

The following documents are referred to in this Standard:

AS	
4590	Interchange of client information
ISO	
639	Code for the representation of names of languages
3166	Codes for the representation of names of countries and their subdivisions
3166.1	Part 1: Country codes
ISO/IEC	
2022	Information technology—Character code structure and extension techniques
HL7 V2.3.1	Health Level Seven Version 2.3.1, Ann Arbor: Health Level Seven, 1999

NHDD National Health Data Dictionary Version 9.0. National Health Data
Committee, Canberra: Australian Institute of Health and Welfare, 2000

4 DEFINITIONS

For the purpose of this document, the definitions below apply.

4.1 Admitted patient

A patient who undergoes a hospital's formal admission process (see NHDD 11 'Admitted patient' (concept)).

4.2 Non-admitted patient

A patient who does not undergo a hospital's formal admission process. This includes emergency department patient, outpatient, and other non-admitted patient (see NHDD 104 'Non-admitted patient (concept)').

4.3 Trigger event

Action that takes place in an application, based on some predefined condition such as an admission, ward transfer, or placement of an order and the like. The action usually results in the compilation and transmission of a data message.

4.4 Visit

An admitted patient visit is the hospital stay from date of admission to the date of discharge. A non-admitted patient visit is the attendance for which one or more services are provided to that patient.

5 TRIGGER EVENTS

5.1 General

It is assumed that transactions will only be produced by sending systems after satisfying the relevant validation checks within each system and, therefore, confirming that data integrity is maintained. The trigger events are described in Clauses 5.3 to 5.53 and all are served by the ADT unsolicited update and the ACK response. A19 trigger events are served by a QRY query and an ADR (ADT response) reply.

It is recognized that different healthcare systems use different definitions of admitted patient, non-admitted patient, emergency room and recurring patient types, or handle these patients differently. Therefore, trigger events are not defined as specific to any patient type. The patient type for any visit-related information must be specified in the patient class data element (see PV1-2) to enable each system to properly handle the transaction. This means that both the trigger event code and the patient class should be checked in order to determine how to handle the transaction. If a certain patient class can be sometimes assigned to a bed—for example, 'observation' patients—then the assigned patient location field (see PV1-3) should also be checked.

Both admitted and non-admitted patient trigger events are generated using most of the same trigger event codes. The meaning or interpretation of the trigger event depends on the type of patient.

The information which is included in any of these trigger event transactions can be more than the minimum necessary to accommodate the trigger event. Any data elements which are in the data segments listed for the message can be used and as many or as few data elements as are agreed upon during implementation can be used. The A08 trigger event should be used to update data elements that are not necessarily related to any of the other trigger events. The action to be taken if additional data elements are supplied which are not specifically related to the trigger event should also be agreed prior to implementation.

5.2 Trigger event description

Each trigger event is described as follows:

- (a) *Status* The status can be ‘mandatory’ or ‘non-mandatory’ as follows:
 - (i) *Mandatory*—shall be supported by all vendors of health software.
 - (ii) *Non-mandatory*—support by vendors of health software is optional.
- (b) *Description* The description outlines the context in which the trigger will be used.
- (c) *Examples* Examples are provided for the purpose of further clarifying the description text. Use of the triggers should not be limited to the examples provided.
- (d) *Usage notes* Usage notes give information that is pertinent to the use of the trigger event.

5.3 A01 Admit/visit notification

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A01 trigger event is intended to be used for admitted patients only. It is normally generated as a result of the patient undergoing the admission process of an institution which assigns the patient to a bed. It signals the beginning of a patient’s stay in a healthcare facility.
- (c) *Examples* Notify—
 - (i) pharmacy that a patient has been admitted and may be legitimately prescribed drugs;
 - (ii) nursing that the patient has been admitted and needs a care plan prepared;
 - (iii) finance that the billing period has started;
 - (iv) catering that a new patient has been installed and requires catering services;
 - (v) pathology/radiology that a patient has been admitted and is entitled to receive services;
 - (vi) clinical repository that a patient has been admitted, for the electronic health record (EHR); and
 - (vii) health service provider that their patient has been admitted to the healthcare facility.
- (d) *Usage notes* Normally, this information is entered in the primary Patient Administration System (PAS) and broadcast to the nursing units and ancillary systems. It includes short stay and John Doe admissions.

5.4 A02 Transfer a patient

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A02 trigger event is generated as a result of the patient changing his or her assigned physical location. This can include admitted and non-admitted patients.
- (c) *Examples* Notify—
 - (i) pathology/radiology that the patient has changed location and test results should be redirected;
 - (ii) pharmacy that the patient’s drugs should be redirected;

- (iii) catering that the meals should be delivered to a different location; and
- (iv) clinical repository that transfer has taken place, for the EHR.
- (d) *Usage notes* The A02 trigger event is not intended to be used to record temporary location changes where trigger events A09 (see Clause 5.11) and A10 (see Clause 5.12) should be used. The new patient location appears in data element 'assigned patient location' (see PV1-3), while the old patient location appears in data element 'prior patient location' (see PV1-6).

5.5 A03 Discharge/end visit

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A03 trigger event signals the end of the patient's stay in the healthcare facility. For an admitted patient, the A03 trigger event is generated as a result of recording the actual discharge date. The patient is no longer in the facility. For a non-admitted patient, the A03 trigger event is sent as a result of recording the actual completion of the non-admitted visit to the healthcare facility.
- (c) *Examples* Notify—
 - (i) pharmacy that the patient is no longer a patient and is therefore not entitled to drugs;
 - (ii) nursing that the patient has been discharged and the care plan can be completed;
 - (iii) finance that the patient billing period has ended; and
 - (iv) clinical repository that discharge has taken place, for the EHR.
- (d) *Usage notes* For an admitted patient, the patient's location prior to discharge should be entered in data element 'assigned patient location' (see PV1-3). For a non-admitted patient, the visit and date/time can be entered in data element 'discharge date/time' (see PV1-45).

5.6 A04 Register a patient

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A04 trigger event is generated when a patient has arrived and has been registered as a non-admitted patient.
- (c) *Examples* Notify—
 - (i) pharmacy that the patient is a legitimate non-admitted patient for the purpose of filling drug orders;
 - (ii) radiology/pathology that the patient is a legitimate non-admitted patient for the purpose of filling radiology/pathology orders;
 - (iii) finance that for billing purposes a non-admitted service has been provided; and
 - (iv) clinical repository that non-admitted service provision has taken place, for the EHR.
- (d) *Usage notes* The visit start date/time is entered in data element 'admit date/time' (see PV1-44). When adding a patient to a patient master index (PMI) only use the A28 (Add person information) trigger event.

5.7 A05 Pre-admit a patient

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A05 trigger event is generated when it is necessary to notify that either an admitted or non-admitted service provision has been booked.
- (c) *Examples* Notify—
 - (i) theatre, when a patient admission is planned, for the appropriate scheduling of theatres;
 - (ii) radiology/pathology of the planned patient admission, for booking and performance of services before surgery;
 - (iii) clinical repository that a patient has been booked, for the EHR;
 - (iv) pharmacy system that a non-admitted service provision is planned; and
 - (v) maternity bookings pre-admission.
- (d) *Usage notes* The A38 (see Clause 5.40) trigger event is used to cancel erroneous entry of the A05 trigger event.

5.8 A06 Change a non-admitted patient to admitted patient

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A06 trigger event is generated as the result of a patient present for a non-admitted service provision being admitted after evaluation of the seriousness of the patient's condition, e.g. a non-admitted patient attends an outpatient clinic, arrests and is admitted. This trigger event changes a patient's status from non-admitted to admitted.
- (c) *Examples* Notify—
 - (i) pharmacy of the patient's change of status;
 - (ii) radiology/pathology of the patient's change of status;
 - (iii) finance of the patient's change of status; and
 - (iv) clinical repository, for the EHR.
- (d) *Usage notes* The new patient location should appear in data element 'assigned patient location' (see PV1-3), while the old patient location (if different) should appear in data element 'prior patient location' (see PV1-6). The new patient class should appear in data element 'patient class' (see PV1-2). The significance of this trigger event depends on the institution and how it implements patient control and statistics. It is not expected to be very useful as most hospitals record the non-admitted and admitted visits separately for statistics, costing and care planning.

5.9 A07 Change an admitted patient to non-admitted patient

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A07 trigger event is generated as the result of the status of an admitted patient being changed to non-admitted patient, where the patient is still being seen for the same episode of care.
- (c) *Example* Notify pathology/radiology/pharmacy that the patient has changed from admitted to non-admitted.

- (d) *Usage notes* The new patient location should appear in data element ‘assigned patient location’ (see PV1-3), while the old patient location (if different) should appear in data element ‘prior patient location’ (see PV1-6). The relevance of this trigger event depends on the institution and how it implements patient control and statistics.

5.10 A08 Update patient information

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A08 trigger event is generated as a result of patient information being changed. This will include all fields that are not specifically identified by some other trigger, e.g. A02 trigger event for location modification.
- (c) *Examples* Notify—
- (i) finance of the patient’s address change;
 - (ii) pharmacy of patient’s name change;
 - (iii) pharmacy/pathology/radiology of patient’s demographics; and
 - (iv) clinical repository of a change to patient’s demographics.
- (d) *Usage notes* It is anticipated that separate transactions will be generated for separate events. For example, changes to clinical or financial status require date and time of change. However, this does not preclude an A08 trigger event with multiple changed fields, including both demographics and visit details.

5.11 A09 Patient departing—tracking

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A09 trigger event is generated as the result of a patient departing one area for another at the same facility. Due to the amount of time that this process can take, a patient departing-tracking event can be captured and triggered to other systems. This process can take some time in a multicampus or multifacility environment.
- (c) *Examples* Notify—
- (i) pharmacy that a patient has departed the previous location to identify that a patient is in a state of travel; and
 - (ii) catering that a patient is in the process of travel so that meals are no longer delivered to the previous location.

5.12 A10 Patient arriving—tracking

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A10 trigger event is generated as the result of a patient arriving in one area from another at the same facility. Due to the amount of time that this process can take, a patient arriving-tracking event can be captured and triggered to other systems. This process can take some time in a multicampus or multifacility environment.
- (c) *Examples* Notify—
- (i) pharmacy that a patient has arrived at a new location to identify that a patient has completed travel; and

- (ii) catering that a patient has finished travelling and that meals can be delivered to the new location.

5.13 A11 Cancel admit/visit notification

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A11 trigger event is generated as a result of the patient's admission or visit being cancelled. For admitted patients, it is sent to either cancel an erroneous A01 (admit a patient) trigger event or because of a decision not to admit a patient.
- (c) *Examples* Notify—
 - (i) pharmacy that the visit has been cancelled and drugs are not required;
 - (ii) radiology/pathology that the visit has been cancelled;
 - (iii) catering that meals are no longer required for this patient; and
 - (iv) clinical repository of the change, for the EHR.
- (d) *Usage notes* The movement of a transaction of this nature via interfaces may create some dilemmas for the receiving system. This may be due to the fact that the cancellation has probably taken place in the absence of any information about what data has been collected during the period of admission. Examples include the existence of care plans, bookings for services and actual services. Note that the A38 (cancel pre-admit) trigger event is used to cancel an A05 (pre-admit a patient) trigger event.

5.14 A12 Cancel transfer

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A12 trigger event is generated following cancellation of an admitted or non-admitted patient location transfer. It is sent to either cancel an erroneous A02 (transfer a patient) trigger event or because of a decision not to transfer a patient.
- (c) *Examples* Notify—
 - (i) pharmacy for appropriate delivery of drugs;
 - (ii) radiology/pathology that the location has reverted to the previous one;
 - (iii) catering that the patient's location has not changed for meal deliveries; and
 - (iv) clinical repository of the change, for the EHR.
- (d) *Usage notes* The location of the patient before the original transfer should be recorded in data element 'assigned patient location' (see PV1-3). This trigger event has significant implications for interfaces with nursing systems which create new care plans on the basis of a change of location. Where there is a conflict, it may not be possible for the receiving system to make use of the transaction.

5.15 A13 Cancel discharge/end visit

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A13 trigger event is generated following the cancellation of end of a patient's stay. It is sent to either cancel an erroneous A03 (discharge/end visit)

trigger event or because of a decision not to discharge the patient or end the patient visit.

(c) *Examples* Notify—

- (i) pharmacy/radiology/pathology that the patient's admission status has been reinstated;
- (ii) catering that meals are still required for the patient;
- (iii) finance that the billing period has been reopened; and
- (iv) clinical repository of the change, for the EHR.

(d) *Usage notes* After the cancellation has been processed, the location of the patient should be in data element 'assigned patient location' (see PV1-3). Before the erroneous A03 trigger event, the patient's previous location should be in data element 'prior patient location' (see PV1-6).

5.16 A14 Pending admit

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A14 trigger event is generated to notify a plan to admit a patient.
- (c) *Usage notes* This trigger event could be used for notification to ward of pending admission, allowing preparation of bed and notification of resident medical staff.

5.17 A15 Pending transfer

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A15 trigger event is generated to notify a planned transfer of the patient to a new location.
- (c) *Examples* Notify—
 - (i) orderlies for patient movement of intention to transfer a patient to receiving ward; and
 - (ii) catering of intention to change patient location.
- (d) *Usage notes* This trigger event is used when advanced warning of a transfer is needed.

5.18 A16 Pending discharge

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A16 trigger event is generated to notify a planned discharge of a patient when the patient has not yet left the healthcare facility.
- (c) *Examples* Notify—
 - (i) pharmacy of the intention to discharge a patient who will need drugs; and
 - (ii) physiotherapy for post-discharge bookings.
- (d) *Usage notes* This trigger event could be used for notification to patients' accounts of pending discharge, allowing preparation of accounts, and notification to resident medical staff to complete the discharge summary and patient's medical record.

5.19 A17 Swap patients

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A17 trigger event is generated when two patients are to exchange beds.
- (c) *Examples* Notify—
 - (i) pharmacy so that drugs are sent to the correct location;
 - (ii) catering so that meals are sent to the correct location; and
 - (iii) pathology so that test results are sent to the correct location.
- (d) *Usage notes* Refer to Clause 3.5.1 of the HL7 V2.3.1 protocol for further information.

5.20 A18 Merge patient information

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A18 trigger event is generated to merge current and previous patient ID for the existing admitted or non-admitted visit.
- (c) *Example* This trigger event is retained for backwards compatibility only. It is superseded by trigger events A34, A35, A36, A39, A40, A41 and A42. Refer to Clause 3.5.2 of the HL7 V2.3.1 protocol.

5.21 A19 Patient query

The following applies:

- (a) *Status* Mandatory.
- (b) *Description* The A19 trigger event is generated because an application system (such as a service system, e.g. pharmacy) issues a QRY query message (solicit) to the patient management system to provide patient detail (e.g. patient name, address and the like). For further details on QRY refer to Clause 2.24.4 of the HL7 V2.3.1 protocol.
- (c) *Examples* Initiate—
 - (i) pharmacy system requests for patient details prior to filling a script;
 - (ii) radiology/pathology system requests for patient details prior to satisfying an order/service request; and
 - (iii) catering system requests patient details prior to recording/satisfying a meal order for the patient.
- (d) *Usage notes* The implications of this trigger event are that the sending and receiving systems can at least understand and support query accept/response messages and syntax. Query content detail is a site-by-site implementation issue.

5.22 A20 Bed status update

The following applies:

- (a) *Status* Non-mandatory.
- (b) *Description* The A20 trigger event is generated as the result of a bed status change.
- (c) *Example* Notify nursing that the bed is not in use and infection control that the bed is closed.