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## **Document Header**

### **Data Specification**

Version 1.0 – 30/06/2009

Draft for Comment

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# Document Information

## Change History

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0.5	May 2009	Robert L'egan	Updated: <ul style="list-style-type: none"> <li>- Structured Document Template Metamodel diagram</li> <li>- Care Setting examples</li> <li>- Document Control notes</li> <li>- Document Instance Identifier definition and notes</li> <li>- Document Set Identifier notes</li> <li>- Document Status notes</li> <li>- Version Number definition and notes</li> </ul>
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Version	Date	Status	Comments
1.0	30/06/2009	Draft for Comment	

## List of Acronyms & Glossary

For a complete listing of all relevant Acronyms Abbreviations and a glossary of terms please refer to [NEHTA [Acronyms, Abbreviations & Glossary of Terms](#)].

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# 1. Introduction

## 1.1 Purpose and Scope

The Document Header data group specification forms part of a suite of data specifications that NEHTA is developing for the Australian Health Informatics Community. The suite comprises specifications for a range of health topics (represented as “data groups”), which are generally agreed to be of high priority to standardise in order to achieve the benefits brought about by Level 4 (semantic) interoperability in the Australian healthcare setting.

One of the roles of Clinical Information Structured Reporting (“CISR”) within NEHTA packages is to specify the Structured Document Templates that organise the data elements from NEHTA Data Groups into a logical model for clinical communication for a given purpose, e.g. a Discharge Summary or a Pathology Report.

Each Structured Document Template logically divides information between a Header part and a Detail part. Detail parts are divided into Sections for ease of navigation.

The Header part identifies and classifies the document; provides information on authentication, the encounter, the Subject of Care, and the provider; and sets the context for the entire document. The Header part thereby enables clinical document exchange across and within institutions; and facilitates clinical document management through consistent storage, identification, and searchability of document instances.

The Header part is standardised across all Structured Document Templates to enable document repositories and repository indexing services to be established to enable users to search across repositories and find documents they are interested in.

This document is a specification of the Data Specification – Standard Header, and describes the logical information model proposed for use in communicating the Header part of any instance of a Structured Document Template.

## 1.2 Intended Audience

This document is intended to be read by jurisdictional ICT managers, clinicians involved in Clinical Information System specifications, software architects and developers, and implementers of Clinical Information Systems in various healthcare settings.

It is reasonably technical in nature and expects the audience to be familiar with the language of health data specification and to have some familiarity with health information standards and specifications. Definitions and examples are provided to clarify relevant terminology usage and intent.

## 1.3 Related Documents

The following documents are companion documents to this SDT:

1. *Data Specifications – Guide for Use* [[DS-GUIDE](#)] - this guide describes the generic data structures, data types, keywords and icons used within this Data Specification.
2. *Participation Data Specification* [[DS-PART](#)] – contains the full specification which forms the basis of all participations and participants contained in NEHTA Structured Document Templates.

These documents are currently undergoing internal review and will be published to the NEHTA external website in the near future.

## 1.4 Logical Record Architecture

A logical record architecture is defined in [NPFIT-FNT-TO-SCG-0019.04]NPFIT-FNT-TO-SCG-0019.04 NPFIT-FNT-TO-SCG-0019.04 as:

*“.. a set of integrated and internally consistent abstract data and semantic definitions linked to specific health records, business requirements and objectives.... It determines what data is shared across multiple applications within a single enterprise, as well as how it is to be managed, accessed and stored.”*

The role of the Data Specification in this architecture is to specify reusable data groups. These data groups are logical models that may be used by system developers to influence the design of systems. NEHTA reuses these data groups within its Structured Document Templates to define the information that should be exchanged and communicated for a given business purpose. Data groups are maximal data sets that may be constrained when reused.

Data groups are concerned with providing an information framework in which to achieve semantic interoperability.

Data specifications have been developed:

- Based on jurisdiction and clinician identified priorities;
- Specifically to suit the Australian model for a shared Electronic Health Record (EHR);
- To define collections of related information, i.e. data groups, and data elements;
- To allow for expansion and extension as electronic systems mature;
- So they are ‘fit for human consumption, (with information enhanced by the hierarchical structure);
- Incorporating clinical examples of use to enhance utility and adoption; and
- To provide a set of clinical terminologies, specific to the requirements of the Australian healthcare system.

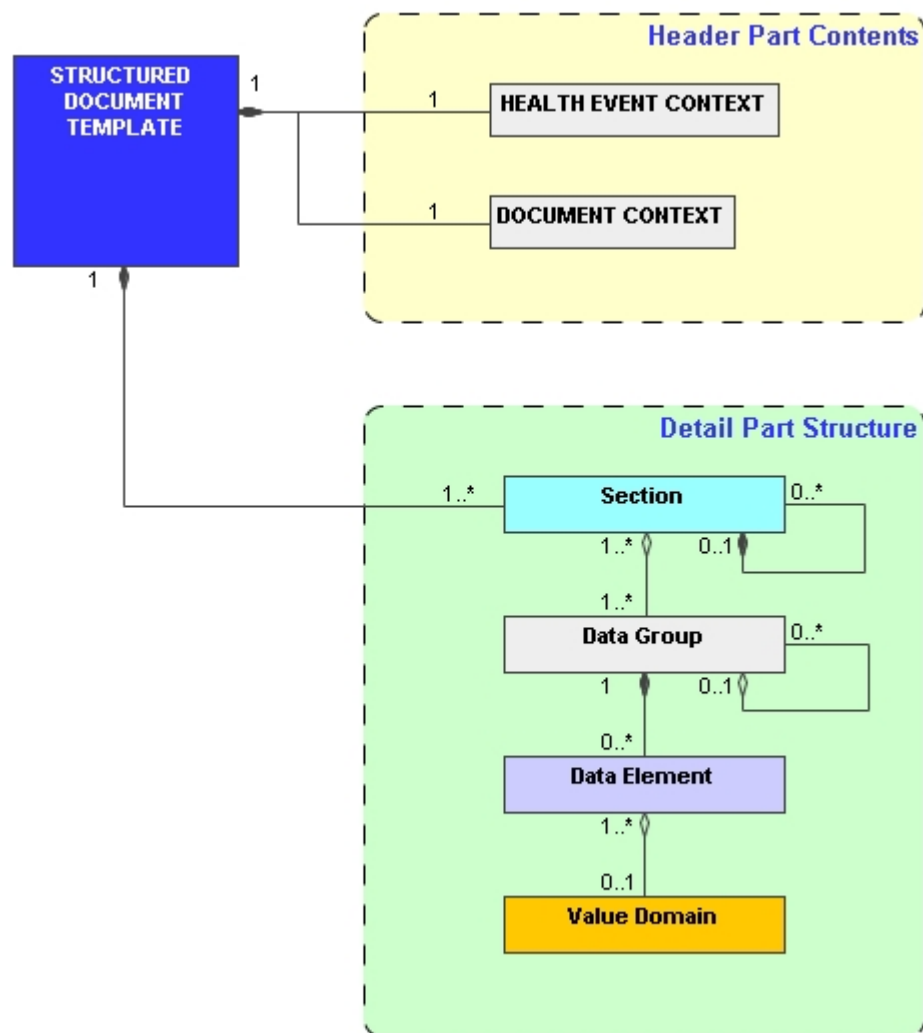
## 1.5 Terminology

NEHTA is defining a national approach to clinical terminology. An interim licence with the College of American Pathology (CAP) for use of SNOMED CT<sup>®</sup> within Australia was in place from 2006. The International Health Terminology Standards Development Organisation (IHTSDO) was formed in April 2007 and Australia is one of the foundation member countries. New national SNOMED CT licence arrangements are now in place, managed by NEHTA.

## 1.6 NEHTA Structured Document Template Metamodel

The health community exchanges event summaries within messages by putting them in the form of a Structured Document template specific to the Event Summary.

Figure 1 shows the NEHTA Structured Document Template metamodel that specifies the overall structure of a Structured Document Template.



**Figure 1 Structured Document Template Metamodel**

There are two main components used to organise the information within a structured document template:

1. Header Part, which always contains a Document Context data group covering Document Control and Document Recipients, and a Health Event Context data group covering the subject of care, the facility, and the clinical process for the healthcare event/encounter/clinical interaction.
2. Detail Part. The information contained within this part changes between different structured document templates, but is always structured as shown, and consists of the following subcomponents:
  - Section
  - Data Group
  - Data Element
  - Value Domain

The Structured Document Templates within each of the Packages describes the data groups in the Detail Part.

Within this data specification clinical information is organised hierarchically into levels that follow these rules:

- Each section can contain one or more other sections or data groups; and each section can contain both sections and data groups
- Each data group can contain one or more other data groups or data elements; and each data group can contain both data groups and data elements

- Each data element has values that are constrained by their data type and may be constrained by one or more value domains

### **1.6.1 Header Part**

The purpose of the Header Part is to identify and classify the document and provide information on authentication, the healthcare event that the document relates to, the healthcare client, and the involved healthcare providers. All types of NEHTA Structured Document Templates have a Header Part that always contains the Document Context section including the Document Control data group and the details of Document Recipients, and a Health Event Context Section.

### **1.6.2 Detail Part**

The Detail Part contains the clinical content. This is a collection of health information pertinent to a subject of care derived from the healthcare event described in the document.

### **1.6.3 Section**

The contents of the structured document detail part may be subdivided into one or more sections. A section is an organising container that gives a reader a clue as to the expected content. The primary purpose of a section is to organise information in the manner that is suitable for the primary purpose for which it is collected and that provides a way to navigate through the data items within the structured document, thereby enabling more efficient querying. It should also support safe re-use for secondary purposes, e.g. clinical coding or inclusion in a summarised form in an electronic health record. A section is context-specific to the document in which it resides.

### **1.6.4 Data Group**

A data group is a composite data structure (i.e. a collection of data groups and/or data elements that can be treated as a single block) for holding related items of information. Values of all the component data elements are often required to provide unambiguous meaning in a given context. A data group 'organises' the data it holds. A data group can only be assigned values through the data elements that are contained within it. A data group is capable of existing independently of the document in which it resides and can be reused in other Structured Document Templates.

#### **1.6.4.1 Participation**

A special re-useable data group within the metamodel is the Participation data group. Participation entities deal with participants that are the individuals, organisations, and IT systems operating within a defined healthcare domain, and the roles that these entities are playing within that domain.

The Participation definition aligns with the concepts of the NEHTA interoperability framework.

A separate data specification document describes the full set of data that may be relevant for a Participation type (person vs. organisation/system) in any circumstance. This document should be read in conjunction with the relevant Structured Document Template. Wherever the Participation data group is used within a Structured Document Template, there is a description of the actual data that should be communicated.

### **1.6.5 Data Element**

A data element is the smallest named unit of information and is assigned a value. Data elements are bound to datatypes.

Whilst all data elements are constrained by their datatype, some data elements are further constrained by value domains.

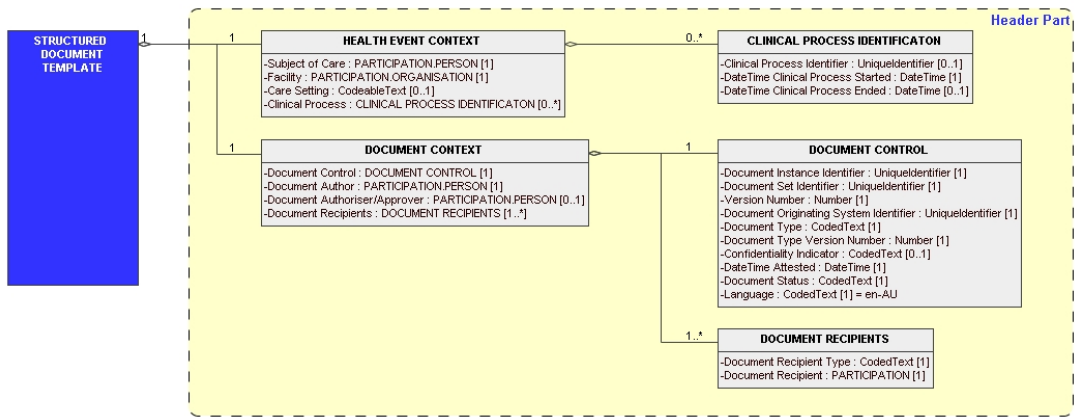
### **1.6.6 Value Domain**

A value domain constrains the permissible values for a data element. The values may be a subset of values based on a generic datatype.

Value domains constrain by either specifying a lower and/or upper bound on the range of permissible values or else specify a finite set of prescribed values. Such a set of prescribed values can be specified as follows:














- directly within the definition of the data element;
- in a separate but associated specification; and/or
- by reference to one or more vocabulary/terminology reference sets.


# 2 UML Diagram



### 3 Header Data Hierarchy

The data hierarchy provides a visual representation of the content and logical layout of the Document Header data structure. Individual data elements associated with the Participation data group are not displayed in the data hierarchy providing a more easily read overview but are found in the Participation Data Specification [DS-PART].

	<b>Document</b>		
<b>HEADER</b>			
	HEALTH EVENT CONTEXT		!
	SUBJECT OF CARE (PARTICIPATION.PERSON)		!
	FACILITY (PARTICIPATION.ORGANISATION)		!
	<b>T/T<sub>0</sub></b>	Care Setting	O
	CLINICAL PROCESS IDENTIFICATION		O ↻
	<b>ID</b>	Clinical Process Identifier	O
		DateTime Clinical Process Started	!
		DateTime Clinical Process Ended	O
	DOCUMENT CONTEXT		!
	DOCUMENT CONTROL		!
	<b>ID</b>	Document Instance Identifier	!
	<b>ID</b>	Document Set Identifier	!
	<b>123</b>	Version Number	!
	<b>ID</b>	Document Originating System Identifier	!
	<b>T<sub>010</sub></b>	Document Type	!
	<b>123</b>	Document Type Version Number	!
	<b>T<sub>010</sub></b>	Confidentiality Indicator	O
		DateTime Attested	!
	<b>T<sub>010</sub></b>	Document Status	!
	<b>T<sub>010</sub></b>	Language (default to en-AU)	!
	DOCUMENT AUTHOR (PARTICIPATION.PERSON)		!
	DOCUMENT AUTHORISER/APPROVER (PARTICIPATION.PERSON)		O
	DOCUMENT RECIPIENTS		! ↻

		<b>T</b> <sub>010</sub>	Document Recipient Type	!
			DOCUMENT RECIPIENT (PARTICIPATION)	!

## 4 Data Specifications

The following part of the document expands on the details for each Section, Data Group and Data Element shown in the Data Hierarchy. The tables below illustrate the layout and define what each of the components is and in some cases the Metadata type it is applicable to.

### Identification

T/T<sub>010</sub>

<b>Name</b>	Item Name
<b>Metadata Type</b>	Metadata type e.g. Section, Data Group or Data Element
<b>Identifier</b>	NEHTA internal Identifier.
<b>Version</b>	Item Version number used to track structural changes to published versions of data groups. This provides a pointer to the applicable data group within the NEHTA data library repository. Note that the applicable data group within a Structured Document Template may not be the latest published version. Applicable only to data groups.

### Definition

<b>Definition</b>	The definition of the item. For data groups used in a particular context the definition may be a refinement of the generic data group definition.
<b>Synonymous Names</b>	List of any names the item may also be known as. Implementers may prefer to use synonymous names to refer to the item in specific contexts.
<b>Notes</b>	Informative text further describing the item.  The purpose of the notes section is to include extra information that further describes the item, adds context or assists in the understanding of how the data item can be used.
<b>Datatype</b>	The datatype of the data element. E.g. DateTime or Text. Applicable only to data elements. The document "NEHTA Data Types" [NEHTA-DT] contains detailed specifications for each of these datatypes.
<b>Value Domain</b>	Contains the name and identifier of the defined value domain, or a statement describing what values to use in the absence of a defined value domain for the related data element. Applicable only to CodedText and CodeableText data elements.

## Usage

### Example

The usage section displays one or more examples of the data that is catered for by the data element. In the SDT, examples are only included for Data Elements. Implementation guides may contain examples for how data groups should be populated and how they relate to each other.

Where a data element has an associated value domain examples representative of that domain are used where possible. Where the value domain is yet to be determined an indicative example is provided.

## Relationships

### Children

Type	Name	Version	Obligation	Condition	Occurrence
Icon illustrating the Metadata or Datatype	Item Name	Version of the item – only applicable for Data Groups	Obligation of this child item to the item described on this page	The conditions that must be met to include this child data element. Only applicable for elements with a Conditional obligation	The number of instances of this child item that must occur as determined by the obligation and multiplicity.

### Parent


Type	Name	Version	Obligation	Condition	Occurrence
Icon illustrating the Metadata or Datatype	Item Name	Version of the item – only applicable for Data Groups	Obligation of the item described on this page to this parent item.	The conditions that must be met to include the data element. Only applicable for elements with a Conditional obligation	The number of instances of the item described on this page that must occur as determined by the obligation and multiplicity.

For Participation data groups the following child table is provided.

Type	Name	Condition	Occurrence
Icon illustrating the Metadata or Datatype	Item name	For Healthcare Role Healthcare Role.description="The Healthcare Role of the participation individual or organisation"  For data groups Statement of reasons and/or conditions for inclusion of this data group.	Number of instances of this item that must occur.

## 4.1 HEALTH EVENT CONTEXT

### Identification

 <b>Name</b>	HEALTH EVENT CONTEXT
<b>Metadata Type</b>	Data Group
<b>Identifier</b>	DG-20102
<b>Version</b>	1.0




### Definition

**Definition** Describes the subject of care and the facility for the healthcare event/encounter/clinical interaction, including the care setting of the event.


### Notes

### Relationships

#### Children

Type	Name	Version	Obligation	Condition	Occurrence
	SUBJECT OF CARE	1.0	Essential		1
	FACILITY	1.0	Essential		1
<b>T/T</b> <sub>010</sub>	Care Setting		Optional		0..1
	CLINICAL PROCESS IDENTIFICATION	1.0	Essential		0..*

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT		Essential		1

## 4.1.1 SUBJECT OF CARE

### Identification



<b>Name</b>	SUBJECT OF CARE (PARTICIPATION.PERSON)
<b>Metadata Type</b>	Data Group (reuse of PARTICIPATION.PERSON, please refer to Data Specification - PARTICIPATION for more detail).
<b>Identifier</b>	DG-10296
<b>Version</b>	1.0





### Definition

<b>Definition</b>	Identifies the person about whom the healthcare event/encounter/clinical interaction has been captured and/or interchanged, that led to the creation of the document, i.e. the subject of the information.
<b>Synonymous Names</b>	Client Patient Subject of Care Identification.
<b>Notes</b>	


### Relationships

#### Children

Type	Name	Condition	Occurrence
T/T <sub>010</sub>	Participation Type	<b>Must</b> be implemented	1
T/T <sub>010</sub>	Healthcare Role	<b>Should</b> be implemented and Healthcare Role.description="Subject of Care"	0..1
	Participation Period	<b>Should</b> be implemented and contain the valid time interval during which the healthcare event occurred.	0..1
	LOCATION OF PARTICIPATION	<b>Should</b> be implemented and contain the geographic site where the healthcare event occurs.	0..*
	ENTITY IDENTIFIER	<b>Must</b> be implemented and contain when available the subject of care's Individual Healthcare Identifier (IHI [AS4846-2006]) if available. In the absence of an IHI, <b>must</b> contain the unique identifier used to reference the subject of care.	1..*
	ADDRESS	<b>Must</b> be implemented and contain address information for the subject of care, which specifies the address type. Address information may be required to facilitate linking of the information to the subject of care's electronic record; and to facilitate clinical and/or billing follow-up. It may therefore be necessary to include multiple addresses to cover all these requirements.	1..*
	ELECTRONIC COMMUNICATION	<b>Should</b> be implemented and contain the subject of care's preferred means of contact to facilitate clinical follow-up. A subject of care may have more than one method of contact	0..*

Type	Name	Condition	Occurrence
	PERSON NAME	<b>Must</b> be implemented and contain name details and name usage type. It may be necessary to include multiple names, including preferred and legal names (and known aliases)	1..*
	PERSON ADDITIONAL DEMOGRAPHIC DATA	<b>Must</b> be implemented and at least contain the following details <ul style="list-style-type: none"> <li>▪ Date of birth (can be estimated)</li> <li>▪ Sex</li> </ul>	1
	HEALTHCARE PROVIDER FIELD OF PRACTICE	<b>Must not</b> be implemented	0
	EMPLOYER ORGANISATION DETAILS	<b>Should</b> be implemented where this is relevant to the healthcare event, e.g. for Workers Compensation activities.	0..1

### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	HEALTH EVENT CONTEXT	1.0	Essential		1

## 4.1.2 FACILITY

### Identification



<b>Name</b>	FACILITY (PARTICIPATION.ORGANISATION)
<b>Metadata Type</b>	Data Group (reuse of PARTICIPATION.ORGANISATION, please refer to Data Specification - PARTICIPATION for more detail).
<b>Identifier</b>	DG-10296
<b>Version</b>	1.0

### Definition

<b>Definition</b>	The healthcare organisation involved in or associated with the delivery of the healthcare services to the subject of care.
<b>Synonymous Names</b>	Healthcare Organisation Identification Healthcare Facility Facility Details
<b>Notes</b>	

### Relationships

#### Children

Type	Name	Condition	Occurrence
T/T <sub>010</sub>	Participation Type	<b>Must</b> be implemented	1
T/T <sub>010</sub>	Healthcare Role	<b>Must</b> be implemented and Healthcare Role.description="Facility"	1
	Participation Period	<b>Should</b> be implemented and contain the valid time interval during which the healthcare event occurred.	0..1
	LOCATION OF PARTICIPATION	<b>Should</b> be implemented and contain the geographic site where the healthcare event occurs.	0..*
	ENTITY IDENTIFIER	<b>Must</b> be implemented and contain when available the Healthcare Provider Identifier - Organisation (HPI-O).	1..*
	ADDRESS	<b>Should</b> be implemented and contain address details	0..*
	ELECTRONIC COMMUNICATION	<b>Should</b> be implemented and include at least one method of electronic communication.	0..*
	ORGANISATION NAME DETAIL	<b>Must</b> be implemented and contain name details and name usage type.	1..*

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	HEALTH EVENT CONTEXT	1.0	Essential		1

### 4.1.3 Care Setting

#### Identification

T/T<sub>010</sub>

<b>Name</b>	Care Setting
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-20111

#### Definition


<b>Definition</b>	The overall nature of a clinical service provided to the subject of care.
<b>Notes</b>	The broad category of care setting where the subject of care was located at the time the health event/encounter/clinical interaction took place
<b>Datatype</b>	CodeableText
<b>Value Domain</b>	Not specified - Use existing reference sets until NEHTA determines a suitable common reference set.

#### Usage

<b>Example</b>	Emergency Department Haematology Radiation oncology
----------------	---


#### Relationships

##### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	HEALTH EVENT CONTEXT	1.0	Optional		0..1

## 4.1.4 CLINICAL PROCESS IDENTIFICATION

### Identification

 <b>Name</b>	CLINICAL PROCESS IDENTIFICATION
<b>Metadata Type</b>	Data Group
<b>Identifier</b>	DG-10331
<b>Version</b>	1.0

### Definition



<b>Definition</b>	Identifies one or more related healthcare event/encounter/clinical interaction or a series of healthcare events/encounters/clinical interactions defined and grouped according to a particular healthcare story or focus.
<b>Synonymous Names</b>	Episode
<b>Notes</b>	<p>The healthcare process grouping is:</p> <ul style="list-style-type: none"> <li>determined by a healthcare provider/healthcare organisation</li> <li>initiated to address certain health problems or issues</li> <li>can cover one or more illnesses</li> <li>can involve one or more providers</li> <li>can be on-going.</li> </ul>

### Usage


<b>Example</b>	<p>In discharge summary domain, this data group groups discharge summaries and related information for a Subject of Care.</p> <p>In medication management domain, this data group groups prescription and related dispensing (and dispensing reporting) activities.</p>
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### Relationships

#### Children

Type	Name	Version	Obligation	Condition	Occurrence
<b>ID</b>	Clinical Process Identifier		Optional		0..1
	DateTime Clinical Process Started		Essential		1
	DateTime Clinical Process Ended		Optional		0..1

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	HEALTH EVENT CONTEXT	1.0	Optional		0..*

## 4.1.5 Clinical Process Identifier

### Identification

ID

<b>Name</b>	Clinical Process Identifier
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10333

### Definition


<b>Definition</b>	A unique identifier for a specific healthcare clinical process. The identifier serves to link a series of healthcare events/encounters/clinical interactions within the same healthcare clinical process.
<b>Synonymous Names</b>	
<b>Notes</b>	This is used for local definition and local use cases and is not used by a national IHI Service.
<b>DataType</b>	Unique Identifier

### Usage

#### Example

### Relationships

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	CLINICAL PROCESS IDENTIFICATION	1.0	Optional		0..1

## 4.1.6 DateTime Clinical Process Started

### Identification



<b>Name</b>	DateTime Clinical Process Started
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10332

### Definition


<b>Definition</b>	The date and time of the start of the healthcare event/encounter/clinical interaction that the document or document set relates to.
<b>Notes</b>	The meaning of "DateTime Started" is defined within each Structured Document Template in terms of needing an anchoring point for the document or document set.
<b>Datatype</b>	DateTime

### Usage

#### Example


### Relationships

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	CLINICAL PROCESS IDENTIFICATION	1.0	Essential		1

## 4.1.7 DateTime Clinical Process Ended

### Identification

	<b>Name</b>	DateTime Clinical Process Ended
	<b>Metadata Type</b>	Data Element
	<b>Identifier</b>	DE-10341

### Definition


<b>Definition</b>	The date and time of the end of the healthcare event/encounter/clinical interaction that the document or document set relates to.
<b>Notes</b>	The meaning of "DateTime Ended" is defined within each Structured Document Template in terms of needing an anchoring point for the document or document set.
<b>Datatype</b>	DateTime

### Usage

#### Example


### Relationships

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	CLINICAL PROCESS IDENTIFICATION	1.0	Optional		0..1

## 4.2 DOCUMENT CONTEXT

### Identification





 <b>Name</b>	DOCUMENT CONTEXT
<b>Metadata Type</b>	Data Group
<b>Identifier</b>	DG-10326
<b>Version</b>	1.0

### Definition


<b>Definition</b>	Provides specific contextual information about the document itself so that it can be uniquely identified, and identifies the creators and recipients of the document.
<b>Notes</b>	

### Relationships

#### Children

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1
	DOCUMENT AUTHOR	1.0	Essential		1
	DOCUMENT AUTHORISER/APPROVER	1.0	Optional		0..1
	DOCUMENT RECIPIENTS	1.0	Essential		1..*

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT		Essential		1

## 4.2.1 DOCUMENT CONTROL

### Identification




<b>Name</b>	DOCUMENT CONTROL
<b>Metadata Type</b>	Data Group
<b>Identifier</b>	DG-20201
<b>Version</b>	1.0

### Definition


<b>Definition</b>	Holds versioning information about the document instance that belongs to the same logical document set, i.e. that are related to the same healthcare event/encounter/clinical interaction.
<b>Notes</b>	

### Relationships

#### Children

Type	Name	Version	Obligation	Condition	Occurrence
<b>ID</b>	Document Instance Identifier		Essential		1
<b>ID</b>	Document Set Identifier		Essential		1
<b>123</b>	Version Number		Essential		1
<b>ID</b>	Document Originating System Identifier		Essential		1
<b>T<sub>010</sub></b>	Document Type		Essential		1
<b>123</b>	Document Type Version Number		Essential		1
<b>T<sub>010</sub></b>	Confidentiality Indicator		Optional		0..1
	DateTime Attested		Essential		1
<b>T<sub>010</sub></b>	Document Status		Essential		1
<b>T<sub>010</sub></b>	Language		Essential		1

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTEXT	1.0	Essential		1

## 4.2.2 Document Instance Identifier

### Identification

<b>ID</b>	<b>Name</b>	Document Instance Identifier
	<b>Metadata Type</b>	Data Element
	<b>Identifier</b>	DE-20101

### Definition


<b>Definition</b>	Unique identifier of an instance of the document being created. The value is globally unique and generally not for human consumption.
<b>Notes</b>	The Document Instance Identifier is incremented whenever the originating system generates a document, whether there is a new version of the document or not.
<b>Datatype</b>	UniqueIdentifier

### Usage

<b>Example</b>	
----------------	--

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.3 Document Set Identifier

### Identification

<b>ID</b>	<b>Name</b>	Document Set Identifier
	<b>Metadata Type</b>	Data Element
	<b>Identifier</b>	DE-20102

### Definition


<b>Definition</b>	Unique identifier of a set of all document revisions; it is related to a single healthcare event/encounter/clinical interaction. The value does not have to be globally unique and may be suitable for human consumption.
<b>Notes</b>	
<b>Datatype</b>	UniqueIdentifier

### Usage

<b>Example</b>	
----------------	--

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.4 Version Number

### Identification

123

<b>Name</b>	Version Number
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10178

### Definition


<b>Definition</b>	Identifier of a document within the same document set used to version successive replacement documents. There is no concept of major and minor versions.
<b>Notes</b>	Nominally, any changes to the Header or Body of a document requires an increment of the Version Number.
<b>Datatype</b>	Integer

### Usage

#### Example

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.5 Document Originating System Identifier

### Identification

<b>ID</b>	<b>Name</b>	Document Originating System Identifier
	<b>Metadata Type</b>	Data Element
	<b>Identifier</b>	DE-10334

### Definition


<b>Definition</b>	Unique identifier of the system used to create the document.
<b>Notes</b>	
<b>Datatype</b>	UniqueIdentifier

### Usage

#### Example

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.6 Document Type

### Identification

T<sub>010</sub>

<b>Name</b>	Document Type
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10335

### Definition


<b>Definition</b>	The name of the Structured Document Template used to create the document instance.
<b>Notes</b>	
<b>Datatype</b>	CodedText
<b>Value Domain</b>	Not specified - Use existing reference sets until NEHTA determines a suitable common reference set.

### Usage

<b>Example</b>	"Discharge Summary – Acute Care to GP/Specialist" "Pathology Result Report"
----------------	--

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.7 Document Type Version Number

### Identification

123

<b>Name</b>	Document Type Version Number
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10337

### Definition


<b>Definition</b>	Identifier of the version of the Structured Document Template used to create the document instance.
<b>Notes</b>	Enables a receiving system to compare the Structured Document Template version of this document set with their implemented version.
<b>Datatype</b>	Integer

### Usage

<b>Example</b>	2
----------------	---

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.8 Confidentiality Indicator

### Identification

T<sub>010</sub>

<b>Name</b>	Confidentiality Indicator
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10338

### Definition


<b>Definition</b>	The degree of sensitivity of information and the extent to which it can be shared.
<b>Notes</b>	<p>The IEHR Privacy Blueprint has consulted the notion of only two labels with the community: clinical care and privileged care. There is widespread support for both.</p> <p>There is also some support for a label which is for clinician eyes only to be used for violent subjects of care.</p>
<b>Datatype</b>	CodedText
<b>Value Domain</b>	Not specified - Use existing reference sets until NEHTA determines a suitable common reference set.

### Usage

<b>Example</b>	<p>"N" [normal]</p> <p>"R" (restricted)</p>
----------------	---


### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Optional		0..1

## 4.2.9 DateTime Attested

### Identification

	<b>Name</b>	DateTime Attested
	<b>Metadata Type</b>	Data Element
	<b>Identifier</b>	DE-20106

### Definition


<b>Definition</b>	The date and time when the document is attested (or finalised, or signed-off) by the document author or document authoriser/approver.
<b>Notes</b>	
<b>Datatype</b>	DateTime

### Usage

<b>Example</b>	
----------------	--

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.10 Document Status

### Identification

T<sub>010</sub>

<b>Name</b>	Document Status
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-20104

### Definition


<b>Definition</b>	The status of a document (e.g. active, cancelled).
<b>Notes</b>	The receiving system is not allowed to amend the document status value of a received document.
<b>Datatype</b>	CodedText
<b>Value Domain</b>	Use [HL7 V3] – ActStatus:x_DocumentStatus

### Usage

<b>Example</b>	Using [HL7 V3] – ActStatus:x_DocumentStatus <ul style="list-style-type: none"> <li>• C15942 : active (55561003)</li> <li>• C15938 : cancelled (89925002)</li> <li>• C15943 : new (7147002)</li> <li>• C15935 : obsolete (41228009)</li> </ul>
----------------	---

### Relationships

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.11 Language

### Identification

T<sub>010</sub>

<b>Name</b>	Language
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-10340

### Definition


<b>Definition</b>	The human language of character data within the document.
<b>Notes</b>	Default to en-AU.
<b>Datatype</b>	CodedText
<b>Value Domain</b>	[ISO639-1] - Codes for the Representation of Names of Languages [ISO3166] - Codes for the Representation of Names of Countries

### Usage

<b>Example</b>	"en-AU" "en-US" "fr"
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### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTROL	1.0	Essential		1

## 4.2.12 DOCUMENT AUTHOR

### Identification



<b>Name</b>	DOCUMENT AUTHOR (PARTICIPATION.PERSON)
<b>Metadata Type</b>	Data Group (reuse of PARTICIPATION.PERSON, please refer to the Data Specification - PARTICIPATION for more detail).
<b>Identifier</b>	DG-10296
<b>Version</b>	1.0

### Definition

<b>Definition</b>	The healthcare provider who is the main author of the document.
<b>Notes</b>	

### Relationships

#### Children

Type	Name	Condition	Occurrence
T/T <sub>010</sub>	Participation Type	<b>Must</b> be implemented	1
T/T <sub>010</sub>	Healthcare Role	<b>Must</b> be implemented and Healthcare Role.description="Document Author"	1
	Participation Period	<b>Should</b> be implemented and contain the valid time interval during which the healthcare event occurred.	0..1
	LOCATION OF PARTICIPATION	<b>Should</b> be implemented and contain the geographic site where the healthcare event occurs.	0..*
	ENTITY IDENTIFIER	<b>Must</b> be implemented and contain when available the Healthcare Provider Identifier - Individual (HPI-I).	1..*
	ADDRESS	<b>Should</b> be implemented and contain address details	0..*
	ELECTRONIC COMMUNICATION	<b>Should</b> be implemented and include at least one method of electronic communication.	0..*
	PERSON NAME	<b>Must</b> be implemented and contain name details and name usage type.	1
	PERSON ADDITIONAL DEMOGRAPHIC DATA	<b>May</b> be implemented	0..1
	HEALTHCARE PROVIDER FIELD OF PRACTICE	<b>May</b> be implemented	0..*
	EMPLOYER ORGANISATION DETAILS	<b>Should not</b> be implemented	0..1

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTEXT	1.0	Essential		1

## 4.2.13 DOCUMENT AUTHORISER/APPROVER

### Identification



<b>Name</b>	DOCUMENT AUTHORISER/APPROVER (PARTICIPATION.PERSON)
<b>Metadata Type</b>	Data Group (reuse of PARTICIPATION.PERSON, please refer to the Data Specification - PARTICIPATION for more detail).
<b>Identifier</b>	DG-10296
<b>Version</b>	1.0

### Definition


<b>Definition</b>	The healthcare provider who has approved the content and/or release of the document.
<b>Notes</b>	

### Relationships

#### Children


Type	Name	Condition	Occurrence
	Participation Type	<b>Must</b> be implemented	1
	Healthcare Role	Must be implemented and Healthcare Role.description="Document Authoriser/Approver"	1
	Participation Period <b>Error! Reference source not found.</b>	<b>Should</b> be implemented and contain the valid time interval during which the healthcare event occurred.	0..1
	LOCATION OF PARTICIPATION	<b>Should</b> be implemented and contain the geographic site where the healthcare event occurs.	0..*
	ENTITY IDENTIFIER	<b>Must</b> be implemented and contain when available the Healthcare Provider Identifier - Individual (HPI-I).	1..*
	ADDRESS	<b>Should</b> be implemented and contain address details	0..*
	ELECTRONIC COMMUNICATION	<b>Should</b> be implemented and include at least one method of electronic communication.	0..*
	PERSON NAME	<b>Must</b> be implemented and contain name details and name usage type.	1
	PERSON ADDITIONAL DEMOGRAPHIC DATA	<b>May</b> be implemented	0..1
	HEALTHCARE PROVIDER FIELD OF PRACTICE	<b>May</b> be implemented	0..*
	EMPLOYER ORGANISATION DETAILS	<b>Should not</b> be implemented	0..1

#### Parent

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTEXT	1.0	Optional		0..1

## 4.2.14 DOCUMENT RECIPIENTS

### Identification



	<b>Name</b>	DOCUMENT RECIPIENTS
	<b>Metadata Type</b>	Data Group
	<b>Identifier</b>	DG-20141
	<b>Version</b>	1.0

### Definition


<b>Definition</b>	The persons and/or organisations who are recipients of the document.
<b>Notes</b>	

### Relationships

#### *Children*

Type	Name	Version	Obligation	Condition	Occurrence
	Document Recipient Type		Essential		1
	DOCUMENT RECIPIENT		Essential		1

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT CONTEXT	1.0	Essential		1..*

## 4.2.15 Document Recipient Type

### Identification

T<sub>010</sub>

<b>Name</b>	Document Recipient Type
<b>Metadata Type</b>	Data Element
<b>Identifier</b>	DE-16027

### Definition


<b>Definition</b>	The type of recipient of the document. Each document should have at least one primary recipient.
<b>Notes</b>	
<b>Datatype</b>	CodedText
<b>Value Domain</b>	Not specified - Use existing reference sets until NEHTA determines a suitable common reference set.

### Usage

<b>Example</b>	Primary Cc
----------------	---------------

### Relationships

#### *Parent*

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT RECIPIENTS	1.0	Essential		1

## 4.2.16 DOCUMENT RECIPIENT

### Identification










<b>Name</b>	DOCUMENT RECIPIENT (PARTICIPATION)
<b>Metadata Type</b>	Data Group (reuse of PARTICIPATION, please refer to the Data Specification - PARTICIPATION for more detail).
<b>Identifier</b>	DG-10296
<b>Version</b>	1.0




### Definition

<b>Definition</b>	Details pertaining to the identification of an individual or organisation associated with a potential or actual subject of care, who is designated to receive a copy of the document.
<b>Notes</b>	


### Relationships

#### Children

Type	Name	Condition	Occurrence
	Participation Type	<b>Must</b> be implemented	1
	Healthcare Role	Healthcare Role.description="Document Recipient"	1
	Participation Period	<b>Should</b> be implemented and contain the valid time interval during which the healthcare event occurred.	0..1
	LOCATION OF PARTICIPATION	<b>Should</b> be implemented and contain the geographic site where the healthcare event occurs.	0..*
	ENTITY IDENTIFIER	<b>Must</b> be implemented. Where the Document Recipient is a Healthcare Provider contains when available the Healthcare Provider Identifier - Individual (HPI-I). Where the Document Recipient is a Healthcare Organisation contains when available the Healthcare Provider Identifier - Organisation (HPI-O). Where the Document Recipient is the Subject of Care contains the subject of care's Individual Healthcare Identifier (IHI [AS4846-2006]) if available. In the absence of an IHI, <b>must</b> contain the unique identifier used to reference the subject of care.	1..*
	ADDRESS	<b>Should</b> be implemented and contain address details	0..*
	ELECTRONIC COMMUNICATION	<b>Should</b> be implemented and include at least one method of electronic communication.	0..*
	PERSON NAME	Where the Document Recipient is a Healthcare Person <b>must</b> be implemented and contain name details and name usage type. Where the Document Recipient is a Healthcare Organisation <b>must not</b> be implemented.	0 or 1
	PERSON ADDITIONAL DEMOGRAPHIC DATA	<b>May</b> be implemented	0..1

Type	Name	Condition	Occurrence
	HEALTHCARE PROVIDER FIELD OF PRACTICE	<b>Should</b> be implemented. Where the Document Recipient is a Healthcare Provider contains practice information otherwise contains no details.	0..*
	EMPLOYER ORGANISATION DETAILS	<b>Should</b> be implemented	0..1
	ORGANISATION NAME DETAIL	Where the Document Recipient is a Healthcare Provider <b>must not</b> be implemented. Where the Document Recipient is a Healthcare Organisation <b>must</b> be implemented and contain name details and name usage type.	0..*

**Parent**

Type	Name	Version	Obligation	Condition	Occurrence
	DOCUMENT RECIPIENTS	1.0	Essential		1

# Reference List

[REF]	Document Name	Publisher	Repository
[AS4846-2006]	AS 4846 (2006) – Healthcare Provider Identification	Standards Australia	<a href="http://www.e-health.standards.org.au">http://www.e-health.standards.org.au</a> Accessed 7 April 2008
[DS-GUIDE]	NEHTA Data Specification and Structured Document Template Guide for Use – V0.4, Issued 25 March 2009	NEHTA	<a href="http://www.nehta.gov.au/clinical-information-mi">http://www.nehta.gov.au/clinical-information-mi</a> Accessed 29 June 2009
[DS-PART]	PARTICIPATION Data Specification – V1.0, Issued 30 June 2009	NEHTA	<a href="http://www.nehta.gov.au/clinical-information-mi">http://www.nehta.gov.au/clinical-information-mi</a> Accessed 29 June 2009
[ISO3166]	Codes for the representation of Names of Countries	International Organisation for Standardization	<a href="http://www.iso.org">http://www.iso.org</a> Accessed 7 October 2008
[ISO639-1]	Codes for the Representation of Names of Languages	International Organisation for Standardization	<a href="http://www.iso.org">http://www.iso.org</a> Accessed 7 October 2008
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[NEHTA-DT]	Data Types in NEHTA Specifications Version 0.2 – 14/11/2008	NEHTA	<a href="https://www.nehta.net.au/confluence/download/attachments/27459815/NEHTA+Data+Types.doc?version=1">https://www.nehta.net.au/confluence/download/attachments/27459815/NEHTA+Data+Types.doc?version=1</a> Accessed 16 December 2008
[NPFIT-FNT-TO-SCG-0019.04]	A NHS Logical Health Record Architecture: Vision, Objectives and Success Criteria	NHS Connecting for Health United Kingdom Network Working Group	<a href="http://www.connectingforhealth.nhs.uk/systemsandservices/data/scg/publications/SCG0019.pdf">http://www.connectingforhealth.nhs.uk/systemsandservices/data/scg/publications/SCG0019.pdf</a> Accessed 29 June 2009

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