Annex A
to
eHealth-INTEROP Report
Inventory of standards
in response to
eHealth Interoperability Standards Mandate

(SA/CEN/ENTR/000/2007-20 eHealth Mandate M/403 – Phase 1)

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Contents

A.1 General considerations

These considerations are repeated from those in the main Report. New content starts at A.2.

The terms of reference of this Report require an inventory of standards to be prepared. Such inventory exercises are commonly undertaken but usually prove to be a time-constrained study of perpetual motion because they are very difficult to scope; are inevitably out of date even before publication - and are of rapidly diminishing value thereafter. Without dedicated ongoing resource, such inventories are of little value to would-be standards users. We have therefore separated the bulk of our inventory from the main Report text and that bulk is contained in Annex A – Inventory of standards. The role of this section is then simply to explain how we started to deal with inventory issue – and then, when the task became too onerous, what we now recommend instead.

A.1.1 Structured inventory method

The extended project team analysed existing standards with reference to three orthogonal axes to which they are related: *Process (design, manufacture, deployment and maintenance), Technical infrastructure* and *Use domain.* These axes are largely independent of demand- or supply-side role and are, at different stages in the life cycle, applicable to each role. Additionally, any one standard may have aspects applicable on more than one, and sometimes all three, axes.

A.1.1.1 Process-related standards

Process-related standards have to be evaluated for their applicability in specific product-oriented applications from a management, governance or regulatory perspective.

A.1.1.2 Technical infrastructure standards

Technical infrastructure standards may be considered explicitly in implementing eHealth applications but in many instances the technical infrastructure is assumed by Use domain related standards. Criteria for selecting such infrastructure elements depend on the requirements of the respective application, but also on availability of implementations of such standards and their acceptance in the field. Standards in this group cover the technical and, to some extent, semantic levels described in Chapter 2 of the Main Report. See too the discussion of this issue in Chapter 5 of the Main Report, Annex C and Annex D.

A.1.1.3 Use domain related standards

Use domain related standards are related to particular aspects of functionality with which a user will interact in their work. Standards in this group cover the business, semantic and application levels described in Chapter 2 of the Main Report See too the discussion of Semantic issues in Annex C.

A.1.1.4 Alternative methods of analysis

Whilst it would have been in some ways attractive to have used the 'viewpoints of the Reference Model for Open distributed processing, Viewpoint specifications (ISO/IEC 10746-1)[1] it would have been difficult to manage the presentation of these views in the simple spreadsheet approach that we have been limited because of the time available. However, these viewpoints are described below for reference.

A viewpoint (on a system) is an abstraction that yields a specification of the whole system related to a particular set of concerns. Five viewpoints are said to cover all the domains of architectural design. These five viewpoints are:

- the enterprise viewpoint, which is concerned with the purpose, scope and policies governing the activities of the specified system within the organisation of which it is a part;

1 ISO/IEC 10746 parts1 to 4: 1998(E) (© ISO/IEC 1998) are freely available from http://enterprise.shl.com/RM-ODP/default.html

- the information viewpoint, which is concerned with the kinds of information handled by the system and constraints on the use and interpretation of that information;
- the computational viewpoint, which is concerned with the functional decomposition of the system into a set of objects that interact at interfaces – enabling system distribution;
- the engineering viewpoint, which is concerned with the infrastructure required to support system distribution;
- the technology viewpoint, which is concerned with the choice of technology to support system distribution.

For each viewpoint there is an associated viewpoint language, which can be used to express a specification of the system from that viewpoint.

A.1.1.5 Outcome and recommendations

In Annex A the standards we started work on the basis of the tri-axial categorisation and allocation of keywords aligned on our chosen axes and by analysing the title and scope statements. The tri-axial organisation was relatively easy but the use of keywords to provide the basis for grouping the published and in-progress standards regrettably, and somewhat surprisingly, it proved difficult - to the point of near-impossibility.

Attempts to access any modern or representative set of keywords applicable to health informatics when searching the resources of the International Medical Informatics Association, or its American or European counterparts were fruitless. The U.S. National Library of Medicine Medical Subject Headings (MeSH) proved to be outdated; the best found were those for the by the Association for Computing Machinery (ACM) Computing Classification System (1998 Version) said to be “valid in 2007”. However, these are more generally applicable to ICT than eHealth – so address only the process and technology keyword areas.

So, although we had intended to provide a keyworded analysis based on commonly available keywords related to healthcare, health informatics, computer technology and telecommunications this was not possible in the time and resource available. Because such a list is not readily available – only the computer technology area is well covered – we have not proceeded further with this work. Annex A is therefore incomplete and inadequate as an inventory of the standards available in the eHealth domain.

Any structured inventory of eHealth standards developed would therefore need to be resourced adequately so that it can be constructed appropriately, have broad and deep international coverage, and be maintained in a timely manner for the foreseeable future. This may be deemed an appropriate supporting activity for Phase 2 which may either continue in the existing manner, or it be subsumed into the one of the emergent resources, such as that of the Joint Initiative Council intended to provide a keyworded analysis based on the Standards Knowledge Management Tool developed by the University of Sherbrooke in Quebec, Canada (.

A.2 CEN

A.2.1 Overview

The intention of this section is to list CEN documents of relevance to the eHealth mandate (M403).

Different kinds of potential influence from technical standards towards eHealth are distinguished: An existing technical standard may

- may provide content or alternative content to architecture/design/implementation of eHealth applications
- describe the creation / development process for eHealth-related applications
- describe some technical infrastructure which may support eHealth applications

This section does not state the applicability or non-applicability of CEN standards from a regulatory point of view, in fact very few are required by regulation.

Only active committees and published documents (not withdrawn) have been considered.

The standards found can be categorized into either "*Process*" or "*Infrastructure*". Process-related standards describe methods for developing applications and components targeting the area of healthcare delivery. Infrastructure standards describe elements that can be used in an implementation of eHealth applications. A few address application domain requirements specific to eHealth.

A.2.1.1 Relevant Committees

A search among committees of CEN returned xxx committees of which xxx are active. Among those an evaluation with the status "active" and a focus which "potentially affects eHealth" returned the following committees.

A.2.1.1.1 TC251 – Health informatics

This TC has the main role in eHealth standards in CEN. This TC shares a large part of its work programme with its ISO equivalent (TC215)

A.2.2 Specific Standards

See tables

A.3 CENELEC

A.3.1 Overview

The intention of this section is to list CENELEC documents of relevance to the eHealth mandate (M403).

Different kinds of potential influence from technical standards towards eHealth are distinguished: An existing technical standard may

- may provide content or alternative content to architecture/design/implementation of eHealth applications
- describe the creation / development process for eHealth-related applications
- describe some technical infrastructure which may support eHealth applications

This section does not state the applicability or non-applicability of CENELEC standards from a regulatory point of view: Depending on the specific technology used, more standards than the ones mentioned here may be required for placing respective devices on the markets. Vice versa, not all standards mentioned here have to implemented – in fact, very few are required by regulation.

Only active committees and published standards (not withdrawn) have been considered.

The standards found can be categorized into either "*Process*" or "*Infrastructure*". Process-related standards describe methods for developing applications and components targeting the area of medical devices. Infrastructure standards describe elements that can be used in an implementation of eHealth applications, but by no means address application requirements specific to eHealth.

A.3.2 Relevant technical groups

A search among committees of CENELEC returned 537 committees of which 262 are active. Among those an evaluation with the status "active" and a focus which "potentially affects eHealth" returned the following committees.

	Technical Body	**Title (English)**
INFRA	CLC/SR 1	Terminology

INFRA	CLC/SR 100	Audio, video and multimedia systems and equipment
INFRA	CLC/SR 103	Transmitting equipment for radiocommunication
INFRA	CLC/SR 3	Information structures, documentation and graphical symbols
INFRA	CLC/SR 3C	Graphical symbols for use on equipment
INFRA	CLC/SR 3D	Data sets for libraries
PROCESS	CLC/SR 62	Electrical equipment in medical practice
PROCESS	CLC/SR 62A	Common aspects of electrical equipment used in medical practice
PROCESS	CLC/SR 62B	Diagnostic imaging equipment
PROCESS	CLC/SR 62C	Equipment for radiotherapy, nuclear medicine and radiation dosimetry
PROCESS	CLC/SR 62D	Electromedical equipment
INFRA	CLC/SR 79	Alarm systems
PROCESS	CLC/TC 62	Electrical equipment in medical practice
INFRA	CLC/TC 79	Alarm systems

A.3.3 Specific Standards

See tables

A.3.4 Conclusion

The CENELEC standards identified in this paper in no case directly contributed to eHealth at the application level. Instead, well-known *process-standards* as well as a variety of *infrastructure* standards have been found.

Process-related standards have to be evaluated for their applicability in specific applications (rather: products) from a regulatory perspective. However, the available technical *infrastructure* standards may be considered in implementing eHealth applications. Criteria for selecting such infrastructure elements depend on the requirements of the respective application, but also on availability of implementations of such standards and their acceptance in the field.

A.4 ETSI

A.4.1 General

The intention of this section is to list ETSI standards of relevance to the eHealth mandate (M403).

Different kinds of potential influence from technical standards towards eHealth are distinguished: An existing technical standard

- may provide content or alternative content to architecture/design/implementation of eHealth applications
- describe the creation / development process for eHealth-related applications
- describe some technical infrastructure which may support eHealth applications

This document does not state the applicability or non-applicability of ETSI standards from a regulatory point of view. Depending on the specific technology used, more standards than the ones mentioned here may be required for placing respective devices on the markets. However, not all standards mentioned here have to implemented in support of regulation.

A.4.2 Sources

The content of this section is based primarily on the ETSI publication ETSI SR 002 564 V1.1.1 (2006-12), "Applicability of existing ETSI and ETSI/3GPP deliverables to eHealth". This document also addresses other External standardisation, Policy, Grid Computing and other (non-ETSI) eHealth publications to some extent. The Annexes A and B to the report refer to security, safety and privacy documents from CEN TC251, ISO TC215 and DICOM; other than in Recommendations, it makes no specific reference to other CEN or CENELEC work.

As for the CENELEC section, the standards found can be categorized into either “Process” or “Infrastructure”. Process-related standards describe methods for developing applications and components targeting the area of medical devices. Infrastructure standards describe elements that can be used in an implementation of eHealth applications, but by no means address application requirements specific to eHealth.

A.4.3 Specific standards

See tables

A.4.4 Conclusion

The ETSI standards identified in this paper in a small number of cases directly contributed to eHealth at the *application* level and a variety of *infrastructure* standards have been found. There are some *process-standards* targeting the technology development space.

Process-related standards have to be evaluated for their applicability in specific applications (rather: products) from a regulatory perspective. However, the available technical *infrastructure* standards may be considered in implementing eHealth applications. Criteria for selecting such infrastructure elements depend on the requirements of the respective application, but also on availability of implementations of such standards and their acceptance in the field.

A.5 HL7

A.5.1 General

The intention of this section is to list HL7 documents of relevance to the eHealth mandate (M403).

Because HL7 has typically published large, and wide-ranging standards, it is necessary to examine them in more internal detail than is necessary for most other standards. Our brief examination therefore follows.

A.5.2 HL7 Standards, version 2.3.1 to 2.6 Chapters[2] reviewed

The HL7 Version 2.6 is the latest approved version (successor of HL7 V2.3.1, V2.4 and V2.5) as an ANSI Standard that, as already stated, addresses the interfaces among various healthcare IT systems that send or receive healthcare related information in the form of messages (e.g. patient admissions/registration, discharge or transfer (ADT) data, queries, resource and patient scheduling, orders, results, clinical observations, billing, master file update information, medical records, scheduling, patient referral, patient care, clinical laboratory automation, application management and personnel management messages). It does not try to assume a particular architecture with respect to the placement of data within applications. Instead, HL7 Version 2.X serves as a way for inherently disparate applications and data architectures operating in a heterogeneous system environment (central patient care systems as well as distributed environments are supported) to communicate with each other.

[2] HL7 V2.3.1 is considered the most widely used currently worldwide. The current (2008) version is HL7 V2.6. In between three more revisions of the standard occurred (V2.4, 2.5 & 2.5.1). V2.5 has been proposed to ISO215. What is stated in this Section for V2.6 is also valid for V2.3.1 (and all in between)

HL7 V2.3.1 is the most widely used version today, with HL7 V2.5 about to overcome HL7V2.4, to become the most popular successor. We will discuss HL7 V2.6 in the remaining text, although it has no significant adoption at this time (See note 1).

Message formats prescribed in the HL7 Version 2.6 encoding rules consist of data fields that are of variable length and separated by a field separator character. Rules describe how the various data types are encoded within a field and when an individual field may be repeated. The data fields are combined into logical groupings called segments. Segments are separated by segment separator characters. Each segment begins with a three-character literal value that identifies it within a message. Individual data fields are found in the message by their position within their associated segments. All data is represented as displayable characters from a selected character set. The ASCII displayable character set (hexadecimal values between 20 and 7E, inclusive) is the default character set unless modified in the MSH header segment.

HL7 v.2.6 Chapters specify the following:

a) overall structure for all interfaces including a generalized query interface

b) patient administration (admission, discharge, transfer and registration)

c) order entry

d) patient accounting (billing) systems

e) clinical observation data, such as laboratory results, that are sent as identifiable data elements (rather than display-oriented text)

f) a generalized interface for synchronizing common reference files (master files)

g) medical information management

h) patient and resource scheduling

i) patient referral messages for referring a patient between two institutions

j) patient care messages that support communication of problem-oriented records, and to provide functionality for the implementation of clinical pathways in computer information systems

k) clinical laboratory automation

l) application management

m) personnel management

A.5.3 HL7 version 3

A.5.3.1 RIM

The HL7 Version 3 RIM is designed to provide a unified framework for the explicit definitions of healthcare concepts - the "things of interest" to the world of healthcare information systems - and the relationships (aka "associations") between them.

The scope of the HL7 RIM therefore includes all of the information that is required to be sent between, and processed by, participating healthcare information systems. In addition, it should be noted that the RIM does not model information stored within a given healthcare information system

The RIM is expressed using a visual modelling syntax based on an HL7 Modeling graphic representation and a Unified Modeling Language (UML) representation. HL7 also maintains a repository containing the details of each RIM concept, attribute, and association including the item's rationale, definition, constraints, and edit/change history.

An HL7 Vocabulary is also maintained. There is a link between the vocabulary domain name in the RIM listing and its entry in the HL7 Vocabulary Domain Values table. The HL7 Vocabulary Domain Values table is organized alphabetically by domain table name or domain name and includes a mnemonic code, concept identifier, print name, and definition/description for each coded value.

A.5.3.2 Data Types

Data types, according to ISO 11404, define the semantics of data values that can be assigned to a data element. Meaningful exchange of data requires that we know the definition of values so exchanged. This is true for complex "values" such as business messages as well as for simpler values such as character strings or integer numbers. A number of data type systems apart from ISO 11404, have been used as input, including the type systems of programming languages, Abstract Syntax Notation One (ASN.1), Object Management Group's (OMG) Interface Definition Language (IDL) and Object Constraint Language (OCL), SQL, types used by CEN TC 251 messages and Electronic Health Record Architecture (EHCRA) and DICOM.

In the basic question **why does HL7 need its own data type standard and can't HL7 simply adopt a standard defined by some other body,** it responds that “there are differences among the data type systems between implementation technologies. In addition, many implementation technologies' data type systems are not powerful enough to express the concepts that matter for the HL7 application layer. […] On the other hand, implementation technologies do make distinctions that are not relevant from the abstract semantics viewpoint.

The growing number of HL7 version 3 Domains (Chapters) currently covers the following topics:

- Common Message Element Types;
- Accounting and Billing;
- Claims and Reimbursement;
- Patient Administration;
- Personnel Management;
- Scheduling;
- Public Health Reporting.

A.5.4 Clinical Document Architecture (CDA)

A.5.4.1 General

The HL7 Clinical Document Architecture (CDA) is a document markup standard. Current version is 2.0. CDA is an integral part of the HL7 V3 standards and as the ‘A’ in the name implies a framework in which a broad range of document content to address both textual and semantically structured content in variety of care delivery requirements reflected in HL7 Templates. CDA standardizes clinical documents for exchange, specifying their structure and semantics. A clinical document is a documentation of clinical observations and services that is a defined and complete information object that can include text, images, sounds, and other multimedia content. CDA documents are encoded in Extensible Markup Language (XML) and derive their machine processable meaning from the HL7 Reference Information Model (RIM) and use the HL7 Version 3 Data Types.

A CDA document is logically broken up into a CDA Header and a CDA Body.

The purpose of the CDA header is to set the context for the document as a whole, enable clinical document exchange across and within institutions, facilitate clinical document management, and facilitate compilation of an individual patient’s clinical documents into a lifetime electronic patient record.

The development of the model for the CDA R2 body was heavily influenced by the CEN ENV 13606, openEHR, and DICOM models particularly in helping to determine the optimal level of abstraction and in validating the model.

The data format of clinical documents outside of the exchange context (e.g., the data format used to store clinical documents such as images for example) is not addressed in this specification. The transport of CDA documents is outside of the scope of the CDA.. CDA documents can be transmitted in HL7 messages or in non-HL7 specified means. The CDA does not specify the creation or management of documents, only their exchange markup. Management is defined in the Medical Records Chapter.

A.5.4.2 Medical Records

This chapter deals with the management of the document lifecycle within institutions, clinical document management and compilation of an individual patient's clinical documents into a lifetime electronic patient record. The main components of the model include information about the document, such as encounter data, various participants, related documents; and the document itself. When sending a document encapsulated inside a medical records message, the strong preference is to send one that conforms to the ANSI HL7 Clinical Document Architecture (CDA) specification. The mechanism for packaging an HL7 Clinical Document Architecture (CDA) document in the Clinical Document.text attribute of HL7 Medical Records is described in an add-on to the CDA specification. In other words, specifications of what is described in other (non-HL7) standards of EHR or EPR in terms of content is to be found in the CDA, while specifications regarding medical record management (creation, alteration, authority, storage, transfer among others) is to be found in the Medical Records Chapter.

A.5.4.3 Continuity of Care Document (CCD)

This (informative) specification describes the constraints on the HL7 Clinical Document Architecture, Release 2 (CDA) specification in accordance with requirements set forward in ASTM E2369-05 Standard Specification for Continuity of Care Record (CCR).

A.5.5 HL7 Standards reviewed

See tables

A.6 IHE – Integrating the Healthcare Enterprise

A.6.1 IHE Profiles

The profiles reviewed are those that are publicly available and approved in IHE technical frameworks or in trail Implementation status as published on www.IHE.net.

A.6.2 Specific profiles

See tables

JOINT INITIATIVE ON SDO GLOBAL HEALTH INFORMATICS STANDARDIZATION

JOINT SDO WORK PROGRAM INVENTORY

Version 2.1, 20 August 2008

Name	Number	Stage	Description	Status	Comments
Health informatics - Electronic health record communication - Part 1: Reference model	IS 13606-01	Published (CEN) Ballot FDIS (ISO)	Part 1 of this multipart standard on Electronic Health Record Communication specifies the communication of part or all of the electronic health record (EHR) of a single identified subject of care between EHR systems, or between EHR systems and a centralized EHR data repository. It may also be used for EHR communication between an EHR system or repository and clinical applications or middleware components (such as decision support components) that need to access or provide EHR data, or as the representation of EHR data within a distributed (federated) record system.	Joint	Joint Initiative Joint Work Program
Health informatics - Electronic health record communication - Part 2: Archetype interchange specification	IS 13606-02	Published (CEN) Ballot DIS (ISO)	Part 2 of this multipart standard on Electronic Health Record Communication specifies the information architecture required for interoperable communications between systems and services that need or provide EHR data. This is not intended to specify the internal architecture or database design of such systems.	Joint	Joint Initiative Joint Work Program
Health informatics - Electronic health record communication - Part 3: Reference archetypes and term lists	prEN IS 13606-03	Ballot Final (CEN) Ballot DIS (ISO)	Part 3 of this multipart standard on Electronic Health Record Communication is for the communication of part or all of the electronic health record (EHR) of a single identified subject of care between EHR systems, or between EHR systems and a centralised EHR data repository. It may also be used for EHR communication between an EHR system or repository and clinical applications or middleware components (such as decision support components) that need to access or provide EHR data, or as the representation of EHR data within a distributed (federated) record system.	Joint	Joint Initiative Joint Work Program
Health informatics - Electronic health record communication - Part 4: Security	TS 13606-4	Published (CEN) Active (ISO)	Part 4 of this multipart standard on Electronic Health Record Communication describes a methodology for specifying the privileges necessary to access EHR data. This methodology forms part of the overall EHR communications architecture defined in Part 1 of this standard. This standard seeks to address those requirements uniquely pertaining to EHR communications and to represent and communicate EHR-specific information that will inform an access decision. It also refers togeneral security requirements that apply to EHR communications and points at technical solutions and standards that specify details on services meeting these security needs.	Joint	Joint Initiative Joint Work Program
Health informatics - Electronic health record communication - Part 5: Interface specification	prEN IS 13606-5	Active (CEN) Active (ISO)	Part 5 of this multipart standard on Electronic Health Record Communication specifies the information architecture required for interoperable communications between systems and services that need or provide EHR data. This standard is not intended to specify the internal architecture or database design of such systems. The subject of the record or record extract to be communicated is an individual person, and the scope of the communication is predominantly with respect to that person's care. Uses of healthcare records for other purposes such as administration, management, research and epidemiology, which require aggregations of individual people's records, are not the focus of this standard but such secondary uses could also find the standard useful. Part 5 of this standard defines a set of interfaces to request and provide: □ an EHR_EXTRACT for a given subject of care as defined in Part 1 of this standard; □ one or more ARCHETYPE(s) as defined in Part 2 of this standard; □ an EHR_AUDIT_LOG_EXTRACT for a given subject of care as defined in Part 4 of this standard. Part 5 defines the set of interactions to request each of these artefacts, and to provide the data to the requesting party or to decline the	Joint	Joint Initiative Joint Work Program VA CEN
Health informatics - Patient healthcard data - Part 5: Identification data	prEN ISO 21549-5	Ballot Final (CEN) Ballot FDIS (ISO)	Part 5 establishes a common framework for the content and the structure of identification data held on healthcare data cards. Specifies the basic structure of the data, but does not specify particular data-sets for storage on devices.	Common	VA ISO
Health informatics - Patient healthcard data - Part 6: Administrative data	prEN ISO 21549-6	Ballot Final (CEN) Ballot FDIS (ISO)	Part 6 specifies the basic structure of the data contained within the data object administrative data, but does not specify or mandate particular data sets for storage on devices.	Common	VA ISO
Health informatics - Patient healthcard data - Part 7: Electronic prescription (medication data)	prEN ISO 21549-7	Ballot Final (CEN)	Part 7 specifies the basic structure of the data contained within the medication data object, but does not specify or mandate particular data-sets for storage on devices.	Common	VA ISO
Health informatics - Patient healthcard data - Part 8: Linkage and reference data	prEN ISO 21549-8	Active (CEN) Active (ISO)	Part 8 defines a method which facilitates access to distributed patient records using health cards. It defines the structure and elements of "links" typically stored in health cards and representing references to individual patients' records as well as to subcomponents of them. It is outside the scope of this work item to include access control data or mechanisms to ensure security and privacy.	Common	VA ISO Lead
Health informatics - HL7 Electronic health record system functional model	prEN ISO 10781	Active (CEN) Active (ISO)	The HL7 EHR System Functional Model provides a reference list of functions that may be present in an Electronic Health Record System (EHRS). The function list is described from a user perspective with the intent to enable consistent expression of system functionality. This EHRS Functional Model, through the creation of Functional Profiles for care settings and realms, enables a standardized description and common understanding of functions sought or available in a given setting (e.g., intensive care, cardiology, office practice in one country and primary care in another country.	Common	VA ISO
Health informatics - Service architecture - Part 1: Enterprise viewpoint	IS 12967-1	Published (CEN) Active (ISO)	This standard provides guidance for the description, planning and development of new systems as well as for the integration of existing information systems, both within one enterprise and across different healthcare organisations through an architecture integrating the common data and business logic into a specific architectural layer (i.e. the middleware), distinct from individual applications and accessible throughout the whole information system through services.	Common	
Health informatics - Service architecture - Part 2: Information viewpoint	IS 12967-2	Published (CEN) Active (ISO)	This document represents the second part of EN 12967, a multi-part standard that provides guidance for the description, planning and development of new systems as well as for the integration of existing information systems, both within one enterprise and across different healthcare organisations through an architecture integrating the common data and business logic into a specific architectural layer (i.e. the middleware), distinct from individual applications and accessible throughout the whole information system through services.	Common	
Health informatics - Service architecture - Part 3: Computational viewpoint	IS 12967-3	Published (CEN) Active (ISO)	This document represents the third part of EN 12967, a multi-part standard that provides guidance for the description, planning and development of new systems as well as for the integration of existing information systems, both within one enterprise and across different healthcare organisations through an architecture integrating the common data and business logic into a specific architectural layer (i.e. the middleware), distinct from individual applications and accessible throughout the whole information system through services.	Common	
Health informatics - Data types for use in health care interchange	prEN ISO 21090	Active (CEN) Active (ISO)	To provide a globally harmonized (ISO/CEN/HL7) set of representations for data used in the presentation and communication of health care information. This standardized set will be an internationally agreed upon, proper sub-set of data types currently adopted by national and trans-national health care standards development organizations. The communication of health information about individuals requires the accurate identification of specific entities and concepts, as well as the expression of complete, frequently complex semantic phrases. Experience has shown that representation of such data requires that a rich set of data types be built upon the primitive types normally specified for computer software. The set to be specified in this standard will provide the structures necessary to meet the basic requirements of health care information interchange. Should differences in cultures and business practices preclude the universal adoption of certain data types, these data types will be issued within informative annexes.	Joint	Joint Initiative Joint Work Program VA ISO Note ISO title: Harmonized Data Types for Information Interchange
Health informatics - Pharmacovigilance - Test names and units for reporting laboratory results	prEN ISO 11595	Active (CEN) Active (ISO)	The project will investigate existing relevant available standards and terminology resources and establish a single standardized subset of unit terms and codes that can be used to capture laboratory test units of measurement for pharmacovigilance reporting purposes. The project will need to take into account that there is a constant need for updates and maintenance of resources that list all relevant terms and will specify how the updated controlled vocabulary can be communicated to the reporting and receiving systems.	Joint	Joint Initative Joint Work Program VA ISO

Health informatics - Identification of Medicinal Products - Data Elements and Structure for the Exchange of Product Information for Drug Dictionaries	prEN ISO 11615	Active (CEN) Active (ISO)	This project will adapt and adopt, or if necessary develop a single structure for the data elements required for the exchange of information that uniquely and and certainly identifies a medicinal product, wherever authorised for marketing. The project will further provide references to other standards and external terminological resources required to populate the data elements defined in this standard.	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Identification of Medicinal Products - Pharmaceutical Product Identifiers	prEN ISO 11616	Active (CEN) Active (ISO)	The project will develop one or more structures (as few as practicable) to make available a set of PhPID Controlled Vocabularies that is related to the core elements of one or more medicinal products (see also ISO-Form_04-NP_MPID.doc). The PhPID Controlled Vocabulary set is further linked to the Controlled Vocabulary for Ingredients (See also ISO Form 4 - NWIP for Ingredients), the Controlled Vocabulary for Pharmaceutical Dose Forms (ISO-Form_04-NP_PhD-RA-CVs) and the Controlled Vocabulary for Units and Measurements (ISO-Form_04-NP_UM). Aspects related to version control and terminology maintenance must be taken into account when developing one or more structures for the PhPID Controlled Vocabulary set.	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Identification of Medicinal Products - Structures and Controlled Vocabularies for Ingredients	prEN ISO 11238	Active (CEN) Active (ISO)	The project will adapt and adopt, or if necessary, develop structures and content of controlled vocabularies for ingredients that are used worldwide in medicinal products. Each ingredient will be defined at the molecular level and then assigned a randomly generated unique identifier. When an ingredient cannot be defined a the molecular level because of insufficient molecular information (e.g., polymers and botanicals), then it will be defined at the non-molecular level by a set of criteri that is deemed by experts to be sufficient. Ingredients include, but are not necessarily limited to, chemicals, biologics (including vaccines, allergenic extracts, and botanicals), and select foods that are known to interact with drugs. Ingredients will include both the active ingredients and the inactive ingredients (excipients).	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Identification of Medicinal Products - Structures and Controlled Vocabularies for Pharmaceutical Dose Form, Units of Presentation and Routes of Administration	prEN ISO 11239	Active (CEN) Active (ISO)	The project will adapt and adopt, or if necessary, develop one or more structures (as few as practicable) to make available controlled vocabularies for Pharmaceutical Dose Forms, Units of Presentation and Routes of Administration that are related to the core data elements for medicinal products (see also ISO-Form_04-NP_MPID.doc). The Pharmaceutical Dose Forms Controlled Vocabulary, is also the basis for a vocabulary for the Units of Presentation that is used to express the unit of strength of a medicinal product i.e. the expression of the strength of the drug substance(s) per unit of presentation such as 250 mg per one tablet. The Pharmaceutical Dose Form and Routes of Administration Controlled Vocabularies are further linked to the PhPID Controlled Vocabulary (see also ISO-Form_04-NP_PhPID-CVs.doc). Aspects related to version control and terminology maintenance must be taken into account when developing one or more structures for the Controlled Vocabularies for Pharmaceutical Dose Forms, Units of Presentation and Routes of Administration.	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Identification of Medicinal Products - Structures and Controlled Vocabularies for Units of Measurement	prEN ISO 11240	Active (CEN) Active (ISO)	The project will adapt and adopt, or if necessary develop structures and content for an international reference source of controlled vocabulary terms and codes for medication dosing information. The scope of this work includes: 1) Standardized terms and codes for medication dose units of measurement and 2) Standardized terms and codes for specifying medication dosing intervals.	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Pharmacovigilance - Structure and data elements for individual case safety reports	prEN ISO 27953	Active (CEN) Active (ISO)	The project will develop a standardised specification of the data elements for transmission of Individual Case Safety Reports of adverse events/reactions that may occur upon the administration of one or more medicinal products to a patient, regardless of source and destination.	Joint	Joint Initative Joint Work Program VA ISO
Health informatics - Clinical knowledge resources - Metadata (MetaKnow)	prCEN/TS 15699	Active (CEN)	This Technical Specification defines a number of metadata elements that describe documents containing medical knowledge, primarily digital documents provided as web resources, accessible from databases or via file transfer, but can be applicable also to paper documents, e.g. articles in the medical literature. The metadata should: • support unambiguous and international understanding of important aspects to describe a document, e.g. purpose, issuer, intended audience, legal status and scientific background; • be applicable to different kinds of digital documents e.g. recommendation from consensus of a professional group, regulation by a governmental authority, clinical trial protocol from a pharmaceutical company, scientific manuscript from a research group, advice to patients with a specific disease, review article; • be possible to present to human readers including health professionals as well as citizens/patients • be potentially usable for automatic processing e.g. to support search engines to restrict matches to documents of a certain type or quality level. The metadata here described is not intended to	Unique	
Health informatics - Categorial structure of systems of concepts -Medical devices	prEN 12611 rev	Active (CEN)	Currently deleted from work program. Scope: Specifies the necessary requirements for the categorial structure of systems of concepts for medical groups.	Unique	
Health informatics - Categorial structure for classifications and coding systems of surgical procedures	prEN 1828 rev	Active (CEN)	To define the characteristics of the categorial structure required to synthetically describe the organisation and content of surgical procedure terminological systems in order to support the exchange of meaningful surgical procedure information between different terminological systems using different national languages within Europe. The proposed European Standard is primarily intended for use with computer-based applications such as clinical electronic health records, international and national coding systems, decision support and for various bio-medical research purposes. The proposed European standard itself is not suitable for or intended for use by, the individual clinician or hospital administrator.	Unique	
Health informatics - Security management in health using ISO/IEC 17799	prEN ISO/IEC 27799	Ballot Final (CEN)	This standard defines guidelines to support the interpretation and implementation in health informatics of ISO/IEC 17799 (Information Technology - Code of practice for information security management) and is a companion to that standard. It specifies a set of detailed controls for managing health information security and provides health information security best practice guidelines.	Common	VA ISO
Health informatics - Audit trails for electronic health records	prEN ISO 27789	Active (CEN) Active (ISO)	Electronic health records on an individual may reside in many different information systems within and across organisational or national boundaries. To keep track of all actions that involve records on an individual a common framework for audit trails is a prerequisite. ISO 27799 requires information systems containing personal health information to create a secure audit record each time a user accesses, creates, updates, or archives personal health information via the system. This audit log will at minimum uniquely identify the user, uniquely identify the data subject (i.e., the patient), identify the function performed by the user (record creation, access, update, etc.), and its point in time. However, ISO 27799 does not specify the format and processes for these. Audit trails on electronic health records across different systems need a comprehensive common framework to keep the complete set of personal health information auditable. This project will specify the minimum requirements in terms of audit trigger events and audit data. Minimum requirements for audit log management (e.g. retention periods) will also be given	Common	VA ISO

Health informatics - Application of clinical risk management to manufacture of health software	prCEN ISO/TS 29321	Active (CEN) Active (ISO)	This Technical Specification describes the risk management processes required to ensure patient safety in respect to the manufacture of health software products It does not apply to software which is: □ necessary for the proper application of a medical device or □ which is an accessory to a medical device or □ which is a medical device in its own right. This standard applies to any health software product whether or not it is placed on the market as an off the shelf or configurable product and whether or not it is for sale or free of charge. It is addressed to all manufacturers of health software products. This standard does not cover the manufacture of COTS products such as operating systems e.g. UNIX (Windows), DBMS However where a COTS product is incorporated by a manufacturer into a health software product, this standard shall apply to the totality of that engineered product and include the COTS product on which it is based.	Common	VA CEN
Health informatics - Guidance on risk evaluation and management in the deployment and use of health software (GREMIDUHS)	prEN ISO/NP TR 29322	Active (CEN) Active (ISO)	This document considers the risk management processes required to ensure patient safety in respect to the deployment and use of health software products eithe as new systems within a health organisation, as changes to an existing systems environment, including the interfacing of systems to each other, or in creating clinical safety case evidence to share with others. It does not apply to software which is in the process of being manufactured, which is covered in ISO TS 29231, or to the manufacture of medical devices, that is covered in ISO/IEC 14971. Indeed, health organisations are encouraged to apply the guidance contained in this document to the deployment and use of heterogeneous systems i.e. those containing medical devices and/or health software. This document applies to any health software product whether or not it is offered for sale or free of charge. It is addressed to all users of health software products. Whilst it is therefore principally addressed to healthcare organisations, it will also prove useful reference to those involved in the manufacture of health software products. Equally, readers of this standard are recommended to also review ISO 29321 for the process guidance it provides relating to manufacture of health soft □ the 'localisation' of manufactured health software; □ the construction of interfaces between health software components and/or between health software components and medical devices; □ the local development of applications.	Common	Note ISO title: Health Informatics: Guidance on the management of risk to ensure the patient safety of health software systems in deployment and use. VA CEN Lead
Health informatics - Guidance on Patient identification and Cross-referencing of identities	PrCEN/TR	Active (CEN)	This technical report will provide the principles determining patient identification and cross-referencing of identities. It is provided to the healthcare organizations to help them develop and implement an identification and cross-referencing policy, and to standards makers and system suppliers to give them an analysis of the possible development solutions. The report will propose definitions of the basic concepts used for person identification. The patient identity management processes will be described with analysis of risky actions, generation of errors, the ways of detecting and correcting them. The same will apply for the cross-referencing management process with a description of the different models and model implementations, analysis of risky actions and errors generation and propagation within the cross-referenced domains. This work item will propose solutions to improve interoperability between health information systems and thereby enhancing the continuity of care for patients who move within the European Union and particularly for trans-borders patients.	Unique	
Health informatics - Point of care medical device communication - Part 20301: Application profile -Optional package, remote control	ISO/NP 11073-20301	Active (CEN) Active (ISO)	This International Standard is designed to confirm the identities of both the healthcare application provider and the healthcard holder in order that information may be exchanged by using cards issued for healthcare service. This International Standard focuses on the machine-readable cards of ID-1 type defined in ISO/IEC 7810 that are issued for healthcare services provided in a service area that crosses the national borders of two or more countries/areas. This International Standard applies to healthcare data cards where the issuer and the application provider are the same party. This International Standard applies directly or refers to existing ISO standards for the physical characteristics and recording techniques. Security issues should follow the requirements of each healthcare data card system. In addition, this International Standard regulates the visual information written on the healthcare data card.	Common	VA ISO Lead
Health informatics - Point of care medical device communication - Part 00000: Framework and overview	prEN ISO 11073-00000	Active (CEN) Active (ISO)	The scope of the ISO Health informatics - Point-of-care medical device communication set of standards is to provide for plug and play interoperability in healthcare applications between point-of-care medical devices and patient care information systems in a manner that is compatible with the range of point-of-care environments. The scope of this standard is to provide the overall definition of the set of standards. It does so by defining a conceptual model, an information model, and a communications model for medical device communications and specifies constraints for conforming to the set of standards. The purpose of this standard is to define the overall architecture for communications between point-of-care medical devices and patient care information systems and to provide a roadmap to the overall set of standards. This standard therefore provides an introduction to point-of-care medical device communication for end-users, specifiers, medical engineers, informaticians and medical device manufacturers. This standard defines certain logical and functional entities, and as such no particular implementation is implied by this standard. It is important to note that this standard defines certain services that may be used by an application to communicate device control operations, such as remote resetting of alarms and closed loop control capabilities. Device control may be considered as inappropriate or not desirable in a particular environ	Common	VA ISO Lead
Health informatics - Point of care medical device communication - Part 20202: Application profile -Baseline	prEN ISO 11073-20202	Active (CEN) Active (ISO)	This standard defines the service and dynamic models for medical devices that communicate using an event-driven type of protocol, where data updates are communicated automatically by the device when they are available. This standard builds upon the definitions provided in the Base MDAP standard (ISO/IEEE 11073-20101), and defines the method for retrieving application-specific data formatted in accordance with the ISO/IEEE 11073-1xxxx set of standards. It is intended for use by the majority of medical device specializations and is titled "asynchronous" because it enables devices to send information either periodically or episodically as needed and without a manager system first issuing a request. It does not define application-specific message content.	Common	VA ISO Lead
Health informatics - Point of care medical device communication - Part 20201: Application profile-Polling mode	ISO/NP 11073-20201	Active (CEN) Active (ISO)	This standard defines the service and dynamic models for medical devices that communicate using a polling-type of protocol. This standard builds upon the definitions provided in the Base MDAP standard (ISO/IEEE 11073-20101), and defines the method for retrieving application-specific data formatted in accordance with the ISO/IEEE 11073-1xxxx set of standards. It does not define application-specific message content.	Common	VA ISO Lead
Health informatics - Point-of-care medical device communication - Part 90201: Medical waveform format - Encoding rules	prEN ISO/TS 11073-90201	Active (CEN)	This technical specification specifies how medical waveforms, such as Electrocardiogram, Electroencephalogram, Spirometry waveform etc., are described for interoperable among healthcare information systems. This technical specification may be used with other relevant protocols such as HL7, DICOM, ISO/IEEE11073, and database management systems for each purpose.	Unique	VA ISO Lead
Health informatics: Point-of-care Medical Device Communication - Application gateway, HL7 (v2) observation reporting interface	DIS 11073-60101	Active (ISO)	This standard specifies how medical devices that use ISO/IEEE 11073 protocols and systems that use Health Level 7 (HL7) protocols may interoperate to communicate vital signs observations and general medical device information. This is an Application Gateway standard, meaning that there will be no particular transport requirements specified beyond those which already identified for use by the ISO/IEEE 11073 set of standards and within HL7, though some informative examples are included in annexes. This standard specifies how ISO/IEEE 11073 data model components or objects and nomenclature terms shall be expressed using HL7 protocols, using both HL7 (positional) Encoding Rules and XML formats. It uses related conventions for the communication of medical device data (e.g., the NCCLS point-of-care test devic ORI standard - POCT-1A), and specifies multiple versions of HL7 as necessary, with usage constraints and guidelines for each.	Unique	
Health informatics: Point-of-Care Medical Device Communication - Nomenclature Annotated ECG	IS 11073-10102	Active ISO)	This standard extends the base ISO/IEEE 1073-10101 Nomenclature to provide support for ECG annotation terminology. It may be used either in conjunction with other IEEE 1073 standards (e.g., ISO/IEEE 1073-10201 Domain information model) or independently. Major subject areas addressed by the nomenclature include ECG beat annotations, wave component annotations, rhythm annotations, and noise annotations.	Unique	

Health informatics: Point-of-care Medical Device Communication - Nomenclature, Implantable Device, Cardiac	IS 11073-10103	Active (ISO)	This project extends the base nomenclature provided in ISO/IEEE 1073-10101 to support terminology for implantable cardiac devices (IDC) (e.g., pacemakers). Its primary focus is semantics included in IDC program configuration reports, namely between the IDC programmer and other enterprise-based applications, not between the programmer and the actual implanted device. The nomencalture extensions may be used in conjunction with other ISO/IEEE 11073 standard components (e.g., ISO/IEEE 11073-10201 Domain Information Model) or with other standards, such as HL7.	Unique	
Health infodevice communication - Application profiles MIB Elements	IS11073-20102	Active (ISO)	The scope of this standard is specification of the elements of Medical Device Communication (MDC) Management Information Bases (MIB). Definition of the object-oriented abstractions supporting MDC MIBs is not within the scope of this document and can be found in ISO/IEEE 11073-10102, Domain Information Mode (DIM).	Unique	
Health informatics: Point-of-care Medical Device Communication - Application profile, Association Control Function	IS 11073-20200	Active (ISO)	This standard defines a profile for utilizing ISO Open Systems Interconnection (OSI) service for an Association Control Service Element (ACSE) in point-of-care medical device communication within the framework of the ISO/IEEE 11073 standards. This service provides for the establishment, release and aborting of an association between a medical device agent and another system acting as a manager. Service establishment includes dynamic negotiation of presentation layer functions such as message encoding and abstract syntax, as well as application layer services to be used.	Unique	
CEN en1064:2007, ISO 11073-91064 - Health informatics - Standard communications protocol	IS 11073-91064	Published (CEN) Active (ISO)	This document specifies the common conventions required for the cart-to-host as well as cart-to-cart interchange of specific patient data (demographic, recording, ...), ECG signal data, ECG measurement and ECG interpretation results. This document specifies the content and structure of the information which is to be interchanged between digital ECG carts and computer ECG management systems, as well as other computer systems where ECGdata can be stored.	Common	
Deployment of a Clinical Data Warehouse	TS 29585	Active (ISO)	This new Technical Specification furthers the work of ISO TR 22221, Principles and Practices for a Clinical Data Warehouse, by providing implementation guidance for a clinical data warehouse and describing: general considerations of development and deployment, issues and applications of data aggregation and data modelling, and architecture and analytical approaches. The first section guides the establishment and deployment of a clinical data warehouse. The second section specifies different categories and approaches for common types of data aggregation including health indicators. The third section specifies architectural issues and analytical approaches that support effective use of a clinical data warehouse.	Unique	
Health informatics: Provider Identification	TS 27527	Ballot DTS (ISO)	This will be a Technical Specification for uniquely identifying Health Service Providers in the context of shared EHR implementations. This project will leverage the work being done in Canada and Australia on their representative National Level Provider Registry programs. This work item will be developed in liaison with WG4 due to the substantive work on Directory Services for Provider Identification and corresponding definition of role-based access and privilege management. It is anticipated that as part of the data modeling that certain terminologies will be required to deal with typing of providers, roles, etc.. WG1 will work closely with WG3 as theses elements are identified. The scope of work will include data modeling of the representation of Providers, focusing on the delineation between use of identifiers use for: electronic sytems access, accreditation, and health service delivery purposes.	Unique	
Health informatics: Identification of Subjects of Health Care	ISO/TS 22220	Published (ISO)	This Technical Specification identifies the data elements and structure suited to the identification of individuals in health care and gives guidelines for improving the positive identification of subjects of care within and between health care organizations. It defines demographic and other identifying data elements suited to capture and use for identification in health care settings; provides guidance on their application in the manual and the computer environment; and makes recommendations about the nature and form of health care identifiers; and the management organisation to oversee subject of care identification. The TechnicalSpecification provides a generic set of identifying information, which is application independent.	Unique	
Document Registry Framework	TS 27790	Active (ISO)	This Techinical Specification is applicable to focus on presenting further development of Document Registry Framework for transmitting, storing, and utilizing documents (e.g. CDA, DICOM, etc.) in the clinical environment based on the ebXML Registry Framework. This document is to specify the general document registry and associated repository framework by specialization of ISO 15000 (ebXML registry standards). This Technical Specification defines a specific use of the ebXML Registry Standard for the sharing of documents of any standardized content in the context of healthcare. It does not require the development of new health informatics standards. It describes the means to locate and access documents among a diverse se of health organizations.	Unique	
Messages and Communication Web Access Reference Manifest	IS 10159	Active (ISO)	This standard specifies the format of a manifest of web access reference pointers, information object identifiers, information object filenames and associated information which is required by a recipient IT system to enable local web access to the referenced information objects when a document that references the information objects is sent together with the objects, stored in files, to a domain within which the server references are different from those used in the domain within which the document was created. The technologies used for data storage and communication are outside the scope.	Unique	
IHE Global Standards Adoption Part 1 - Process	DTR 28380-1	Active (ISO)	This Technical Report describes how the IHE process specifies and facilitates profiles of selected standards to support carefully defined healthcare tasks that depend on electronic information exchange. It accelerates the worldwide adoption of standards targeted at achieving interoperability between software applications within healthcare enterprises an across healthcare settings. The Integration and Content Profiles are specified in Part 2 of this two part ISO Technical Report.	Unique	
HL7 Version 2.5 messaging standard	IS 27931	Ballot DIS (ISO)	Contains the specifications for Version 2.5 of the Health Level Seven (HL7) Standard for electronic data exchange in all healthcare environments, with special emphasis on inpatient acute care facilities (i.e., hospitals).	Common	
Clinical Document Architecture (Release 2)	IS 27932	Ballot DIS (ISO)	Specifies the structure and semantics of "clinical documents" for the purpose of exchange.	Common	
Genomic sequence variation Markup Language	IS 25720	Ballot DIS (ISO)	The purpose of this International Standard is to provide the standardized data exchanging format for genomic sequence variation data. The genomic sequence Variation Markup Language (GSVML) intends to provide the standardized data exchanging format for genomic sequence variation data in human health. This document tries to provide the GSVML specification mainly for the case of SNP and STRP.	Unique	
Exchange of Information between Healthcare Information Systems - Development of Messages	IS 17113	Ballot 2nd DIS (ISO)	This standard defines a general methodology suitable for developing messaging standards for the exchange of information between healthcare information systems.	Unique	
Common Terminology Services (Release 1)	IS 27951	Active (ISO)	An international standard for a set of application programmer interface (API) calls to support generisized access to terminologies for runtime binding or browsing. The exact scope is identical with the ANSI HL7 Common Terminlogy Services specification.	Unique	
Common Glossary for ISO/TC 215	TS 28379	Active (ISO)	The proposed work item will be a Technical Specification to define the terms used in health informatics standards to support harmonisation of standards and to improve their clarity and consistency. The report will identify terms, their definitions and where appropriate the rationale for variations in terms in different contexts. It is intended that this work will simplify the development of consistent standards in the health informatics domain. The scope of work will include a review of existing standards, including, but not limited to those produced by TC215, collect the definitions of terms used, details of the context in which the term is used in the in the standard/s in which it currently appears and determine a consistent defintiion appropriate to context, or where appropriate clearly identify contextual differences and guidelines for use. The specification will also identify processes for inclusion of additonal terms and contextual variations into the specification.	Unique	
Health informatics: Conceptual Framework for patient findings and problems in terminologies	TS/ISO 22789	Active (ISO)		Unique	
Health informatics: Criteria for the Categorization and Evaluation of Terminological Systems	TS (Revision of ISO/TS 17117)	Active (ISO)		Unique	

Health informatics - Dynamic on -demand virtual private network for health infromation infrastructure	TR 11636	Active (ISO)	This TR intends to introduce examples of security measures taken with dynamic on-demand VPN for exchange of medical information and does not intend to specify dynamic on-demand VPN. These examples provide network solutions to potential risks for such user enviroment. Examples include use cases of regional healthcare cooparation and remote medical care (teleradiology,telepathology),remote maintenance, and so on. Necessities, usefulness and security advantages of dynamic on-demand VPN in health field are described in this TR. This TR also explains "network requirements in healthcare field","Network security of open network for healthcare field" and "• Minimum guidelines for security management of health information exchange including personal data between external institutions".	Unique	
Health informatics - The Information Security Management Guidelines for Remote Maintenance Services for Medical Devices and Health Information Systems	TR 11633	Active (ISO)		Unique	
Health informatics: Secure Archiving of electronic health records Part 1: Principles and Requirements	TS 21547-1	Active (ISO)	Part I will define the functional requirements of security services for long term digital archiving of health records. By elaborating on existing standards, it defines: 1. security requirements for data to be archived; 2. security requirements archiving and recovery of the data; 3. security requirements and features for metafile data linked to any stored data object and to patient records; 4. security requirements for metadata required for long-term digital archiving; 5. access conditions and possible methods for access, including the express consent by the data subject; 6. associated issues relating to auditing access and to audit logs 7. data migration policy needed to fulfill various national legislation and to meet other business objectives; and 8. methods for managing transfer of stored records to new media and operating system conditions during the archival time.	Unique	
Health informatics: Secure Archiving of electronic health records Part 2: Guidelines	TS 21547-2	Active (ISO)	Part II will provide guidance on how to apply the requirements for secure, long- term archiving of electronic health records set out in the related work item Health Informatics – Secure archiving, Part I: principles and requirements. Health care specific issues are discussed, such as patient consent management during long archival periods, purpose-based access, overriding conditions for access, and management of anonymisation and pseudonymisation within the archives. Part II gives guidance on implementation of security services for long term digital archiving of health records specified in Part I. By elaborating on existing standards, it provides guidance on how best to implement: 1. security requirements for data to be archived; 2. security requirements archiving and recovery of the data; 3. security requirements and features for metafile data linked to any stored data object and to patient records; 4. security requirements for metadata required for long-term digital archiving; 5. access conditions and possible methods for access, including the express consent by the data subject; 6. associated issues relating to auditing access and to audit logs 7. data migration policy needed to fulfill various national legislation and to meet other business objectives; an	Unique	
HC Information Privilege Management & Access Control Part 3: Access Control Management	TS 22600-3	Active (ISO)	This multi-part technical specification shall define privilege management and access control services required for communication and use of distributed health information. It introduces principles and specifies services needed for managing privileges and access control using the framework of ISO/IEC 10181-3. (Access control framework for open systems). This Technical Specification will use existing architectural and security standards for platform independent solutions and describe possible solutions. "Part 1: Overview and policy management" and "Part 2: Formal models" have already been approved for publication.	Unique	
Pseudonymisation	TS 25237	Active (ISO)	This technical specification contains principles and requirements for privacy protection using pseudonymisation services for the protection of personal health information. The technical specification: - Defines basic concepts for identification and pseudonymisation - Gives an overview of different use cases for pseudonymisation that can be both reversible and irreversible - Defines at least one methodology for pseudonymisation services including organizational as well as technical aspects - Gives a guide to risk assessment for re-identification - Specifies a policy framework and minimal requirements for trustworthy practices for the operations of a pseudonymisation service - Specify a policy framework and minimal requirements for controlled re-identification - Specifies the interoperability of services interfaces	Unique	
Health informatics: Functional and Structural Roles	TS 21298	Active (ISO)	This technical specification defines a model for expressing functional and structural roles and populates it with a basic set of roles for international use in health applications. Roles are generally assigned to entities that are actors. This will focus on roles of persons (i.e., the roles of health professionals and healthcare consumers/clients/patients). Roles can be structural (e.g.: licensed general practitioner, non-licensed transcriptionist, patient/consumer, next-of-kin, etc.) or functional (e.g.: a provider who is a member of a therapeutic team, an attending physician, etc). Structural roles are relatively static, often lasting for many years. They deal with relationships between entities expressed at a level of complex concepts. Functional roles are bound to the realisation of actions and are highly dynamic. They are normally expressed at a decomposed level of fine-grained concepts.	Unique	
Electronic reporting of adverse drug reactions	TS 22224	Active (ISO)	This international standard encompasses the electronic reporting of adverse reactions caused by drugs for human uses. Thus, other businesses relating to adverse events caused by blood transfusion, medical devices and veterinary drugs are excluded from the scope of this standard. Since ICH guidelines (E2B Data Elements for Transmission of Individual Case Safety Reports and other revised documents) were well developed and are being adopted in EU, US, Japan and other countries, there may be no need to develop the ISO guidelines independently from ICH. Since ICH guidelines have been developed for electronic transmissions of individual case safety information between pharmaceutical companies and regulatory bodies in ICH member countries, these do not fully reflect the needs of other non-member countries and also do not contain consumer perspectives in reporting process. In this point of view, ISO working group has studied on the ICH guidelines and developed the international standards for electronic reporting of adverse	Unique	
Business requirements for the Reporting of Pharmacist Services	TR 10895	Active (ISO)	To identify and document the business requirements for messaging standards that enable the participanting systems in pharmacist supplied professional services to communicate with each other interoperably. This BR will identify the components and processes that are common to all professional services and consequently supply information on the unique elements for each service.	Unique	
ISO/IEC 80001 Part 1: Application of Risk Management for IT - Networks incorporating medical devices	ISO/IEC 80001	Active (ISO)		Common	
Requirements for EHR reference architecture	ISO 18308 rev	Active (ISO)		Unique	
Health informatics: Requirements and specifications of common essential information for health summary records	TR	DTR Ballot (ISO)		Unique	

Health informatics: EHR standards Map		Active (ISO)		Unique	Potential Joint Init

HL7 UK V3 Standard	120	Active (HL7))	The creation of an HL7 UK V3 Normative standard derived using valid localisations and constraints of the existing HL7 v3 standard. The standard ultimately will define all normative message flows for use in each of the Home Countries (England, Wales, Scotland and Northern Ireland). The scope of this project will be constrained to describe the following standards: Patient demographics; Care Provision; Laboratory Orders & Observations; Datatypes; Infrastructure (Security and Routing); Registries; CMETS; Vocabulary. There are particular sets of message flows for which national specifications are needed and where there is current implementation activity. The following specific projects will be used to define the UK V3 standard requirements: Diabetic Retinopathy Screening and Reporting; Patient Safety Reporting; CDA messaging applied to specific domains.	Unique	
Anatomic Pathology CDA Project.	176	Active (HL7)	Anatomic Pathology Reports are complex clinical documents that relate a patient's condition, one or more specimens and numerous observations on the specimens. These observations may be in free text or may involve structured and coded data. The goal of this project is to develop a CDA based structure for managing anatomic pathology reports and ballot as a committee 1 level normative standard. The CDA Pathology Report, as envisioned, will contain three main 'layers' each related through participations and act relationships. An example of a similar approach is the SPL CDA. The CDA Pathology Report will use the following 'layers': The first layer is the 'Document' layer. The Document layer is taken directly from the basic CDS model. It is used to describe the creation, lifecycle and structure of the document (for authors, status, sections, etc. The second layer is the 'Specimen' layer. The Specimen layer is taken directly from the Specimen model being developed and balloted by the Laboratory SIG. It describes the specimens which are the subjects of the report and the relationships between the specimens. The third layer is the 'Observation' layer. The observation layer will be modeled closely from the standard HL7 ORX structures. The Observation layer will support free text, as well as structured and coded data	Unique	
HL7 Version 3 Substantive Changes	296	Active (HL7)	The purpose of this document is to give guidance to Health Level Seven (HL7) Technical Committee (TC) Chairs in determining whether a change to a Version 3 Specification is Substantive. This document provides some general principles as well as specific rules and examples of what changes are Substantive. It also provides some reference material on the role Substantive Change plays in the HL7 balloting process.	Unique	
Dynamic Framework Requirements	251	Active (HL7)	The project will specify a set of requirements for a single, comprehensive and semantically robust dynamic framework for HL7. This dynamic framework will facilitate the development of dynamic models for particular business solutions. The project will use as input existing requirements as articulated in the MDF99 and current HDF. In addition, it will draw on input from the SOA, MnM, OO, and InM working groups who have historically worked on various aspects of previous conceptions of an HL7 Dynamic Framework (also historically known as The HL7 Dynamic Model). The purpose of developing this specification is to support the ArB vision to that (going forward) the interaction definitions and behaviours in all specifications developed within HL7 are consistent and compliant with the overarching HL7 architecture.	Unique	
Foundation Re-org Analysis Project	250	Active (HL7)	Work with a set of committee co-chairs to develop a proposal for restructuring the TC's: both a new recommended organization and a recommended proposal. Once there is consensus on the proposal, to refer the proposal to the TSC and/or Foundation and Technology Steering Division. - Rationale: There is a relationshi between the architecture of HL7 and the architecture of HL7's work. There are known issues with the foundation division organisation. ArB wants to work on these issues together with the steering division - Scope: Foundation Division - INM, MNM, ITS, ICTC, SOA, Templates, Vocab (and possibly parts of Tooling, Pubs & SD)	Unique	

Arden Syntax 2.7	191	Active (HL7)	Creation of the Arden Syntax 2.7 Normative Standard (technical corrections / expansion of Arden Syntax 2.6)	Unique	
Additional Information Specifications 0011: Periodontal Attachment	314	Active (HL7)	This project is to complete the necessary materials for the Periodontal Attachment as an HL7 Additional Information Specification to go to ballot in the May-2007 cycle. It is in accordance with the April 2005 Memorandum of Understanding, and Joint Project Statement, between HL7 and the American Dental Association Standards Committee on Dental Informatics (ADA-SCDI) and expresses the (ANSI approved June 2006) ADA Specification No. 1047, 'Standard Content of an Electronic Periodontal Attachment' as an HL7 Additional Information Specification (AIS, number 0011 in a series) built upon CDA Release 2 using the ASIG committee's Implementation Guide. Upon completion of the balloting process within HL7, we expect to recommend the specification for inclusion within future HIPAA rulemaking for Claims Attachments.	Unique	
Children's Preventive Health Services Additional Information Specification (CDAR1AIS0007R010)	286	Active (HL7)	To define the standard content for an electronic Children's Preventive Health Services attachment that meets the needs of the U.S. Health Care industry. This attachment is designed to support the provision of preventive services to children. The stakeholders participating in this development will use a consensus-based process to derive the content for this attachment type. The end product of this outreach workgroup will result in the development of an HL7 Additional Information Specification (AIS) for ballot and publication by HL7. Once published as a standard, this electronic attachment may be used voluntarily by the health care industry where necessary to support the adjudication of a claim or for other purposes. In addition, this attachment definition may be adopted by HHS as a standard under the Health Insurance Portability and Accountability Act (HIPAA).	Unique	
Additional Information Specification 0008: Home Health Attachment (CDAR1AIS0008R010)	282	Active (HL7)	The scope of the Home Health Attachment AIS project is to: - Define the data content necessary for the exchange of Home Health Claims and Prior Authorization attachment information. - Develop and Additional Information Specification document for Home Health to be balloted as an Informative document. This includes obtaining all the appropriate LOINC values, OIDS and HL7 Tables to express the concepts in the Home Health AIS.	Unique	
Additional Information Specification 0010: Pharmacy Prior Authorization Attachment (CDAR1AIS0010R010)	281	Active (HL7))	The scope of the Pharmacy Prior Authorization Attachment AIS project is to: - Define the data content necessary for the exchange of Pharmacy Prior Authorization attachment information. - Develop and Additional Information Specification document for Pharmacy Prior Authorization to be balloted as an Informative document. This includes obtaining all the appropriate LOINC values, OIDS and HL7 Tables to express the concepts in the Pharmacy PA AIS.	Unique	
Patient Information Unspecified Attachment	218	Active (HL7)	This project upgrades a previously balloted implementation guide from using CDA R1 to CDA R2, for HL7 informative ballot. The purpose and deliverables are otherwise the same as balloted in September 2005. Note the slight change to the document name (the document number is changed from CDAR1AIS0009R010). Following is substantially from the previous project scope statement: To define a standard way to convey attachment information using the CDA R2 for attachments framework. It allows the user to convey all attachments using the same CDA framework even if a specific attachment type has not been developed with specific content and may only be used when specific content for a given attachment type has not been developed by the HL7 ASIG.	Unique	
Additional Information Specification Documents Conversion from CDA R1.0 to CDA R2.0	135	Active (HL7)	The current attachment specifications were developed using CDA R 1.0 as the base standard. As a result of numerous federal NPRM comments, the ASIG will be converting these attachment specifications to use the CDA R 2.0 as the base standard. This project includes all changes to the documents stated b low to incorporate the changes necessary to convert from CDA R1 to CDA R2. CDAR2AIS0000R030 Additional Information Specification Implementation Guide CDAR2AIS0001R030 Additional Information Specification 0001: Ambulance Service Attachment CDAR2AIS0003R030 Additional Information Specification 0003: Rehabilitation Services Attachment CDAR2AIS0004R030 Additional Information Specification 0004: Clinical Reports Attachment CDAR2AIS0005R030 Additional Information Specification 0005: Laboratory Results Attachment CDAR2AIS0006R030 Additional Information Specification 0006: Medications Attachment In addition, this project includes changes to the LOINC Modifiers document to incorporate changes agreed to by the ASIG as a result of the federal NPRM comment process.	Unique	
V3 Technical Editor - Phase 3	334	Active (HL7)	The initial effort envisioned a very wide scope, and one of the key outcomes of the effort to date has been to focus the scope of the work onto three core documents: the RIM, Datatypes, and Vocabulary. The previous two iterations of this effort have brought to light procedural and organizational issues that may impede effective publication of clear documentation: these are listed below. A second result of these efforts has been to clarify the need for what we have called a User Model, an agreed framework for mapping the needs of HL7 stakeholders to the documents designed to serve those needs. Third, Ockham has worked closely with technical committees for over a year to iron out editing principles and processes, and to vet draft products to ensure convergent expectations. Finally, these efforts bore fruit this spring with an MnM approved set of edits to the RIM backbone, and two iterations of feedback to the Datatypes Abstract R2 document.	Unique	
Gap Analysis of HL7 Standards Portfolio	180	Active (HL7)	The scope of this project is to: Align Electronic Health Record (EHR) functional requirements with HL7 technical interoperability specifications so as to: - Identify areas where HL7 interoperability standards need further development. - Identify gaps in EHR functional requirements. Clarify the process whereby EHR functional requirements translate into use cases for HL7 interoperability specifications (and vice versa) so as to: - Make it easier for HL7 newbies to know where to go to express their requirements. - Support the objective of HL7-wide requirements-gathering process. Provide HL7 with a quick tool to respond to use cases with a coordinated HL7 product list. Identify areas where HL7 has cooperative agreements with other standards development organization (SDO)'s (for example, point to Object Management Group (OMG) products.	Unique	

CCOW support of SAML Assertions	206	Active (HL7)	The scope of the project is composed of the two tasks listed below. Task1: To provide Context Participants a way to obtain SAML assertions about the user in context. Task2: Establishing the user into context using a SAML assertion.	Unique	
Infobutton Standard	265	Active (HL7)	An 'infobutton' is a point-of-care information retrieval application that automatically generates and sends queries to on-line health information resources ('e-resources') using patient data extracted from the electronic medical record and background information ('context') that is captured from the interaction between a clinical user and a clinical information system (e.g., user role, patient age and gender, task being performed by the user). Currently, e-resources typically provide HTTP-based Application Program Interfaces (API) that can be used by infobuttons. However, these APIs are based on proprietary syntax and vocabularies, requiring the development of custom software for each e-resource that an infobutton needs to link to. The goal of this proposal is to facilitate the implementation of infobuttons by supporting the integration between Clinical Information Systems and e-resources.	Unique	
HL7 GELLO v.2 Syntax Re-Ballot	229	Active (HL7)	GELLO is a guideline expression language developed to query HL7 RIM v.3 compliant data. The language was developed by the HL7 CDS TC and approved as both an HL7 and ANSI standard in 2005. Since 2005, the language syntax has been evaluated by several international HL7 members (InferMed/Medical Objects/IBM/WebReach) and found to contain discrepancies and inconsistencies that need to be addressed prior to implementing the language on a large scale. This project is being undertaken to re-evaluate GELLO's syntax and to work toward a 2nd normative ballot after producing a DSTU ballot and testing the language in at least two 'real world' pilot implementations.	Unique	
Virtual Medical Record (vMR) for Clinical Decision Support	184	Active (HL7)	A Virtual Medical Record (vMR) is a data model, based on the HL7 RIM format, for representing clinical information inputs and outputs that can be exchanged between local clinical information systems and the point of care, through a software middleware layer that translates the data into a standardized vMR format. The goal of this project is to create an HL7 vMR data model recommendation and implementation guide, based on the HL7 V. 3 RIM, which is capable of supporting clinical decision support (CDS) for 'chronic disease management' at the point of care. The vMR data model will be flexible enough to support the exchange of data from both fully encoded electronic health record systems required for computer-enabled CDS or disparate data repositories with partially encoded data.	Unique	
Infobutton URL-based implementation guide	130	Active (HL7)	The goal of this infobutton implementation guide is to recommend a URL-based implementation of the context-aware information retrieval ('infobutton') domain. Th intent of this recommendation is to provide a simple way to implement infobuttons that is compatible with the current state of the market in this area. Most infobutton implementations to date, especially on the side of on-line information resources, rely on URL-based APIs. Although the ultimate goal of the CDS TC is t promote the implementation of the infobutton standard using the XML ITS, this implementation guide will provide a more stepwise transition, compatible with requests from stakeholders in this domain, which are represented in the CDS TC.	Unique	
Gene Expression	333	Active (HL7)	In this project, the Clinical Genomics committee will focus on the development of a common message element (CMET) for communicating individual subject genetic testing results from gene expression array technologies. This CMET is expected to be used as the payload for messages in clinical practice (e.g. genetic counselling) and in clinical research (e.g. pharmacogenomics). In this project, Clinical Genomics will focus on defining the CMET message structure, the vocabularies for key genetic concepts, and will create storyboards for clinical practice and clinical research use. These storyboards will also form the use cases around which an implementation guide will be written.	Unique	
Genetic Variation	196	Active (HL7)	The proposed project is intended to be a new Normative Topic under the Clinical Genomics (CG) Domain of the HL7 V3 Ballot Package. Currently, the CG domain consists of two Topics: (1) The Genotype Topic was approved as DSTU in May 2005 and two updates have been approved since then; (2) The Pedigree Topic has been approved as normative in May 2007 (after being part of the Clinical Genomics DSTU). The main goal of the CG SIG is to bring the Genotype Topic to normative. However, due to the broad scope of the DSTU, the decision is to progress to normative in a step-wise approach so that each focal area of the DSTU will be balloted as a Normative Topic, containing a constrained R-MIM of the DSTU. During the DSTU period, the area that has been experimented the most is the area of genetic variations, and therefore it is the first Topic we would like to progress to Normative. Other areas that might progress to normative in the future are expression data and later on proteomic data. Eventually, when all areas have been balloted as Normative Topics, the aggregation of all Topics' constrained R-MIMs will constitute a new D-MIM that will replace the current DSTU models and the entire DTSU will be deprecated.	Unique	
Clinical Content Development, Harmonization and Definition	329	Active (HL7)	The scope of this project is to serve the clinical community with education, processes and forum for collaboration in the development of requirements that can be consumed by the HL7 standards development.	Unique	
Cardiology Acute Coronary Syndrome (ACS) Domain Analysis Model	216	Active (HL7)	The scope of this project is to develop a Domain Analyses Model for projects sponsored by the Cardiology SIG. The initial scope is Acute Coronary Syndromes; however, it is anticipated the initial scope will be expanded include other areas of interest to the Cardiology SIG in the future.	Unique	
HL7 V3 Rim Certification Test	232	Active (HL7)	Develop the work products necessary for a certification test which tests the knowledge and understanding of the HL7 Version 3 RIM. As a result of passing the test, the test taker will receive HL7 Version 3 RIM certification indicating that they have solid knowledge and understanding of the RIM. Scope Inclusions The scop of this project includes: o The creation of two forms of a 70 question multiple choice test and one smaller practice test covering the RIM from a recent Normative Edition. o The tests test for knowledge and understanding of the contents of the RIM as described in the Normative Edition publication including all associated diagrams and appendixes and the vocabulary domains and value sets of those vocabulary domains associated with structural attributes. Development of a study guide, identification of useful training venues, and approval of initial marketing for the test. o Review and approval of all tests by select RIM editors and education committee representatives.	Unique	
Distance Education Pilot Project (Distance Learning)	207	Active (HL7)	The scope of this project is to design, conduct, and evaluate a pilot program for distance education utilizing the innovative approach to education currently utilized by HL7 Argentina. For the purpose of this project distance education (or distance learning) is defined as: '...a field of education that focuses on the pedagogy/andragogy, technology, and instructional systems design that are effectively incorporated in delivering education to students who are not physically 'on site' to receive their education. Instead, teachers and students may communicate at times of their own choosing by exchanging printed or electronic media, or through technology that allows them to communicate in real time.' ~ (Wikipedia). HL7 Argentina has established and operated a distance learning program focusing on providing an introduction to HL7 and HL7 standards specifications in the areas of Version 2.x; Version 3.0 Messaging, and Clinical Document Architecture R2.	Unique	
Long Term Care EHR-S Functional Profile	322	Active (HL7)	The LTC EHR-S Functional Profile will serve as a key resource to CCHIT in the development of certification requirements for EHR systems in the Long Term Care nursing home community. CCHIT has road-mapped LTC certification committee work to begin in late 2008. In addition, this functional profile will provide the foundation for vendor/provider communication regarding expectations and requirements for EHR systems deployed in this care setting.	Unique	
EHR Interoperability Model - EHR/IM	261	Active (HL7)	This project will produce a draft standard specifying, as requirements, the interoperability characteristics of electronic health records.	Unique	
EHR Vital Records Functional Profile	223	Active (HL7)	The goal of the Electronic Health Record System Vital Records (VR) Functional Profile Project is to create an HL7 EHR-S Functional Profile that will facilitate leveraging electronic health record (EHR) systems to capture vital records (Birth and Death-related) data at the point of contact or point of care. The VR profile must articulate the functional requirements needed to support messaging among providers, states, local registrars and Federal agencies. The project will initially b U.S. Realm based; however it may be expanded to include international affiliates.	Unique	
Clinical Research Functional Profile	212	Active (HL7)	The EHR/CR Functional Profile is intended to provide high-level requirements necessary for using electronic health record data for regulated clinical research, and to further provide a roadmap towards an evolutionary process of integrating the environment that provides both patient care and data for clinical research. This functional profile is aimed at encouraging EHR vendors to incorporate functions into their products that are necessary to utilize the Electronic Health Records as a direct data source for clinical studies. It is intended to provide one overall view of the regulatory needs of clinical research with respect to electronic patient records. The first iteration provides the essential clinical research functions and specific conformance criteria, based on the HL7 EHR-S Functional Model, that will identify EHR functions such that: - electronic health record systems, when used to collect source data for clinical research, can supply regulatory authorities with proof that data used to support claims made regarding the safety and efficacy of new medicines can be traced back to a 'reliable' data source. - clinical research through the use of EHR systems is optimized for clinics and hospitals, allowing new therapies to be available to patients in the shortest time at the lowest cost. The EHR/CR FP will provide a roadmap towards an evolutionary process of integrating the environment that provides both patient care and data for clinical research.	Unique	

CDAr2 Reference Profile for EHR Interoperability	202	Active (HL7)	The Profile shows how HL7's Clinical Document Architecture Release 2 (CDAr2) fulfills requirements of the Common EHR Record Unit, as specified in the HL7 EHR Interoperability Model DSTU (EHR/IM, published February 2007). The re-use of a document-oriented specification (CDAr2) as a Common EHR Record Unit is purposeful and shows the ready adaptation of a document perspective to a record (EHR) perspective. It also shows how key requirements (e.g., persistence, indelibility, access control, authentication, amendments and audit trail) are satisfied by CDAr2 attributes. Of the 58 Common EHR Record Unit requirements considered, 49 are currently satisfied by CDAr2. The remainder are scheduled for future deliberations in an ongoing collaboration between the HL7 EHR, Structured Documents and Security TCs.	Unique	
Electronic Health Record Lifecycle Model	201	Active (HL7)	The EHR Lifecycle Model (EHR/LM) is a supplement to the HL7 EHR Interoperability Model DSTU (EHR/IM, published February 2007). The EHR/LM expands the specification of record lifecycle events described in the underlying EHR/IM. These events describe behaviours of the Common EHR Record Unit (EHR/IM, Sections 3 & 4) throughout its lifecycle, detailing and expanding EHR/IM Section 3.19.	Unique	
Record Management & Evidentiary Support Electronic Health Record System Functional Profile (RMES EHR-S Functional Profile)	193	Active (HL7)	An expert panel/workgroup will develop a functional profile for managing electronic records and maintaining a legally-sound EHR within an EHR-S. This profile will be based on, and conformant to, the ANSI approved February 2007 EHR-S Functional Model and will build on the work completed by a previous group that identified EHR-S functionality for maintaining a sound electronic health record for business and legal purposes. Within Scope: The scope of this project is to address universal concepts in alignment with guidelines, standards, and requirements related to managing electronic records and maintaining a legally sound EHR. Out of scope: Realm-specific requirements and laws, as well as principles that are not widely accepted. 1. Review and update the work of the previous Legal Workgroup with new guidelines and resources such as the new federal e-discovery rules approved by the Supreme Court on April 13, 2006. 2. Review standards from other standards organizations that have relevance and translate into functional statements and conformance criteria when applicable. 3. Develop a legal EHR conformance profile including completion of applicable profile documents (i.e. profile definition), identification of applicable functionality, and development of conformance criteria. 4. Determine connection if any between the interoperability work/research being completed. Scope: The scope of this project is to address international and US/fe Functional Model standard. Out of scope: This group will not research or comment on any requirements/laws that are US state-specific and not widely accepted principles.	Unique	
Behavioral Health Functional Profile	190	Active (HL7)	1. Sponsored largely by the Centers for Mental Health Services and Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, an operating agency of the U.S. Department of Health and Human Services, volunteers from more than one hundred organizations volunteered to develop a Behavioral Health Functional Profile conforming to the EHR-S Functional Model. Participants include providers, provider organizations, provider professional societies, insurers, state and county BH agencies, and software vendors with a particular interest in behavioural Health. 2. The intent is to develop a definitive list of capabilities/functionalities believed necessary to manage a clinical repository and medical record system for use by behavioural health providers who vary extensively in organizational setting, scope of practice, and legal/regulatory environments.	Unique	
Web Strategy - Post Ascentium RFP	323	Active (HL7)	This project addresses the work needed to create RFPs for the remaining work after Ascentium terminated the contract.	Unique	
HL7 Wiki Acceptable Usage Policy	197	Active (HL7)	This project will provide on a proposal for how the use of wiki technology in support of HL7 objectives should be managed by the HL7 organisation. This will includ an initial set of guidelines for use of wikis for committee and project work, as well as a set of policies for the support and management of wiki infrastructure by HL7 This will be backed up by a risk analysis, and a process for maintaining the guidelines, policies, and risk analysis. This project will not address other Web 2.0 tools (such as blogs). Issues surrounding the use of wiki tools in collaborative projects with other SDOs will addressed.	Unique	
Medicaid Information Technology Architecture (MITA) Project	332	Active (HL7)	Within the context of the Medicaid Information Technology Architecture [MITA] this project will demonstrate that following the HL7 Development Methodology, building interoperable Models using UML and Standard tools, with Open Collaboration results in products that are sufficient to meet the needs of the Medicaid Community. Brief Background: CMS believes improved Data Quality and Interoperability is the key to our future and that the true value of data is realized only to the extent it can be shared across 'organizational silos'. System interoperability is absolutely essential to facilitate changes. CMS and Medicaid administrators recognized the lack of a comprehensive view of the overarching Medicaid world.	Unique	
Special Authorization	330	Active (HL7)	This project will create a new topic area within the FM domain to deal with Special Authorization. Special Authorization is the process by which insured patients are covered for products and services that are not part of their regular plan. The initial scope of the topic area will include interactions for requesting special authorizations, notification of special authorization dispositions and querying of special authorizations at both a summary and detail level.	Unique	
CMET A_Charge_WithGroup CMET	233	Active (HL7)	The goal of this project is to produce and ballot an A_Charge_WithGroup CMET to be used in the Patient Billing Post Topic within the FIAB Domain.	Unique	
Pricing CMET	214	Active (HL7)	Development of a universal Pricing CMET and appropriate variants (e.g., basic, identified-confirmable, and identified) with requisite ballot artifacts, including a walk through and schema. These are developed concurrently and iteratively, and there are no dependencies other than committee review, approval, and meeting ballot deadlines.	Unique	
A_Charge CMET with Grouper with variants	127	Active (HL7)	The goal of this project is to produce 2 versions of an A_Charge CMET to be used in the Patient Billing Post Topic within the FIAB Domain. Both a Root version and a Non-Root version will be produced. Both versions will support clinical information.	Unique	
A_Charge CMET without Grouper with variants	126	Active (HL7)	The goal of this project is to produce 2 versions of an A_Charge CMET to be used in the Patient Billing Post Topic within the FIAB Domain. Both a Root version and a Non-Root version will be produced. Both versions will support clinical information.	Unique	
FICO - Financial Coverage Domain A_Coverage CMET Project	125	Active (HL7)	This project will develop a normative standard for a CMET supporting exchange of coverage information derived from a future release of the FICO DMIM with a target date of January 2007 to support the conveyance of coverage eligibility information under health policies and programs. This is within FM's approved scope. See attached	Unique	
CMET A_Charge_WithoutGroup CMET	122	Active (HL7)	The goal of this project is to produce and ballot an A_Charge_WithoutGroup CMET to be used in the Patient Billing Post Topic within the FIAB Domain.	Unique	
Diagnostic Imaging Reports in CDA and DICOM	195	Active (HL7)	In this project the Imaging integration SIG will work with DICOM Working Group 20 to develop a specification describing the creation of basic reports from diagnostic and interventional imaging procedures, in both HL7 CDA and DICOM Structured Reporting (SR) formats. The work product of this project will be an implementation guide for basic imaging reports encoded as CDA documents, combined with a specification for transformation of DICOM SR basic imaging reports to CDA. The specified reports contain authenticated narrative content, with provisions for image references, measurements, annotations and limited coded findings. It is proposed that this work product be balloted by HL7 as two Informative Documents and by DICOM as a Supplement to the DICOM Standard, and that the completed specifications be published by both HL7 and DICOM. The two Informative Documents will be the Transformation Guide (DICOM SR 'Basic Diagnostic Imaging Report' to HL7 CDA Release2 'Diagnostic Imaging Report' Transformation Guide (DIR-TG) and the Implementation Guide (Implementation Guide for CDA Release 2 - Diagnostic Imaging Report (DIR-IG). The joint balloting and publishing plan has been approved by the HL7 Board of Directors and by t	Unique	
XML ITS R1.1	335	Active (HL7)	This project will deliver an update to the XML ITS to include an improved informal extension mechanism similar to the one used in the HL7 SPL (Structured Product Labelling) specification. This allows extensions to be included in the HL7 namespace, and so makes developing systems to support multiple minor version changes simpler, and follows a pattern for version management that has been established in the W3C XSLT specification. The changes from XML ITS R1 will be restricted to the introduction of this extension mechanism.	Unique	
New ITS R2	316	Active (HL7)	This HL7 V3 ITS seeks to achieve: 1. Model-based serialization that produces i. XML Schema that are automatically always consistent with the underlying specification (i.e. require no manual intervention) ii. standard wire formats that represent equivalent concepts in a consistent way across V3 domains iii. standard wire formats that represent equivalent concepts in a consistent way across versions (i.e. supporting wire format stability) iv. XML Schema that reflect standard decisions with respect to optimized implementation design (e.g. implementation use cases may indicate that some classes in the Serialization Model should be 'flattened' or otherwise streamlined for greater message or document processing efficiency) v. XML Schema that support human readability in terms of clarity of expression 2. Graphics of Serialization Models that are i. understandable to UML-aware implementers ii. understandable to user domain experts 3. Serialization Models that are machine-readable to commercially-available XML and UML tools	Unique	

HL7 Web Services Profiles, Release 2	301	Active (HL7)	The purpose of the Web Services Profiles is to provide implementation guidelines to promote interoperability between applications exchanging HL7 Version 3 messages using standards and specifications that fall under the general definition of Web Services. With the objective of leveraging the effort of the industry to promote interoperability, recommendations from organizations like WS-I, W3C and other will be taken into account. The work product of the project is a prescriptive guide that will further profile the referenced Web Services specifications to reduce optionality and scope to improve interoperability between applications exchanging HL7 Version 3 messages. The profiles will outline different levels of conformance based on the level of sophistication of the applications being built. For this reason the profile will be divided in four major sections: basic, addressing, security and reliable messaging. Implementers will be able to claim conformance to one or more sections of the profile with the only requirement that they implement at least the basic profile section.	Unique	
Transport Specification for ISO 9660-compliant Removable Media	283	Active (HL7)	The scope of this project is specification of a transport for use with ISO 9660-compliant removable media (common CD and USB flash drives). This enables HL7 message and document payloads to be exchanged in a non-networked environment.	Unique	
Transport Specification - ebXML R2	117	Active (HL7)	Publication of Release 2 of the ebXML transport specification to reflect issues that have been reported, to update for changes in other standards, and to take to committee ballot for the standard normative track.	Unique	
Implementation Guide Survey and Registry.	225	Active (HL7)	1. The scope of the HL7 Implementation Conformance TC project is to undertake a survey of all flavors of V3 implementation guides(including V3 messaging and CDA R 2) for content and style. The survey results will then be put into a registry for the benefit of implementers to access and compare implementation guides. It is desired that an exemplar guide template be an eventual by product of this activity. 2. Clinical Scope: To develop guidelines and principals that defines 'good' domain implementation guidance including binding of vocabularies by realm To catalogue and synthesize clinical content from diverse real-world sources. Technical Scope To create/adopt a formal representation model to represent the categorized clinical content. To collaborate with relevant SIGs and TCs to produce exemplar implementation guides and tooling to produce such guides to ensure consistency across domains.	Unique	
DSTU testing guidelines	198	Active (HL7)	The HL7 development framework (HDF) provides guidance on how to develop a standard. However, the HDF does not provide guidance on how best to evaluate the standard. Without guidance on how to evaluate a standard it is the burden of each technical committee (TC) to determine there own methods of proving a standard is fit for purpose. In addition, implementers have no clear way to claim that a system confirms to an HL7 V3 standard The goal of this project is to provide guidance to implementers on when a HL7 V3 standard is stable enough to implement and a mechanism to ensure a system confirms to an HL7 V3 standard.	Unique	
Shared Messages Domain (COMT), Release 3	277	Active (HL7)	The creation of Release 3 of the HL7 version 3 domain 'Shared Messages' (COMT) as Normative standard. This standard will extend COMT Release 2 by the contents of various proposals discussed since the release of COMT R2.	Unique	
Wrappers Release 2	173	Active (HL7)	The creation of the HL7 version 3 MCCI/MCAI/QUQI/MFMT Release 2 as a normative standard. This standard will extend MCCI/MCAI/QUQI/MFMT Release 1 by the outcomes of the dynamic model discussions and the joint work with the SOA SIG, and by other MCCI/MCAI/QUQI/MFMT proposals adopted since the release of MCCI/MCAI/QUQI/MFMT R1.	Unique	
ITS and Data Types R2	116	Active (HL7)	Publication of Release 2 of the V3 XML & UML ITS and data types documents. There is a number of tightly linked documents: - Data Types - Abstract Specificatio - XML Implementation Technology Specification - Data Types - UML Implementation Technology Specification - Data Types - XML Implementable Technology Specification for V3 Structures These have all passed normative ballot in 2004 Considerable feedback from implementation experience and a number of issues have arisen in the XML and UML ITS and data types since this time, and we need to start working on Release 2. In this project, Infrastructure and Messaging will work with other interested TCs and SIGs to solicit and then resolve outstanding issues with the ITS and data types. We will bring the replacements for these 4 specifications forward for ballot together, as they are tightly inter-related for technical and process reasons. We are actively considering how to restructure these documents, so a revised list of specifications may be part of the outcome of this project.	Unique	
MCCI Release 2	115	Active (HL7)	The creation of the HL7 version 3 'Transmission Infrastructure' MCCI Release 2 as a normative standard. This standard will extend MCCI Release 1 by the outcomes of the communication patterns discussion which was held within the committee, and by other MCCI proposals adopted since the release of MCCI R1.	Unique	
HL7 Version 3 Standard: Laboratory, Release 1 Result Topic	113	Active (HL7)	This is the Laboratory Result Topic. In release 1 this topic will have RMIM(s), HMD(s), messages, storyboards, trigger events, application roles, message types and interactions. The Result Topic comprises the models and artifacts that are needed to support the creation of messaging related to the communication of results. This provides the requirements needed to understand all aspects of the Result Topic.	Unique	
Specimen Process Step Topic	112	Active (HL7)	This is the Specimen Process Step Topic. In release 1 this topic will have RMIM(s), HMD(s), messages, storyboards, trigger events, application roles, message types and interactions. The Specimen Process Step Topic comprises the models and artifacts that are needed to support the creation of messaging related to specimen processing. This provides the requirements needed to understand all aspects of the Specimen Process Step Topic.	Unique	
CDA Product and Services Guide	331	Active (HL7)	Conduct a pilot project of an online HL7 CDA Product and Services Guide by the September, 2008 Plenary meeting. Joint project of HL7 Marketing Council and EHRVA to promote CDA (and CCD) globally. Jill Kaufman and Gora Datta co-project leads. For the Plenary meeting, we plan to have a subset paper document to hand out and will also use this at the IHIC conference in October. Input to the CDA guide for this pilot will come from HL7 members, HL7 Affiliate members and EHRVA members. Cal2Cal is building a web page for data entry of CDA products and services.	Unique	
Common Message Element Types (COCT) Release 6	315	Active (HL7)	Creation of the HL7 Version 3 Common Message Element Type Release 6 normative standard.	Unique	
Common Message Element Types (COCT) Release 4	300	Active (HL7)	Creation of the HL7 Version 3 Common Message Element Type Release 4 normative standard..	Unique	
Design Constraint Rules and Guidelines Project	291	Active (HL7)	Capture existing design constraint rules (documented and implied). Recommend how best to document and publish these rules.	Unique	
Templates Implementation Specification Project	290	Active (HL7)	Develop a document describing how templates can be used. Capture existing instance binding rules documented or implied. Develop and enforce guidelines on how profiles, datatype flavours, templates and parameterised static model bindings to type constraints should be expressed within HL7 instances. Receive from the Tooling MIF enhancement project a MIF representation of a Templates Artefact.	Unique	
Healthcare Development Framework, Phase III	269	Active (HL7)	The scope of the Health Level Seven Development Framework project includes: Document and publish the HDF metamodel; This activity includes ongoing maintenance HL7 metamodel and alignment with the OMG UML metamodel and the resolution of any and all discrepancies between the two metamodels. Resolution of the inconsistencies may result in updates to the HL7 metamodel, formal submission of issues from HL7 to OMG regarding the UML specification, and the development of an HL7 UML Profile that leverages the UML extension capabilities. In addition, the Model Interface Format (MIF) will be reviewed to confirm that it accurately represents the HDF metamodel and alignment with OMG UML. The HDF will be integrated in the HL7 publication and ballot packages ï Develop the HDF into the effective guidance for HL7 requirements gathering, analysis, design and standard development and implementation; This activity includes the research, analysis, design, and documentation of processes, policies, and artifacts associated with development of HL7 standards specifications for messaging, structured documents, and context management. This includes the	Unique	
Common Message Element Types (COCT) Release 5	267	Active (HL7)	Creation of the HL7 Version 3 Common Message Element Type Release 5 Normative standard.	Unique	
Common Message Element Types (COCT) Release 8	221	Active (HL7)	Creation of the HL7 Version 3 Common Message Element Type Release 8 normative standard.	Unique	
Core Principles and Properties of HL7 Version 3 Models	219	Active (HL7)	This project seeks to develop an infrastructure standard that will supplement the RIM, Data Types and Vocabulary documents. When completed, the document will be maintained as a 'sibling' to the 'Refinement, Constraint and Localization' standard, and cross-referenced from and to the HDF.. Version 3 is predicated on HL7's ability to develop specifications (CDA, Messages, SOA) that are derived from three common specifications - the RIM, Data Types and Vocabulary. When HL7 formally undertook Version 3 in 1997, the principles for developing specifications in implementing them were embodied in the Message Development Framework (MDF). Although the principles underlying the information model (the Reference Information Model) were understood and documented, there was, as yet, no understanding of the data types model to be implemented and consideration of vocabulary constraints in both data types and the RIM was still in its nascency. As HL7 refined and balloted its foundation models -- the RIM, Data Types, and Vocabulary -- the committees began to recognize elements that appeared to reside primarily in one of those models, but which in truth affected equally one or both of the others. Moreover, each of these topics had a direct impact on implementers.	Unique	

V2 OO Implementation Guide	313	Active (HL7)	1) To support and maintain the ELINCS Implementation Guide under the process outlined by the Board of Directors (Process for Externally Developed Implementation Guides). Namely, to support, upgrade, and advance the materials developed by a Steering Committee and Technical Working Group sponsored b the California Healthcare Foundation to develop and Implementation Profile and Guide Document for messaging Lab Results from a Laboratory system to an EHR in an Ambulatory setting. 2) The ELINCS working groups will turnover a new version of the ELINCS Implementation Guide to this project group. That implementation profile will be based on the HL7 v2.5.1 standard. 3) This project team with technical editor support will update the ELINCS Implementation Guide t conform to HL7 IG documentation standards and will submit said resulting document to Committee for ballot. 4) This project will enhance the profile to v2.6 and/or v2.7 if the future if need is identified. 5) This project team will consider creation of an inpatient version of the ambulatory balloted standard. 6) This project team wil consider an HL7 v3 based implementation guide in the future. 7) This project team will consider an HL7 CDA based implementation guide in the future.	Unique	
Blood, Tissue, and Organ	312	Active (HL7)	To develop messaging specification for the communication of information regarding blood, tissue, and organ scheduling, eligibility, donation, and transfusion services.	Unique	
Clinical Statement	266	Active (HL7)	The Clinical Statement project intends to provide a pattern that can be used by various domains in some form of specialization and constrained, that enables consistency across domains in the area of clinical statements. While we want to ensure that clinical statements involving such information as Pharmacy, Laboratory, and Allergies, the objective is not to express the very detailed operational modeling that is required to support these domain's specific message requirements. Rather it is more focused on the general clinical statement aspects when used as context in other messages or 'summary' documentation. As this is a fine line, and consistency is required, the primary TCs participating in this effort, and their associated SIGs, are constantly balancing the need for general patterr and highly specialized/constraint models.	Unique	
Care Provision DSTU - Topic Common Observations	256	Active (HL7)	The Common Observations Topic includes simple measure clinical observations as well as coded observations. - Examples of simple observations include height, weight, blood-pressure, temperature, etc. - Examples of coded observations are APGAR score, symptom, blood type, smoker, etc This topic covers all interactions related to recording simple measured clinical observations as well as support for coded observations including: recording clinical observations for a patient and retrieving clinical observations recorded against a patient. This is an observation made from a provider's facility, as opposed to observation made in specialized facilities (e.g. Lab & DI observations).	Unique	
Order Mgmt System for Lab Ordrs to Lab Msg IG	213	Active (HL7)	Order Management System for Laboratory Orders to Laboratory (U.S. Realm only) Message Implementation Guide (IG) (Lab Order IG) Ambulatory, inpatient and other settings from Order Management system to Laboratory For the purpose of this Project, an Order-Management-system will be the Placer and the Laboratory will be the Filler. This is to support the HL7 version 2.5.1 laboratory result implementation guides for the US realm. This project is to provide the guidance required to produce a Lab Order Message to fulfill the requirements for a properly defined HL7 version 2.5.1 Laboratory Result IG. It is the expectation that the infrastructur in place to support the transport of HL7 version 2.5.1 Laboratory Result Implementation Guide messages will also be used to transport the Lab Order Message. Assumptions made by Results IG with regard to legal, security, privacy and ownership of data also apply to the Order. If there are discrepancies in any of these issues, they will be resolved by this project or an acceptable alternative that will not obsolete result IGs will be determined.	Unique	
General Observation Domain	111	Active (HL7)	In this project, the Orders & Observations Work Group will focus on the development of a Common Observation domain model and an Observation Request model to support communication of general observation orders that are not covered by Laboratory and Diagnostic Imaging orders.	Unique	
Order Domain - Phase I	110	Active (HL7)	In this project, the Orders & Observations Work Group will focus on development of a message model to: - establish a common order pattern that can be used as the starting point for any general and specialized order domains, e.g., composite order, lab order, prescription, etc. - create a Composite Order model to enable communication of various order types within one message, such as observation orders, procedure orders, patient supply orders, and other types of orders. The scope of this project includes development of all the modeling artifacts necessary to support the overall pattern and these messages. This topic covers all interactions related to requesting single or combinations of healthcare services. The Composite Order topic includes the ability to order multiple basic healthcare services in one message. The initial scope of this project includes: - lab services - diagnostic imaging services - pharmacy services Future projects will cover expansion into: - blood supplies - tissue and organs - procedures - treatment (physical therapy, etc.) - equipment/devices - patient supplies	Unique	
Orders and Observations CMETs - Phase I	109	Active (HL7)	In this project, the Orders & Observations Work Group will focus on development of CMETs in support of various domains to enable easy inclusion of orders and observations concepts that should be used consistently across those domains. - Supporting Clinical Information (Universal/Minimal) - Observation General (Universal) - Observation Diagnosis (Universal/Minimal) - Observation Intolerance (Universal) - Annotation (Universal)	Unique	
Order Set Publication Standard	259	Active (HL7)	In this project, Clinical decision Support Workgroup will develop a standard and associated implementation guidelines for the publishing and sharing of structured order sets between collaborating institutions and clinical system vendors. This will be a V3 standard developed as a specialized instance of Structured Documents. The goal of the project is to enable sharing of interoperable order set content between knowledge developers, vendors of CPOE systems and healthcare institutions which will employ these knowledge structures in the implementation of computerized order entry and guideline decision support. Knowledge developers such as Thomson Reuters will be able to publish their order sets, communicate them to healthcare institutions such as the University of Nebraska and UNMC in turn can deploy those order sets in their clinical information system. In advanced applications, the order set may be integrated directly into a decision support system which will customize the order set for patient care at the time that it is employed by the clinician during an order session. The technical scope will include development of a V3 RIM compliant message information model complete with XML technical artifacts. Specifically out of scope for the project are efforts related to using order sets at run time or the management of order communication within the enterprise.	Unique	
Version 3 Pharmacy Release 2	288	Active (HL7)	1. Expand upon the content of Version 3 Pharmacy Release 1 to support messaging and interaction requirements of institutional pharmacy practice. 2. Incorporate realm-specific information and documents, as developed by HL7 International Affiliates, within the document structure of Version 3 Pharmacy.	Unique	
Detailed Clinical Models Release 1	320	Active (HL7)	The overall goal of this project is to develop methods, tools for requirements gathering with clinicians, requirements for modelling tools, quality control, identification of clinical items, binding of clinical content to terminology, model generically, authorisation and governance of 'templates' rules and maintain in a repository a set of DCM that are useable in different standards, formats and different technical implementations using the same generic model. Technical implementations that would be able to deploy DCM include GUI design, database design, message design, algorithm design, rule-based Decision Support System design, among others. The project is as such a follow up of the DCM meeting in Boca Raton, lead by Craig Parker and the DCM Brisbane workshop in 2007 with CEN, ISO, HL7, OpenEHR and clinical involvement where the recommendations were to work on four action area's including clinician involvement, quality of detailed clinical models, representation formalisms and establishing and maintaining repositories. The project scope is thus specifically to develop and maintain a set of Detailed Clinical Models (DCM), that are usable within the HL7 Clinical Statement, HL7 template specification, HL7 terminfo requirements, the CEN/IOS 13606 and OpenEHR archetype environment, and projects such as Terminfo, Structured Documents, Templates and Clinical Statement.	Unique	
Care Provision Domain	284	Active (HL7)	The Care Provision Domain addresses the information that is needed for the ongoing care of individuals, populations, and other targets of care. This domain describes the information structures and vocabulary used to communicate information pertinent to the SUPERVISION, MANAGEMENT, and CUSTODY of living subjects, devices, geographic sites, and other physical entities by a responsible care provider. This domain supports multiple specifications appropriate to referrals and record communications supporting collaboration and the continuity of care between care providers, both at the summary level and detailed level of these communications. This domain owns the concepts related to the Care Provision Act but tends to be an integrator of information supported by other domains at the detailed level. In that sense, the scope is limited by the work of other committees who develop CMETs and other patterns that are utilized within this domain.	Unique	
Care Provision DSTU - Topic Allergy & Intolerances	174	Active (HL7)	Knowledge and awareness of a patient's adverse reactions to agents/substances is essential for quality of patient care and for patient safety. These adverse reactions can lead to the identification and recording of one of two clinical concerns, namely: Allergy Concern, and Non-Allergy Intolerance Concern. Allergy Concern An allergy is an acquired sensitivity to an agent/substance (allergen) that causes the patient's immune system to 'hyper' react after exposure to that agent/substance. Non-Allergy Intolerance A non-allergy intolerance indicates the potential for a response to an agent/substance that is harmful or undesirable but is rarely life-threatening and is not mediated by the immune system via acquired sensitivity. The purpose of the transactions is to record and maintain discrete data relating to a patient's intolerance (allergy intolerance or Non-Allergy Intolerance) to exposure to agents/substances for subsequent referencing and clinical decision-making.	Unique	

Care Provision DSTU â€" Topic Allergy & Intolerances	107	Active (HL7)	The allergy model (REPC_RM000320) in the Care Structures Topic meets CDA requirements. While the Allergy & Intolerances Topic meets message requirements, where the topic cover all interactions related to allergies and intolerances, including: Recording allergies and intolerances Revising existing allergy and intolerance records Retrieving a list of a patient's allergies and intolerances Retrieving details about a single allergy or intolerance	Unique	
Care Provision DSTU â€" Topic Care Composition	106	Active (HL7)	This topic includes all interactions intended to record and update encounters, episodes of care and care events e.g. gynaecological care, with a single set of transactions ï‚§ Recording basic information about an encounter, episode or similar structure. ï‚§ Revising an encounter, episode or similar data. ï‚§ Retrieving a lis of encounters, episodes and similar structures. ï‚§ Retrieving details of encounters, episodes and similar structures.	Unique	
Care Provision DSTU â€" Topic Care Plan	105	Active (HL7)	The purpose of the care plan is: ï‚§ To define the management action plans for the various conditions identified for the target of care ï‚§ To organize a plan and check for completion by all individual professions ï‚§ To communicate explicitly by documenting and planning actions and goals ï‚§ To permit the monitoring and flagging of unperformed activities and unmet goals for later follow up Generally a care plan greatly aids the team in understanding and coordinating the actions that need to be performed for the person.	Unique	
Care Provision DSTU â€" Topic Care Plan	104	Active (HL7)	The purpose of the care plan is: ï‚§ To define the management action plans for the various conditions identified for the target of care ï‚§ To organize a plan and check for completion by all individual professions ï‚§ To communicate explicitly by documenting and planning actions and goals ï‚§ To permit the monitoring and flagging of unperformed activities and unmet goals for later follow up Generally a care plan greatly aids the team in understanding and coordinating the actions that need to be performed for the person.	Unique	
Care Provision DSTU â€" Topic Professional Services	103	Active (HL7)	The Professionals Services Topic includes cognitive services as well as physical services performed. â€¢ Examples of cognitive services are training, assessments, etc. â€¢ Examples of physical services performed are direct physical manipulation or modification of the patient such as surgery, physical therapy, etc All interactions related to professional services are covered, including: recording professional services, retrieving a patient's professional service records. We will respond to all ballot comments e.g. by combing physical and cognitive services and change the name to Professional Services.	Unique	
Care Record Summary Implementation Guides for CDA R2	298	Active (HL7)	This specification defines additional constraints on CDA Header and Body elements used in a Care Record Summary document in the US realm, and provides examples of conforming fragments in the body of the document and an example of a conforming XML instance as an appendix. This Guide specifies two levels of conformance requirements. Level 1 requirements specify constraints upon the CDA Header and the content of the document. Level 2 requirements specify constraints upon the structuredBody of the ClinicalDocument element of the CDA document.	Unique	
HL7 Individual Case Safety Report	227	Active (HL7)	The project scope is to finalize the existing HL7 V3 Individual Case Safety Report (ICSR) Release 2 Draft Standard for Trial Use (DSTU) message. The scope includes: â€¢ Completion of DSTU testing and incorporation of changes or new requirements identified through DSTU testing, and formally deprecate all ICSR Release 1 modeling artefacts: R_Drug, R_Device, A_DrugIntervention, and A_DeviceIntervention â€¢ Incorporate new requirements based upon outreach and collaboration efforts with other international standards development organizations (SDOs) and groups: Veterinary International Conference on Harmonization (VICH), International Conference on Harmonisation (ICH), Global Harmonization Task Force (GHTF), International Standards Organization (ISO), and related ISO/CEN/HL7 Joint Initiative Projects	Joint	
Child Health Functional Profile	185	Active (HL7)	The Child Health Functional Profile (Child Health-FP) is a project of the HL7 Pediatric Data Standards Special Interest Group (PeDSSIG). It conforms to the HL7 Electronic Health Record-Systems Functional Model (EHR-S FM), and it is aimed at developing an HL7 Normative Functional Profile for electronic health record (EHR) systems that are used to care for children. This first iteration provides the essential general pediatric functions and specific conformance criteria that are important to include in any system through which a child might receive primary care in the United States in both inpatient and outpatient settings. The intent is to assist all childcare providers and associated IT vendors in helping to ensure safe, effective and reliable care of children through the safe and effective use of information technology. Specifically, the Child Health-FP describes additional EHR-S functionality that is necessary to care for a child age 0-18 who receives routine wellness and preventive, acute illness, or acute trauma care that takes place in: - the newborn nursery, - the primary care provider's office, - the emergency room or urgent care clinic, and	Unique	
Version 3 Medication Release 2	287	Active (HL7)	Extension and expansion of Medication domain content to support requirements brought forward by other domains. Not all domain requirements are known at submission of this document. Specific domains and requirements being addressed will be noted in the ballot content.	Unique	
Immunization Messages Domain (POIZ), Release 1	274	Active (HL7)	The project team will focus on messages to communicate Immunization information. Use cases will be identified to cover relevant clinical and business requirements. The project team may choose to prioritize the use cases to define an initial release. The project team will leverage existing HL7 v2.x and v3 artifacts and develop additional storyboards, interactions, models and other artifacts as needed to establish a first release of an Immunization domain in HL7 v3. The projec team will identify and engage stakeholders, within and external to HL7, in order to provide for the broadest range of use cases and requirements for Immunization messaging.	Unique	
Pharmacy Messages Domain (PORX), Release 1	254	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Pharmacy CMETs	249	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Pharmacy Shared Messages	248	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Patient-Related Medication Query	247	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Patient-Related Device Query	246	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Patient Medication Contraindication Query	245	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Medication Statement and Supply Event	244	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Medication Order	243	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Medication Dispense and Supply Event	242	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Generic Patient-Related Pharmacy Query	241	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Dosage Instruction	240	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Dosage Form Vocabulary	239	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Device Order	238	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	

HL7 V3 Std: Pharmacy, Release 1: Device Dispense and Supply Event	237	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Common Order	236	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
HL7 V3 Std: Pharmacy, Release 1: Common Dispense and Supply Event	235	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Unique	
Identification of Medicinal Products (IDMP) Project	231	Active (HL7)	Joint Initiative Council of ISO, CEN and HL7 ISO TC 215 WG6 â€œPharmacovigilanceâ€ is the detection, assessment, understanding and prevention of adverse effects that may be associated with the use of medicines. In order to support Pharmacovigilance, there is a requirement to develop standard messages to transmit adverse drug reaction (ADR) report information between those organisations that have a responsibility for medicine safety. These messages are referred to as â€œIndividual Case Safety Reportsâ€ (ICSR). In order to support ICSR, it is crucial that all communicating parties refer to medicines in a clear and unambiguous way. Medicines themselves are complex concepts, and their description can be separated out into component parts in a defined and ordered way to produce a concept information model. This model is then populated using controlled vocabularies to support the data elements (component parts), such that all medicines can be uniquely and certainly identified. The Identification of Medicinal Products (IDMP) project will therefore undertake to detail the requirements for a controlled data structure, with controlled vocabularies, to describe: ï¶ Medicinal Products as licensed entities ï¶ Pharmaceutical Products â€“ the generic representation of licensed medicinal productsï¶ Ingredients â€“ the substance These are all undertaken in the context of the Pharmacovigilance use case, which in itself is primarily a regulatory one; although there will be consideration given to sub-projects within the overall IDMP project can be seen in the basic domain model given at the end of this document. In the first instance, this scope will cover medicinal products for human use, but is mindful of a future requirement to extend ICSR reporting to include Medicinal Products for Animal Use, Cosmetics, Food and Dietary Supplements, and Medical Devices. In addition, a sub-project to describe â€œControlled vocabularies for laboratory test units for the reporting of laboratory results has been appended to the Units of Measureâ€ work. Each of these six work items have already been accepted by ISO TC 215 WG6; please see the end of this document for the reference numbers and formal naming of each work item. Having been accepted by ISO, each work item also has â€œan editorâ€ from the ISO group for the standard, who acts as a project lead for the work item; as part of the Joint Initiative process, an HL7 co-lead has also been identified. The names of the individuals who have stepped forward for these roles are detailed below.	Joint	
HL7 V3 Std: Medication, Release 1: Drug Knowledge-Base Query	189	Active (HL7)	The creation of Release 1 of the HL7 version 3 domain â€œMedicationâ€ (POME) as Normative Standard. This standard will include support for common medication constructs (through CMETs) for use by other HL7 TC/SIGs and provide message support for drug knowledgebase queries.	Unique	
Administrations for Medicinal Substances (AfMS) terminology	170	Active (HL7)	This project exists because the current HL7 â€œRoute of Administrationâ€ vocabulary has concepts that are inconsistent with the needs of messages used to communicate medication information. In particular pharmacy messages, based on the RIM, communicate as separate elements ideas such as route, site, form, and timing but a review of the current values in the ROA table describe a mixture of these ideas. As such, existing values in the route table result in improper overloading of the route of administration element. Yet, the values in this table represent existing drug information vender content and are in common use. An analysis of the situation was undertaken in 2006 by members of the Vocabulary TC and the Pharmacy SIG. This group proposed that the name of the current â€œroutes of administrationâ€ table be changed to â€œadministrations for medicinal substancesâ€ (AfMS) and that the content of this table be analyzed to determine what existing RIM-based attributes the current values actually represent. Preliminary analysis indicates that concepts in the AfMS table variable represent a combination of one or more of the following RIM-based attributes: Route of administration, Site of administration, Method of administration, and some	Unique	
U.S. Vital Records Domain Analysis Model	311	Active (HL7)	In this project, the PHER WG will focus on the development of a Vital Records Domain Analysis Model to describe the workflows and stakeholders for transmitting birth and death data to and from U.S. vital records systems.	Unique	
Immunization Domain Analysis Model	310	Active (HL7)	Placeholder for Immunization DAM project statement	Unique	
Immunization Administration	309	Active (HL7)	In this project, the Public Health and Emergency Response SIG will focus on development of messages for communicating messages related to the management and administration of immunizations. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, possibly local or global for use in the new message.	Unique	
Public Health Investigation Request Phase I	278	Active (HL7)	In this project, the Public Health and Emergency Response SIG will focus on development of a message for communicating a request for a public health investigation. The scope of this project includes development of all the modeling artifacts necessary to support this new message. Also included in the scope of the project is the development of new CMETs, possibly local or global for use in the new message.	Unique	
Tuberculosis Domain Analysis Model	215	Active (HL7)	The TB Trials Network (TBTN) project is responsible for creating data standards for clinicians, researchers and public health officials working with Tuberculosis data. With the diagnosis of drug-resistant tuberculosis infections becoming routine in the U.S. and abroad, there is an urgent need for early detection and accelerated multi-drug therapy development. Our vision for the data standards project is to facilitate the exchange and promote reuse of information between all parties involved in TB surveillance, treatment, and research and thereby improve treatment, reduce the infection rate and shorten the time to new therapies. Domain: Pulmonary Tuberculosis, treatment, surveillance and research The crux of our problem is to look at what can be standardized in the research community, the treatment community, and the surveillance community, and then look for areas of overlap between these to establish the groundwork for data exchange electronically not only within but between these entities.	Unique	
Public Health Outbreak Management	187	Active (HL7)	In this project, the Public Health and Emergency Response SIG will focus on development of messages for public health outbreak management. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, local or possibly global, for use in the new message. This project will address public health outbreak management in general. The initial focus, however, is limited to communicable disease. Outbreak management includes messaging specific to the management of a public health outbreak. The purpose of an outbreak management system is to support the identification, investigation, and management and control an outbreak of a disease. An outbreak management (OM) system is expected to support the needs of investigation, monitoring, management, analysis, and reporting of a disease outbreak. OM builds upon the data captured in a public health case management system, supplemented with specific outbreak information such as: -Additional data related to cases, contacts, and exposures -Investigations, including potential sources of infection and transmission, exposure relationships, clinical and environmental spe	Unique	
Public Health Case Management	186	Active (HL7)	In this project, the Public Health and Emergency Response SIG develop messages related to public health case management. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, local or possibly global, for use in the new message. This project will address public health case management in general. The initial focus, however, is limited to communicable disease. The purpose of communicable disease case management is the identification, investigation and management of cases and contacts in order to reduce the risk to the public's health from instances of communicable disease. A communicable disease (CD) case management system is generally expected to include functions for supporting the people responsible for dealing directly with incidents of communicable disease and their possible impact on the community, from a public health perspective. Functions expected to be supported may include: -Identification of communicable disease risk, -Initiation of a disease	Unique	
Searchable HL7 Project Database	257	Active (HL7)	By the May, 2008 Working Group Meeting, there will be two locations to view information about all of the projects being worked on at HL7: GForge and Project Insight HL7 Project List on GForge: A spreadsheet containing a list of HL7 projects is available on GForge, via the TSCâ€™s File page, located at: http://hl7projects.hl7.nscee.edu/frs/?group_id=52 This spreadsheet is routinely updated by the HL7 PMO, and stems from Project Scope Statements which have been entered into Project Insight, HL7â€™s project management software application. Project Insight Project Scope Statements dating back to 2005 will have been entered into Project Insight. Project Insight User IDs Each Work Group will be assigned a unique user ID and password that will be shared by that work groupâ€™s co-chairs.	Unique	

Version 3 Publishing Facilitator's Guide	295	Active (HL7)	The HL7 Version 3 Standards are a collection of related standards built upon a common Reference Information Model. Due to the extensive range of standards th development of consistent content and presentation can become a complex task. The HL7 Modeling & Methodology Committee has developed the HL7 Development Framework to guide the technical development the standards and the HL7 Tooling Committee is mandated with developing appropriate tooling to support this methodology. The HL7 Publishing Committee is responsible for developing a presentation of the Version 3 standards that is consistent, easy to use format appropriate for a variety of audiences. This document presents an overview of the Publishing Process, the tools that are used to create the content, and some guidance on creating consistent and correct content. The goal of this document is to provide the information needed to create a consistent Version 3 Standard that conforms to the M&M methodology and uses the appropriate tooling.	Unique	
Medical Product and Device Listing	325	Active (HL7)	This project will develop a standardized specification of the data elements and exchange format for the transmission of information that uniquely and certainly identifiers a medical product or device, wherever authorized for marketing, for the purposes of product listing/registration. The project will further provide reference to other standards and external terminology resources required to populate the data elements defined in the standard. Medical products will be the initial focus of the project. The work is based on existing work efforts: ISO/TC 215/SC WG6 N 547 (Health Informatics: IS#11615 Identification of Medicinal Products â€“ Data Elements and Structure for the exchange of product information for drug dictionaries) and HL7 Structured Product Labeling.	Unique	
HL7 Specifications for Exchanging Clinical Laboratory Data from Clinical Research	303	Active (HL7)	Exchanging clinical laboratory data from research trials requires not only that the laboratory results themselves be represented, but also that the relevant details of the controlling research protocol be included. In addition, research data is often exchanged when an agreed upon criterion has been reached (e.g., send when subject completes study; send every Thursday at 11PM; submit to regulatory agency when study is complete), whereas laboratory data for patient care is exchanged as results become available. The scope of this project is to provide laboratory data on the basis appropriate for research, while maintaining interoperability between patient care and research specifications in the representation of the results themselves.	Unique	
Drug Stability Reporting (eStability)	275	Active (HL7)	The project scope is to ballot a HL7 V3 Drug Stability Reporting (eStability) Release 2 Draft Standard for Trial Use (DSTU) message and the Implementation Guid (IG). The HL7 V3 Drug Stability Reporting (eStability) Release 1 is an approved HL7 and ANSI standard. Based on information gathered during the FDA pilot of Release 1 the message and IG were revised and Release 2 was proposed to be balloted as a DSTU. The scope includes: â€¢ Completion of DSTU testing and incorporation of changes or new requirements identified through DSTU testing. â€¢ Completion of IG.	Unique	
Periodic Reporting of Clinical Trial Laboratory Data, Release 2	271	Active (HL7)	Pharmacogenomics data have been added in this release of the Periodic Reporting of Clinical Trial Laboratory Data standard. These additions will allow the message to be used to transmit sequence and microarray based pharmacogenomics data (and the significant findings, genotypes and phenotypes derived from the raw data) between the laboratories, pharmaceutical companies and regulatory agencies involved in a regulated clinical research study.	Unique	
Regulated Product Submission Release 2	217	Active (HL7)	The project scope is to extend the existing HL7 V3 Regulated Product Submission message with new requirements. The project will take the existing RPS Release 1 standard and enhance this message in a two phase effort ultimately intended to yield a global standard. The intent of this project is to develop RPS Release 2, producing an HL7 standard which will also support the ICH requirements necessary for eCTD v4, and for use in Medical Device submissions outside the United States (to include GHTF requirements). The work may occur in a two phase process. The initial phase will address outstanding requirements to use RPS to prepare and submit regulatory submissions to the US FDA, including related FDA PDUFA IV commitments. ICH eCTD v4 requirements will enter the work stream upon delivery to the Joint Initiative. If ICH and international device regulatory agencies are not able to deliver their requirements in a timely manner, or if HL7 is not able to complete a harmonised standard by early 2011, then the work done to support submissions to the FDA should proceed directly to normative ballot and a second phase of work will be required to include ICH and international device requirements. This will follow at a later date as a new release. The first phase of this project will specifically include submission response (two- report data about the submission. The role pairs include: ï‚§ A sponsor submitting to a regulatory authority, ï‚§ A CRO submitting to a sponsor ï‚§ A sponsor submitting to a collaborator ï‚§ Transfers of information between regulatory authorities (e.g. submission of a device containing a drug where the EU Notified Body sends data to a competent authority for review Specifically the first phase work entails: ï‚§ wo-way communication o Minutes and general correspondence (related to two-way communication) including pre-submission informationâ€¢ ï‚§ Referencing o in b	Unique	
CDISC Content to Message	205	Active (HL7)	The project scope is to create HL7 V3 messages from existing content within the CDISC standard. This project will specifically include a) study summary, b) eligibility criteria, c) trial design (including parts I and II: arms, elements visits, planned assessments, and planned intervention(s)), d) statistical analysis plan, e) collected data/study data tabulations and f) derived data/analysis datasets, all of which are currently defined by the CDISC standard. During the course of the project it is expected that new requirements will be discussed, but the goal of this project is not to create new data elements. The use case for this project is sending the aforementioned content to a regulatory authority to support a regulatory submission. The CDISC content will be mapped to four HL7 V3 messages as follows: Proposed HL7 Message: Study Design CDISC Content (from Exploratory Project Charter): a) Study Summary b) Eligibility Criteria c) Trial Design d) Statistical Analysis Plan Status: a) still needs BRIDG harmonization b still needs more standards development c) trial design is mostly in the BRIDG d) SAP still needs more standards development Proposed HL7 Message: Study Par (SDTM DM domain) Status: e) In process of being harmonized into BRIDG Proposed HL7 Message: Subject Data CDISC Content (from Exploratory Project Charter): e) collected data/study data tabulations (including audit trail information) f) derived data/analysis datasets Status: e) SDTM is a produ HL7 Message: HL7-ICSR* * Although an existing HL7 V3 message, the ICSR will be extended, if necessary, to enable it to transport SDTM AE data used for expedited AE reporting in clinical trials. CDISC Content (from Exploratory Project Charter): e) collected data/study data tabulations (SDTM AE domai CDISC is in charge of the content and business requirements and harmonization of the components of the CDISC standard into the BRIDG model. The deliverables of this are four HL7 V3 messages that are capable of exchanging CDISC-defined content. The goal of this project is to use existing FDA reporting requirements and create HL7 V3 artifacts. Although currently the FDA receives clinical data in analysis format, the messages developed in this project will supply the data closer to a collected format. There are several work products available to inform this work, including but not limited to CDISC, BRIDG, Clinical Statement, DCM and others. This project plans to use existing work products to nform this work effort. The current stakeholders involved in this project are the bio-pharmaceutics industry, bio-pharmaceutics software vendors and the FDA. As with past exchange standards sponsored by the FDA, the FDA, as well as other sponsors have participated in DSTU testing. FDA and NCI will assess loading test data into the Janus study data warehouse. GlobalSubmit has already committed to create web forms (XForms) to be used during the DSTU period. The project teamâ€™s roles and responsibilities will be listed in the forthcoming Project Charter. To the extent that some existing CDISC content may not yet be harmonized into BRIDG, some requirements may be deferred to a future release at the Project Teamâ€™s discretion, and the Project Charter will be appropriately updated.	Unique	
Laboratory Test Result Abnormality Assessment	178	Active (HL7)	The scope of this project is to develop specifications (CMETS, Storyboards, Interactions, and Messages) to support the messaging requirements for a laboratory test result abnormality assessment.	Unique	
Structured Product Labeling (SPL) â€“ Release 4	175	Active (HL7)	The SPL Project will initially explore extending the current normative standard for the efficient exchange of medical device information (this would be similar to drug listing data elements for devices), differentiating features, veterinary medicine information, listing information and NCPDP billing units. Once these areas are explored a recommendation will be made to the committee as to which items will move forward and be included in the standard. The project will seek to work with other HL7 committees to harmonize the SPL model with other related models (e.g., medication model, Clinical Document Architecture) and will be supported by th SPL Working Group within RCRIM.	Unique	
SPL IG for FDA Content of Labeling	101	Active (HL7)	1. This project is to develop a Structured Product Labeling release 3 Implementation Guide for FDA Content of Labeling	Unique	
Scheduling Release 2	292	Active (HL7)	The Scheduling project defines HL7 Version 3 messages for the purpose of communicating and supporting the various processes related to the scheduling of appointments for services and associated resources. These processes include the functions of requesting, booking, notification, and modification pertaining to appointments and scheduled resources. Closely coupled scenarios are supported through the communication and synchronization of slot information. Scheduling offers a generic set of messages and behavior using abstract concepts that apply equally well to any scheduling activity where reservations for scarce resources have to be made in advance. All kinds of healthcare activities can be scheduled such as in- and outpatient encounters, Surgery and Radiology, food and transportation services. Request transactions communicate requests for the scheduling of appointments for healthcare services or for the booking of resource slots. Query transactions allow any application to query the current schedule of booked and available slots and appointments. Unsolicited transactions provide for the notification of scheduling information between systems.	Unique	

HL7 Version 2.7 Messaging Standard	204	Active (HL7)	This project is to create the Version 2.7 standard from Version 2.6, applying those proposals 1. Accepted by the end of the January 2008 WGM 2. Ruled to be in scope 3. Found to be possible in the publication timeframe 4. Begin migrating toward a harmonized terminology with CDA and V3 in general	Unique	
Risk Assessment Framework Cookbook	226	Active (HL7)	The scope of this project is to create a unified method and process to identify issues, categorize them using a standard and accepted risk framework, bring the risks to the attention of the Security Technical Committee (TC) and use the consulting and oversight of that committee to standardize the much needed solutions and at the same time leverage the limited resources available. The Cookbook shall contain a mechanism that supports the monitoring and gauging of conformance using the risk analysis process. The intent is to make risk analysis a part of HL7 standards development process and add references to risk analysis in the Healthcare Development Framework (HDF) where appropriate. Formal Risk Assessment Educational training will be made available at each Working Group Meeting (WGM) and Educational Summit on an ongoing basis once ballot approved.	Unique	
Privacy and Authorization Terminology	224	Active (HL7)	The scope of this project includes incorporation of additional RBAC permission vocabulary (e.g., Healthcare Financial Transactions), Privacy Consents and Constraints. Additions to the current RBAC Permission Catalogue will be added as necessary and appropriate for the scope of this project. Regular maintenance reviews as decided by the HL7 Security TC will be scheduled (i.e., annual, bi-annual) as necessary to maintain the most current practices. A review group selected from the Security TC shall be formed for consistency in documentation and future balloting may be necessary. The committee members may be required to attend outside SDO to clarify security and privacy inconsistencies with the HL7 Security and Privacy Update. The scope of this project is agnostic with regard to specific implementation mechanisms that would use it.	Unique	
Infrastructure: Resource Location and Updating Service Functional Model	268	Active (HL7)	The Resource Location and Updating Service is a Service Oriented Architecture sub-project that attempts to elaborate the business functional needs in locating, accessing, and interacting with healthcare resources. This specification allocates those functions to service oriented interfaces, and develops conformance criteria for the specification. RLUS is expressly intended to extend existing specifications and implementations, exposing them via a service-oriented layer. This layer is, by definition, less brittle to changing standards and systems while providing a consistent interoperability interface for an organizationâ€™s internal and external business functions. RLUS is being pursued in accordance with the greement between the HL7 organization and the Object Management Group (OMG). HL7, in accordance with this agreement, shall elaborate the business functional needs, allocate functions to services, and develop conformance criteria for the services specified. HL7 shall also have responsibility for providing the information modeling and content in support of these services. All of the computationally independent work shall occur within HL7, as well as the functional conformance criteria assuring that service implementations meet their specified capability. OMG shall refine the HL7 developed computationally-independent specifications [functional, semantics, information model, terminology, etc.] resulting in computationally-dependent standards and user, vendor, and reference implementations. OMG shall provide technical expertise such as Unified Modeling Language (UML) and Model-driven Architecture (MDA), as well as leveraging multi-industry solutions. OMG shall leverage the strength of its adoption process to promote rapid standards development and marketplace product support given that submitters are required to produce implementations of the standards they specify.	Unique	
Infrastructure: Entity Identification Service (EIS) Functional Model	264	Active (HL7)	The Entity Identification Service (EIS) Project is part of the Healthcare Services Specification Project (HSSP) [http://hssp.wikispaces.com], a joint endeavor between Health Level Seven (HL7) [http://www.hl7.org] and the Object Management Group (OMG) [http://www.omg.org]. The HSSPâ€™s objectives include: - To stimulate the adoption and use of standardized â€œplug-and-playâ€ services by healthcare software product vendors - To facilitate the development of a set of implementable interface standards supporting agreed-upon services specifications to form the basis for provider purchasing and procurement decisions. HL7, in accordance with this agreement, shall elaborate the business functional needs, allocate functions to services, and develop conformance criteria for the services specified. HL7 shall also have responsibility for providing the information modeling and content in support of these services. All of the computationally independent work shall occur within HL7, as well as the functional conformance criteria assuring that service implementations meet their specified capability. OMG shall refine the HL7 developed computationally-independent specifications [functional, semantics, information model, terminology, etc.] resulting in computationally-dependent standards and user, vendor, and reference implementations. OMG shall provide technical expertise such as Unified Modeling Language (UML) and Model-driven Architecture (MDA), as well as leveraging multi-industry solutions. OMG shall leverage the strength of its adoption process to promote rapid standards development and marketplace product support given that submitters are required to produce implementations of the standards they specify. The EIS Project focuses on developing a Functional Model for a service which will provide functionality to resolve the identification of entities (patients, providers, medical equipment, etc) within a domain context.	Unique	
Privacy, Access and Security Services Functional Model	200	Active (HL7)	The Privacy, Access and Security Services (PASS) project specifies a set of Service Functional Models (SFMs), each of which defines an encapsulated, loosely-coupled and composable service component that can contribute to ensuring the confidentiality and integrity of healthcare information within a service-oriented environment. The SFM for each PASS component defines both the functional capabilities accessible through its provided interfaces and any external service dependencies. PASS SFMs are intended to be technology neutral, platform neutral and complementary to existing specifications.	Unique	
Infrastructure: SOA4HL7 Methodology	129	Active (HL7)	The SOA4HL7 Methodology Project is part of the Healthcare Services Specification Project (HSSP) [http://hssp.wikispaces.com], a joint endeavor between Health Level Seven (HL7) [http://www.hl7.org] and the Object Management Group (OMG) [http://www.omg.org]. The HSSPâ€™s objectives include: - To stimulate the adoption and use of standardized â€œplug-and-playâ€ services by healthcare software product vendors - To facilitate the development of a set of implementable interface standards supporting agreed-upon services specifications to form the basis for provider purchasing and procurement decisions. This project will define a methodology by which service definitions can be produced based on existing HL7 V2 and V3 artifacts where they are available. This will give guidance and direction to domain committees considering defining services. This is a complement to the overall Service Specification Development Framework being developed in HSSP. It will include specific guidance on when and how to define services, and how to define elements such as â€œService, Interface, Operation and Messageâ€ and how existing HL7 artifacts, such as Application Roles, Trigger Events, Messages etc may be used as a basis for defining these elements. It will a	Unique	
Implementation Guide for CDA Release 2 â€“ Level 3 Healthcare Associated Infection Reports (HAI II)	319	Active (HL7)	With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, this project will develop an implementation guide constraining CDA Release 2. The implementation guide will support electronic submission of HAI data to the National Healthcare Safety Network.	Unique	
Quality Reporting Document Architecture	210	Active (HL7)	Health care institutions routinely collect and report performance measure data to improve the quality of care provided to patients. Measure data conforms to the requirements of defined "quality measures" which are written and maintained by institutions concerned about health care quality. This project will define and bring to ballot a set of specifications for communicating quality measure definitions to, and reporting quality data from, electronic health records. The initial focus of the project will involve patient-level data submissions and, for specific use cases, it will include population-based submissions across a defined measure population. The specification will foster the development of fully automated EHR-based data submission and reporting. As needed, it will be compatible with semi-automated reporting which continues to rely on information derived from manual chart review and abstraction. This project will be compatible with the developing project known as "Clinical Document Architecture Release 2 for Reporting". In addition, this project will leverage and harmonize similar activities within and outside HL7 to avoid duplication of existing efforts.	Unique	
IG for CDA R2 â€“ Lvl 3 Personal Healthcare Monitoring Reports, R1	209	Active (HL7)	With cooperation from Continua Health Alliance member companies and Electronic Medical Records software vendors, this project will develop an implementation guide constraining CDA Release 2. The implementation guide will specify CDA based representation of data/information (mostly containing analysed and raw information of data generated by personal healthcare monitoring devices such as glucometers, BP cuffs, thermometers, weight scales). The guide will be used by personal health management organizations (such as disease management organizations) to transfer remotely monitored patient data to electronic health records.	Unique	
Plan-to-Plan PHR Data Transfer	208	Active (HL7)	The goal of the Plan-to-Plan Personal Health Record (PHR) Data Transfer Project is to create an HL7 implementation guide that will provide for PHR portability between Health Plans. The project is limited in scope to the payor stakeholder community in the U.S. Realm. However it could be expanded or adapted to include other PHR stakeholders, data transfer beyond the PHR, and the international affiliates.	Unique	

Structured Documents Architecture	172	Active (HL7)	In this project the Structured Documents committee will focus on the development of a document architecture used in reporting information as a normative standard. In the health care arena, a number of different kinds of reports are produced on a particular topic, organization, or group of individuals that are not intended for a patient chart, but which are still clinical in nature. These documents are not "Clinical Documents" pertaining to a particular patient. In this project, the Structured Documents committee will focus on the structure of such a report, including both narrative and machine-readable content. The intent of this specificatio is to maintain compatibility with CDA Release 2.0 to the extent possible, modifying it to support the immediate needs for reporting. We will coordinate with other groups, such as the Pediatrics SIG and the Government Projects SIG on determining the requirements for this project. This project will not address financial or administrative reporting at this time.	Unique	
CDA Implementation Guides for Common Clinical Documents	134	Active (HL7)	1.This project will develop and bring to ballot one or more (tbd) implementation guides that constrain CDA for common type of clinical documents including, but not limited to, History & Physical, Consult Note, Discharge Summary and SOAP note. The project will initially focus on simple structures (CDA Level One, Level Two) and may reuse some structures/templates from the Care Record Summary, Continuity of Care Document and V3 clinical topics.	Unique	
HL7 Implementation Guidance for Unique Object Identifiers (OIDs)	328	Active (HL7)	The scope of this project is to create an informative document that describes how to obtain and manage the OIDs used for identifiers in clinical documents and other HL7 artifact instances.	Unique	
Representation and Implementation of Reusable Constraint Patterns (Templates) in the HL7 V3 Methodology	272	Active (HL7)	This project will produce a standard for the representation and implementation of reusable constraint patterns (templates) that can be applied to Version 3 static information models, including V3 messages and V3 CDA documents. Even though the ultimate publishing "home" for this specification may be as part of the HDF, part of a broader templates specification and or as part of a broader "localization" document, the initial preparation will be as a stand-alone specification.	Unique	
Common Terminology Services 2 (CTS2)	324	Active (HL7)	Terminology services represent functions necessary to manage, search, and access terminology content. Terminology services provide a consistent specification for using terminology content independent of the terminology content and underlying technology stack. Terminology content represents various resources including lists, value sets, taxonomies, and formal description logic based ontologies. The following thematic areas are considered as part of CTS 2. Administration: This is a set of functions that provide the ability to manage content as part of a terminology service. Administration functions include load terminology, export terminology, activate terminology, and retire terminology. These functions are generally protected and accessible by service administrators with appropriate authorization. Search / Query: This is a set of functions that provide the ability to find concepts based on search criteria. This includes restrictions to specific associations or other attributes of the terminology, including navigation of associations for result sets. This represents the primary utility for using terminology content in a number of application contexts Association / Mapping: This is a set of functions that provide the ability to map a concept code and its attributes of a source terminology to a concept in a target ter appropriate APIs to add, change, or delete concepts and associations. This would also include the processing of change events from various terminology providers limited to, Concepts, Relationships, and Value Sets. At the functional level, the service interface will explicitly allow the query, definition, publication, and modification of the different terminology components that are required of terminologies and terminology services. Conformance profiles will be defined which may limit specific implementations of CTS 2 to a specific class of functionality and pre-define minimum trait sets for each specified functionality class, such as query, authoring and mapping. This will also allow for performance optimizations to be defined for terminology search from the OMG RFP process). The scope of this functional specification covers support for multiple terminology sources and a federated terminology environment.	Unique	
Vocabulary Conceptual Model	308	Active (HL7)	The goal of this project is to enhance support for this key document to support HL7 v3 terminology implementations. Finalize and ballot as a standard the conceptual model for concept domains, value sets, and binding syntax.	Unique	
Guide to Terminology Basics	307	Active (HL7)	The purpose of this document is to provide overall terminology guidance to implementers. â€¢ It will reference existing guides as appropriate. â€¢ It will cover at a high level an overview on o basic terminology principles, usage (including mapping), maintenance, and conformance. o terminology considerations for secondary use of terminology o document terminology â€¢ It will apply to V2 and V3 messaging and other terminology uses (such as a data warehouse).	Unique	

CEN TC251				
WG 03 WI 00251184 Reg Date: 2004-05-24	**prEN ISO/IEC 27799** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics -- Security management in health using ISO/IEC 17799**	CEN/TC 251 789/	*FV:*
WG 03 WI 00251214 Reg Date: 2006-12-08	**PrCEN/TR** Track: TR/TCA CNS Candidate: No	**Health informatics - Overview of national health professional cards in the CEN member countries**	918/2006	*Dispatch of TCA draft before 2007-12-01*
WG 03 WI 00251215 Reg Date: 2006-12-08	**prEN ISO 27789** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics - Audit trails for electronic health records**	919/2006	*Dispatch of ENQ draft before 2008-07-01*
WG 03 WI 00251217 Reg Date: 2007-01-31	**prCEN ISO/TS 29321** Track: VA CEN / TS/TCA	**Health informatics - Application** **Of clinical risk management to the manufacture of health software**	924/2006	*Dispatch of TCA draft before 2007-11-01*
WG 03 WI 00251219 Reg Date: 2007-04-02	**prCEN ISO/NP TR 29322** Track: VA CEN lead	**Health informatics – Guidance on risk evaluation and management in the deployment and use of health software (GREMIDUHS)**	920/2007	*Dispatch of TCA draft before 2008-03-27*

WG 03 WI 00251223 Reg Date: 2007-07-18	**PrCEN/TR** Track: TR/TCA CNS Candidate: No	**Health informatics - Guidance on Patient identification and Cross-referencing of identities**	943/2007	*Dispatch of TCA draft before:* *2008-06-26*
WG 04 WI 00251137 Reg Date: 2000-04-10	**ISO/NP 11073-20301** Track: ENQ+FV+VA/ISO CNS Candidate: No	**Health informatics - Point-of-care medical device communication - Part 20301: Application profile - Optional package, remote control**	CEN/BT C39/2000	*Transferred to VA ISO Lead according to TC resolution 824 taken on* *2004-11-23.* *Email to CMC on 2005-06-13*
WG 04 WI 00251158 Reg Date: 2001-09-01	**prEN ISO 11073-00000** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics - Point-of-care medical device communication - Part 00000: Framework and overview**	CEN/TC 251 678/ 867	*VA ISO Lead, ISO rules apply.* *Change of track by Resolution 867/2005 > no*
WG 04 WI 00251162 Reg Date: 2001-09-01	**prEN ISO 11073-20202** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics - Point-of-care medical device communication - Part 20202: Application profile - Baseline**	CEN/TC 251 678/ 868	*VA ISO Lead, ISO rules apply.* *Change of track by Resolution 868/2005 > no*
WG 04 WI 00251163 Reg Date: 2001-09-01	**ISO/NP 11073-20201** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics - Point-of-care medical device communication - Part 20201: Application profile - Polling mode**	CEN/TC 251 678/ 869	*VA ISO Lead, ISO rules apply.* *Change of track by Resolution 869/2005 > no*
WG 04 WI 00251206	**prEN ISO/TS 11073-90201** Track: ENQ+FV/VA ISO CNS Candidate: No	**Health informatics - Point-of-care medical device communication - Part 90201: Medical waveform format - Encoding rules (ISO/TS 11073-90201)**	BT resolution C048/2005	VA ISO Lead, ISO rules apply.
Published (WI 00251029)	**CR 1350:1993**	**Investigation of syntaxes for existing interchange formats to be used in health care**	**1993-07-01**	
Published (WI 00251027)	**ENV 1613:1995**	**Medical informatics - Messages for exchange of laboratory information**	**1995-03-10**	*Revision started under WI 00251098 abandoned*
Published (WI 00251032)	**CR 12069:1995**	**Profiles for medical image interchange**	**1995-06-28**	

Published (WI 00251023)	**CR 12161:1995**	**A method for defining profiles for healthcare**	**1995-08-17**	
Published (WI 00251061)	**CR 12587:1996**	**Medical Informatics - Methodology for the development of healthcare messages**	**1996-08-28**	
Published (WI 00251070)	**ENV 12388:1996**	**Medical Informatics - Algorithm for Digital Signature Services in Health Care**	**1996-08-29**	
Withdrawn *(WI 00251014)*	*ENV 12381:1996*	*Health care informatics - Time standards for healthcare specific problems*	*1996-08-29*	*Withdrawn 2005-02-09* *Revision started under WI 00251106.*
Published (WI 00251051)	**ENV 12018:1997**	**Identification, administrative, and common clinical data structure for Intermittently Connected Devices used in healthcare (including machine readable cards)**	**1995-10-30**	*Revision started under WI 00251102 abandoned.*
Published (WI 00251066)	**CR 12700:1997**	**Supporting document to ENV 1613:1994 - Messages for Exchange of Laboratory Information**	**1996-10-10**	
Published (WI 00251031)	**ENV 12537-1:1997**	**Medical informatics - Registration of information objects used for EDI in healthcare - Part 1: The Register**	**1997-02-09**	*Revision started under WI 00251110 abandoned.*
Published (WI 00251073)	**ENV 12537-2:1997**	**Medical informatics - Registration of information objects used for EDI in healthcare - Part 2: Procedures for the registration of information objects used for electronic data interchange (EDI) in healthcare**	**1997-02-09**	*Revision started under WI 00251111 abandoned.*
Published (WI 00251010)	**ENV 12610:1997**	**Medical informatics - Medicinal product identification**	**1997-03-11**	*Revision started under WI 00251114 abandoned.*
Published (WI 00251012)	**ENV 12611:1997**	**Medical informatics - Categorial structure of systems of concepts - Medical devices**	**1997-03-11**	*Revision started under WI 00251115 abandoned.*
Published (WI 00251059)	**ENV 12612:1997**	**Medical informatics - Messages for the exchange of healthcare administrative information**	**1997-03-11**	*Revision started under WI 00251116 abandoned.*
Published (WI 00251046)	**ENV 12924:1997**	**Medical Informatics - Security Categorisation and Protection for Healthcare Information Systems**	**1997-11-01**	*Revision started under WI 00251119 abandoned.*
Withdrawn *(WI 00251058)*	*ENV 12539:1997*	*Medical informatics - Request and report messages for diagnostic service departments*	*1997-02-09*	*Withdrawn 2005-03-30*

				Revision started under WI 00251113 abandoned.
Withdrawn *(WI 00251060)*	*ENV 12538:1997*	*Medical informatics - Messages for patient referral and discharge*	*1997-02-09*	*Withdrawn 2005-03-30* *Revision started under WI 00251112 abandoned.*
Withdrawn *(WI 00251019)*	*ENV 12264:1997*	*Medical informatics - Categorical structures of systems of concepts - Model for representation of semantics*	*1996-04-02*	*Withdrawn 2005-06-15* *Revision started under WI 00251104 abandoned.*
Withdrawn *(WI 00251002)*	*ENV 12017:1997*	*Medical Informatics - Medical Informatics Vocabulary (MIVoc)*	*1995-10-30*	*Withdrawn 2006-10-11*
Withdrawn (WI 00251077)	*ENV 12623:1997*	*Medical Informatics - Media Interchange in Medical Imaging Communications (MI-MEDICOM)*	*1997-06-01* *2004-08-18*	*Withdrawn 2004-08-18* *Revision started under WI 00251117 abandoned.*
Withdrawn (WI 00251078)	*CR 13058:1997*	*Medical data interchange - Mapping between the models specified in ENV 12539:1997 and NEMA PS3 Supplement 10*	*1997-09-10* *2004-04-02*	*Withdrawn 2004-04-02*
Withdrawn (WI 00251033)	*ENV 12922-1:1997*	*Medical Image Management - Part 1: Storage Commitment Service Class*	*1997-11-01* *2004-08-18*	*Withdrawn 2004-08-18* *Revision started under WI 00251118 waiting.*
Published (WI 00251003)	**ENV 12967-1:1998**	**Medical informatics - Healthcare Information System Architecture (HISA) - Part 1: Healthcare Middleware Layer**	**1998-01-05**	

Published (WI 00251053)	**ENV 12443:1999**	**Medical Informatics - Healthcare Information Framework (HIF)**	**1996-11-07**	
Published (WI 00251049)	**CR 13694:1999**	**Health Informatics - Safety and Security Related Software Quality Standards for Healthcare (SSQS)**	**1999-06-16**	
Published (WI 00251075)	**ENV 13606-2:2000**	**Health informatics - Electronic healthcare record communication - Part 2: Domain term list**	**1999-07-29**	
Published (WI 00251076)	**ENV 13606-3:2000**	**Health informatics - Electronic healthcare record communication - Part 3: Distribution rules**	**1999-07-29**	
Published (WI 00251064)	**ENV 13607:2000**	**Health informatics - Messages for the exchange of information on medicine prescriptions**	**1999-07-29**	
Published (WI 00251068)	**ENV 13608-1:2000**	**Health informatics - Security for healthcare communication - Part 1: Concepts and terminology**	**1999-07-29**	
Published (WI 00251125)	**ENV 13608-2:2000**	**Health informatics - Security for healthcare communication - Part 2: Secure data objects**	**1999-07-29**	
Published (WI 00251126)	**ENV 13608-3:2000**	**Health informatics - Security for healthcare communication - Part 3: Secure data channels**	**1999-07-29**	
Published (WI 00251128)	**ENV 13609-2:2000**	**Health informatics - Messages for maintenance of supporting information in healthcare systems - Part 2: Updating of medical laboratory-specific information**	**1999-07-29**	
Published (WI 00251043)	**ENV 13735:2000**	**Health informatics - Interoperability of patient connected medical devices**	**2000-01-07**	
Published (WI 00251048)	**ENV 13729:2000**	**Health informatics - Secure user identification - Strong authentication using microprocessor cards**	**2000-01-07**	
Published (WI 00251041)	**ENV 13734:2000**	**Health informatics - Vital signs information representation**	**2000-01-15**	
Published (WI 00251086)	**ENV 13730-1:2001**	**Health informatics - Blood transfusion related messages - Part 1: Subject of care related messages**	**2000-10-19**	

Withdrawn (WI 00251040)	**ENV 13939:2001**	**Health informatics - Medical Data Interchange: HIS/RIS-PACS and HIS/RIS - Modality Interface**	**2000-10-19** *2004-08-18*	
Withdrawn (WI 00251085)	**ENV 14032:2001**	**Health Informatics - System of concepts to support nursing**	**2001-01-12** *2003-12-15*	
Published (WI 00251097)	**ENV 13730-2:2002**	**Healthcare Informatics - Blood transfusion related messages - Part 2: Production related messages (BTR-PROD)**	**2001-10-18**	
Published (WI 00251063)	**CR 14300:2002**	**Health Informatics - Interoperability of healthcare multimedia report systems**	**2001-12-14**	

Published (WI 00251094)	**CR 14301:2002**	**Health informatics - Framework for security protection of healthcare communication**	**2001-12-14**	
Published (WI 00251095)	**CR 14302:2002**	**Health informatics - Framework for security requirements for intermittently connected devices**	**2001-12-14**	
Published (WI 00251100)	**EN 1828:2002**	**Health informatics - Categorial structure for classifications and coding systems of surgical procedures**	**2002-04-11**	
Published (WI 00251181)	**CEN/TS 14271:2003**	**Health informatics - File exchange format for vital signs**	**2001-10-18**	
Published (WI 00251142)	**CEN/TS 14463:2003**	**Health informatics - A syntax to represent the content of medical classification systems (ClaML)**	**2002-04-26**	
Published (WI 00251138)	**EN ISO 18812:2003**	**Health informatics - Clinical analyser interfaces to laboratry information systems - Use profiles (ISO 18812:2003)**	**2003-03-11**	
Published (WI 00251150)	**EN 14484:2003**	**Health informatics - International transfer of personal health data covered by the EU data protection directive - High level security policy**	**2003-11-13**	
Published (WI 00251157)	**EN 14485:2003**	**Health informatics - Guidance for handling personal health data in international applications in the context of the EU data protection directive**	**2003-11-13**	

Published (WI 00251179)	**EN ISO 18104:2003**	**Health Informatics - Integration of a reference terminology model for nursing (ISO 18104:2003)**	**2003-12-02**	
Published (WI 00251103)	**EN 12052:2004**	**Health informatics - Digital imaging - Communication, workflow and data management**	**2004-01-02**	
Published (WI 00251168)	**CEN/TS 14796:2004**	**Health Informatics - Data Types**	**2004-02-09**	
Published (WI 00251170)	**EN ISO 21549-1:2004**	**Health informatics - Patient healthcard data - Part 1: General structure (ISO 21549-1:2004)**	**2004-04-30**	
Published (WI 00251171)	**EN ISO 21549-2:2004**	**Health informatics - Patient healthcard data - Part 2: Common objects (ISO 21549-2:2004)**	**2004-04-30**	
Published (WI 00251172)	**EN ISO 21549-3:2004**	**Health informatics - Patient healthcard data - Part 3: Limited clinical data (ISO 21549-3:2004)**	**2004-04-30**	
Published (WI 00251182)	**EN 12251:2004**	**Health informatics - Secure User Identification for Health Care - Management and Security of Authentication by Passwords**	**2004-06-21**	
Published (WI 00251106)	**EN 12381:2005**	**Health informatics - Time standards for healthcare specific problems**	**2005-05-31**	

Published (WI 00251130)	**EN 14720-1: 2005**	**Health informatics - Service request and report messages - Part 1: Basic services including referral and discharge**	**2005-06-30**	
Published (WI 00251127)	**EN 13609-1: 2005**	**Health informatics - Messages for maintenance of supporting information in healthcare systems - Part 1: Updating of coding schemes**	**2005-08-31**	
Published (WI 00251169)	**CEN/TS 14822-4: 2005**	**Health informatics - General purpose information components - Part 4: Message headers**	**2005-09-30**	
Published (WI 00251146)	**EN 12264: 2005**	**Health informatics - Categorial structures for systems of concepts**	**2005-09-30**	
Published (WI 00251149)	**EN 1068: 2005**	**Health informatics - Registration of coding schemes**	**2005-09-30**	
Published (WI 00251050)	**CEN/TS 15127-1:2005**	**Health informatics - Testing of physiological measurement software - Part 1: General**	**2005-10-31**	
Published (WI 00251122)	**CEN/TR 15253: 2005**	**Health Informatics - Quality of service requirements for health information interchange**	**2005-11-13**	
Published (WI 00251159)	**EN ISO 11073-10101: 2005**	**Health informatics - Point-of-care medical device communications - Part 10101: Nomenclature**	**2005-11-30**	
Published (WI 00251160)	**EN ISO 11073-10201: 2005**	**Health informatics - Point-of-care medical device communications - Part 10201: Domain information model**	**2005-11-30**	
Published (WI 00251161)	**EN ISO 11073-20101: 2005**	**Health informatics - Point-of-care medical device communications - Part 20101: Application profiles - Base standard**	**2005-11-30**	

Published (WI 00251164)	**EN ISO 11073-30300: 2005**	**Health informatics - Point-of-care medical device communications - Part 30300: Transport profile - IrDA based - Infrared wireless**	**2005-11-30**	
Published (WI 00251180)	**EN ISO 11073-30200: 2005**	**Health informatics - Point-of-care medical device communications - Part 30200: Transport profile - IrDA based - Cable connected**	**2005-11-30**	

Published (WI 00251165)	EN 14822-1: 2005	Health informatics - General purpose information components - Part 1: Overview	2006-01-31	
Published (WI 00251166)	EN 14822-2: 2005	Health informatics - General purpose information components - Part 2: Non-clinical	2006-01-31	
Published (WI 00251167)	EN 14822-3: 2005	Health informatics - General purpose information components - Part 3: Clinical	2006-01-31	
Published (WI 00251079)	CEN/TR 15212:2006	Health informatics - Vocabulary maintenance procedure for a web-based terms and concepts database	2006-10-11	
Published (WI 00251099)	EN 1614:2006	Health informatics - Representation of dedicated kinds of property in laboratory medicine	2006-12-31	
Published (WI 00251108)	EN 12435:2006	Health Informatics - Expression of the results of measurements in health sciences	2006-04-30	
Published (WI 00251096)	CEN/TR 15299:2006	Health Informatics - Safety procedures for identification of patients and related objects	2006-09-06	
Published (WI 00251124)	CEN/TR 15300:2006	Health Informatics - Framework for formal modelling of healthcare security policies	2006-10-11	
Published (WI 00251185)	CEN/TS 15260:2006	Health informatics - Classification of safety risks from health information products	2006-03-31	
Published (WI 00251132)	CEN/TS 15211:2007	Health Informatics - Mapping of hierarchical message descriptions to XML	2007-02-28	
Published (WI 00251151)	EN 13606-1:2007	Health informatics - Electronic health record communication - Part 1: Reference model	2007-02-28	
Published (WI 00251151)	EN ISO 21459-4:2007	Health informatics - Patient healthcard data - Part 4: Extended clinical data	2007-02-28	
Published (WI 00251197)	EN 13606-4:2007	Health informatics - Electronic health record communication - Part 4: Security	2007-06-30	
Published (WI 00251188)	EN 13940-1:2007	Health Informatics - System of concepts to support Continuity of care - Part 1: Basic concepts	2007-09-30	
Published (WI 00251188)	EN 1064:2005+A1:2007	Health informatics - Standard communication protocol - Computer-assisted electrocardiography	2007-09-30	
Published (WI 00251210)	CEN/TR 15640:2007	Health informatics – Measures for ensuring the patient safety of health software	2007-08-08	

Published WI 00251201	EN 13606-2:2007	Health informatics - Electronic health record communication - Part 2: Archetype interchange specification	2007-09-01	
Published (WI 00251193)	EN 12967-1	Health informatics - Service architecture - Part 1: Enterprise viewpoint	2007-11-01	
Published (WI 00251194)	EN 12967-2	Health informatics - Service architecture - Part 2: Information viewpoint	2007-11-01	
Published (WI 00251195)	EN 12967-3	Health informatics - Service architecture - Part 3: Computational viewpoint	2007-11-01	
Published (WI 00251211)	EN 15521	Health informatics - Categorial structure for terminologies of human anatomy	2007-11-01	
Published (WI 00251207)	EN 14463	Health informatics - A syntax to represent the content of medical classification systems - ClaML	2007-12-01	

CENELEC Name	Number	Description	Keyword	Application Domain Keyword	Keyword	Development / Deployment Process Keyword	Keyword	Keyword	Technology / Infrastructure Keyword	Keyword	Keyword
TC 62		**Electrical equipment in medical practice**									
Medical electrical equipment -- Part 1: General requirements for basic safety and essential performance	EN 60601-1:2006		medical device			safety	performance		electrical		
Medical electrical equipment -- Part 1: General requirements for safety	EN 60601-1:1990/A2:1995		medical device			safety			electrical		
Medical electrical equipment -- Part 1-10: General requirements for basic safety and essential performance - Collateral Standard: Requirements for the development of physiologic closed-loop controllers	EN 60601-1-10:200X		medical device	physiologic control		safety	performance	closed-loop	electrical		
Medical electrical equipment -- Part 1-2: General requirements for basic safety and essential performance - Collateral standard: Electromagnetic compatibility - Requirements and tests	EN 60601-1-2:2007		medical device			safety	performance	test	electrical	EMC	
Medical electrical equipment -- Part 1-3: General requirements for basic safety and essential performance - Collateral Standard: Radiation protection in diagnostic X-ray equipment	EN 60601-1-3:200X		medical device	radiology		safety	performance	radiation	electrical	radiation	
Medical electrical equipment -- Part 1-6: General requirements for basic safety and essential performance - Collateral Standard: Usability	EN 60601-1-6:2007		medical device	useability		safety	performance		electrical		
Medical electrical equipment -- Part 1-8: General requirements for basic safety and essential performance - Collateral Standard: General requirements, tests and guidance for alarm systems in medical electrical equipment and medical electrical systems	EN 60601-1-8:2007		medical device	alarm		safety	performance	test	electrical		
Medical device software - Software life-cycle processes	EN 62304:2006		medical device			safety	life-cycle	software	software		
Medical devices - Application of usability engineering to medical devices	EN 62366:2008		medical device	useability		safety	useability				
Medical electrical equipment -- Part 1-9: General requirements for basic safety and essential performance - Collateral Standard: Requirements for environmentally conscious design	prEN 60601-1-9:2007		medical device			safety	performance	environment	electrical	environment	

SR 100		**Audio, video and multimedia systems and equipment**										
Magnetic tape sound recording and reproducing systems -- Part 1: General conditions and requirements	EN 60094-1:1993					sound recording			sound recording			
Magnetic tape sound recording and reproducing systems --	EN 60094-3:1996					sound recording			sound recording			
Magnetic tape sound recording and reproducing systems -- Part 4: Mechanical magnetic tape properties	EN 60094-4:1994					sound recording			sound recording			
Magnetic tape sound recording and reproducing systems --	EN 60094-5:1993					sound recording			sound recording			
Magnetic tape sound recording and reproducing systems -- Part 7: Cassette for commercial tape records and domestic use	EN 60094-7:1993					sound recording			sound recording			
Sound system equipment -- Part 12: Application of connectors for broadcast and similar use	EN 60268-12:1995					sound recording			sound recording			
Sound system equipment --	EN 60268-					sound recording			sound recording			
Methods of measurement on radio receivers for various classes of emission -- Part 3: Receivers for amplitude-modulated sound-broadcasting emissions	EN 60315-3:1999					sound recording			sound recording			
Pre-recorded optical reflective videodisk system "Laser	EN 60856:1993					sound recording			sound recording			
Digital audio interface -- Part 3: Consumer applications	EN 60958-3:2006					sound recording			sound recording			
Digital audio interface -- Part 4: Professional applications	EN 60958-4:2003/A1:200X					sound recording			sound recording			
Non-broadcast video tape recorders - Methods of measurement -- Part 1: General video (NTSC/PAL) and audio (longitudinal) characteristics	EN 61041-1:1995					sound recording			sound recording			
Audio and audiovisual equipment - Digital audio parts - Basic measurement methods of audio characteristics -- Part 4: Personal computer	EN 61606-4:2006					sound recording			sound recording			
Recording - Helical-scan digital video cassette recording system using 6,35 mm magnetic tape for consumer use (525-60, 625-50, 1125-60 and 1250-50 systems) -- Part 11: HDV format for 1080i and 720p systems	EN 61834-11:200X					sound recording			sound recording			
Multimedia systems and equipment - Multimedia home server systems - Vocabulary of home server	EN 61925:2006					sound recording			sound recording			
Digital audio - Interface for non	EN 61937-					sound recording			sound recording			

Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 2: Burst-info	EN 61937-2:2007					sound recording			sound recording		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 5: Non-linear PCM bitstreams according to the DTS (Digital Theater Systems) format(s)	EN 61937-5:2006					sound recording			sound recording		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 6: Non-linear PCM bitstreams according to the MPEG-2 AAC and MPEG-4 AAC audio formats	EN 61937-6:2006					sound recording			sound recording		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 7: Non-linear PCM bitstreams according to the ATRAC, ATRAC2/3 and ATRAC-X formats	EN 61937-7:2005					sound recording			sound recording		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 8: Non-linear PCM bitstreams according to the Windows Media Audio (WMA) Professional format	EN 61937-8:2007					sound recording			sound recording		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 9: Non-linear PCM bitstreams according to the MAT format	EN 61937-9:2007					sound recording			sound recording		
Multimedia systems and equipment - Colour measurement and management -- Part 2-4: Colour management - Extended-gamut YCC colour space for video applications - xvYCC	EN 61966-2-4:2006					audio/video record			audio/video recording		
Multimedia systems and equipment - Colour measurement and management -- Part 2-5: Colour management - Optional RGB colour space - opRGB	EN 61966-2-5:2008					audio/video record			audio/video recording		
Multimedia systems and equipment - Colour measurement and management -- Part 6: Front projection displays	EN 61966-6:2006					audio/video record			audio/video recording		
Multimedia systems and equipment - Colour measurement and management -- Part 7-1: Colour printers - Reflective prints - RGB inputs	EN 61966-7-1:2006					audio/video record			audio/video recording		

Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-7 -- Part 1: VTR specifications	EN 62071-1:2006					audio/video record			audio/video recording	tape	
Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-7 -- Part 2: Compression format	EN 62071-2:2006					audio/video record			audio/video recording	tape	
Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-7 -- Part 3: Data stream format	EN 62071-3:2006					audio/video record			audio/video recording	tape	
Helical-scan digital video cassette recording format using 12,65 mm magnetic tape and incorporating MPEG-4 compression - Type D-16 format	EN 62141:2006					audio/video record			audio/video recording	tape	
Television METADATA -- Part 1: Metadata dictionary structure	EN 62261-1:2006								broadcast	television	
Television METADATA -- Part 2: Data encoding protocol using key-length-value	EN 62261-2:2006								broadcast	television	
Triggering messages for broadcast applications -- Part 1: Format	EN 62297-1:2005					sound recording	message		broadcast		
Triggering messages for broadcast applications -- Part 2: Transport methods	EN 62297-2:2005					sound recording	message		broadcast		
Multimedia home server systems - Interchangeable volume/file structure adaptation for broadcasting receivers -- Part 1: General description and architecture	EN 62328-1:2005		home						broadcast	television	
Multimedia home server systems - Interchangeable volume/file structure adaptation for broadcasting receivers -- Part 2: General recording structure	EN 62328-2:2005		home			audio/video record			broadcast	television	
Digital audio - Digital input-output interfacing - Transmission of digital audio over asynchronous transfer mode (ATM) networks	EN 62365:2005					sound recording			sound recording	network	
Methods of measurement for DVD players	EN 62389:2006					sound recording			sound recording		
High density recording format on CD-R/RW disc system - HD BURN format	EN 62403:2006					sound recording			sound recording		
Multimedia systems and equipment - Multimedia e-publishing and e-books - Generic format for e-publishing	FprEN 62448:2008					publishing			sound recording		
Terrestrial digital multimedia broadcasting (T-DMB) receivers	FprEN 62516:2008					sound recording			broadcast	television	

Multimedia systems and equipment - Multimedia e-publishing and e-books - Reader's format for e-publishing	FprEN 62524:2008					publishing			sound recording		
Digital audio interface -- Part 1: General	prEN 60958-1:2007					sound recording			sound recording		
Audio and audiovisual equipment - Digital audio parts Basic measurements methods of audio characteristics -- Part 3: Professional use	prEN 61606-3:2007					sound recording			sound recording		
Consumer audio/video equipment - Digital interface -- Part 1: General	prEN 61883-1:2007					sound recording	audio/video record		audio-visual		
Digital audio - Interface for non linear PCM encoded audio bitstreams applying IEC 60958 -- Part 3: Non-linear PCM bitstreams according to the AC 3 and enhanced AC-3 formats	prEN 61937-3:2007					sound recording			audio-visual		
Multimedia systems and equipment - Colour measurement and management -- Part 5: Equipment using plasma display panels	prEN 61966-5:2007					sound recording	audio/video record		audio-visual		
Multimedia systems - Common communication protocol for inter-connectivity on heterogeneous networks	prEN 62295:2007					sound recording	audio/video record		audio-visual		
Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-12 -- Part 1: VTR specifications	prEN 62447-1					sound recording	audio/video record		audio-visual		
Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-12 -- Part 2: Compression format	prEN 62447-2					sound recording	audio/video record		audio-visual		
Helical-scan compressed digital video cassette system using 6,35 mm magnetic tape - Format D-12 -- Part 3: Data stream format	prEN 62447-3					sound recording	audio/video record		audio-visual		
Internet protocol (IP) and transport stream (TS) based service access	prEN 62455								network		
Digital living network alliance (DLNA) home networked device interoperability guidelines -- Part 1: Architecture and protocols	prEN 62481-1					sound recording			audio-visual	network	
Digital living network alliance (DLNA) home networked device interoperability guidelines -- Part 2: DLNA media formats	prEN 62481-2					sound recording			audio-visual	network	

ETSI Name	Number	Description	Keyword	Application Domain Keyword	Keyword	Development / Deployment Process Keyword	Keyword	Keyword	Technology / Infrastructure Keyword	Keyword	Keyword
Standards identified in ETSI publication ETSI SR 002 564 V1.1.1 (2006-12), "Applicability of existing ETSI and ETSI/3GPP deliverables to eHealth".											
Radio											
"Electromagnetic compatibility and Radio spectrum Matters (ERM);Short Range Devices (SRD); Ultra Low Power Active Medical Implants (ULP-AMI) and Peripherals (ULP-AMI-P) operating in the frequency range 402 MHz to 405 MHz; Part 1: Technical characteristics and test methods".	ETSI EN 301 839-1		medical device	Implant					Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Ultra Low Power Active Medical Implants (ULP-AMI) and Peripherals (ULP-AMI-P) operating in the frequency range 402 MHz to 405 MHz; Part 2: Harmonized EN covering essential requirements of article 3.2 of the R&TTE Directive".	ETSI EN 301 839-2 (V1.2.1)		medical device	Implant					Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Radio equipment in the frequency range 9 kHz to 315 kHz for Ultra Low Power Active Medical Implants (ULP-AMI) and accessories; Part 1: Technical characteristics and test methods".	ETSI EN 302 195-1 (V1.1.1)		medical device	Implant					Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Radio equipment in the frequency range 9 kHz to 315 kHz for Ultra Low Power Active Medical Implants (ULP-AMI) and accessories; Part 2: Harmonized EN covering essential requirements of article 3.2 of the R&TTE Directive".	ETSI EN 302 195-2 (V1.1.1)								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Radio Frequency Identification Equipment operating in the band 865 MHz to 868 MHz with power levels up to 2 W; Part 1: Technical requirements and methods of measurement".	ETSI EN 302 208-1								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Radio Frequency Identification Equipment operating in the band 865 MHz to 868 MHz with power levels up to 2 W; Part 2: Harmonized EN under article 3.2 of the R&TTE Directive".	ETSI EN 302 208-2								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD) intended for operation in the 862 MHz to 870 MHz band; System Reference Document for Radio Frequency Identification (RFID) equipment".	ETSI TR 101 445								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD) intended for operation in the band 865 MHz to 868 MHz;. Guidelines for the installation and commissioning of Radio Frequency Identification (RFID) equipment at UHF".	ETSI TR 102 436								Telecoms	EMC	
"Telecommunications and Internet converged Services and Protocols for Advanced Networking (TISPAN); Overview of Radio Frequency Identification (RFID) Tags in the telecommunications industry"	ETSI TR 102 449								Telecoms		
Electromagnetic compatibility and Radio spectrum Matters (ERM); ElectroMagnetic Compatibility (EMC) standard for radio equipment and services; Part 27: Specific conditions for Ultra Low Power Active Medical Implants (ULP-AMI) and related peripheral devices (ULP-AMI-P)	ETSI EN 301 489-27		medical device	Implant					Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM);ElectroMagnetic Compatibility (EMC) standard for radio equipment and services; Part 31: Specific conditions for equipment in the 9 kHz to 315 kHz band for Ultra Low Power Active Medical Implants (ULP-AMI) and related peripheral devices (ULP-AMI-P)".	ETSI EN 301 489-31								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Radio equipment to be used in the 25 MHz to 1 000 MHz frequency range with power levels ranging up to 500 mW; Part 1: Technical characteristics and test methods".	ETSI EN 300 220-1								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Radio equipment to be used in the 25 MHz to 1 000 MHz frequency range with power levels ranging up to 500 mW; Part 2: Harmonized EN covering essential requirements under article 3.2 of the R&TTE Directive".	ETSI EN 300 220-2								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Radio equipment to be used in the 25 MHz to 1 000 MHz frequency range with power levels ranging up to 500 mW; Part 3: Harmonized EN covering essential requirements under article 3.2 of the R&TTE Directive".	ETSI EN 300 220-3								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Radio equipment in the frequency range 9 kHz to 25 MHz and inductive loop systems in the frequency range 9 kHz to 30 MHz; Part 1: Technical characteristics and test methods".	ETSI EN 300 330-1								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short range devices; Radio equipment to be used in the 1 GHz to 40 GHz frequency range; Part 2: Harmonized EN under article 3.2 of the R&TTE Directive".	ETSI EN 300 440-2								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Wideband transmission systems; Data transmission equipment operating in the 2,4 GHz ISM band and using wide band modulation techniques; Harmonized EN covering essential requirements under article 3.2 of the R&TTE Directive".	ETSI EN 300 328								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); ElectroMagnetic Compatibility (EMC) standard for radio equipment and services".	ETSI EN 301 489								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Radio equipment in the frequency range 30 MHz to 37,5 MHz for Ultra Low Power Active Medical Membrane Implants and Accessories ".	ETSI EN 302 510 (Parts 1 and 2)								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Radio equipment in the frequency range 315 kHz to 600 kHz".	ETSI EN 302 536 (Parts 1 and 2)								Telecoms	EMC	
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Ultra Low Power Medical Data Service Systems operating in the frequency range 401 MHz to 402 MHz and 405 MHz to 406 MHz".	ETSI EN 302 537 (Parts 1 and 2)								Telecoms	EMC	
WiMAX									Telecoms		

"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.2.1; Part 1: Protocol Implementation Conformance Statement (PICS) proforma".	ETSI TS 102 385-1					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.2.1; Part 2: Test Suite Structure and Test Purposes (TSS&TP)".	ETSI TS 102 385-2					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.2.1; Part 3: Abstract Test Suite (ATS)".[25] ETSI TS 102 177 (RTS/BRAN-0040001r5): "Broadband Radio Access Networks (BRAN); HiperMAN; Physical (PHY) layer".	ETSI TS 102 385-3					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Data Link Control (DLC) layer".	ETSI TS 102 178 (RTS/BRAN-0040002r4)					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.3.1; Part 1: Protocol Implementation Conformance Statement (PICS) pro forma".	ETSI TS 102 545-1 (DTS/BRAN-004T008-1)					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.3.1; Part 2: Test Suite Structure and Test Purposes (TSS&TP)".	ETSI TS 102 545-2 (DTS/BRAN-004T008-2)					conformance			Telecoms	network	
"Broadband Radio Access Networks (BRAN); HiperMAN; Conformance Testing for WiMAX/HiperMAN 1.3.1; Part 3: Abstract Test Suite (ATS)".	ETSI TS 102 545-3 (DTS/BRAN-004T008-3)					conformance			Telecoms	network	
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"High Rate Ultra Wideband PHY and MAC Standard [ECMA-368/December 2005, modified]".	ETSI TS 102 455								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Technical characteristics for SRD equipment using Ultra Wide Band technology (UWB) Part 1: Communications applications".	ETSI TR 101 994-1								Telecoms		
"MAC-PHY Interface for ECMA-00300".	ETSI TS 102 456 (DTS/ECMA-00301)								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM); ElectroMagnetic Compatibility (EMC) standard for radio equipment and services; Part 33: EMC requirements for UWB communications devices".	ETSI EN 301 489-33 (DEN/ERM-EMC-230-33)								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD); Technical characteristics for SRD equipment using Ultra Wide Band Sensor technology (UWB); System Reference Document Part 5: Object Identification for Surveillance applications operating in the Frequency range from 2.2 GHz to 8 GHz".	ETSI TR 102 495-5 (DTR/ERM-RM-044-5)								Telecoms		
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"Electromagnetic compatibility and Radio spectrum Matters (ERM); Short Range Devices (SRD) using Ultra Wide Band technology (UWB) for communications purposes".	ETSI EN 302 065 (DEN/ERM-TG31A-0112-1)								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM) Short Range Devices (SRD) using Ultra Wide Band technology (UWB) for communications purposes; UWB communications technologies".	ETSI DTR/ERM-TG31A-0113								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM) Short Range Devices (SRD) using Ultra Wide Band technology (UWB) for communications purposes; Mitigation techniques for UWB communications technologies".	ETSI DTS/ERM-TG31A-0114								Telecoms		
"Electromagnetic compatibility and Radio spectrum Matters (ERM) Short Range Devices (SRD) using Ultra Wide Band technology (UWB) for communications purposes; RF Compliance test methods for UWB communications technologies".	ETSI DTR/ERM-TG31A-0115								Telecoms		
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"Terrestrial Trunked Radio (TETRA); Subscriber Identity Module to Mobile Equipment (TSIM-ME) interface; Part 2: Universal Integrated Circuit Card (UICC); Characteristics of the TSIM application".	ETSI TS 100 812-2								Telecoms		
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"Human Factors (HF); Multicultural and language aspects of multimedia communications". .	ETSI EG 202 421								Telecoms		
"Human Factors (HF); User experience guidelines; Telecare services (e-Health)".	ETSI 202 487 (DEG/HF-00087)								Telecoms		
Universal Communications Identifier									Telecoms		
"Universal Communications Identifier (UCI); System framework".	ETSI EG 202 067								Telecoms		
"Universal Communications Identifier (UCI); Guidelines on the usability of UCI based systems".	ETSI EG 202 249								Telecoms		
"Universal Communications Identifier (UCI);Using UCI to enhance communications for disabled, young and elderly people".	ETSI EG 202 301								Telecoms		
"Incorporating Universal Communications Identifier (UCI) support into the specification of Next Generation Networks". Security:	ETSI DEG/TISPAN-04004-UCI								Telecoms		
Security									Telecoms		
"Security for ICT - the Work of ETSI".	Charles Brookson and Dionisio Zumerle								Telecoms		
"Telecommunications and Internet converged Services and Protocols for Advanced Networking (TISPAN); TISPAN NGN Security (NGN-SEC); Threat and Risk Analysis".	ETSI TR 187 002								Telecoms		
"Smart Cards; Security mechanisms for UICC based Applications – Functional requirements (Release 7)".	ETSI TS 102 224								Telecoms		
"Telecommunications and Internet Protocol Harmonization Over Networks (TIPHON) Release 4; Protocol Framework Definition; Methods and Protocols for Security ".	ETSI TS 102 165 (Parts 1 to 3)								Telecoms		
"Telecommunications and Internet converged Services and Protocols for Advanced Networking (TISPAN); Security Design Guide; Method for application of Common Criteria to ETSI deliverables".	ETSI EG 202 387								Telecoms		
"Security Techniques Advisory Group (STAG); Security requirements capture".	ETSI ETR 332								Telecoms		
"Security Techniques Advisory Group (STAG); Definition of user requirements for lawful interception of telecommunications; Requirements of the law enforcement agencies".	ETSI ETR 331								Telecoms		
"Security Techniques Advisory Group (STAG); A guide to legislative and regulatory environment".	ETSI ETR 330								Telecoms		
"Security Techniques Advisory Group (STAG); Baseline security standards;	ETSI ETR 237								Telecoms		
Features and mechanisms									Telecoms		
"Security Techniques Advisory Group (STAG); A guide to the ETSI security standards policy".	ETSI ETR 236								Telecoms		

"Telecommunications and Internet converged Services and Protocols for Advanced Networking (TISPAN); Security Design Guide; Method and proforma for defining Security Targets".	ETSI ES 202 383								Telecoms		
"Telecommunications and Internet converged Services and Protocols for Advanced Networking (TISPAN); Security Design Guide; Method and proforma for defining Protection Profiles".	ETSI ES 202 382								Telecoms		
"Telecommunications and Internet Protocol Harmonization Over Networks (TIPHON) Release 4;Service Capability Definition; Service Capabilities for TIPHON Release 4".	ETSI TS 101 878								Telecoms		
Regulation									Telecoms		
"List of standards and/or specifications for electronic communications networks, services and associated facilities and services; in accordance with Article 17 of Directive 2002/21/EC".	ETSI SR 002 211 (V1.1.1)								Telecoms		
"Electronic communications networks and services; Candidate list of standards and/or specifications in accordance with Article 17 of Directive 2002/21/EC".	ETSI SR 002 211 (V2.1.2)								Telecoms		
TISPAN									Telecoms		
"Open Network Services and Architecture (ONSA); Abstract architecture and reference points definition; Mapping of functional architectures and requirements for NGN".	ETSI TS 102 261								Telecoms		
Ongoing work (may be updates based on intevening activity)									Telecoms		
"Electronic Communications Networks and Services Consequence on the NGN standardization activity from the EU ECN&S regulatory view point".	ETSI DSR/OCG-00017								Telecoms		

ISO TC215

WG 1 Data Structure					
Grant Gillis, Convener					
ITEM	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
Preliminary (Not yet ready for NWIP ballot)					
EHR Blueprint Definition			Preliminary		
Identity Management Framework Task Group	Bryan Manning				
Semantic linkages between Information Models and Terminolgies	Chute/Kalra		Preliminary		WG 3
Health Summary Record –Minimum Data Set		TBD	Preliminary	TBD	
NWIP/DTR/DTS Ballot					
Active Items after NWIP Approval					
Health Informatics -Service Architecture -Enterprise Viewpoint	Gunnar Klein	IS 12967-1	NWI (passed NWIP ballot 2007-12-20)	CD	CEN
Health Informatics -Service Architecture -Information Viewpoint	Gunnar Klein	IS 12967-2	NWI (passed NWIP ballot 2007-12-20)	CD	CEN
Health Informatics -Service Architecture -Computational Viewpoint	Gunnar Klein	IS 12967-3	NWI (passed NWIP ballot 2007-12-20)	CD	CEN
EHR Communication Part 5 - Interface Specification	Dipak Kalra	IS 13606-5	NWI (passed NWIP ballot 2007- 07-18)	DIS	VA (CEN lead) SDO WG9
Deployment of a Clinical Data Warehouse	Andrew Grant	29585 (TS)	NWI (passed NWIP ballot 2007-03-21)	DTS Ballot	
HI: Provider Identification	Neil Gardner/H Grain	TS #27527	On DTS ballot (2008-01-15 - 2008-04-15)	Publication	WG 4/5
HI: Identification of Subjects of Health Care	H Grain/D Rowlands	ISO/TS 22220	Passed DTS ballot (2006-09-25) results distributed 30.60	Publication	
DIS and FDIS Ballots					
EHR Communication Part 3 - Archetypes and Term List Interchange Specifications	Dipak Kalra	13606-3	on DIS ballot (2007-11-15 - 2008 -04-16)	FDIS/Publication	SDO WG9
EHR Communicaiton Part 2 - Archetype Interchange Specifications	Dipak Kalra	IS 13606-2 10.99	on DIS ballot (2007-08-18 - 2008-01-18)	FDIS/Publication	SDO WG9
Electronic health record communication - Part 1: Reference model	D. Kalra	ISO/IS 13606-1	on FDIS ballot (2007-11-28 - 2008-01-26)	Publication	HL7 and CEN SDO WG9
Sent for Publication					
Published - Systematic Review					
Health Indicators for Conceptual Framework	I. Pulcins	ISO#21667	Published - 2004	Completed Systematic Review ballot 2007-09-17	
Health Informatics:Country Identifier Standards	R. Alvarez/D. Newsham	ISO/TS# 17120	Published - 2004	Completed Systematic Review ballot 2007-12-17	
Published Items					
EHR Definition, Scope and Context	P.Schloeffel/K. Toyoda	TR#20514	Published -2005		
Health Informatics: Profiling Framework	Laura Sato/Grant Gillis	ISO#17119	Published -2005		
HI: Good Principles and practices for a clinical data warehouse	A. Grant	ISO/TR 22221	Published - 2006		
Withdrawn from active Work Program					
Framework for Emergency Data Sets	Hiroshi Takeda	ISO/TR 22219			

WG 2 Data Interchange					
Mike Gllickman, Convener					
ITEM	PROJECT LEADER	DESIGNATION	CURRENT STAGE	Next Stage	HARMONIZATION
Preliminary (Not yet ready for NWIP ballot)					
HI: Telehealth Systems - Teleradiology Interoperability	Pending	Pending	Pending		
Trusted end-to-end information flows	Dickinson	DTS 21089	Preliminary		
IHE Global Standards Adoption Part 2 - Integration and Content Profiles		TR 28380-2	Preliminary		
NWIP/DTR/DTS					
Active Items after NWIP Approval					
Document Registry Framework	Jong-Hyuk Lee	TS#27790	Passed NWIP ballot 2007-08-27	DTS ballot	
Harmonized Data Types for Information Interchange (name change 2007)	Tom Marley	IS 21090	passed NWIP & CD ballot 2007-07-06	DIS - balloted as NWIP and CD	SDO WG9
Messages and Communication - Web Access Reference Manifest	Nichols Brown	IS 10159	NWIP ballot approved (2007-06-07) 10.99	CD ballot	
IHE Global Standards Adoption Part 1 - Process	Parisot	DTR -#28380-1	Passed DTR ballot 2007-08-03 30.99	Publication	IHE Liaison
DIS and FDIS Ballots					
HL7 Version 2.5 messaging standard	Beeler/Hammond	IS#27931	on DIS ballot (2008-1-10 - 2008-06-10)	FDIS/Publication	ISO/HL7 agreement
Clinical Document Architecture (Release 2)	Beeler/Hammond	IS#27932	on DIS ballot (2008-1-10 - 2008-06-10)	FDIS/Publication	ISO/HL7 agreement
Genomic sequence variation Markup Language (name change 2006 JeJu)	JNakaya/Nsakamoto	IS #25720	Submitted for DIS 2007-10-08	FDIS/Publicaiton	
Exchange of Information between Healthcare Information Systems - Development of Messages	Marley	IS 17113	2nd DIS ballot Approved 40.60	DIS passed 88%, FDIS, need documents	
Sent for Publication					
Published - Systematic Review					
Clinical analyzer interfaces to laboratory information systems - Use profiles		IS 18812	Published - 2003	Systematic Review (ballot 2008-01-15 - 2008-06-16)	
Web access to DICOM Persistent Objects	Brown/Marley	IS 17432	published -2004	Systematic Review (ballot 2007-10-15 - 2008-03-17)	
Interoperability of telelearning systems	T. Craddock	TS 16058	Publication - 2004	Completed Systematic Review ballot 2007-09-17	
Published Items					
Interoperability and compatibility in messaging and communication standards		TR 18307	Published - 2001		
Interoperability of telehealth Syst & Networks P. 1	T. Craddock	TR 16056-1	Publication - 2004		
Interoperability of telehealth Syst & Networks P. 2	T. Craddock	TR 16056-2	Publication - 2004		
Digital imaging and communication in medicine (DICOM) including workflow and data management	Parisot	IS #12052	Published - 2006		DICOM
HL7 version 3 — Reference information model, release 1	Beeler/Hammond	IS 21731	Published - 2006		
Format of length limited globally unique string identifiers	Brown/Marley	IS 18232	Published - 2006		
Withdrawn from active Work Program					
Processes for Developing and Implementing a msg std	Emelin	TR 22599			

WG 3 Semantic Content					
Heather Grain, Convener	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
ITEM					
Preliminary					
HI: The categorization and nomenclature of medical devices - requirements and analysis		TR	Preliminary	NWIP	VA - CEN lead
HI: Mapping of terminologies to classificaitons		TR	Preliminary	NWIP	
EHR Glossary					Resides with WG 3
HI: Principles and guidelines for the maintenance of terminological systems	Julie Richards	TR	Preliminary		
HI: Principles and guidelines for the measurement of conformance in the implementation of terminological systems	Julie Richards	TR	Preliminary		
HI: Transforming clinical descriptions into higher level classification: Principles and issues	Jean Marie Rodrigues	TR	Preliminary		WG 1
HI: Harmonisation: Traditional medicine (TrM) terminologies	Kyungmo Park	TR	Preliminary		
Cross terminology referencing, including drug references in laboratory testing	To be identified	To be identified	Preliminary		
HI: Guide for international healthcare terminology standard development	Anne Casey	TR	Preliminary	NWIP	
Semantic harmonization across Information Models and Terminolgies	Chute/Kalra		Preliminary		WG 1
NWIP/DTR/DTS					
Active Items after NWIP Approval					
Common Terminology Services (Release 1)	Chute/Solbrig	IS#27951	NWIP ballot Approved 2006-09-07 20.00	**DIS Ballot Waiting for Document**	ISO/HL7 agreement
Common Glossary for ISO/TC 215	Grain	TS#28379	NWIP ballot Approved 2006-09-13 10.99	DTS Ballot	
HI: Conceptual Framework for patient findings and problems in terminologies	Phil Brown	TS /ISO#22789	DTS ballot approved 2006-06-19,wating for revision 30.60	Publication	
HI: Criteria for the Categorization and Evaluation of Termonological Systems. (name change 2005 Berlin)	Anne Casey	TS (Revision of ISO/TS 17117)	Passed DTS ballot (2007-12-28)	Publication	
DIS and FDIS Ballots					
Sent for Publication					
Published Items					
Vocabulary for Terminological Systems	Thurin	IS 17115	Published 2007		
Cont Hlth Vocab - Vocab structure hi-level qual Indicators	Peter Elkin	TS 17117	Published - 2002	Under revision	
Integration of a reference term model for nursing	Chute/Saba	IS 18104	Published - 2003		
WG 4 Security					
Ross Fraser, convener					
ITEM	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
Preliminary (Not yet ready for NWIP ballot)					
HI: Guidelines on data protection to facilitate trans-border flows of personal health information		TBD	Preliminary	TBD	
HI: Guidance on the application of risk analysis and management across the health informatics domain		TR	Preliminary	NWIP	
HI: Directory Services for healthcare providers, subjects of care and other entities (renamed 2007 - Brisbane)	Lori Fourquet	IS #21091 - Revision of TS 21091	Preliminary	DIS	
NWIP/DTR/DTS					
Active Items after NWIP Approval					
Health informatics - Dynamic on-demand virtual private network for health information infrastructure	Hiroshi Shimada; Kouichi Kita	TR #11636	Passed NWIP ballot (2007-12 28)	DTR	

Health informatics — Electronic health record communication — Part 4: Security	Dipak Kalra	TS 13606-4	Passed NWIP ballot (2007-12 13)	DTS	SDO WG9
Health informatics - The Information Security Management Guidelines for Remote Maintenance Services for Medical Devices and Health Information Systems	Hideyuki Miyohara	TR #11633	Passed NWIP ballot (2007-12 13)	DTR	WG7
HI: Application of clinical risk management to the manufacture of health software (name change 2007 Brisbane)	Ray Rogers	TS #29321	Informal Comments (close 2008-01-15)	DTS ballot	VA - CEN lead
HI: Guidance on the management of risk to ensure the patient safety of health software systems in deployment and use (name change 2007 Brisbane)	Ray Rogers	TR #29322	Informal Comments (close 2008-02-08)	DTR ballot	VA - CEN lead
HI: Secure Archiving of electronic health records Part1 Principles and Requirements	Pekka Ruotsalainen	TS 21547-1	Passed NWIP 2006-09-11 10.99	DTS ballot	
HI: Secure Archiving of electronic health records Part2 Guidelines	Pekka Ruotsalainen	TR 21547-2	Passed NWIP 2006-09-11 10.99	DTR ballot	
HC Info Privilege Mgmt & Access Control P-3 AC Mgmt	B. Blobel	TS 22600-3	Passed NWIP 2006-09-06 20.00	DTS ballot	
Audit trails for Electronic Health records	Luuc Posthumus	IS #27789	Passed NIWP 2006-07-26 10.99	CD Ballot	
Pseudonymisation	Lori Fourquet	TS #25237	Passed DTS Ballot 30.60	Publication	
HI: Functional and Structural Roles	Blobel-Fourquet-Klein	N354/TS 21298	Passed DTS ballot 2007-09-06	Publication	WG 1
DIS and FDIS Ballots					
Sent for Publication					
HI: Information Security Mgmt in Health using ISO/IEC 27002 (name change 2007 Montreal and Brisbane)	Fraser/Mynott	IS #27799	Submitted for FDIS (2007-09-13)	FDIS	VA
HI: Public Key Infrastructure-1 Framework and Overview	Fraser	ISO 17090-1	40.99	Sent for Publication 2007-08-27	
HI: Public Key Infrastructure-2 Certificate Profile	Fraser	ISO 17090-2	40.99	Sent for Publication 2007-08-27	
HI: Public Key Infrastructure-3 Policy Mgmt of Cert Auth	Fraser	ISO 17090-3	40.99	Sent for Publication 2007-08-27	
Published - Systematic Review					
GL on data protect to facilitate trans-border flow of p h i	Rogers/Seaton	IS 22857	Published	Under revision	
Published					
Classification of Safety risks from health software	Ray Rogers	TS #25238	Published 2007		
HI: Measures for Ensuring Patient Safety of Health Software - APSOHIP	Ray Rogers	#27809 - TR	Published 2007		
HI: Privilege Mgmt and AC-1 Overview & Policy Mgmt	B. Blobel	TS 22600-1	Published - 2006		
HC Info Privilege Mgmt & Access Control P-2 Priv Mgmt	B. Blobel/Klein	TS 22600-2	Published - 2006		
Health Informatics Public Key Infrastructure-1		TS- 17090-1	Published - 2002	Under Revision	
Health Informatics Public Key Infrastructure-2		TS- 17090-2	Published - 2002	Under Revision	
Health Informatics Public Key Infrastructure-3		TS- 17090-3	Published - 2002	Under Revision	
Directory Services for security, communication and identification of professionals and patients.	Lori Fourquet	DTS #21091	Published	Under Revision	

WG 5 Health Cards					
Frans Van Bommel, Convener					
ITEM	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
Preliminary (Not yet ready for NWIP ballot)					
Study for the use of cards and other technologies in the health care area, not specified as patient data cards	Frans Van Bommel	TR			
Overview of National Healthcare Professional Card Projects and/or Plans	Frans Van Bommel	TR			CEN
NWIP					
Active Items after NWIP Approval					
Patient Health Card Data Part 8 Links	Van Bommel/Sembritzki	IS 21549-8	NWIP Approved 2006-12-27 10.99	CD Ballot	
DIS and FDIS Ballots					
Patient Health Card Data Part 6 Administrative Data	Sembritzki	IS 21549-6	on FDIS ballot (2007-12-13 - 2008-2-13)	Publicaiton	CEN
Patient Health Card Data Part 5 Identification Data	Sembritzki	IS 21549-5	on FDIS ballot (2007-12-13 - 2008-2-13)	Publicaiton	CEN
Sent for Publication					
Published - Systematic Review					
Patient Health Card Data Part 1 General Structure	Hopkins	IS 21549-1	Published	Completed Systematic Review ballot 2007-09-17)	
Patient Health Card Data Part 2 Common Objects	Hopkins	IS 21549-2	Published	Completed Systematic Review ballot 2007-09-17)	
Patient Health Card Data Part 3 Limited Clinical Data	Hopkins	IS 21549-3	Published	Systematic Review (ballot closes 2007-09-17)	
Published					
Patient Health Card Data Part 7 E-Prescription to Med Data	Shepherd	IS 21549-7	Published 2007		
Health Cards - General Characteristics	Kita	IS 20301 60.60	Published 2006		
Health Cards - Numbering System/Registration Procedure	Kita	IS 20302 60.60	Published 2006		
Patient Health Card Data Part 4 Extended Clinical Data	I. Emelin	IS 21549-4 60.60	Published 2006		
WG 6 Pharmacy and Medication Business					
Ian Shepherd, Convener					
ITEM	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
Preliminary (Not yet ready for NWIP ballot)					
Business requirements for an Internat'l Coding System for Medicinal products	Ock-Hee Oh	TR#25257	Reclassified - Preliminary		
HL7 Structured Product Labeling standard	Beeler/Hammond	27952	Failed 2006-09-08	To be withdrawn ?	
HL7 Product Stability data standard	Beeler/Hammond	27954	Failed 2006-09-08		
HL7 Annotated ECG Waveform Data Standards	Beeler/Hammond	27933	Failed 2006-09-08	To be moved into WG 7 ?	

NWIP/DTR/DTS					
Active Items after NWIP Approval					
Electronic reporting of adverse drug reactions	Hyun-taek Shin	TS#22224	Passed NWIP and DTS ballot 2007-09-18	Publication	
Health informatics – Pharmacovigilance - Structure and Data Elements for Individual Case Safety Reports (name change 2007 Brisbane)		IS#27953	Passed NWIP ballot 2007-08-18	DIS	VA, ISO/HL7 agreement SDO WG9
Health informatics – Pharmacovigilance – Test names and units for reporting laboratory results (name change 2007 Brisbane)		IS#11595	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Health Informatics – Identification of medicinal products – Data Elements and Structure for the Exchange of Product Information for Drug Dictionaries (name change 2007 Brisbane)		IS#11615	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Health informatics – Identification of Medicinal Products – Pharmaceutical Product Identifiers (name chage 2007 Brisbane)		IS#11616	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Health informatics –Identification of Medicinal Products –Structures and Controlled Vocabularies for Ingredients		IS #11238	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Health informatics –Identification of Medicinal Products – Structures and Controlled Vocabularies for Units of Measurement		IS #11240	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Health informatics – Identification of Medicinal Products – Structures and Controlled Vocabularies for Pharmaceutical Dose Form, Units of Presentation and Routes of Administration		IS #11239	Passed NWIP ballot 2007-08-18	CD	VA (ISO lead) SDO WG9
Business Requirements for the Reporting of Pharmacist Services		TR #10895	Passed NWIP ballot 2007-08-18	DTR ballot	
DIS and FDIS Ballots					
Sent for Publication					
Published Items					
Functional Characteristics for Prescriber Support Systems (name change Apr 06)	Gunnar Klein	TR #22790	Published 2007		
Withdrawn from active Work Program					
Specification of a terminology model for representation of medicinal products	Ian Shepherd	TS#22226			
Specification of a pharmacy patient record	Ian Shepherd	TR#22225			
Business Requirements for e-transfer of Prescription event data and e-prescribing	Garry Cruickshank	TR			

WG 7 Devices					
Todd Cooper, Convener					
ITEM	**PROJECT LEADER**	**DESIGNATION**	**CURRENT STAGE**	**Next Stage**	**HARMONIZATION**
To be submitted for Preliminary					
Health informatics – Medical waveform format – Encoding rules, DICOM-ECG	Hirai	11073-92202 NP/TS	pre-Preliminary	NWIP+CD	JIS
Health informatics – Medical waveform format – Encoding rules, long term ECG	Hirai	11073-92302 NP/TS	pre-Preliminary	NWIP+CD	JIS
Health informatics - Personal health device communication - Device specialization – Cardiovascular fitness and activity monitor	White	11073-10441 NP/IS	pre-Preliminary	NWIP+CD	IEEE lead
Health informatics - Personal health device communication - Device specialization – Strength fitness equipment	White	11073-10442 NP/IS	pre-Preliminary	NWIP+CD	IEEE lead
Health informatics - Personal health device communication - Device specialization – Independent living activity hub	White	11073-10471 NP/IS	pre-Preliminary	NWIP+CD	IEEE lead
Health informatics - Personal health device communication - Device specialization – Medication Monitor	White	11073-10472 NP/IS	pre-Preliminary	NWIP+CD	IEEE lead
Health informatics - Personal health device communication - Technical report - Overview	Bogia	11073-00103 NP/TR	pre-Preliminary	NWIP+TR	IEEE lead
Preliminary (Not yet ready for NWIP ballot)					
Health informatics – Medical waveform format – Encoding rules, Reporting with HL7 clinical document architecture (CDA)	Hirai	11073-92205 NP/TS	Preliminary	NWIP + CD	JIS
Health informatics – Medical waveform format – Encoding rules, SCP-ECG	Hirai	11073-92206 NP/TS	Preliminary	NWIP + CD	JIS
Health informatics – Medical waveform format – Encoding rules, 12-lead ECG	Hirai	11073-92301 NP/TS	Preliminary	NWIP + CD	JIS
Health informatics – Personal health device communication – Device specialization – Common framework	Bogia	11073-10400 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization – Pulse oximeter	Bogia	11073-10404 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization – Heart rate monitor	Bogia	11073-10406 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization – Blood pressure monitor	Bogia	11073-10407 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization – Thermometer	Bogia	11073-10408 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization – Weighing scale	Bogia	11073-10415 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Device specialization –Glucose meter	Bogia	11073-10417 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Point-of-care medical device communication – Application profile – Common networking infrastructure		11073-20401 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Personal health device communication – Application profile – Optimized exchange protocol	Bogia	11073-20601 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Point-of-care medical device communication – Transport profile – Inter-LAN		11073-30400 NP/IS	Preliminary	NWIP + CD	IEEE lead
Health informatics – Point-of-care medical device communication – Transport profile – RF wireless – Local area network (wLAN)		11073-30503 NP/IS	Preliminary	NWIP + CD	IEEE lead
HI: Point-of-care medical device communication – Technical report – Guidelines for the use of RF wireless technology	Morrissey/Cooper	p/NWIP/11073-00101	Preliminary		?WG4?
HI: Point-of-care medical device communication - Device specialization - Dialysis device	Cooper/Torrini	pNWIP/11073-10316:	Preliminary		IEEE lead
NWIP					
Active Items after NWIP Approval					
ISO/IEC 80001 Part 1: Application of Risk Management for IT -- Networks incorporating medical devices	Cooper/Eagles	ISJWG/IEC #80001	Passed NWIP 2006-10-16 10.99	CD Ballot Q4 2007?	IEC lead
HI: Point-of-care medical device communication - Application profile - Optional package, Remote control	Cooper/Reynolds	DIS/11073-20301	CD stage or DIS	CD2 Ballot Q1 2008	IEEE lead
HI: Point-of-care Medical Device Communication - Application gateway, HL7 (v2) observation reporting interface	Harrington/Cooper	DIS/11073-60101	CD stage or DIS	DIS Ballot Q1 2008	IEEE lead
HI: Point-of-Care Medical Device Communication - Framework & overview	Harrington/Cooper	IS/11073-00000	CD stage or DIS	DIS Ballot Q3 2008	IEEE lead
HI: Point-of-Care Medical Device Communication - Nomenclature Annotated ECG	Brown/Schluter	IS/11073-10102	CD stage or DIS	DIS Ballot Q3 2008	IEEE lead
HI: Point-of-care medical device communication - Nomenclature, Implantable Device, Cardiac	Schluter	IS/11073-10103	CD stage or DIS	CD Ballot Q2 2008	IEEE lead
HI: POC Medical Device Communication - Application profiles MIB Elements	Cooper/Wittenber	IS/11073-20102	CD stage or DIS	CD Ballot Q2 2008	IEEE lead
HI: Point-of-care medical device communication – Application profile, Association Control Function	Cooper/Steubesand	IS/11073-20200	CD stage or DIS	DIS Ballot Q1 2008	IEEE lead
HI: Point-of-Care Medical Device Communication - Application profile, Polling Mode	Cooper/Hassing	IS/11073-20201	CD stage or DIS	DIS Ballot Q1 2008	IEEE lead
HI: Point-of-care medical device communication – Application profile, Asynchronous Mode	Cooper/Hassing	IS/11073-20202	CD stage or DIS	DIS Ballot Q1 2008	IEEE lead

DIS and FDIS ballots					
CEN en1064:2007, ISO 11073-91064 - Health informatics – Standard communications protocol, ECG (SCP-ECG)		IS 11073-91064	passed DIS ballot 2007-12-09	FDIS	CEN
Sent for Publication					
Published - Systematic Review					
Health informatics – Point-of-care medical device communication – Domain Info Model	Reynolds/Cooper	IS 11073-10201	Published/IEEE	Systematic Review	IEEE lead
Health informatics – Point-of-care medical device communication – Application Profile - Base Standard	Reynolds/Cooper	IS 11073-20101	Published/IEEE	Systematic Review	IEEE lead
Health informatics – Point-of-care medical device communication – Transport Profile - Infrared Wireless	Reynolds/Cooper	IS 11073-30300	Published/IEEE	Systematic Review	IEEE lead
Health informatics – Point-of-care medical device communication – Transport Profile - Cable Connected	Reynolds/Cooper	IS 11073-30200	Published/IEEE	Systematic Review	IEEE lead
Health informatics – Point-of-care medical device communication – Nomenclature	Reynolds/Cooper	IS 11073-10101	Published/IEEE	Systematic Review	IEEE lead
Published Items					
HI: Point of care medical device communication - Part 90101: Analytical instruments- Point of care test	Cooper/Reynolds	IS/11073-90101	Published 2008		CLSI
Use of mobile wireless communication and computing technology in HC facilities recommendations for mgmt of electromagnetic interference with medical devices	Morrissey	TR#21730 60.60	Published 2007		
##	Hirai/Reynolds	TS/11073-92001	Published 2007		

WG 8 Business Requirements for an EHR					
Convener - Open, Vice Convener Marion Lyver Acting Convener					
Item	PROJECT LEADER	DESIGNATION	CURRENT STAGE	Next Stage	HARMONIZATION
Preliminary (Not yet ready for NWIP ballot)					
Requirements for EHR reference architecture		ISO#18308			
HI: Requirements and specifications of common essential information for health summary records	Marion Lyver	TR	Formating issues	DTR ballot	
HI: EHR standards Map	Marion Lyver			Publish Ad Hoc Report	
NWIP					

Active Items after NWIP Approval					
EHR System functional model	Gary Dickinson	IS# 10781	Passed NWIP ballot 2007-07-04 20.00		ISO/HL7 agreement
DIS and FDIS Ballots					
Sent for Publication					
Published Items					

TC215 Task Forces (ebXML and Multidiciplinary)					
ITEM	PROJECT LEADER	DESIGNATION	CURRENT STAGE	Next Stage	HARMONIZATION
Preliminary (Not yet ready for NWIP ballot)					
NWIP					
Active Items after NWIP Approval					
Clinical Stakeholder Participation in the Work of TC215		11487 TR	Passed DTR ballot 2007-12-25	Publication	
DIS and FDIS Ballots					
Sent for Publication					
Published Items					

IHE
IT Infrastructure Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
CT	Consistent Time ensures system clocks and time stamps of computers in a network are well synchronized (median error less than 1 second).n	Relevance to Patient Summary Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
ATNA	Audit Trail and Node Authentication describes authenticating systems using certificates and transmitting PHI-related audit events to a repository. This helps sites implement confidentiality policies.	Relevance to Patient Summary Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
RID	Retrieve Information for Display provides simple (browser-based) read-only access to clinical information (e.g. allergies or lab results) located outside the user's	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
EUA	Enterprise User Authentication enables single sign-on by facilitating one name per user for participating devices and software.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
PIX	Patient Identifier Cross Referencing cross-references patient identifiers between hospitals, sites, RHIOs, etc.	Relevant to patient identification Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
PSA	Patient Synchronized Application allows selection of a patient in one application to cause other applications on a workstation to tune to that same patient.	Describes basic application desktop synchronization that could be indirectly relevant (useful) to all target topics Enterprise
PDQ	Patient Demographics Query lets applications query a central patient information server and retrieve a patient's demographic and visit information.	Relevant to patient identification Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise

PAM	Patient Administration Management establishes the continuity and integrity of patient data in and across acute care settings, as well as among ambulatory caregivers.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
XDS	Cross Enterprise Document Sharing registers and shares electronic health record documents between healthcare enterprises, ranging from physician offices to clinics to acute care in-patient facilities and personel health records.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
PWP	Personnel White Pages provides basic directory information on human workforce members to other workforce members and applications.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
XDM	Cross-Enterprise Document Media Interchange transfers XDS documents and metadata using CDs, USB memory, or email attachments.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
XDR	Cross-Enterprise Document Reliable Interchange provides a standards-based specification for managing the interchange of documents that healthcare enterprises have decided to explicitly exchange using a reliable point-to-point network communication.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
XDS-SD	Cross-Enterprise Sharing of Scanned Documents defines how to couple legacy paper, film, electronic and scanner outputted formats, represented within a structured HL7 CDA R2 header, with a PDF or plaintext formatted document containing clinical information.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics

		Enterprise and Cross-Enterprise
PIX/PDQ/v3	Patient Identifier Cross-Reference and Patient Demographics Query for HL7v3 extends the Patient Identifier Cross-Reference and Patient Demographics Query profiles leveraging HL7 version 3.	Relevant to patient identification Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
XDS Stored Query	Registry Stored Query Transaction for Cross-Enterprise Document Sharing Profile adds a single transaction, Stored Query, to the XDS Profile. Stored Query is a large improvement over the existing Query Registry transaction since it removes the use of SQL.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
RFD	Retrieve Form for Data Capture enables HER applications to directly request forms from clinical trial sponsors and public health reporting.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise

Patient Care Coordination Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
MS	Medical Summaries Profile defines the content and format of Discharge Summaries and Referral Notes.	Relevance to Patient Summary Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
XPHR	Exchange of Personal Health Record Content Profile describes the content and format of summary information extracted from a PHR system for import into an HER system, and visa versa.	Relevance to Patient Summary Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise

EDR	Emergency Department Referral Profile allows clinicians to create electronic referrals to the emergency room including the nature of the current problem, past medical history, and medications. Upon arrival of the patient to the Emergency Department, the patient is identified as a referral, and the transfer document is incorporated into the EDIS. This profile builds on medical summaries by adding structures to pass data specific for ED referrals such as the estimated time of arrival and method of transport.	Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
APS	Antepartum Care Summary Profile describes the content and format of summary documents used during antepartum care.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise
FSA	Functional Status Assessments Profile describes the content and format of Functional Status Assessments that appear within summary documents.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise
EDES	Emergency Department Encounter Summary Profile describes the content and format of records created during an emergency department visit.	Relevance to emergency dataset Relevance to Prescription Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
QED	Query for Existing Data Profile allows information systems to query data repositories for clinical information on vital signs, problems, medications, immunizations, and diagnostic results.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise

Patient Care Devices Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**

DEC	Device Enterprise Communication communicates PCD data to Enterprise applications (CIS, EMRs, etc.) using consistent semantics and message profiles.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Laboratory Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
LTW	Laboratory Testing Workflow integrates ordering and performance of in-vitro diagnostic tests by a clinical laboratory inside a healthcare institution.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
XD-LAB	Sharing Laboratory Reports describes the content (human and machine readable) of an electronic clinical laboratory report.	Relevance to Patient Summary Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
LDA	Laboratory Device Automation integrates an Automation Manager and robotic laboratory equipment (pre-analytical devices, analyzers, post-analytical devices) in a clinical lab.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
LBL	Laboratory Barcode Labeling integrates robotic specimen container labeling systems with sources of order-related labelling information.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
LPOCT	Laboratory Point Of Care Testing integrates performing and collecting the results of in-vitro testing at the point of care or patient's bedside.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
LCSD	Laboratory Code Sets Distribution distributes managed sets of clinical laboratory codes (battery, test and observation codes).	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Radiation Oncology Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**

NTPL-S	Normal Treatment Planning-Simple illustrates flow of treatment planning data from CT to Dose Review for basic treatments	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
MMR-RO	Multimodality Registration for Radiation Oncology shows how radiation oncology treatment planning systems integrate PET and MRI data into the contouring and dose review process	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
TRWF	RT Treatment Workflow integrates daily imaging with radiation therapy treatments using workflow	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Radiology Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
SWF	Scheduled Workflow integrates ordering, scheduling, imaging acquisition, storage and viewing for Radiology exams.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
PIR	Patient Information Reconciliation coordinates reconciliation of the patient record when images are acquired for unidentified (e.g. trauma), or misidentified patients.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
PWF	Post-Processing Workflow provides worklists, status and result tracking for post-acquisition tasks, such as Computer-Aided Detection or Image Processing.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
RWF	Reporting Workflow provides worklists, status and result tracking for reporting tasks, such as dictation, transcription and verification.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
IRWF	Import Reconciliation Workflow manages importing images from CDs, hardcopy, etc. and reconciling identifiers to match local values.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

NM	Nuclear Medicine Image (in Trial Implementation) specifies how Nuclear Medicine images and result screens are created, exchanged, used and displayed.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
MAMMO	Mammography Image specifies how Mammography images and evidence objects are created, exchanged, used and displayed.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ED	Evidence Documents specifies how data objects such as digital measurements are created, exchanged, and used.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
SINR	Simple Image and Numeric Report specifies how Diagnostic Radiology Reports (including images and numeric data) are created, exchanged, and used.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
KIN	Key Image Note lets users flag images as significant (e.g. for referring, for surgery, etc.) and add notes.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
PGP	Presentation of Grouped Procedures facilitates viewing and reporting on images for individual requested procedures (e.g. head, chest, abdomen) that an operator has grouped into a single scan.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
FUS	Image Fusion (in Trial Implementation) specifies how systems creating and registering image sets and systems displaying fused images create, exchange and use the image, registration and blended presentation objects.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
PDI	Portable Data for Imaging provides reliable interchange of image data and diagnostic reports on CDs for importing, printing, or optionally, displaying in a browser.	Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise

XDS-I	Cross-enterprise Document Sharing for Imaging extends XDS to share images, diagnostic reports and related information across a group of care sites.	Describes basic interoperability that could be relevant (useful) to all target topics Enterprise and Cross-Enterprise
TCE	Teaching File and Clinical Trial Export (in Trial Implementation) lets users flag images and related information for automatic routing to teaching file authoring or clinical trials management systems.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise
ARI	Access to Radiology Information shares images, diagnostic reports, and related information inside a single network.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ATNA	Audit Trail and Node Authentication – Radiology Option defines Radiology-specific audit trail messages and security measures to protect the confidentiality of patient information.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise and Cross-Enterprise
CHG	Charge Posting provides timely procedure details from modalities to billing systems.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Cardiology Oncology Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
CATH	Cardiac Cath Workflow integrates ordering, scheduling, imaging acquisition, storage and viewing for Cardiac Catheterization procedures	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ECHO	Echocardiography Workflow integrates ordering, scheduling, imaging acquisition, storage and viewing for digital echocardiography	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ECG	Retrieve ECG for Display provides access throughout the enterprise to electrocardiogram (ECG) documents for review purposes	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

ED	Evidence Documents adds Cardiology-specific options to the Radiology ED profile	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
IDCO]	Implantable Device Cardiac Observation specifies the creation, transmission, and processing of discrete data elements and report attachments associated with cardiac device interrogations (observations) or messages.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
STRESS	Stress Testing Workflow provides ordering and collecting multi-modality data during diagnostic Stress testing procedures	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Eye Care Profiles

Standard: **ID#**	**Title**	**Relevance to eEhealth-Interop:** **Target topic**
EYECARE	Eye Care Workflow manages and distributes the workflow across equipment within the eye clinic	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
CHG	Charge Posting collects and posts timely billable claims related to Eye Care procedures.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ECED	Eye Care Evidence Documents manages observations, measurements, and peri-procedural results.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise
ECDR	Eye Care Displayable Report supports the creation, query/retrieve and reading of ubiquitous display–ready eye care reports.	Describes basic interoperability that could be indirectly relevant (useful) to all target topics Enterprise

Name	Number	Description	Keyword	Keyword	Keyword	Keyword	Keyword	Comments
Patient Administration	HL7 V2.6 CH03 HL7 V2.3.1 CH03	"The Patient Administration transaction set provides for the transmission of new or updated demographic and visit information about patients. Since virtually any system attached to the network requires information about patients, the Patient Administration transaction set is one of the most commonly used. Generally, information is entered into a Patient Administration system and passed to the nursing, ancillary and financial systems either in the form of an unsolicited update or a response to a record-oriented query. This chapter defines the transactions that occur at the seventh level, that is, the abstract messages. The examples included in this chapter were constructed using the HL7 Encoding Rules."	Patient identification					V3 also
Order Entry	HL7 V2.6 CH04 HL7 V2.3.1 CH04	The Order Entry transaction set provides for the transmission of orders or information about orders between applications that capture the order, by	data exchange	order	observation	query		V3 also
Query	HL7 V2.6 CH05	"This chapter defines the rules that apply to queries and to their responses. It also defines the unsolicited display messages because their message syntax is query-like in nature.	data exchange	order	observation	query		V3 also

	HL7 V2.3.1 CH05	Version 2.4 of the standard introduced new models for query and response messages. The layout of this chapter is structured such that all information pertaining to those newly defined query/response message pairs, including auxiliary protocols.						
Financial Management	HL7 V2.6 CH06	The Finance chapter describes patient accounting transactions. Other financial transactions may be added in the future. Financial transactions can be sent between applications either in batches or online. As defined in Chapter 2 on batch segments, multiple transactions may be grouped and sent through all file transfer media or programs when using the HL7 Encoding Rules.	data exchange	development	method			V3 also
	HL7 V2.3.1 CH06	This chapter defines the transactions that take place at the seventh level, that is, the abstract messages. The examples included in this chapter were constructed using the HL7 Encoding Rules						

Observation Reporting	HL7 V2.6 CH07	This chapter describes the transaction set required for sending structured patient-oriented clinical data from one computer system to another. A common use of these transaction sets will be to transmit observations and results of diagnostic studies from the producing system (e.g., clinical laboratory system, EKG system) (the filler), to the ordering system (e.g., HIS order entry, physician's office system) (the placer). Observations can be sent from producing systems to clinical information systems (not necessarily the order placer) and from such systems to other systems that were not part of the ordering loop, e.g., an office practice system of the referring physician for inpatient test results ordered by an inpatient surgeon. This chapter also provides mechanisms for registering clinical trials and methods for linking orders and results to clinical trials and for reporting experiences with drugs and devices.	data exchange	order	observation			V3 also
	HL7 V2.3.1 CH07	These transaction sets permit the transmission of clinical observations including (but not limited to) clinical laboratory results, measures of patient status and condition, vital signs, intake and output, severity and/or frequency of symptoms.						

Master Files	HL7 V2.6 CH08 HL7 V2.3.1 CH08	In an open-architecture healthcare environment there often exists a set of common reference files used by one or more application systems. Such files are called master files. Some common examples of master files in the healthcare environment include: a) staff and health practitioner master file b) system user (and password) master file c) location (census and clinic) master file d) device type and location (e.g., workstations, terminals, printers, etc.) e) lab test definition file f) exam code (radiology) definition file g) charge master file h) patient status master i) patient type master j) service item master file	record	architecture				V3 also
		These common reference files need to be synchronized across the various applications at a given site. The Master Files Notification message provides a way of maintaining this synchronization by specifying a standard for the transmission of this data between applications.	record	system	function	model		V3 also
Medical Records/Information Management	HL7 V2.6 CH09 HL7 V2.3.1 CH09	This chapter currently supports document management. In the future, it is intended also to support the data exchange needs of applications	data exchange	development	method			V3 also

Scheduling	HL7 V2.6 CH10	This chapter defines abstract messages for the purpose of communicating various events related to the scheduling of appointments for services or for the use of resources. There are three basic types of messages defined in this transaction set: request transactions and their responses, query transactions and their responses, and unsolicited transactions and their responses. Request transactions communicate requests for the scheduling of appointments for services or for the use of resources. These transactions occur between placer (requesting) applications and filler (processing) applications. The query and unsolicited transaction sets provide for the exchange of scheduling information between systems. The exchange of this information is achieved either actively or passively. The active gathering of scheduling information is performed by issuing query transactions to a filler application from a querying application. The passive gathering of this information is performed by accepting unsolicited transactions issued by a filler application.	service	architecture	viewpoint	enterprise		V3 also

	HL7 V2.3.1 CH10	This chapter describes various roles under which applications might operate. The roles discussed in this chapter illustrate the underlying model used to develop this specification. They do not imply the need for a particular application model or method of implementation. This chapter defines the transactions at the seventh level, that is, the abstract message.						
Patient Referral	HL7 V2.6 CH11	The Patient Referral chapter defines the message set used in patient referral communications between mutually exclusive healthcare entities. These referral transactions frequently occur between entities with different methods and systems of capturing and storing data. Such transactions frequently traverse a path connecting primary care providers, specialists, payors, government agencies, hospitals, labs, and other healthcare entities. The availability, completeness, and currency of information for a given patient will vary greatly across such a spectrum.	record	communication	reference model			V3 also

	HL7 V2.3.1 CH11	The referral in this specification is viewed from the perspective of the provider as an individual, irrespective of his/her affiliation with a specific institution or campus. Events triggering this kind of message are not restricted to a hospital environment, but have a community-wide area of impact in which more extensive identification of patients and healthcare providers is needed. Therefore, a referral must contain adequate identification information to meet the broadly varying requirements of the dissimilar systems within the community. This chapter describes the various events and resulting transactions that make up the referral message set. Examples have been provided to demonstrate the use of this specification within the events described. Each event example centers on a primary care provider's encounter with a patient. All of the examples in this chapter have been constructed using the HL7 Encoding Rules.						
Patient Care	HL7 V2.6 CH12	The purpose of this chapter is to describe healthcare messages that need to be communicated between clinical applications for a given individual. These message transactions can be sent in either batch or online mode.	record	communication	interface			V3 also

	HL7 V2.3.1 CH12	This chapter defines the transactions that occur at the seventh OSI level, that is, abstract messages. This chapter describes a Clinical Relationship segment which enables the run-time expression of relationships between information elements both inside and, where identifiable, by the application, outside the message.						
Clinical Laboratory Automation	HL7 V2.6 CH13 HL7 V2.3.1 CH13	This chapter specifies HL7 triggers, messages, and segments required for implementation of clinical laboratory automation communication interfaces. It	medical device communication	point-of-care	observation	report		V3 also
Personnel Management	HL7 V2.6 CH15	The Personnel Management transactions set provides for the transmission of new or updated administration information about individual healthcare practitioners and supporting staff members. Since many systems (e.g., security, scheduling, orders, etc.), must be able to closely monitor changes in certain information regarding individual healthcare practitioners, the Personnel Management transaction set is used to clearly identify these events.	identity management					V3 also

		Generally, information is entered into a Personnel Management system and passed to other systems requiring individual healthcare practitioner data either in the form of an unsolicited update or a response to a record-oriented query. This document defines the transactions that occur at the application layer (the seventh level of the ISO-OSI models), that is, the abstract messages. The examples included in this chapter were constructed using the HL7 Encoding Rules, Trigger Events and Messages.						
Reference Information Model	HL7 V3 RIM	The Health Level Seven (HL7) Reference Information Model (RIM) is a static model of health and health care information as viewed within the scope of HL7 standards development activities. It is the combined consensus view of information from the perspective of the HL7 working group and the HL7 international affiliates. The RIM is the ultimate source from which all HL7 version 3.0 protocol specification standards draw their information-related content.	record	communication	reference model			

Vocabulary	HL7 V3 Vocabulary	The HL7-defined vocabulary domain tables that have been developed for coded class attributes are stored in the HL7 repository, from which a number of views have been extracted to produce the HL7 Vocabulary Domain Listings for the HL7 Reference Information Model (RIM). The views are presented in table format and include the HL7 Vocabulary Domain Values, the HL7 Domain Tables and Coded Attributes Cross-reference. HL7-recognized external vocabulary domains are described in the External Domains list. The vocabulary domain name and the associated extensibility qualifier for each coded attribute in the RIM are specified in the RIM narrative.	medicine	structure	vocabulary	various		
Data Types	HL7 V3 Data Types	This document specifies the HL7 Version 3 Data Types on an abstract layer, independent of representation. By "independent of representation" we mean independent of both abstract syntax as well as implementation in any particular implementation technology.	datatype					

Common Message Element Types	HL7 V3 CMETs	A CMET can be envisioned as a message type fragment that is reusable by other message types. Any message type can reference a CMET, including other CMETs. As an example, several committees may require the use of a common concept, that of a person in the role of a patient. A CMET can be defined to express this concept as a message type that clones a role played by a person, with all appropriate attributes.	role	actor	structural			
Clinical Document Architecture	HL7 CDA v2.0	The HL7 Clinical Document Architecture (CDA) is a document markup standard that specifies the structure and semantics of "clinical documents" for the purpose of exchange. A clinical document is a documentation of clinical observations and services	record	summary	data set			
Continuity of Care Document	CCD	The purpose of this document is to describe constraints on the HL7 Clinical Document Architecture, Release 2 (CDA) specification in accordance with requirements set forward in ASTM E2369-05 Standard Specification for Continuity of Care Record (CCR).		continuity	care	workflow		

Electronic Health Record Functional Model	EHR FM	The HL7 EHR-S Functional Model, which was approved in July, 2004 as a Draft Standard for Trial Use (DSTU), has undergone a series of enhancements in the last year as it made its way to a fully approved American National Standards Institute (ANSI) standard. A broad constituency - including intensive outreach to industry, care providers, and healthcare organizations - has worked to refine the initial EHR-S Functional Model. This version reflects the changes made as part of the reconciliation process in the successful membership level balloting that took place at the January 2007 HL7 Workgroup Meeting.	record	communication	reference model			
Context Management Specifications	CCOW	The standard supports the synchronisation through the sharing of context information between applications.	record	communication	interface			
			service	architecture	viewpoint	information		
Arden Syntax for Medical Logic Systems	Arden	This standard is a language for representing and sharing medical knowledge among personnel,	clinical description	classification				
			clinical	knowledge				
HL7 Security Service Framework	Security	This paper is intended to familiarize the reader with the current state of electronic systems and security in healthcare today and to make	secure	archive	record	requirements		
			record	communication	security			

HL7 Proj #.	Project Name	Description	Objectives/Deliverables	Project Intent
120	HL7 UK V3 Standard	The creation of an HL7 UK V3 Normative standard derived using valid localisations and constraints of the existing HL7 v3 standard. The standard ultimately will define all normative message flows for use in each of the Home Countries (England, Wales, Scotland and Northern Ireland). The scope of this project will be constrained to describe the following standards: Patient demographics; Care Provision; Laboratory Orders & Observations; Datatypes; Infrastructure (Security and Routing); Registries; CMETS; Vocabulary. There are particular sets of message flows for which national specifications are needed and where there is current implementation activity. The following specific projects will be used to define the UK V3 standard requirements: Diabetic Retinopathy Screening and Reporting; Patient Safety Reporting; CDA messaging applied to specific domains.	The project will produce requirements in the form of storyboards (informative), functional and technical specifications as enhancements to existing messages that will be normative (interaction diagrams, R-MIMs, vocabulary, data types) and infrastructure enhancements (normative).	Create New Standard
176	Anatomic Pathology CDA Project.	Anatomic Pathology Reports are complex clinical documents that relate a patient's condition, one or more specimens and numerous observations on the specimens. These observations may be in free text or may involve structured and coded data. The goal of this project is to develop a CDA based structure for managing anatomic pathology reports and ballot as a committee 1 level normative standard. The CDA Pathology Report, as envisioned, will contain three main 'layers' each related through participations and act relationships. An example of a similar approach is the SPL CDA. The CDA Pathology Report will use the following 'layers': The first layer is the 'Document' layer. The Document layer is taken directly from the basic CDS model. It is used to describe the creation, lifecycle and structure of the document (for authors, status, sections, etc. The second layer is the 'Specimen' layer. The Specimen layer is taken directly from the Specimen model being developed and balloted by the Laboratory SIG. It describes the specimens which are the subjects of the report and the relationships between the specimens. The third layer is the '	As part of this project, the Anatomic Pathology SIG will: - Produce a storyboard describing the structure of existing and ideal pathology reports (Has been done last quarter) - Will gather related storyboards from NAACCR (cancer registries) and DICOM (imaging) (Has been done last quarter) - Produce CDA DMIM and RMIM (A draft CDA Pathology Report Model was completed at the last working group meeting)Produce a mapping between the Anatomic Pathology CDA and a V 2.5 message (due June 1,2007) - Produce an XML example of a anatomic pathology CDA (Completed at the last (Cologne) working group meeting (May 2007)) The Anatomic Pathology will ballot a committee 1 ballot (normative) for the balloting cycle that opens (scope due May 13,2007) final content due (July 29,2007)	Create New Standard
296	HL7 Version 3 Substantive Changes	The purpose of this document is to give guidance to Health Level Seven (HL7) Technical Committee (TC) Chairs in determining whether a change to a Version 3 Specification is Substantive. This document provides some general principles as well as specific rules and examples of what changes are Substantive. It also provides some reference material on the role Substantive Change plays in the HL7 balloting process.	Document Version 3 Substantivity Guidelines Target: September 2005	- OTHER -

251	Dynamic Framework Requirements	The project will specify a set of requirements for a single, comprehensive and semantically robust dynamic framework for HL7. This dynamic framework will facilitate the development of dynamic models for particular business solutions. The project will use as input existing requirements as articulated in the MDF99 and current HDF. In addition, it will draw on input from the SOA, MnM, OO, and InM working groups who have historically worked on various aspects of previous conceptions of an HL7 Dynamic Framework (also historically known as The HL7 Dynamic Model). The purpose of developing this specification is to support the ArB vision to that (going forward) the interaction definitions and behaviours in all specifications developed within HL7 are consistent and compliant with the overarching HL7 architecture. Such compliance oversight, however, must be preceded by a single specification that the ArB can use to ensure that the various WB's who will ultimately be charged with the actual development of the various dynamic models associated with other HL7 specifications develop these artefacts in an HL7-globally consistent manner.	Definitions and Assumptions: 1. These requirements utilize various concepts from RM-ODP (RM-ODP, ISO/IEC IS 10746 | ITU-T X.900). 2. These requirements were described and endorsed in a joint session between MnM, INM, and SOA with representation from OO and ICTC on May 8, 2008 during the HL7 WGM in Phoenix, AZ, USA. They were approved by the ArB in a session on May 8, 2008 during the same WGM. 3. A Dynamic Framework describes how inter-system behaviors, states, and shared concerns should be described. A Dynamic Model is the description itself, scoped by a particular business need or concern.	Create New Standard - OTHER -
250	Foundation Re-org Analysis Project	Work with a set of committee co-chairs to develop a proposal for restructuring the TC's: both a new recommended organization and a recommended proposal. Once there is consensus on the proposal, to refer the proposal to the TSC and/or Foundation and Technology Steering Division. - Rationale: There is a relationship between the architecture of HL7 and the architecture of HL7's work. There are known issues with the foundation division organisation. ArB wants to work on these issues together with the steering division - Scope: Foundation Division - INM, MNM, ITS, ICTC, SOA, Templates, Vocab (and possibly parts of Tooling, Pubs & SD) - Consider separating or uniting V2 & V3 Infrastructure in some places - Consider how re-org leverages existing demonstrated domain expertise and procedural strong points (experience with implementation guides, streamlined work systems such as SOA's SFM methodology) and addresses known weakness such as content management and overlapping and inconsistent domain modelling - Work with co-chairs of nominated committees to develop success criteria and proposals - New commi	- This project will develop the criteria for a successful structure for Foundation and Technology SD, whether the re-organisation occurs or not. - Prepare a proposal for re-organising the committees in the Foundation and Technology steering division to put to the TSC & SD for action. The proposal should meet the following goals: - All responsibilities & co-chairs need to be catered for (particularly co-chairs, who are our most important asset) - New committees should have clearly defined responsibilities and interactions, both between themselves and ArB - Reflect ArB's values: working with & looking after the co-chairs - A plan for how the change should be implemented The general proposed plan for the project is: 1. Speak to all co-chairs 2. Develop a plan 3. Iterate with all co-chairs until consensus is reached Target: Jan 2009 WGM	

191	Arden Syntax 2.7	Creation of the Arden Syntax 2.7 Normative Standard (technical corrections / expansion of Arden Syntax 2.6)	- Fix technical problem found in Arden Syntax 2.6 relating to use of the 'AT' time operator when used in conjunction with the 'write...at...' statement - Expand assignment operator to support addressing specific elements of a list - Add support for passing of parameters to the constructor/initializer of objects created using the 'NEW' operator	
314	Additional Information Specifications 0011: Periodontal Attachment	This project is to complete the necessary materials for the Periodontal Attachment as an HL7 Additional Information Specification to go to ballot in the May-2007 cycle. It is in accordance with the April 2005 Memorandum of Understanding, and Joint Project Statement, between HL7 and the American Dental Association Standards Committee on Dental Informatics (ADA-SCDI) and expresses the (ANSI approved June 2006) ADA Specification No. 1047, 'Standard Content of an Electronic Periodontal Attachment' as an HL7 Additional Information Specification (AIS, number 0011 in a series) built upon CDA Release 2 using the ASIG committee's Implementation Guide. Upon completion of the balloting process within HL7, we expect to recommend the specification for inclusion within future HIPAA rulemaking for Claims Attachments.	Create and ballot an HL7 Informative document using the ADA specification for a periodontal attachment, in a manner consistent with the existing attachment specifications within HL7 ASIG (i.e., the specifications cited by the HIPAA rulemaking process). The document is supplemental to, and dependent upon, the HL7 Additional Information Specification Implementation Guide, using CDA Release 2. Target: April 2007	Supplement to a Current Standard
286	Children's Preventive Health Services Additional Information Specification (CDAR1AIS0007R010)	To define the standard content for an electronic Children's Preventive Health Services attachment that meets the needs of the U.S. Health Care industry. This attachment is designed to support the provision of preventive services to children. The stakeholders participating in this development will use a consensus-based process to derive the content for this attachment type. The end product of this outreach workgroup will result in the development of an HL7 Additional Information Specification (AIS) for ballot and publication by HL7. Once published as a standard, this electronic attachment may be used voluntarily by the health care industry where necessary to support the adjudication of a claim or for other purposes. In addition, this attachment definition may be adopted by HHS as a standard under the Health Insurance Portability and Accountability Act (HIPAA).	- Create an Additional Information Specification for Children's Preventive Health Services in both Human Decision Variants and a Computer Decision Variant (CDV). This will include specific content and structure allowed for a CPHS attachment in the CDV using LOINC, examples, and references to the available HL7 tables and external code sets. Target: November 2005	

282	Additional Information Specification 0008: Home Health Attachment (CDAR1AIS0008R010)	The scope of the Home Health Attachment AIS project is to: - Define the data content necessary for the exchange of Home Health Claims and Prior Authorization attachment information. - Develop and Additional Information Specification document for Home Health to be balloted as an Informative document. This includes obtaining all the appropriate LOINC values, OIDS and HL7 Tables to express the concepts in the Home Health AIS.	The objectives of this project are to: - Adequately define an attachment for the home health community for use in supporting claims and prior authorization - Develop the necessary AIS documentation to express the attachment concepts for Home Health - Ballot the AIS document by the end of the year (2005) Target: End of 2005	Create New Standard
281	Additional Information Specification 0010: Pharmacy Prior Authorization Attachment (CDAR1AIS0010R010)	The scope of the Pharmacy Prior Authorization Attachment AIS project is to: - Define the data content necessary for the exchange of Pharmacy Prior Authorization attachment information. - Develop and Additional Information Specification document for Pharmacy Prior Authorization to be balloted as an Informative document. This includes obtaining all the appropriate LOINC values, OIDS and HL7 Tables to express the concepts in the Pharmacy PA AIS.	The objectives of this project are to: - Adequately define an attachment for the Pharmacy Prior Authorization community for use in supporting the MMA's ePrescribing process - Develop the necessary AIS documentation to express the attachment concepts for Pharmacy Prior Authorization - Ballot the AIS document by the end of the year (2005) Target: End of 2005	Create New Standard
218	Patient Information Unspecified Attachment	This project upgrades a previously balloted implementation guide from using CDA R1 to CDA R2, for HL7 informative ballot. The purpose and deliverables are otherwise the same as balloted in September 2005. Note the slight change to the document name (the document number is changed from CDAR1AIS0009R010). Following is substantially from the previous project scope statement: To define a standard way to convey attachment information using the CDA R2 for attachments framework. It allows the user to convey all attachments using the same CDA framework even if a specific attachment type has not been developed with specific content and may only be used when specific content for a given attachment type has not been developed by the HL7 ASIG.	Upgrade narrative and content of existing CDA R1-based specification document to incorporate CDA R2-based concepts and terminology, and further clarify the business purpose for using the specification. (The document is less than 20 pages.) The specification is built upon the ASIG implementation guide for other attachments, but is constrained to using only the Human Decision Variant (HDV). Fully commented XML example files will be provided as separate deliverables. Another separate document will be published from time-to-time, and list the then-current LOINC codes with corresponding attachment names and descriptions, for use with this "PIUC" specification. Expect to ballot in May 2008 cycle.	

135	Additional Information Specification Documents Conversion from CDA R1.0 to CDA R2.0	The current attachment specifications were developed using CDA R 1.0 as the base standard. As a result of numerous federal NPRM comments, the ASIG will be converting these attachment specifications to use the CDA R 2.0 as the base standard. This project includes all changes to the documents stated b low to incorporate the changes necessary to convert from CDA R1 to CDA R2. CDAR2AIS0000R030 Additional Information Specification Implementation Guide CDAR2AIS0001R030 Additional Information Specification 0001: Ambulance Service Attachment CDAR2AIS0003R030 Additional Information Specification 0003: Rehabilitation Services Attachment CDAR2AIS0004R030 Additional Information Specification 0004: Clinical Reports Attachment CDAR2AIS0005R030 Additional Information Specification 0005: Laboratory Results Attachment CDAR2AIS0006R030 Additional Information Specification 0006: Medications Attachment In addition, this project includes changes to the LOINC Modifiers document to incorporate changes agreed to by the ASIG as a result of the federal NPRM comment process. Once published as a standard, these electronic attachment specifications may be used voluntarily by	- Create a new version of the HL7 Additional Information Specification Implementation Guide to incorporate CDA R2 terminology, technical statements, data types and any other data relevant to Create an Additional Information Specification for each of the following AIS documents: - CDAR2AIS0000R030 Additional Information Specification Implementation Guide - CDAR2AIS0001R030 Additional Information Specification 0001: Ambulance Service Attachment - CDAR2AIS0003R030 Additional Information Specification 0003: Rehabilitation Services Attachment - CDAR2AIS0004R030 Additional Information Specification 0004: Clinical Reports Attachment - CDAR2AIS0005R030 Additional Information Specification 0005: Laboratory Results Attachment - CDAR2AIS0006R030 Additional Information Specification 0006: Medications Attachment - Make the agreed upon changes in content from the federal NPRM comment process for claims attachments to all the above documents plus the LOINC modifier document.	
334	V3 Technical Editor - Phase 3	The initial effort envisioned a very wide scope, and one of the key outcomes of the effort to date has been to focus the scope of the work onto three core documents: the RIM, Datatypes, and Vocabulary. The previous two iterations of this effort have brought to light procedural and organizational issues that may impede effective publication of clear documentation: these are listed below. A second result of these efforts has been to clarify the need for what we have called a User Model, an agreed framework for mapping the needs of HL7 stakeholders to the documents designed to serve those needs. Third, Ockham has worked closely with technical committees for over a year to iron out editing principles and processes, and to vet draft products to ensure convergent expectations. Finally, these efforts bore fruit this spring with an MnM approved set of edits to the RIM backbone, and two iterations of feedback to the Datatypes Abstract R2 document. The foundational work of those phases has put Ockham in a position to plan and estimate the completion of the core documentation in detail. We are excited to be able to ma	Ockham will complete the editing of the identified core documents: 1. Complete redaction of the RIM specialization classes, following the process proven on the backbone classes. a. Support reconciliation of previous (backbone) edits at August Harmonization b. Specialization edits to be announced at September WGM c. Addressed at November Harmonization 2. Confirm the respective boundaries of the RIM introduction and the Principles document. a. Confirmation to be conducted with MnM and vocabulary at August Harmonization 3. Edit the resulting architecture documents. a. Results to be presented at September WGM 4. Assist Vocabulary in delineating their readersâ€™ needs and the documents required to meet those needs. a. To be conducted per Vocabulary schedule on weekly calls 5. Edit the resulting Vocabulary documents. a. To be presented six weeks after draft completion	Revise Current Standard - OTHER -
180	Gap Analysis of HL7 Standards Portfolio	The scope of this project is to: Align Electronic Health Record (EHR) functional requirements with HL7 technical interoperability specifications so as to: - Identify areas where HL7 interoperability standards need further development. Identify gaps in EHR functional requirements. Clarify the process whereby EHR functional requirements translate into use cases for HL7 interoperability specifications (and vice versa) so as to: - Make it easier for HL7 newbies to know where to go to express their requirements. - Support the objective of HL7-wide requirements-gathering process. Provide HL7 with a quick tool to respond to use cases with a coordinated HL7 product list. Identify areas where HL7 has cooperative agreements with other standards development organization (SDO)'s (for example, point to Object Management Group (OMG) products. Current Memorandum of Understanding (MOU) and Associate Charter agreements are posted on the HL7 website under 'Agreements' Information on agreements being negotiated is available from the Chair of Organizational Relations Committee (currently Ross Martin ross.martin@beari	Using the HL7 EHRS Functional Model, map existing HL7 products to the EHR-S functions. HL7 'Products' to include clinical story boards, V2, V3, Services, etc. Output (work products) - The output will also be used to inform the incoming CTO of the product portfolio - The output should be bi-directional, a clinician wanting to do research data modeling for drugs, looking in from the functional model side should be able to navigate through for example, from the function, through the story board to the data modeling and decide he/she should go to RCRIM. Or, a techy who is writing HI7 artifacts who wants clinical input should be able to navigate in the opposite direction to relevant story boards and discover the correct clinical group.	
206	CCOW support of SAML Assertions	The scope of the project is composed of the two tasks listed below. Task1: To provide Context Participants a way to obtain SAML assertions about the user in context. Task2: Establishing the user into context using a SAML assertion.	The objective is to produce a normative update to the current CCOW specification that will describe the use of SAML within the CCOW architecture. Estimated completion date January 2009.	Supplement to a current standard

265	Infobutton Standard	An 'infobutton' is a point-of-care information retrieval application that automatically generates and sends queries to on-line health information resources ('e-resources') using patient data extracted from the electronic medical record and background information ('context') that is captured from the interaction between a clinical user and a clinical information system (e.g., user role, patient age and gender, task being performed by the user). Currently, e-resources typically provide HTTP-based Application Program Interfaces (API) that can be used by infobuttons. However, these APIs are based on proprietary syntax and vocabularies, requiring the development of custom software for each e-resource that an infobutton needs to link to. The goal of this proposal is to facilitate the implementation of infobuttons by supporting the integration between Clinical Information Systems and e-resources.	- In the first phase of this project, the focus will be to support requests from a CIS to e-resources without specifying a return message from e-resources back to a CIS. - The project produced the following deliverables on its first phase: - scenarios (informative) - sequence diagrams (informative) - a list of search parameters that can be part of an infobutton request associated with terminology domains - an XML schema request specification - an URL-based request specification - request examples Target: First ballot cycle - 2006	Create New Standard
229	HL7 GELLO v.2 Syntax Re-Ballot	GELLO is a guideline expression language developed to query HL7 RIM v.3 compliant data. The language was developed by the HL7 CDS TC and approved as both an HL7 and ANSI standard in 2005. Since 2005, the language syntax has been evaluated by several international HL7 members (InferMed/Medical Objects/IBM/WebReach) and found to contain discrepancies and inconsistencies that need to be addressed prior to implementing the language on a large scale. This project is being undertaken to re-evaluate GELLO's syntax and to work toward a 2nd normative ballot after producing a DSTU ballot and testing the language in at least two 'real world' pilot implementations. The scope of the HL7 GELLO project will include: - Bi-monthly work group teleconferences and technical committee updates at HL7 Conferences. - Phase 1 - Project Scope. This phase will include: (a) Work group discussions on issues uncovered in working with GELLO's 1st ballot syntax and how each organization addressed these issues. (b) File Project Scope Paper with HL7 Project Management Office; review scope with HL7's Steering Committee and Architectural Review Board. (c) Develop functional re	Project Scope: 1. Schedule bi-monthly teleconferences; document calls with agendas and minutes. 2. Develop HL7 Project Scope documentation and submit to HL7 Project Management Office with goal of obtaining project approval; review issues with HL7's Technical Steering Committee and Architectural Review Board. 3. Develop functional requirements; use cases; and revised syntax. 4. Create log of additions/changes to syntax.	
184	Virtual Medical Record (vMR) for Clinical Decision Support	A Virtual Medical Record (vMR) is a data model, based on the HL7 RIM format, for representing clinical information inputs and outputs that can be exchanged between local clinical information systems and the point of care, through a software middleware layer that translates the data into a standardized vMR format. The goal of this project is to create an HL7 vMR data model recommendation and implementation guide, based on the HL7 V. 3 RIM, which is capable of supporting clinical decision support (CDS) for 'chronic disease management' at the point of care. The vMR data model will be flexible enough to support the exchange of data from both fully encoded electronic health record systems required for computer-enabled CDS or disparate data repositories with partially encoded data. vMR advantages to clinical decision support are: > Creates one Clinical Decision Support (CDS) data model, reducing data and terminology discrepancies. > Enables clinical decision support through a consistent set of standardized data inputs and outputs. > Encourages CDS at the point of care by reducing costs and respons	To deliver the following set of project deliverables in the order presented: 1. Breast Cancer screening and treatment, including family history and genomics. 2. Asymptomatic Unruptured Cerebral Aneurysms, Risk Assessment & Management 3. Hypertension 4. Type 2 Diabetes.	

130	Infobutton URL-based implementation guide	The goal of this infobutton implementation guide is to recommend a URL-based implementation of the context-aware information retrieval ('infobutton') domain. The intent of this recommendation is to provide a simple way to implement infobuttons that is compatible with the current state of the market in this area. Most infobutton implementations to date, especially on the side of on line information resources, rely on URL-based APIs. Although the ultimate goal of the CDS TC is to promote the implementation of the infobutton standard using the XML ITS, this implementation guide will provide a more stepwise transition, compatible with requests from stakeholders in this domain, which are represented in the CDS TC.	Rules to convert an XML context-aware information retrieval ('infobutton') message into a URL Targeting January 2006 ballot cycle	
333	Gene Expression	In this project, the Clinical Genomics committee will focus on the development of a common message element (CMET) for communicating individual subject genetic testing results from gene expression array technologies. This CMET is expected to be used as the payload for messages in clinical practice (e.g. genetic counselling) and in clinical research (e.g. pharmacogenomics). In this project, Clinical Genomics will focus on defining the CMET message structure, the vocabularies for key genetic concepts, and will create storyboards for clinical practice and clinical research use. These storyboards will also form the use cases around which an implementation guide will be written.	- New message specification (DSTU) January 2009 - New message specification (Normative) January 2010 - New terminology subsets or mapping May 2009 - Implementation Guide September 2009	Create New Standard
196	Genetic Variation	The proposed project is intended to be a new Normative Topic under the Clinical Genomics (CG) Domain of the HL7 V3 Ballot Package. Currently, the CG domain consists of two Topics: (1) The Genotype Topic was approved as DSTU in May 2005 and two updates have been approved since then; (2) The Pedigree Topic has been approved as normative in May 2007 (after being part of the Clinical Genomics DSTU). The main goal of the CG SIG is to bring the Genotype Topic to normative. However, due to the broad scope of the DSTU, the decision is to progress to normative in a step-wise approach so that each focal area of the DSTU will be balloted as a Normative Topic, containing a constrained R-MIM of the DSTU. During the DSTU period, the area that has been experimented the most is the area of genetic variations, and therefore it is the first Topic we would like to progress to Normative. Other areas that might progress to normative in the future are expression data and later on proteomic data. Eventually, when all areas have been balloted as Normative Topics, the aggregation of all Topics' constrained R-MIMs will constitute a new	- The proposed ballot document is a new Topic under the Clinical Genomics Domain. The new topic is called 'Genetic Variation' and is focused on the variations in the DNA of individuals (and possibly its implications on variations in RNA and proteins). The Genetic Variation Topic will consist of the following items: o Storyboards of the use of genetic variation data in healthcare as well as in clinical trials. o A constrained R-MIM based on the Genotype Topic R-MIMs that nails down the use of the DSTU models to represent genetic variations. o A detailed walk-through of the above constrained R-MIM that can be used as an implementation guide in the sense that it has sufficient information for implementers to use the specifications in information systems that deal with variation data, both in healthcare and clinical trials. - Note: Although this is a new Topic, its R-MIM will be the result of constraining the DSTU Genotype Topic models in order to guide the implementation of the DSTU models for	
329	Clinical Content Development, Harmonization and Definition	The scope of this project is to serve the clinical community with education, processes and forum for collaboration in the development of requirements that can be consumed by the HL7 standards development.		- OTHER -
216	Cardiology Acute Coronary Syndrome (ACS) Domain Analysis Model	The scope of this project is to develop a Domain Analyses Model for projects sponsored by the Cardiology SIG. The initial scope is Acute Coronary Syndromes; however, it is anticipated the initial scope will be expanded include other areas of interest to the Cardiology SIG in the future.	The objective of this project is to create a Domain Analysis Model representing requirements of the Cardiology SIG. This is expected to support messages, structured documents, profiles, implementation guides and vocabulary needed for this domain.	Create New Standard

232	HL7 V3 Rim Certification Test	Develop the work products necessary for a certification test which tests the knowledge and understanding of the HL7 Version 3 RIM. As a result of passing the test, the test taker will receive HL7 Version 3 RIM certification indicating that they have solid knowledge and understanding of the RIM. Scope Inclusions The scope of this project includes: o The creation of two forms of a 70 question multiple choice test and one smaller practice test covering the RIM from a recent Normative Edition. o The tests test for knowledge and understanding of the contents of the RIM as described in the Normative Edition publication including all associated diagrams and appendixes and the vocabulary domains and value sets of those vocabulary domains associated with structural attributes. o Development of a study guide, identification of useful training venues, and approval of initial marketing for the test. o Review and approval of all tests by select RIM editors and education committee representatives. Review group will be small to maintain validity and privacy of the test. o Review of initial test grading results from the first two adm	o To create a robust, fair, and accurate test o Provide materials to guide the test taker in preparations o Offer the test to encourage interest and understanding in the fundamental building block of V3 - as a result, more people will attend events and more people will become comfortable and more effective as potential V3 consumers, advocates, implementors, or developers. We have reached completion when: The certification test products have been developed, reviewed, and approved by a small but key group of reviewers from education and from the pool of RIM editors and the test is administered successfully at an HL7 function yeilding a fair number of certified individuals. Target Date: April, 2007	
207	Distance Education Pilot Project (Distance Learning)	The scope of this project is to design, conduct, and evaluate a pilot program for distance education utilizing the innovative approach to education currently utilized by HL7 Argentina. For the purpose of this project distance education (or distance learning) is defined as: '...a field of education that focuses on the pedagogy/andragogy, technology, and instructional systems design that are effectively incorporated in delivering education to students who are not physically 'on site' to receive their education. Instead, teachers and students may communicate at times of their own choosing by exchanging printed or electronic media, or through technology that allows them to communicate in real time.' ~ (Wikipedia). HL7 Argentina has established and operated a distance learning program focusing on providing an introduction to HL7 and HL7 standards specifications in the areas of Version 2.x; Version 3.0 Messaging, and Clinical Document Architecture R2. The program has been operational since 2005 and has demonstrated measurable success and effectiveness in achieving its goal of educating novice and enabling them to us	The goal of this project will be to expand the existing program to include an English rendition; conduct the program in additional countries; and develop a sustainable business plan and delivery model to enable the program to be offered world-wide or at least within the jurisdictions of all interested HL7 Affiliate Organizations.	
322	Long Term Care EHR-S Functional Profile	The LTC EHR-S Functional Profile will serve as a key resource to CCHIT in the development of certification requirements for EHR systems in the Long Term Care - nursing home community. CCHIT has road-mapped LTC certification committee work to begin in late 2008. In addition, this functional profile will provide the foundation for vendor/provider communication regarding expectations and requirements for EHR systems deployed in this care setting.	Delivery of a Functional Profile based on, and conformant to, the ANSI approved February 2007 EHR-S Functional Model Target: July, 2008	Create New Standard
261	EHR Interoperability Model - EHR/IM	This project will produce a draft standard specifying, as requirements, the interoperability characteristics of electronic health records.	o Establish a common reference for EHR Record Interoperability	Create New Standard
223	EHR Vital Records Functional Profile	The goal of the Electronic Health Record System Vital Records (VR) Functional Profile Project is to create an HL7 EHR-S Functional Profile that will facilitate leveraging electronic health record (EHR) systems to capture vital records (Birth and Death-related) data at the point of contact or point of care. The VR profile must articulate the functional requirements needed to support messaging among providers, states, local registrars and Federal agencies. The project will initially be U.S. Realm based; however it may be expanded to include international affiliates.	The objective for the Electronic Health Record System Vital Records (VR) Functional Profile Project is to develop an HL7 Electronic Health Record-System (EHR-S) Vital Records Functional Profile. Project Deliverables: - EHR-S VR Functional Profile	Create New Standard

212	Clinical Research Functional Profile	The EHR/CR Functional Profile is intended to provide high-level requirements necessary for using electronic health record data for regulated clinical research, and to further provide a roadmap towards an evolutionary process of integrating the environment that provides both patient care and data for clinical research. This functional profile is aimed at encouraging EHR vendors to incorporate functions into their products that are necessary to utilize the Electronic Health Records as a direct data source for clinical studies. It is intended to provide one overall view of the regulatory needs of clinical research with respect to electronic patient records. The first iteration provides the essential clinical research functions and specific conformance criteria, based on the HL7 EHR-S Functional Model, that will identify EHR functions such that: - electronic health record systems, when used to collect source data for clinical research, can supply regulatory authorities with proof that data used to support claims made regarding the safety and efficacy of new medicines can be traced back to a 'reliable' data source. - clinical research through the us	A registered Clinical Research Functional Profile, that conforms to the EHR-S FM. Ultimate objective is to bring the Clinical Research Functional Profile through the HL7 ballot process. Passed informative Ballot during May 2008 ballot.	Revise Current Standard
202	CDAr2 Reference Profile for EHR Interoperability	The Profile shows how HL7's Clinical Document Architecture Release 2 (CDAr2) fulfills requirements of the Common EHR Record Unit, as specified in the HL7 EHR Interoperability Model DSTU (EHR/IM, published February 2007). The re-use of a document-oriented specification (CDAr2) as a Common EHR Record Unit is purposeful and shows the ready adaptation of a document perspective to a record (EHR) perspective. It also shows how key requirements (e.g., persistence, indelibility, access control, authentication, amendments and audit trail) are satisfied by CDAr2 attributes. Of the 58 Common EHR Record Unit requirements considered, 49 are currently satisfied by CDAr2. The remainder are scheduled for future deliberations in an ongoing collaboration between the HL7 EHR, Structured Documents and Security TCs.	- To develop a Profile showing how attributes of HL7 CDAr2 fulfill Common EHR Record Unit requirements, per the HL7 EHR Interoperability Model DSTU. - To show how CDAr2 could be used to implement the Common EHR Record Unit. - To ballot the Profile as a DSTU. - To provide feedback to TC and SIGS (such as the Security TC and the Structured Documents TC) regarding any gaps that may be identified.	
201	Electronic Health Record Lifecycle Model	The EHR Lifecycle Model (EHR/LM) is a supplement to the HL7 EHR Interoperability Model DSTU (EHR/IM, published February 2007). The EHR/LM expands the specification of record lifecycle events described in the underlying EHR/IM. These events describe behaviours of the Common EHR Record Unit (EHR/IM, Sections 3 & 4) throughout its lifecycle, detailing and expanding EHR/IM Section 3.19.	- To specify the events occurring in an EHR record lifecycle, focused on the lifecycle of the Common EHR Record Unit that are necessary to support interoperability. - To expand and detail lifecycle events previously specified in the HL7 EHR Interoperability Model. - To ballot the EHR Lifecycle Model as a DSTU.	

193	Record Management & Evidentiary Support Electronic Health Record System Functional Profile (RMES EHR-S Functional Profile)	An expert panel/workgroup will develop a functional profile for managing electronic records and maintaining a legally-sound EHR within an EHR-S. This profile will be based on, and conformant to, the ANSI approved February 2007 EHR-S Functional Model and will build on the work completed by a previous group that identified EHR-S functionality for maintaining a sound electronic health record for business and legal purposes. Within Scope: The scope of this project is to address universal concepts in alignment with guidelines, standards, and requirements related to managing electronic records and maintaining a legally sound EHR. Out of scope: Realm-specific requirements and laws, as well as principles that are not widely accepted. 1. Review and update the work of the previous Legal Workgroup with new guidelines and resources such as the new federal e-discovery rules approved by the Supreme Court on April 13, 2006. 2. Review standards from other standards organizations that have relevance and translate into functional statements and conformance criteria when applicable. 3. Develop a legal EHR conformance pr	This workgroup will develop a profile for managing electronic records and maintaining a legally-sound EHR within an EHR system by completing the following: 1. Review and update the work of the previous Legal Workgroup including a review of applicable resources, specifically, ISO, ASTM, HL Messaging, Canada Health Infoway, CCHIT, the Sedona Conference® Working Groups (a legal think tank) and procedures related to discovery of electronically stored information. 2. Develop a RM-ES functional profile based on the ANSI approved February 2007 EHR-S Functional Model, including completion of applicable profile documents (i.e.., profile registration), identification of applicable functionality, and development of conformance criteria. 3. Determine connection, if any, between the EHR Technical Committee interoperability work/research being completed. Target: January 2009	Create New Standard
190	Behavioral Health Functional Profile	1. Sponsored largely by the Centers for Mental Health Services and Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, an operating agency of the U.S. Department of Health and Human Services, volunteers from more than one hundred organizations volunteered to develop a Behavioral Health Functional Profile conforming to the EHR-S Functional Model. Participants include providers, provider organizations, provider professional societies, insurers, state and county BH agencies, and software vendors with a particular interest in behavioural Health. 2. The intent is to develop a definitive list of capabilities/functionalities believed necessary to manage a clinical repository and medical record system for use by behavioural health providers who vary extensively in organizational setting, scope of practice, and legal/regulatory environments. It is believed this would facilitate the acquisition of EHR systems by behavioural health providers and promote its integration with other areas of healthcare, especially primary health care and family practices	The objectives are - To create a Behavioral Health Functional Profile that conforms to the EHR-S thereby establishing a minimum, acceptable set of capabilities across this area of healthcare, that is a check list to facilitate acquisition processes. - To provide a common set of capabilities to facilitate comparisons of vendorsâ€™ software products aimed at behavioral health providers. - To facilitate and inform the CCHIT certification process regarding software aimed at this specialty field of practice. CCHIT is tentatively scheduled to undertake the development of certification criteria for behavioral health in September, 2008. Target: July 2008	Create New Standard - OTHER -
323	Web Strategy - Post Ascentium RFP	This project addresses the work needed to create RFPs for the remaining work after Ascentium terminated the contract.	Create and issue RFPs for - Association Management Software vendors and integrators - .Net / Sharepoint vendors Select a vendor for each and sign contracts.	- OTHER -
197	HL7 Wiki Acceptable Usage Policy	This project will provide on a proposal for how the use of wiki technology in support of HL7 objectives should be managed by the HL7 organisation. This will include an initial set of guidelines for use of wikis for committee and project work, as well as a set of policies for the support and management of wiki infrastructure by HL7. This will be backed up by a risk analysis, and a process for maintaining the guidelines, policies, and risk analysis. This project will not address other Web 2.0 tools (such as blogs). Issues surrounding the use of wiki tools in collaborative projects with other SDOs will addressed.	Outline document for review by committee Sept 2007 Full draft available for review by ES committee and other stakeolders Jan 2008 Document ready for approval (by TSC and board) May 2008	

332	Medicaid Information Technology Architecture (MITA) Project	Within the context of the Medicaid Information Technology Architecture [MITA] this project will demonstrate that following the HL7 Development Methodology, building interoperable Models using UML and Standard tools, with Open Collaboration results in products that are sufficient to meet the needs of the Medicaid Community. Brief Background: CMS believes improved Data Quality and Interoperability is the key to our future and that the true value of data is realized only to the extent it can be shared across 'organizational silos'. System interoperability is absolutely essential to facilitate changes. CMS and Medicaid administrators recognized the lack of a comprehensive view of the overarching Medicaid world. Medicaid Management Information Systems [MMIS] were not keeping pace with a rapidly changing health care environment. Medicaid recipients come from a variety of backgrounds with many, and in some cases complex, care coordination needs. Clinical information to make decisions has been difficult to obtain and share among the agencies responsible [Medicare, Medicaid, Commercial Insurance, Indian Heal	Target MITA Business Process Models and produce all HL7 Development Framework [HDF] [V.3] artefacts: - Storyboard, storyboard example - State Transition Diagrams, trigger events - Interaction Diagram, interactions - Message Information Models, Refined Message Information Models - Hierarchical Message Definitions	- OTHER -
330	Special Authorization	This project will create a new topic area within the FM domain to deal with Special Authorization. Special Authorization is the process by which insured patients are covered for products and services that are not part of their regular plan. The initial scope of the topic area will include interactions for requesting special authorizations, notification of special authorization dispositions and querying of special authorizations at both a summary and detail level.	Storyboards Interaction descriptions Message models Trigger event descriptions Application role descriptions Target: June 2008 DSTU Ballot - September 2008	Create New Standard - OTHER -
233	CMET A_Charge_WithGroup CMET	The goal of this project is to produce and ballot an A_Charge_WithGroup CMET to be used in the Patient Billing Post Topic within the FIAB Domain.	- A_Charge_WithGroup CMET will contain a Root Charge Group. - A_Charge_WithGroup CMET will support clinical information.	
214	Pricing CMET	Development of a universal Pricing CMET and appropriate variants (e.g., basic, identified-confirmable, and identified) with requisite ballot artifacts, including a walk-through and schema. These are developed concurrently and iteratively, and there are no dependencies other than committee review, approval, and meeting ballot deadlines.	Development of a universal Pricing CMET and appropriate variants.	Create New Standard
127	A_Charge CMET with Grouper with variants	The goal of this project is to produce 2 versions of an A_Charge CMET to be used in the Patient Billing Post Topic within the FIAB Domain. Both a Root version and a Non-Root version will be produced. Both versions will support clinical information.	Produce 2 A_Charge CMETS to be balloted in January 2007.	Supplement to a current standard
126	A_Charge CMET without Grouper with variants	The goal of this project is to produce 2 versions of an A_Charge CMET to be used in the Patient Billing Post Topic within the FIAB Domain. Both a Root version and a Non-Root version will be produced. Both versions will support clinical information.	Produce 2 A_Charge CMETS to be balloted in January 2007.	Supplement to a current standard
125	FICO - Financial Coverage Domain A_Coverage CMET Project	This project will develop a normative standard for a CMET supporting exchange of coverage information derived from a future release of the FICO DMIM with a target date of January 2007 to support the conveyance of coverage eligibility information under health policies and programs. This is within FM's approved scope. See attached	Work Products: - A_CoverageRecord CMET Target: January, 2007	
122	CMET A_Charge_WithoutGroup CMET	The goal of this project is to produce and ballot an A_Charge_WithoutGroup CMET to be used in the Patient Billing Post Topic within the FIAB Domain.	- A_Charge_WithoutGroup CMET will contain a Root Charge Group. - A_Charge_WithoutGroup CMET will support clinical information.	

195	Diagnostic Imaging Reports in CDA and DICOM	In this project the Imaging integration SIG will work with DICOM Working Group 20 to develop a specification describing the creation of basic reports from diagnostic and interventional imaging procedures, in both HL7 CDA and DICOM Structured Reporting (SR) formats. The work product of this project will be an implementation guide for basic imaging reports encoded as CDA documents, combined with a specification for transformation of DICOM SR basic imaging reports to CDA. The specified reports contain authenticated narrative content, with provisions for image references, measurements, annotations and limited coded findings. It is proposed that this work product be balloted by HL7 as two Informative Documents and by DICOM as a Supplement to the DICOM Standard, and that the completed specifications be published by both HL7 and DICOM. The two Informative Documents will be the Transformation Guide (DICOM SR 'Basic Diagnostic Imaging Report' to HL7 CDA Release2 'Diagnostic Imaging Report' Transformation Guide (DIR-TG) and the Implementation Guide (Implementation Guide for CDA Release 2 - Dia	- HL7 1st Informative Ballot - DICOM Public Comment - HL7 2nd Informative Ballot - DICOM Letter Ballot	
335	XML ITS R1.1	This project will deliver an update to the XML ITS to include an improved informal extension mechanism similar to the one used in the HL7 SPL (Structured Product Labelling) specification. This allows extensions to be included in the HL7 namespace, and so makes developing systems to support multiple minor version changes simpler, and follows a pattern for version management that has been established in the W3C XSLT specification. The changes from XML ITS R1 will be restricted to the introduction of this extension mechanism.	- Revised XML ITS Structures document - Section for XML ITS Guide covering rationale for the new extension mechanism Target: DSTU Sept 2007, Normative Jan 2008	Revise Current Standard
316	New ITS R2	This HL7 V3 ITS seeks to achieve: 1. Model-based serialization that produces i. XML Schema that are automatically always consistent with the underlying specification (i.e. require no manual intervention) ii. standard wire formats that represent equivalent concepts in a consistent way across V3 domains iii. standard wire formats that represent equivalent concepts in a consistent way across versions (i.e. supporting wire format stability) iv. XML Schema that reflect standard decisions with respect to optimized implementation design (e.g. implementation use cases may indicate that some classes in the Serialization Model should be 'flattened' or otherwise streamlined for greater message or document processing efficiency) v. XML Schema that support human readability in terms of clarity of expression 2. Graphics of Serialization Models that are i. understandable to UML-aware implementers ii. understandable to user domain experts 3. Serialization Models that are machine-readable to commercially-available XML and UML tools	This project will produce the following work products: 1. The ITS specification (including rationale), including: i. abstract model serialization ii. a 2-part XML data types specification (in collaboration with ISO) iii. model re-shaping algorithms	Create New Standard Revise Current Standard
301	HL7 Web Services Profiles, Release 2	The purpose of the Web Services Profiles is to provide implementation guidelines to promote interoperability between applications exchanging HL7 Version 3 messages using standards and specifications that fall under the general definition of Web Services. With the objective of leveraging the effort of the industry to promote interoperability, recommendations from organizations like WS-I, W3C and other will be taken into account. The work product of the project is a prescriptive guide that will further profile the referenced Web Services specifications to reduce optionality and scope to improve interoperability between applications exchanging HL7 Version 3 messages. The profiles will outline different levels of conformance based on the level of sophistication of the applications being built. For this reason the profile will be divided in four major sections: basic, addressing, security and reliable messaging. Implementers will be able to claim conformance to one or more sections of the profile with the only requirement that they implement at least the basic profile section.	The work product of the project is: - A normative DSTU that details the requirements of web services implementations for: o Basic Web Services o Addressing o Security o Reliable Messaging Target: January 2006	Implementation Guide

283	Transport Specification for ISO 9660-compliant Removable Media	The scope of this project is specification of a transport for use with ISO 9660-compliant removable media (common CD and USB flash drives). This enables HL7 message and document payloads to be exchanged in a non-networked environment.	Publish the specification, to include - Story boards - State transition diagrams - Narrative text Target: Winter meeting 2007	
117	Transport Specification - ebXML R2	Publication of Release 2 of the ebXML transport specification to reflect issues that have been reported, to update for changes in other standards, and to take to committee ballot for the standard normative track.	Publication of a normative standard for ebXML Transport specification. Target: Late 2007	
225	Implementation Guide Survey and Registry.	1. The scope of the HL7 Implementation Conformance TC project is to undertake a survey of all flavors of V3 implementation guides(including V3 messaging and CDA R 2) for content and style. The survey results will then be put into a registry for the benefit of implementers to access and compare implementation guides. It is desired that an exemplar guide template be an eventual by product of this activity. 2. Clinical Scope: To develop guidelines and principals that defines 'good' domain implementation guidance including binding of vocabularies by realm To catalogue and synthesize clinical content from diverse real-world sources. Technical Scope To create/adopt a formal representation model to represent the categorized clinical content. To collaborate with relevant SIGs and TCs to produce exemplar implementation guides and tooling to produce such guides to ensure consistency across domains.	1. Produce and then have approved a 'broadcast' message to all TC and SIG's asking them to participate and provide suggested metadata. 2. Convene a group to review each of the guides and develop requirements for an 'HL7 Implementations'. 3. Once those requirements and specifications are created, develop an exemplar guide. 4. Consider whether tooling can be created to support the creation of guides to assure consistency across domains. Target Date January 2008 Working Group meeting (but with iterations at the May and September 2007 Working Group Meetings).	
198	DSTU testing guidelines	The HL7 development framework (HDF) provides guidance on how to develop a standard. However, the HDF does not provide guidance on how best to evaluate the standard. Without guidance on how to evaluate a standard it is the burden of each technical committee (TC) to determine there own methods of proving a standard is fit for purpose. In addition, implementers have no clear way to claim that a system confirms to an HL7 V3 standard The goal of this project is to provide guidance to implementers on when a HL7 V3 standard is stable enough to implement and a mechanism to ensure a system confirms to an HL7 V3 standard. During the course of this project we may need to make a distinction on when an HL7 V3 standard is ready for early adoption compared to mainstream adoption. This project does not directly address the testing of locally produced implementation guides, but it may inform such activity. This may become the subject of a future project.	- Provide guidance and documentation to prove that a HL7 V3 standard fit for purpose and stable enough for implementers o Document a testing process that can be followed to establish whether a standard meets these requirements o Create artefacts and templates to record how an HL7 V3 standard meets the balloted business requirements March 2008 - Provide guidance and documentation to prove that a system, either a consumer or producer, conforms or partially confirms to an HL7 v3 standard January 2008	
277	Shared Messages Domain (COMT), Release 3	The creation of Release 3 of the HL7 version 3 domain 'Shared Messages' (COMT) as Normative standard. This standard will extend COMT Release 2 by the contents of various proposals discussed since the release of COMT R2.	Publish a committee 1 ballot (or draft) of COMT R3 in January 2006. Publish a Normative Release of COMT R3 before Normative Edition 2008. Include changes to the COMT R3 domain that have been agreed upon since its prior release: - Proposal documents 904, 906, 908, 909, and 962 (see documents page of the INM committee) - Discovered items Target: January 2008	Revise Current Standard
173	Wrappers Release 2	The creation of the HL7 version 3 MCCI/MCAI/QUQI/MFMT Release 2 as a normative standard. This standard will extend MCCI/MCAI/QUQI/MFMT Release 1 by the outcomes of the dynamic model discussions and the joint work with the SOA SIG, and by other MCCI/MCAI/QUQI/MFMT proposals adopted since the release of MCCI/MCAI/QUQI/MFMT R1.	Publish a draft of MCCI/MCAI/QUQI/MFMT R2 in September 2007 and a C1 in January 2008. Publish a Normative Release of MCCI/MCAI/QUQI/MFMT R2 before Normative Edition 2009.	

116	ITS and Data Types R2	Publication of Release 2 of the V3 XML & UML ITS and data types documents. There is a number of tightly linked documents: - Data Types - Abstract Specification - XML Implementation Technology Specification - Data Types - UML Implementation Technology Specification - Data Types - XML Implementable Technology Specification for V3 Structures These have all passed normative ballot in 2004 Considerable feedback from implementation experience and a number of issues have arisen in the XML and UML ITS and data types since this time, and we need to start working on Release 2. In this project, Infrastructure and Messaging will work with other interested TCs and SIGs to solicit and then resolve outstanding issues with the ITS and data types. We will bring the replacements for these 4 specifications forward for ballot together, as they are tightly inter-related for technical and process reasons. We are actively considering how to restructure these documents, so a revised list of specifications may be part of the outcome of this project.	New normative releases of the XML and UML ITS and Data type specifications to support V3 implementations Target: Late 2007	
115	MCCI Release 2	The creation of the HL7 version 3 'Transmission Infrastructure' MCCI Release 2 as a normative standard. This standard will extend MCCI Release 1 by the outcomes of the communication patterns discussion which was held within the committee, and by other MCCI proposals adopted since the release of MCCI R1.	Publish a committee 1 ballot of MCCI R2 in September 2005. (done) Publish a DSTU ballot for the MCCI Batch topic. This material is new in R2, and it has to be ensured that it is mature before it is included into the MCCI R2 material. Publish a Normative Release of MCCI R2 before Normative Edition 2009.	
113	HL7 Version 3 Standard: Laboratory, Release 1 Result Topic	This is the Laboratory Result Topic. In release 1 this topic will have RMIM(s), HMD(s), messages, storyboards, trigger events, application roles, message types and interactions. The Result Topic comprises the models and artifacts that are needed to support the creation of messaging related to the communication of results. This provides the requirements needed to understand all aspects of the Result Topic.	The Result Topic will provide: - Model and artifacts specific to the creation of messages relating to result topic. o Provide the requirements needed to understand all aspects and states of:the result	
112	Specimen Process Step Topic	This is the Specimen Process Step Topic. In release 1 this topic will have RMIM(s), HMD(s), messages, storyboards, trigger events, application roles, message types and interactions. The Specimen Process Step Topic comprises the models and artifacts that are needed to support the creation of messaging related to specimen processing. This provides the requirements needed to understand all aspects of the Specimen Process Step Topic.	The objective is to provide messaging for specimen processing. Result Topic will provide: - Model and artifacts specific to the creation of messages relating to result topic. o Provide the requirements needed to understand all aspects and states of:the result o the characteristics of the container o contents within before, during, and/or after the specimen was placed within the container	
331	CDA Product and Services Guide	Conduct a pilot project of an online HL7 CDA Product and Services Guide by the September, 2008 Plenary meeting. Joint project of HL7 Marketing Council and EHRVA to promote CDA (and CCD) globally. Jill Kaufman and Gora Datta co-project leads. For the Plenary meeting, we plan to have a subset paper document to hand out and will also use this at the IHIC conference in October. Input to the CDA guide for this pilot will come from HL7 members, HL7 Affiliate members and EHRVA members. Cal2Cal is building a web page for data entry of CDA products and services.	There will be two separate outputs, a Product output and a Service output. The outputs will be a printed list of Products and a printed list of Services; each report encompassing the information gathered on the web page.	- OTHER -
315	Common Message Element Types (COCT) Release 6	Creation of the HL7 Version 3 Common Message Element Type Release 6 normative standard.	Publish COCT Release 6 as a Membership level ballot, for inclusion in Normative Edition 2008. General work products are R-MIMs and HMDs for each CMET developed by the domain committees. Target: 2007	Revise Current Standard
300	Common Message Element Types (COCT) Release 4	Creation of the HL7 Version 3 Common Message Element Type Release 4 normative standard..	General work products are R-MIMs and HMDs for each CMET.	Create New Standard

291	Design Constraint Rules and Guidelines Project	Capture existing design constraint rules (documented and implied). Recommend how best to document and publish these rules.	- Catalog and validate existing design constraint rules. - Provide clear guidance on creating and using design constraints in models and other artefacts produced as part of the HL7 development process. - Propose a process for which HL7 can use the rules to resolve outstanding issues. - Propose a process for maintaining and making permanent the set of rules. Target Date: Provide initial inventory of type constraint rules by July 2005.	
290	Templates Implementation Specification Project	Develop a document describing how templates can be used. Capture existing instance binding rules documented or implied. Develop and enforce guidelines on how profiles, datatype flavours, templates and parameterised static model bindings to type constraints should be expressed within HL7 instances. Receive from the Tooling MIF enhancement project a MIF representation of a Templates Artefact.	- To identify and validate existing instance binding rules - Provide clear guidance on expressing and using type constraints bindings between HL7 Instances and the definitions of datatypes and datatype flavours. - Receive from the M&M Constraints project the human readable representation to be used for datatype flavours and parameterised static models - Receive from the M&M Constraints project the requirements for datatype flavours and parameterised static models - Receive from Templates SIG the requirements for templates and profiles - Provide a worked through example of HL7 template and profile	Supplement to a Current Standard

269	Healthcare Development Framework, Phase III	The scope of the Health Level Seven Development Framework project includes: Document and publish the HDF metamodel; This activity includes ongoing maintenance HL7 metamodel and alignment with the OMG UML metamodel and the resolution of any and all discrepancies between the two metamodels. Resolution of the inconsistencies may result in updates to the HL7 metamodel, formal submission of issues from HL7 to OMG regarding the UML specification, and the development of an HL7 UML Profile that leverages the UML extension capabilities. In addition, the Model Interface Format (MIF) will be reviewed to confirm that it accurately represents the HDF metamodel and alignment with OMG UML. The HDF will be integrated in the HL7 publication and ballot packages T□ □ Develop the HDF into the effective guidance for HL7 requirements gathering, analysis, design and standard development and implementation; This activity includes the research, analysis, design, and documentation of processes, policies, and artifacts associated with development of HL7 standards specifications for messaging, structured documents, and context management. This includes the publication of a sched	- Integrate the HDF into the ballot package - Update the artifacts developed by HL7 - Update Conformance process definition and specification - Update project management processes and templates to enable HL7 to manage the complex work efforts that require more formal project management approaches including, but not limited to, proper scope definition with timelines, identification of dependencies and prerequisites, - Document HDF Change Management consistent with HDF in the Ballot Pack - Add methodology and conformance support for emerging specifications - Leverage the experience of Technical Committees to document existing processes and best practices	Create New Standard
267	Common Message Element Types (COCT) Release 5	Creation of the HL7 Version 3 Common Message Element Type Release 5 Normative standard.	Publish COCT Release 5 targeted at Normative Edition 2007. Current ballot cycle is committee level. General work products are R-MIMs and HMDs for each CMET.	Create New Standard
221	Common Message Element Types (COCT) Release 8	Creation of the HL7 Version 3 Common Message Element Type Release 8 normative standard.	Publish COCT Release 8 as a Membership level ballot, for inclusion in Normative Edition 2009. General work products are R-MIMs and HMDs for each CMET developed by the domain committees Target Date 2008	
219	Core Principles and Properties of HL7 Version 3 Models	This project seeks to develop an infrastructure standard that will supplement the RIM, Data Types and Vocabulary documents. When completed, the document will be maintained as a 'sibling' to the 'Refinement, Constraint and Localization' standard, and cross-referenced from and to the HDF.. Version 3 is predicated on HL7's ability to develop specifications (CDA, Messages, SOA) that are derived from three common specifications - the RIM, Data Types and Vocabulary. When HL7 formally undertook Version 3 in 1997, the principles for developing specifications in implementing them were embodied in the Message Development Framework (MDF). Although the principles underlying the information model (the Reference Information Model) were understood and documented, there was, as yet, no understanding of the data types model to be implemented and consideration of vocabulary constraints in both data types and the RIM was still in its nascency. As HL7 refined and balloted its foundation models -- the RIM, Data Types, and Vocabulary -- the committees began to recognize elements that appeared to reside primarily in one of those	Create a Normative Standard from existing work documented in: - Message Development Framework (1999) - Reference Information Model - Abstract Data Types (I & II) - Documented M&M Hot Topics that resolved ballot issues - Documented agreements between M&M and Vocabulary over last 30 months	Create New Standard

313	V2 OO Implementation Guide	1) To support and maintain the ELINCS Implementation Guide under the process outlined by the Board of Directors (Process for Externally Developed Implementation Guides). Namely, to support, upgrade, and advance the materials developed by a Steering Committee and Technical Working Group sponsored by the California Healthcare Foundation to develop and Implementation Profile and Guide Document for messaging Lab Results from a Laboratory system to an EHR in an Ambulatory setting. 2) The ELINCS working groups will turnover a new version of the ELINCS Implementation Guide to this project group. That implementation profile will be based on the HL7 v2.5.1 standard. 3) This project team with technical editor support will update the ELINCS Implementation Guide to conform to HL7 IG documentation standards and will submit said resulting document to Committee for ballot. 4) This project will enhance the profile to v2.6 and/or v2.7 if the future if need is identified. 5) This project team will consider creation of an inpatient version of the ambulatory balloted standard. 6) This project team will consider an HL7 v3 based implementation guide in the future. 7) This proje	- This project team with technical editor support will update the ELINCS Implementation Guide to conform to HL7 IG documentation standards and will submit said resulting document to Committee for ballot. This project will enhance the profile to v2.6 and/or v2.7 if the future if need is identified. - This project team will consider creation of an inpatient version of the ambulatory balloted standard. - This project team will consider an HL7 v3 based implementation guide in the future. - This project team will consider an HL7 CDA based implementation guide in the future.	Implementation Guide
312	Blood, Tissue, and Organ	To develop messaging specification for the communication of information regarding blood, tissue, and organ scheduling, eligibility, donation, and transfusion services.	- Addition of transfusion service related information to the patient record - Communication of specimen information that is specific for blood bank/transfusion service activity - Expand order message to include information necessary for blood product orders, such as special processing requirements - Develop a structure for transmitting relevant laboratory data (i.e. hematology values) with blood product orders - Standardization of blood product status messages - Need the ability to define a relationship (Admission and results) between different people. Donor/recipient, mother/baby, paternity, genetic studies, etc ... This project team with technical editor support will update the ELINCS Implementation Guide to conform to HL7 IG documentation standards and will submit said resulting document to Committee for ballot. This project will enhance the profile to v2.6 and/or v2.7 if the future if need is identified.	Create New Standard

266	Clinical Statement	The Clinical Statement project intends to provide a pattern that can be used by various domains in some form of specialization and constrained, that enables consistency across domains in the area of clinical statements. While we want to ensure that clinical statements involving such information as Pharmacy, Laboratory, and Allergies, the objective is not to express the very detailed operational modeling that is required to support these domain's specific message requirements. Rather it is more focused on the general clinical statement aspects when used as context in other messages or 'summary' documentation. As this is a fine line, and consistency is required, the primary TCs participating in this effort, and their associated SIGs, are constantly balancing the need for general patterns and highly specialized/constraint models.	- Create a pattern that can be used by different domains to express clinical statements using some level of specialization and constraints. - Balance the needs of a general pattern as seen in Structured Documents with the needs of highly specialized and detailed models to support operational messages such as seen in Laboratory, Pharmacy, or Patient Care. Target: Winter Meeting 2006	Create New Standard
256	Care Provision DSTU - Topic Common Observations	The Common Observations Topic includes simple measure clinical observations as well as coded observations. - Examples of simple observations include height, weight, blood-pressure, temperature, etc. - Examples of coded observations are APGAR score, symptom, blood type, smoker, etc This topic covers all interactions related to recording simple measured clinical observations as well as support for coded observations including: recording clinical observations for a patient and retrieving clinical observations recorded against a patient. This is an observation made from a provider's facility, as opposed to observation made in specialized facilities (e.g. Lab & DI observations).	Produce ANSI-approved v3 standards for capturing, maintaining and retrieving simple and coded measured observation information, about a patient. Target: September, 2006, Ballot Cycle	Create New Standard
213	Order Mgmt System for Lab Ordrs to Lab Msg IG	Order Management System for Laboratory Orders to Laboratory (U.S. Realm only) Message Implementation Guide (IG) (Lab Order IG) Ambulatory, inpatient and other settings from Order Management system to Laboratory For the purpose of this Project, an Order-Management-system will be the Placer and the Laboratory will be the Filler. This is to support the HL7 version 2.5.1 laboratory result implementation guides for the US realm. This project is to provide the guidance required to produce a Lab Order Message to fulfill the requirements for a properly defined HL7 version 2.5.1 Laboratory Result IG. It is the expectation that the infrastructure in place to support the transport of HL7 version 2.5.1 Laboratory Result Implementation Guide messages will also be used to transport the Lab Order Message. Assumptions made by Results IG with regard to legal, security, privacy and ownership of data also apply to the Order. If there are discrepancies in any of these issues, they will be resolved by this project or an acceptable alternative that will not obsolete result IGs will be determined.	- This IG is for the purpose of defining the clinical lab order data message. - Laboratory Order Request from an EHR/Order Management System to a laboratory for an active request for a patient. This guide applies to outpatient laboratory testing including ancillary, hospita based outpatient labs, clinic and physician office labs. This guide does not apply to environmental testing veterinary care settings, institutional settings including inpatient and long-term care, and other similar situations. - This IG should be consistent with the requirements defined HL7 version 2.5.1 Laboratory Result IG. - Based on HL7 Version 2.5.1. - Use of standard vocabularies. - Will include the following segments and appropriate fields when need as requirements are identified: - Insurance Segments - Diagnosis segments. - Allergy segments.	Implementation Guide
111	General Observation Domain	In this project, the Orders & Observations Work Group will focus on the development of a Common Observation domain model and an Observation Request model to support communication of general observation orders that are not covered by Laboratory and Diagnostic Imaging orders.	The following is a list of the work products expected to be produced by this project: - DMIMs and walkthroughs - Storyboard, storyboard example - Refined Message Information Models - Trigger events - Interaction Diagram, interactions - Hierarchical Message Definitions, message types Target: January 2009 Ballot for initial Normative Ballot round per new GOM guidelines	Create New Standard

110	Order Domain - Phase I	In this project, the Orders & Observations Work Group will focus on development of a message model to: - establish a common order pattern that can be used as the starting point for any general and specialized order domains, e.g., composite order, lab order, prescription, etc. - create a Composite Order model to enable communication of various order types within one message, such as observation orders, procedure orders, patient supply orders, and other types of orders. The scope of this project includes development of all the modeling artifacts necessary to support the overall pattern and these messages. This topic covers all interactions related to requesting single or combinations of healthcare services. The Composite Order topic includes the ability to order multiple basic healthcare services in one message. The initial scope of this project includes: - lab services - diagnostic imaging services - pharmacy services Future projects will cover expansion into: - blood supplies - tissue and organs - procedures - treatment (physical therapy, etc.) - equipment/devices - patient supplies	The following is a list of the work products expected to be produced by this project: - DMIMs and walkthroughs - Storyboard, storyboard example - Refined Message Information Models - Trigger events - Interaction Diagram, interactions - Hierarchical Message Definitions, message types Target: - January 2009 Ballot - First Normative Round under new GOM guidelines.	Create New Standard
109	Orders and Observations CMETs - Phase I	In this project, the Orders & Observations Work Group will focus on development of CMETs in support of various domains to enable easy inclusion of orders and observations concepts that should be used consistently across those domains. - Supporting Clinical Information (Universal/Minimal) - Observation General (Universal) - Observation Diagnosis (Universal/Minimal) - Observation Intolerance (Universal) - Annotation (Universal)	The following is a list of the work products expected to be produced by this project: - CMETs and attribute descriptions Target: January 2009 Ballot - First Normative Ballot under new GOM guidelines	Create New Standard
259	Order Set Publication Standard	In this project, Clinical decision Support Workgroup will develop a standard and associated implementation guidelines for the publishing and sharing of structured order sets between collaborating institutions and clinical system vendors. This will be a V3 standard developed as a specialized instance of Structured Documents. The goal of the project is to enable sharing of interoperable order set content between knowledge developers, vendors of CPOE systems and healthcare institutions which will employ these knowledge structures in the implementation of computerized order entry and guideline decision support. Knowledge developers such as Thomson Reuters will be able to publish their order sets, communicate them to healthcare institutions such as the University of Nebraska and UNMC in turn can deploy those order sets in their clinical information system. In advanced applications, the order set may be integrated directly into a decision support system which will customize the order set for patient care at the time that it is employed by the clinician during an order session. The technical scope will include development of a V3	refinement of the use case requirements within the domain analysis model - Target: May 2006 (Done) refinement and confirmation of Structured Documents DMIM - Target: May 2008 reconciliation of this design with the Structured Documents DMIM, - Target: June, 2008 development of an RMIM for Order Sets Publication, - Target: June, 2008 creation of a V3 XML schema and stylesheet employing HL7 publishing tools - Target: June, 2008 creation of order set exemplars from project collaborators archives - Target: Sept, 2008 publication of implementation guideline - Target: October, 2008 expect to complete DSTU ballot in Fall 2008	Create New Standard
288	Version 3 Pharmacy Release 2	1. Expand upon the content of Version 3 Pharmacy Release 1 to support messaging and interaction requirements of institutional pharmacy practice. 2. Incorporate realm-specific information and documents, as developed by HL7 International Affiliates, within the document structure of Version 3 Pharmacy.	- Comment 1 or Committee 1 ballot in August 2005 ballot cycle - Storyboards, Interaction Diagrams, Refined Message Information Models, Hierarchical Message Definitions and appropriate narrative to support base functionality in the institutional pharmacy practice setting. - Inclusion of realm-specific documentation as informative material Target: August 2005 Ballot	

320	Detailed Clinical Models Release 1	The overall goal of this project is to develop methods, tools for requirements gathering with clinicians, requirements for modelling tools, quality control, identification of clinical items, binding of clinical content to terminology, model generically, authorisation and governance of 'templates' rules and maintain in a repository a set of DCM that are useable in different standards, formats and different technical implementations using the same generic model. Technical implementations that would be able to deploy DCM include GUI design, database design, message design, algorithm design, rule-based Decision Support System design, among others. The project is as such a follow up of the DCM meeting in Boca Raton, lead by Craig Parker and the DCM Brisbane workshop in 2007 with CEN, ISO, HL7, OpenEHR and clinical involvement where the recommendations were to work on four action area's including clinician involvement, quality of detailed clinical models, representation formalisms and establishing and maintaining repositories. The project scope is thus specifically to develop and maintain a set of Detailed Clinical Models (DCM	DCM Release 1 will support the following goals: - Develop methods and tools requirements for binding of clinical content to terminology, to generic models and to different technical implementations using the same generic model. - Identifying a means to involve clinical groups to determine and specify relevant clinical content. This in line with the HL7 clinical interoperability council work and Domain Analysis Modelling (DAM), and HDF among others. - Set up a methodology for verification, validation and quality, control and review cycle of clinical materials and their representation in terminology and information models so clinicians can trust the EHR and the message content presented to them. - Create a superset from which various applications, e.g. the CDA H&P, Detailed Clinical Models, DEEDS, etc. can draw data element identifiers in particular to provide a value set suitable for use in a clinical statement's Observation.code. - To generate clinical value sets in both SNOMED-CT and in LOINC, according to Terminfo guidelines. This includes appropriate use of principles how information model and terminology model interact properly - Define and apply quality criteria for DCM clinical content, terminology, classification and unique coding, l - Giving guidelines for the linkage from a Domain Analyses Model to a HL7 D-MIM / R-MIM / template and - Develop transformation of generic model into HL7 v3 RIM / R-MIM / Clinical statement modelling and me - Develop transformation of generic model into CEN/ISO / OpenEHR archetypes - Develop methods and tools to combine DCM into larger clinical templates - Develop tools to combine archetypes / R-MIMs / DCM into different technologies - Support actual use of DCM as clinical statements in messages (v2 and v3) and CDA (HL7 Patient Care / - DCM continuation as a forum to develop and maintain actual instances and artefacts for clinical content. - Apply relevant metadata such as in the HL7 templates specification and ISO metadata ISO 11179. - Set requirements, organise and develop a repository for DCM, serving the different clinical and standards - Facilitate the re-use of materials and resources and prevent unnecessary duplication of efforts.	Create New Standard Revise Current Standard Supplement to a Current Standard Domain Analysis Model Implementation Guide
284	Care Provision Domain	The Care Provision Domain addresses the information that is needed for the ongoing care of individuals, populations, and other targets of care. This domain describes the information structures and vocabulary used to communicate information pertinent to the SUPERVISION, MANAGEMENT, and CUSTODY of living subjects, devices, geographic sites, and other physical entities by a responsible care provider. This domain supports multiple specifications appropriate to referrals and record communications supporting collaboration and the continuity of care between care providers, both at the summary level and detailed level of these communications. This domain owns the concepts related to the Care Provision Act but tends to be an integrator of information supported by other domains at the detailed level. In that sense, the scope is limited by the work of other committees who develop CMETs and other patterns that are utilized within this domain.	- Domain definition (next ballot August, 2005) - Storyboard Narratives, Activity Diagrams, and Glossaries - Enhancement and stabilization of the Domain Information Model - Topic definitions (these continue to expand) - Care Structures (Local CMETs) (next ballot August, 2005) - Care Transfer messages, documents, and queries (next ballot August, 2005) - Care Record messages, documents, and queries (next ballot August, 2005) - Care Structure messages and queries (expanding topic list) (next ballot August, 2005) - Topic implementation guides (these continue to expand) (next ballot August, 2005) - Overall tasks for these Topics include: - Vocabulary applications - State Transition Diagrams, trigger events - Interaction Diagram, interactions - Message Information Models, Refined Message Information Models - Hierarchical Message Definitions - Implementation Guides Target: August, 2005	

174	Care Provision DSTU - Topic Allergy & Intolerances	Knowledge and awareness of a patient's adverse reactions to agents/substances is essential for quality of patient care and for patient safety. These adverse reactions can lead to the identification and recording of one of two clinical concerns, namely: Allergy Concern, and Non-Allergy Intolerance Concern. Allergy Concern An allergy is an acquired sensitivity to an agent/substance (allergen) that causes the patient's immune system to 'hyper' react after exposure to that agent/substance. Non-Allergy Intolerance A non-allergy intolerance indicates the potential for a response to an agent/substance that is harmful or undesirable but is rarely life-threatening and is not mediated by the immune system via acquired sensitivity. The purpose of the transactions is to record and maintain discrete data relating to a patient's intolerance (allergy intolerance or Non-Allergy Intolerance) to exposure to agents/substances for subsequent referencing and clinical decision-making.	Produce ANSI-approved v3 standards for capturing, maintaining and retrieving allergy & intolerance information, about a patient. Targeting September, 2007 Ballot Cycle	Create New Standard
107	Care Provision DSTU â€" Topic Allergy & Intolerances	The allergy model (REPC_RM000320) in the Care Structures Topic meets CDA requirements. While the Allergy & Intolerances Topic meets message requirements, where the topic cover all interactions related to allergies and intolerances, including: Recording allergies and intolerances Revising existing allergy and intolerance records Retrieving a list of a patient's allergies and intolerances Retrieving details about a single allergy or intolerance	Produce ANSI-approved v3 standards for capturing, maintaining and retrieving allergy & intolerance information, about a patient. Target: January 2007 Ballot Cycle	Create New Standard
106	Care Provision DSTU â€" Topic Care Composition	This topic includes all interactions intended to record and update encounters, episodes of care and care events e.g. gynaecological care, with a single set of transactions ï‚§ Recording basic information about an encounter, episode or similar structure. ï‚§ Revising an encounter, episode or similar data. ï‚§ Retrieving a list of encounters, episodes and similar structures. ï‚§ Retrieving details of encounters, episodes and similar structures.	Produce ANSI-approved v3 standards in order to record and update encounters, episodes of care. Target: January 2007 Ballot Cycle	Create New Standard
105	Care Provision DSTU â€" Topic Care Plan	The purpose of the care plan is: ï‚§ To define the management action plans for the various conditions identified for the target of care ï‚§ To organize a plan and check for completion by all individual professions ï‚§ To communicate explicitly by documenting and planning actions and goals ï‚§ To permit the monitoring and flagging of unperformed activities and unmet goals for later follow up Generally a care plan greatly aids the team in understanding and coordinating the actions that need to be performed for the person.	Produce ANSI-approved v3 standards for coordinating all actions (organizing, managing, communicate and monitoring) in a care plan. Target: January 2007 Ballot Cycle	Create New Standard
104	Care Provision DSTU â€" Topic Care Plan	The purpose of the care plan is: ï‚§ To define the management action plans for the various conditions identified for the target of care ï‚§ To organize a plan and check for completion by all individual professions ï‚§ To communicate explicitly by documenting and planning actions and goals ï‚§ To permit the monitoring and flagging of unperformed activities and unmet goals for later follow up Generally a care plan greatly aids the team in understanding and coordinating the actions that need to be performed for the person.	Produce ANSI-approved v3 standards for capturing, maintaining and retrieving information about the patient care plan. Target: January 2007 Ballot Cycle	Create New Standard
103	Care Provision DSTU â€" Topic Professional Services	The Professionals Services Topic includes cognitive services as well as physical services performed. â€¢ Examples of cognitive services are training, assessments, etc. â€¢ Examples of physical services performed are direct physical manipulation or modification of the patient such as surgery, physical therapy, etc All interactions related to professional services are covered, including: recording professional services, retrieving a patient's professional service records. We will respond to all ballot comments e.g. by combing physical and cognitive services and change the name to Professional Services.	Produce ANSI-approved v3 standards for capturing, maintaining and retrieving information about the professional services performed for a patient. Target: January 2007 Ballot Cycle	

298	Care Record Summary Implementation Guides for CDA R2	This specification defines additional constraints on CDA Header and Body elements used in a Care Record Summary document in the US realm, and provides examples of conforming fragments in the body of the document and an example of a conforming XML instance as an appendix. This Guide specifies two levels of conformance requirements. Level 1 requirements specify constraints upon the CDA Header and the content of the document. Level 2 requirements specify constraints upon the structuredBody of the ClinicalDocument element of the CDA document.	Describe two levels of constraints on the CDA R2 specification including validation rule sets expressed in XPath and Schematron. Work products are prose specification, sample(s), validation rule set. Target Date: consolidate content by mid-July, ballot ready 8/1/05.	Implementation Guide
227	HL7 Individual Case Safety Report	The project scope is to finalize the existing HL7 V3 Individual Case Safety Report (ICSR) Release 2 Draft Standard for Trial Use (DSTU) message. The scope includes: â€¢ Completion of DSTU testing and incorporation of changes or new requirements identified through DSTU testing, and formally deprecate all ICSR Release 1 modeling artefacts: R_Drug, R_Device, A_DrugIntervention, and A_DeviceIntervention â€¢ Incorporate new requirements based upon outreach and collaboration efforts with other international standards development organizations (SDOs) and groups: Veterinary International Conference on Harmonization (VICH), International Conference on Harmonisation (ICH), Global Harmonization Task Force (GHTF), International Standards Organization (ISO), and related ISO/CEN/HL7 Joint Initiative Projects	The ICSR Normative Standard will support the following goals: â€¢ Create a harmonized, interoperable structure to support adverse event, product problem and consumer complaint reporting, and analysis for a variety of regulated products: animal and human drugs, biologics, vaccines, medical devices, food additives and ingredients, dietary supplements, cosmetics and combination products â€¢ Create a harmonized, interoperable structure to support the capture and exchange of adverse events using electronic health records based upon the HL7 RIM and other relevant modeling constructs, e.g., A_SupportingClinicalStatement CMET, Medications DMIM, Allergies, Intolerance and Adverse Events RMIM Normative Ballot 2009	Revise current standard
185	Child Health Functional Profile	The Child Health Functional Profile (Child Health-FP) is a project of the HL7 Pediatric Data Standards Special Interest Group (PeDSSIG). It conforms to the HL7 Electronic Health Record-Systems Functional Model (EHR-S FM), and it is aimed at developing an HL7 Normative Functional Profile for electronic health record (EHR) systems that are used to care for children. This first iteration provides the essential general pediatric functions and specific conformance criteria that are important to include in any system through which a child might receive primary care in the United States in both inpatient and outpatient settings. The intent is to assist all childcare providers and associated IT vendors in helping to ensure safe, effective and reliable care of children through the safe and effective use of information technology. Specifically, the Child Health-FP describes additional EHR-S functionality that is necessary to care for a child age 0-18 who receives routine wellness and preventive, acute illness, or acute trauma care that takes place in: - the newborn nursery, - the primary care provider's office, - the emergency room or	A registered Child Health Functional Profile that conforms to the EHR-S FM Ultimate objective is to bring the Child Health-FP through the HL7 ballot process	Supplement to a current standard
287	Version 3 Medication Release 2	Extension and expansion of Medication domain content to support requirements brought forward by other domains. Not all domain requirements are known at submission of this document. Specific domains and requirements being addressed will be noted in the ballot content.	Comment 1 or Committee 1 ballot in August 2005 ballot cycle Target: August 2005 Ballot	
274	Immunization Messages Domain (POIZ), Release 1	The project team will focus on messages to communicate Immunization information. Use cases will be identified to cover relevant clinical and business requirements. The project team may choose to prioritize the use cases to define an initial release. The project team will leverage existing HL7 v2.x and v3 artifacts and develop additional storyboards, interactions, models and other artifacts as needed to establish a first release of an Immunization domain in HL7 v3. The project team will identify and engage stakeholders, within and external to HL7, in order to provide for the broadest range of use cases and requirements for Immunization messaging.	Present available Immunization material (e.g. Canadian content) as Draft for Comment in Fall 2005 ballot. Target: Fall 2005 Ballot Set scope and validate with stakeholders Target: January 2006 WGM Based upon the identified use cases and clinical/business requirements, leverage existing HL7 v2.x and v3 artifacts or develop artifacts as needed.	Create New Standard
254	Pharmacy Messages Domain (PORX), Release 1	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard

249	HL7 V3 Std: Pharmacy, Release 1: Pharmacy CMETs	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard

248	HL7 V3 Std: Pharmacy, Release 1: Pharmacy Shared Messages	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
247	HL7 V3 Std: Pharmacy, Release 1: Patient-Related Medication Query	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
246	HL7 V3 Std: Pharmacy, Release 1: Patient-Related Device Query	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories. Review ballot comments, adjust materials, submit for further balloting. Note: It is anticipated that Release 1 Pharmacy will undergo 2 committee level ballots and 1 member level ballot. The materials have received extensive harmonization with NL, CA, UK, US, AU participation through 4 Out of Cycle Pharmacy SIG meetings. Target: Spring 2007	Create New Standard
245	HL7 V3 Std: Pharmacy, Release 1: Patient Medication Contraindication Query	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
244	HL7 V3 Std: Pharmacy, Release 1: Medication Statement and Supply Event	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
243	HL7 V3 Std: Pharmacy, Release 1: Medication Order	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	
242	HL7 V3 Std: Pharmacy, Release 1: Medication Dispense and Supply Event	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries. Target: Spring 2007	Create New Standard
241	HL7 V3 Std: Pharmacy, Release 1: Generic Patient-Related Pharmacy Query	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
240	HL7 V3 Std: Pharmacy, Release 1: Dosage Instruction	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard

239	HL7 V3 Std: Pharmacy, Release 1: Dosage Form Vocabulary	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
238	HL7 V3 Std: Pharmacy, Release 1: Device Order	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	
237	HL7 V3 Std: Pharmacy, Release 1: Device Dispense and Supply Event	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
236	HL7 V3 Std: Pharmacy, Release 1: Common Order	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
235	HL7 V3 Std: Pharmacy, Release 1: Common Dispense and Supply Event	The creation of Release 1 of the HL7 version 3 domain â€œPharmacyâ€ (PORX) as Normative Standard. This standard will include support for Prescribing, Dispensing and Administration messages, as well as Rx status management, active medications and patient Rx queries.	Publish Release 1 of the Pharmacy v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard
231	Identification of Medicinal Products (IDMP) Project	Joint Initiative Council of ISO, CEN and HL7 ISO TC 215 WG6 â€œPharmacovigilanceâ€ is the detection, assessment, understanding and prevention of adverse effects that may be associated with the use of medicines. In order to support Pharmacovigilance, there is a requirement to develop standard messages to transmit adverse drug reaction (ADR) report information between those organisations that have a responsibility for medicine safety. These messages are referred to as â€œIndividual Case Safety Reportsâ€ (ICSR). In order to support ICSR, it is crucial that all communicating parties refer to medicines in a clear and unambiguous way. Medicines themselves are complex concepts, and their description can be separated out into component parts in a defined and ordered way to produce a concept information model. This model is then populated using controlled vocabularies to support the data elements (component parts), such that all medicines can be uniquely and certainly identified. The Identification of Medicinal Products (IDMP) project will therefore undertake to detail the requirements for a controlled data structure, with controlled vocabularies, to de	Taking the extensive set of requirements already gathered by parties involved in this work (particularly ICH) and inputs from new participants in ISO/HL7, the project will formalise these requirements, using storyboards if appropriate and other requirements methodologies to develop a formal information model for the IDMP project and its components. This will be accompanied by robust definitions and examples, particularly of boundary cases. This will form the basis of an â€œEditorial Policyâ€ for the population and maintenance of the concepts and vocabularies within the model. The project will also define the requirements for the agency who must undertake the population and maintenance of the concepts and vocabularies. The above forms the basis for the international standard for Identification of Medicinal Products in support of ICSR. Using the ISO methodology of â€œadopt, adapt or developâ€, the project will then assess what is already available that would meet its requirements, or that might be adapted to do so, and enter into dialogue to pursue that course. Only if there are no suitable candidates for adoption or adaptation will de Target: Autumn 2009	Create New Standard
189	HL7 V3 Std: Medication, Release 1: Drug Knowledge-Base Query	The creation of Release 1 of the HL7 version 3 domain â€œMedicationâ€ (POME) as Normative Standard. This standard will include support for common medication constructs (through CMETs) for use by other HL7 TC/SIGs and provide message support for drug knowledgebase queries.	Publish Release 1 of the Medication v3 Domain for Committee Ballot, including storyboards, interactions, message models and design repositories.	Create New Standard

170	Administrations for Medicinal Substances (AfMS) terminology	This project exists because the current HL7 â€œRoute of Administrationâ€ vocabulary has concepts that are inconsistent with the needs of messages used to communicate medication information. In particular pharmacy messages, based on the RIM, communicate as separate elements ideas such as route, site, form, and timing but a review of the current values in the ROA table describe a mixture of these ideas. As such, existing values in the route table result in improper overloading of the route of administration element. Yet, the values in this table represent existing drug information vender content and are in common use. An analysis of the situation was undertaken in 2006 by members of the Vocabulary TC and the Pharmacy SIG. This group proposed that the name of the current â€œroutes of administrationâ€ table be changed to â€œadministrations for medicinal substancesâ€ (AfMS) and that the content of this table be analyzed to determine what existing RIM-based attributes the current values actually represent. Preliminary analysis indicates that concepts in the AfMS table variable represent a combination of one or mor	â€¢ Definitions of the concepts and a modelled terminology for AfMS with each value defined in terms of appropriate RIM attributes (ROA, MOA, SOA etc.) â€¢ Develop Maintenance process for the ongoing updating of the AfMS terminology	Supplement to a current standard
311	U.S. Vital Records Domain Analysis Model	In this project, the PHER WG will focus on the development of a Vital Records Domain Analysis Model to describe the workflows and stakeholders for transmitting birth and death data to and from U.S. vital records systems.	The project objective is to develop a Vital Records Domain Analysis Model (VR DAM) for birth and death registration. The VR DAM will identify the stakeholders and work flow for birth and death registration to guide the design and implementation efforts for transmitting data and records between U.S. vital records systems and other public and private information systems to meet current and emerging needs. The VR DAM will also provide a representation of the data elements that need to be supported for birth and death registration. This is foundational work that may be expanded in the future to include international considerations.	Domain Analysis Model
310	Immunization Domain Analysis Model	Placeholder for Immunization DAM project statement	Develop a domain analysis model for immunization.	Domain Analysis Model
309	Immunization Administration	In this project, the Public Health and Emergency Response SIG will focus on development of messages for communicating messages related to the management and administration of immunizations. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, possibly local or global for use in the new message.	The following is a list of the work products expected to be produced by this project: â€¢ Storyboard, storyboard example â€¢ Trigger events â€¢ Interaction Diagram, interactions â€¢ Refined Message Information Models and walkthroughs â€¢ Hierarchical Message Definitions, message types	Create New Standard
278	Public Health Investigation Request Phase I	In this project, the Public Health and Emergency Response SIG will focus on development of a message for communicating a request for a public health investigation. The scope of this project includes development of all the modeling artifacts necessary to support this new message. Also included in the scope of the project is the development of new CMETs, possibly local or global for use in the new message.	The following is a list of the work products expected to be produced by this project: â€¢ Storyboard, storyboard example â€¢ Trigger events â€¢ Interaction Diagram, interactions â€¢ Refined Message Information Models and walkthroughs â€¢ Hierarchical Message Definitions, message types Target: January 2005	Supplement to a Current Standard

215	Tuberculosis Domain Analysis Model	The TB Trials Network (TBTN) project is responsible for creating data standards for clinicians, researchers and public health officials working with Tuberculosis data. With the diagnosis of drug-resistant tuberculosis infections becoming routine in the U.S. and abroad, there is an urgent need for early detection and accelerated multi-drug therapy development. Our vision for the data standards project is to facilitate the exchange and promote reuse of information between all parties involved in TB surveillance, treatment, and research and thereby improve treatment, reduce the infection rate and shorten the time to new therapies. Domain: Pulmonary Tuberculosis, treatment, surveillance and research The crux of our problem is to look at what can be standardized in the research community, the treatment community, and the surveillance community, and then look for areas of overlap between these to establish the groundwork for data exchange electronically not only within but between these entities. Data standards developed for our stakeholders must support global requirements and publicly available. We recognize that our prob	1. This project will focus on developing Standard Data Elements with definitions and permissible values for pulmonary TB. These data elements will be reviewed by the TB, healthcare and research communities following Standard Data Organization processes. The data elements will be loaded into a data repository for open access to the public that is facilitated by the National Cancer Institute. 2. The development of a TB Domain Analysis Model will help those who are creating messages for TB to understand the TB space and the relationships of TB information. With the development of this informative standard model it should improve development of consistent transport and data standards. 3. This standard will also facilitate the development of standard data collection tools to provide the ability to aggregate data across research data sets and share standard information between healthcare, surveillance and research. This process should reduce redundant data collection and improve the accuracy of data across various heath entities. 4. This project will also explore the use of a notification message to transport standard TB data from the 5. This is a National Institute of Health project where the primary focus is the develop methodology for t	Domain Analysis Model
187	Public Health Outbreak Management	In this project, the Public Health and Emergency Response SIG will focus on development of messages for public health outbreak management. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, local or possibly global, for use in the new message. This project will address public health outbreak management in general. The initial focus, however, is limited to communicable disease. Outbreak management includes messaging specific to the management of a public health outbreak. The purpose of an outbreak management system is to support the identification, investigation, and management and control an outbreak of a disease. An outbreak management (OM) system is expected to support the needs of investigation, monitoring, management, analysis, and reporting of a disease outbreak. OM builds upon the data captured in a public health case management system, supplemented with specific outbreak information such as: -Additional data related to cases, contacts, and exposures	The following is a list of the work products expected to be produced by this project: â€¢ Storyboards â€¢ Trigger events â€¢ Interaction Diagram, interactions â€¢ Refined Message Information Models and walkthroughs â€¢ Hierarchical Message Definitions, message types	Revise current standard
186	Public Health Case Management	In this project, the Public Health and Emergency Response SIG develop messages related to public health case management. The scope of this project includes development of all the modeling artifacts necessary to support these messages. Also included in the scope of the project is the development of new CMETs, local or possibly global, for use in the new message. This project will address public health case management in general. The initial focus, however, is limited to communicable disease. The purpose of communicable disease case management is the identification, investigation and management of cases and contacts in order to reduce the risk to the public's health from instances of communicable disease. A communicable disease (CD) case management system is generally expected to include functions for supporting the people responsible for dealing directly with incidents of communicable disease and their possible impact on the community, from a public health perspective. Functions expected to be supported may include: -Identification of communicable disease risk, -Initiation of a disease case and/or encounter, -Ma	The following is a list of the work products expected to be produced by this project: â€¢ Storyboards â€¢ Trigger events â€¢ Interaction Diagram, interactions â€¢ Refined Message Information Models and walkthroughs â€¢ Hierarchical Message Definitions, message types	Revise current standard

257	Searchable HL7 Project Database	By the May, 2008 Working Group Meeting, there will be two locations to view information about all of the projects being worked on at HL7: GForge and Project Insight HL7 Project List on GForge: A spreadsheet containing a list of HL7 projects is available on GForge, via the TSCâ€™s File page, located at: http://hl7projects.hl7.nscee.edu/frs/?group_id=52 This spreadsheet is routinely updated by the HL7 PMO, and stems from Project Scope Statements which have been entered into Project Insight, HL7â€™s project management software application. Project Insight Project Scope Statements dating back to 2005 will have been entered into Project Insight. Project Insight User IDs Each Work Group will be assigned a unique user ID and password that will be shared by that work groupâ€™s co-chairs. This is a monetary decision as we are charged for each active ID. We can revisit this decision in the future if need be. In mid-April, the HL7 PMO will email Work Group co-chairs their Project Insight user ID and password. Additionally, user id/passwords will be created for Steering Divisions and the Board of Directors. New Co-Chairsâ€¦Ne	Rollout / Communication Mid April PMO requests the SD co-chairs to disseminate the plan to their Work Groups after the TSC approval PMO submits eNews articles reminding co-chairs of the plan after SD email PMO emails Project Insight user ids and passwords to the co-chairs, by Work Group. PMO submits a news article regarding the plan for the TSCâ€™s technical newsletter which is published prior to the May WGM. Late April PMO works with John Quinn to include in his report to the Board and to the membership at the May WGM PMO facilitates the Work Group co-chairâ€™s validation/clean-up of outdated projects. This effort is to be complete by the May, 2008 WGM in Phoenix. After May WGM PMO submits a news article for the next HL7 Newsletter	- OTHER -
295	Version 3 Publishing Facilitator's Guide	The HL7 Version 3 Standards are a collection of related standards built upon a common Reference Information Model. Due to the extensive range of standards the development of consistent content and presentation can become a complex task. The HL7 Modeling & Methodology Committee has developed the HL7 Development Framework to guide the technical development the standards and the HL7 Tooling Committee is mandated with developing appropriate tooling to support this methodology. The HL7 Publishing Committee is responsible for developing a presentation of the Version 3 standards that is consistent, easy to use format appropriate for a variety of audiences. This document presents an overview of the Publishing Process, the tools that are used to create the content, and some guidance on creating consistent and correct content. The goal of this document is to provide the information needed to create a consistent Version 3 Standard that conforms to the M&M methodology and uses the appropriate tooling.	Document Publishing Process Overview of Publishing Tools Document Required Elements and Provide Guidelines for V3 Content Target: September 2005	
325	Medical Product and Device Listing	This project will develop a standardized specification of the data elements and exchange format for the transmission of information that uniquely and certainly identifiers a medical product or device, wherever authorized for marketing, for the purposes of product listing/registration. The project will further provide references to other standards and external terminology resources required to populate the data elements defined in the standard. Medical products will be the initial focus of the project. The work is based on existing work efforts: ISO/TC 215/SC WG6 N 547 (Health Informatics: IS#11615 Identification of Medicinal Products â€“ Data Elements and Structure for the exchange of product information for drug dictionaries) and HL7 Structured Product Labeling.	â€¢ Improve medical product and device listing processes In the context of the regulation of medical products and devices, it is necessary to put in place a mechanism whereby a list of products available in a specific country or region can be identified uniquely and with certainty. â€¢ Improve identification of medical products and devices across countries and regions The data structure along with the controlled vocabularies provides a mechanism to enable information uniquely identifying a medical product or device, regardless of where the product is authorized, to be exchanged between regulators and to all other interested stakeholders. â€¢ Improve protection of public health Such identification contributes to improved protection of public health by allowing many healthcare and health product regulatory activities such as monitoring safety of products (e.g., pharmacovigilance), electronic prescribing, and ensuring product quality to be undertaken with increased efficacy and certainty. Target Date: Normative standard Fall 2010	Revise Current Standard

303	HL7 Specifications for Exchanging Clinical Laboratory Data from Clinical Research	Exchanging clinical laboratory data from research trials requires not only that the laboratory results themselves be represented, but also that the relevant details of the controlling research protocol be included. In addition, research data is often exchanged when an agreed upon criterion has been reached (e.g., send when subject completes study; send every Thursday at 11PM; submit to regulatory agency when study is complete), whereas laboratory data for patient care is exchanged as results become available. The scope of this project is to provide laboratory data on the basis appropriate for research, while maintaining interoperability between patient care and research specifications in the representation of the results themselves.	Overall objective is to produce HL7 specifications that support exchange of lab results from protocol-driven clinical research. Phase I â€“ create Release 1 - a message that will support exchange of the same data as is transmittable using the CDISC base lab model. Phase II â€“ create an implementation guide for Release 1 Phase III â€“ evaluate possible revisions to the Release 1 message. These may be based on evolution of the CDISC base model, evolution of HL7 practices, additional requirements from HL7 constituents (extensions of the CDISC requirements; will not endanger support of CDISC requirements), or identified problems in Release 1. Any agreed revisions will be balloted as Release 2. Phase IV â€“ extend Release 2 to include extensions of the CDISC model. Likely extensions include the microbiology and genomics areas. Extension will be balloted as Release 3. Phase V â€“ evaluate possible revisions to the Release 3 message (see Phase III for description of work). Any agreed revisions will be balloted as Release 4.	
275	Drug Stability Reporting (eStability)	The project scope is to ballot a HL7 V3 Drug Stability Reporting (eStability) Release 2 Draft Standard for Trial Use (DSTU) message and the Implementation Guide (IG). The HL7 V3 Drug Stability Reporting (eStability) Release 1 is an approved HL7 and ANSI standard. Based on information gathered during the FDA pilot of Release 1 the message and IG were revised and Release 2 was proposed to be balloted as a DSTU. The scope includes: â€¢ Completion of DSTU testing and incorporation of changes or new requirements identified through DSTU testing. â€¢ Completion of IG.	The goal of this project is to develop a method to provide stability data in a standard electronic format so that it may be viewed as it appears on paper or electronic paper by regulatory agencies and industry. Target: Normative Ballot of Release 2 January 2009	Revise Current Standard
271	Periodic Reporting of Clinical Trial Laboratory Data, Release 2	Pharmacogenomics data have been added in this release of the Periodic Reporting of Clinical Trial Laboratory Data standard. These additions will allow the message to be used to transmit sequence and microarray based pharmacogenomics data (and the significant findings, genotypes and phenotypes derived from the raw data) between the laboratories, pharmaceutical companies and regulatory agencies involved in a regulated clinical research study.	â€¢ Storyboard â€¢ Application Roles â€¢ Trigger Events â€¢ Interaction Diagram â€¢ Refined Message Information Model â€¢ Hierarchical Message Definition All products to be delivered by February 19, 2006	
217	Regulated Product Submission Release 2	The project scope is to extend the existing HL7 V3 Regulated Product Submission message with new requirements. The project will take the existing RPS Release 1 standard and enhance this message in a two phase effort ultimately intended to yield a global standard. The intent of this project is to develop RPS Release 2, producing an HL7 standard which will also support the ICH requirements necessary for eCTD v4, and for use in Medical Device submissions outside the United States (to include GHTF requirements). The work may occur in a two phase process. The initial phase will address outstanding requirements to use RPS to prepare and submit regulatory submissions to the US FDA, including related FDA PDUFA IV commitments. ICH eCTD v4 requirements will enter the work stream upon delivery to the Joint Initiative. If ICH and international device regulatory agencies are not able to deliver their requirements in a timely manner, or if HL7 is not able to complete a harmonised standard by early 2011, then the work done to support submissions to the FDA should proceed directly to normative ballot and a seco	RPS Release 2 will support the following goals: â€¢ Extend the capability of the secure electronic single point of entry to include two-way transmission of regulatory correspondence. â€¢ Establish an automated standards-based regulatory submission and review environment for all submissions and their supplements required for industries subject to FDA regulation that enables the following functions and supports the life cycle of the product o Electronic submissions received by FDA can be archived to enable retrieval through standardized automated links; o Electronic submissions can include cross-references to previously submitted electronic materials through standardized automated links; and o Archived electronic submissions can be retrieved through standardized automated links. o It is intended that RPS will be applicable to human drugs and biologics medical devices, foods, and animal health products.	

205	CDISC Content to Message	The project scope is to create HL7 V3 messages from existing content within the CDISC standard. This project will specifically include a) study summary, b) eligibility criteria, c) trial design (including parts I and II: arms, elements visits, planned assessments, and planned intervention(s)), d) statistical analysis plan, e) collected data/study data tabulations and f) derived data/analysis datasets, all of which are currently defined by the CDISC standard. During the course of the project it is expected that new requirements will be discussed, but the goal of this project is not to create new data elements. The use case for this project is sending the aforementioned content to a regulatory authority to support a regulatory submission. The CDISC content will be mapped to four HL7 V3 messages as follows: Proposed HL7 Message: Study Design CDISC Content (from Exploratory Project Charter): a) Study Summary b) Eligibility Criteria c) Trial Design d) Statistical Analysis Plan Status: a) still needs BRIDG harmonization b) still needs more standards development c) trial design is mostly in the BRIDG d) SAP still needs more standards development Proposed	At the end of this project four work streams, V3 messages, will support FDA requirements to receive and store clinical study and adverse event data, and to perform a regulatory review of these data. Work products intended to produce a standard should be in terms of the V3 deliverables: â€¢ Storyboard, storyboard example â€¢ State Transition Diagrams, trigger events â€¢ Interaction Diagram, interactions â€¢ Message Information Models, Refined Message Information Models â€¢ Hierarchical Message Definitions	Create New Standard
178	Laboratory Test Result Abnormality Assessment	The scope of this project is to develop specifications (CMETS, Storyboards, Interactions, and Messages) to support the messaging requirements for a laboratory test result abnormality assessment.	The objective of this project is to conduct an assessment of the CT Laboratory Message (PORT_RM030001), develop a storyboard to reflect the use of that message in identification and assessment of potential laboratory result-based quantitative adverse events, identify required interactions and additional data content, and define a CMET that can be used to support the unique data requirements. The CMET would become an optional structure within a revised version of the CT Laboratory Message for use in a defined set of interactions.	Create New Standard
175	Structured Product Labeling (SPL) â€“ Release 4	The SPL Project will initially explore extending the current normative standard for the efficient exchange of medical device information (this would be similar to drug listing data elements for devices), differentiating features, veterinary medicine information, listing information and NCPDP billing units. Once these areas are explored a recommendation will be made to the committee as to which items will move forward and be included in the standard. The project will seek to work with other HL7 committees to harmonize the SPL model with other related models (e.g., medication model, Clinical Document Architecture) and will be supported by the SPL Working Group within RCRIM.	Modify the Structured Product Labeling HL7 message to accommodate the upcoming inclusion of: 1. Device identification information by: â€¢ Adding data elements for describing medical devices in product SPL. 2. Differentiating features by: â€¢ Adding data elements so that product features such as the absence of gluten, preservatives, or other features may be included in product SPL. 3. Veterinary medicine information by: â€¢ Adding data elements necessary for describing the use of the veterinary product such as species. 4. Listing information by: â€¢ Adding data elements for use in product listing. 5. Billing units by: â€¢ Ensuring that sufficient information is included the SPL so that NCPDP billing units may be included in product SPL. 6. Life Cycle by: â€¢ Including data elements to handle the life cycle for SPL. Target Date: September 2007	Supplement to a current standard
101	SPL IG for FDA Content of Labeling	1. This project is to develop a Structured Product Labeling release 3 Implementation Guide for FDA Content of Labeling	Complete Structured Product Labeling r3 Implementation Guide for FDA Content of Labeling. Target: January 2007	Supplement to a current standard

292	Scheduling Release 2	The Scheduling project defines HL7 Version 3 messages for the purpose of communicating and supporting the various processes related to the scheduling of appointments for services and associated resources. These processes include the functions of requesting, booking, notification, and modification pertaining to appointments and scheduled resources. Closely coupled scenarios are supported through the communication and synchronization of slot information. Scheduling offers a generic set of messages and behavior using abstract concepts that apply equally well to any scheduling activity where reservations for scarce resources have to be made in advance. All kinds of healthcare activities can be scheduled such as in- and outpatient encounters, Surgery and Radiology, food and transportation services. Request transactions communicate requests for the scheduling of appointments for healthcare services or for the booking of resource slots. Query transactions allow any application to query the current schedule of booked and available slots and appointments. Unsolicited transactions provide for the notification of scheduling information between systems.	Due to resource constraints, Scheduling is being developed in a series of releases. Each new release will build upon the last and contain those interactions and messages necessary to support one or more scenarios as those scenarios are presented to the committee. Scheduling is currently balloting Release 2. As a Version 3 project, Scheduling has the normal V3 deliverables: : â€¢ Storyboard, storyboard example â€¢ State Transition Diagrams, trigger events â€¢ Interaction Diagram, interactions â€¢ Message Information Models, Refined Message Information Models â€¢ Hierarchical Message Definitions Target: May 2006	
204	HL7 Version 2.7 Messaging Standard	This project is to create the Version 2.7 standard from Version 2.6, applying those proposals 1. Accepted by the end of the January 2008 WGM 2. Ruled to be in scope 3. Found to be possible in the publication timeframe 4. Begin migrating toward a harmonized terminology with CDA and V3 in general	The objectives of this project are: â€¢ Create new messages â€¢ Remove deprecated messages â€¢ Harmonize changes approved by the various Technical Committees â€¢ Harmonize changes made necessary by regulatory changes	Create New Standard
226	Risk Assessment Framework Cookbook	The scope of this project is to create a unified method and process to identify issues, categorize them using a standard and accepted risk framework, bring the risks to the attention of the Security Technical Committee (TC) and use the consulting and oversight of that committee to standardize the much needed solutions and at the same time leverage the limited resources available. The Cookbook shall contain a mechanism that supports the monitoring and gauging of conformance using the risk analysis process. The intent is to make risk analysis a part of HL7 standards development process and add references to risk analysis in the Healthcare Development Framework (HDF) where appropriate. Formal Risk Assessment Educational training will be made available at each Working Group Meeting (WGM) and Educational Summit on an ongoing basis once ballot approved.	Goal 1 - Security Awareness and Security Consistency Objective A - Submit draft of Security Cookbook Documentation Objective B - Reworked Cookbook with ISO/CEN Risk Framework in place of the COBIT Risk Framework Objective C - Test Pilot group exercise Goal 2 - Ballot Approval of Security Awareness Process Goal 3 - HL7 Adoption and use of the Security Awareness Process	Create New Standard
224	Privacy and Authorization Terminology	The scope of this project includes incorporation of additional RBAC permission vocabulary (e.g., Healthcare Financial Transactions), Privacy Consents and Constraints. Additions to the current RBAC Permission Catalogue will be added as necessary and appropriate for the scope of this project. Regular maintenance reviews as decided by the HL7 Security TC will be scheduled (i.e., annual, bi-annual) as necessary to maintain the most current practices. A review group selected from the Security TC shall be formed for consistency in documentation and future balloting may be necessary. The committee members may be required to attend outside SDO to clarify security and privacy inconsistencies with the HL7 Security and Privacy Update. The scope of this project is agnostic with regard to specific implementation mechanisms that would use it.	To produce and submit a final Permission Catalog vocabulary update to ballot. The update will execute Neumann-Strembeck Engineering Methodology and include consent and constraint language. Target: Ballot January/Winter Meeting 2009.	

268	Infrastructure: Resource Location and Updating Service Functional Model	The Resource Location and Updating Service is a Service Oriented Architecture sub-project that attempts to elaborate the business functional needs in locating, accessing, and interacting with healthcare resources. This specification allocates those functions to service oriented interfaces, and develops conformance criteria for the specification. RLUS is expressly intended to extend existing specifications and implementations, exposing them via a service-oriented layer. This layer is, by definition, less brittle to changing standards and systems while providing a consistent interoperability interface for an organizationâ€™s internal and external business functions. RLUS is being pursued in accordance with the agreement between the HL7 organization and the Object Management Group (OMG). HL7, in accordance with this agreement, shall elaborate the business functional needs, allocate functions to services, and develop conformance criteria for the services specified. HL7 shall also have responsibility for providing the information modeling and content in support of these services. All of the computationally in	The RLUS project will deliver the RLUS Service Functional Model. A Service Functional Model is a textual document enumerating the capabilities of the service and relating those capabilities to relevant existing HL7 semantic content. This will include citations to existing HL7 interaction diagrams and other HL7 models, such as Domain Information Models or Constrained Information models. . Target: 5/19/2006	Create New Standard
264	Infrastructure: Entity Identification Service (EIS) Functional Model	The Entity Identification Service (EIS) Project is part of the Healthcare Services Specification Project (HSSP) [http://hssp.wikispaces.com], a joint endeavor between Health Level Seven (HL7) [http://www.hl7.org] and the Object Management Group (OMG) [http://www.omg.org]. The HSSPâ€™s objectives include: - To stimulate the adoption and use of standardized â€œplug-and-playâ€ services by healthcare software product vendors - To facilitate the development of a set of implementable interface standards supporting agreed-upon services specifications to form the basis for provider purchasing and procurement decisions. HL7, in accordance with this agreement, shall elaborate the business functional needs, allocate functions to services, and develop conformance criteria for the services specified. HL7 shall also have responsibility for providing the information modeling and content in support of these services. All of the computationally independent work shall occur within HL7, as well as the functional conformance criteria assuring that service implementations meet their specified capability. OMG sha	The EIS Project will deliver the EIS Functional Model. A Service Functional Model is a textual document enumerating the capabilities of the service and relating those capabilities to relevant existing HL7 semantic content. This will include citations to existing HL7 interaction diagrams and other HL7 models, such as Domain Information Models or Constrained Information models.	Create New Standard
200	Privacy, Access and Security Services Functional Model	The Privacy, Access and Security Services (PASS) project specifies a set of Service Functional Models (SFMs), each of which defines an encapsulated, loosely-coupled and composable service component that can contribute to ensuring the confidentiality and integrity of healthcare information within a service-oriented environment. The SFM for each PASS component defines both the functional capabilities accessible through its provided interfaces and any external service dependencies. PASS SFMs are intended to be technology neutral, platform neutral and complementary to existing specifications.	For each PASS component service: â€¢ List relevant business scenarios and use cases â€¢ Align with related HL7 TC and SIG activities â€¢ Analyze and reconcile related standards issues â€¢ Define service requirements and dependencies â€¢ Complete SFM specification â€¢ Define functional, semantic and conformance profiles January, 2008 Ballot Cycle	

129	Infrastructure: SOA4HL7 Methodology	The SOA4HL7 Methodology Project is part of the Healthcare Services Specification Project (HSSP) [http://hssp.wikispaces.com], a joint endeavor between Health Level Seven (HL7) [http://www.hl7.org] and the Object Management Group (OMG) [http://www.omg.org]. The HSSPâ€™s objectives include: - To stimulate the adoption and use of standardized â€œplug-and-playâ€ services by healthcare software product vendors - To facilitate the development of a set of implementable interface standards supporting agreed-upon services specifications to form the basis for provider purchasing and procurement decisions. This project will define a methodology by which service definitions can be produced based on existing HL7 V2 and V3 artifacts where they are available. This will give guidance and direction to domain committees considering defining services. This is a complement to the overall Service Specification Development Framework being developed in HSSP. It will include specific guidance on when and how to define services, and how to define elements such as â€œService, Interface, Operation and Messageâ€ a	The project will deliver a document known as the SOA4HL7 Methodology. This is intended to be balloted as an Informative Document. Target: Jan 2007 Workgoup Meeting	
319	Implementation Guide for CDA Release 2 â€“ Level 3 Healthcare Associated Infection Reports (HAI II)	With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, this project will develop an implementation guide constraining CDA Release 2. The implementation guide will support electronic submission of HAI data to the National Healthcare Safety Network.	This project will develop: â€¢Prose implementation guide â€¢Validation rules as XPath/Schematron rule sets â€¢Transformation script for rendering â€¢Guidance for electronic submission In addition, the project may provide database load tools for CDC, these, however, will not be part of the ballot. Initial review during Fall ballot; completion Spring 2009.	- OTHER -
210	Quality Reporting Document Architecture	Health care institutions routinely collect and report performance measure data to improve the quality of care provided to patients. Measure data conforms to the requirements of defined "quality measures" which are written and maintained by institutions concerned about health care quality. This project will define and bring to ballot a set of specifications for communicating quality measure definitions to, and reporting quality data from, electronic health records. The initial focus of the project will involve patient-level data submissions and, for specific use cases, it will include population-based submissions across a defined measure population. The specification will foster the development of fully automated EHR-based data submission and reporting. As needed, it will be compatible with semi-automated reporting which continues to rely on information derived from manual chart review and abstraction. This project will be compatible with the developing project known as "Clinical Document Architecture Release 2 for Reporting". In addition, this project will leverage and harmonize similar activities within and outside HL7 to	The goal of the project will be to develop HL7 Version 3 structured document specifications for quality measurement. Specifically, the project will: 1. Propose a draft standard for trial use (DSTU) for HL7 V3 Standard Specifications for Reporting Quality Measures to be known as the "Quality Reporting Document Architecture". The DSTU will be consistent with other implementations under development by SDTC. The DSTU will define data reporting requirements across the quality reporting domain and will provide specific guidance on an initial set of high-priority quality measures. This set of measure definitions will be augmented over time. 2. Explore the feasibility of a specification that takes defined measures and communicates compliance requirements to a data collection application (EHR). The specification will re-use the same model-driven validation rules as the QRDA. 3. Develop requirements for a set of messages for distributing instances of the QRDA in conjunction with appropriate HL7 TCs/SIGs including Patient Care and Patient Safety. 4. Coordinate with groups outside of HL7, specifically the Alliance for Pediatric Quality, the Collaborative fo 4. Support the use cases developed by the American Health Information Community (AHIC), the Health In The target date for project submission for HL7 national ballot (DSTU) is May 2008	
209	IG for CDA R2 â€“ Lvl 3 Personal Healthcare Monitoring Reports, R1	With cooperation from Continua Health Alliance member companies and Electronic Medical Records software vendors, this project will develop an implementation guide constraining CDA Release 2. The implementation guide will specify CDA based representation of data/information (mostly containing analysed and raw information of data generated by personal healthcare monitoring devices such as glucometers, BP cuffs, thermometers, weight scales). The guide will be used by personal health management organizations (such as disease management organizations) to transfer remotely monitored patient data to electronic health records.	This project will develop: â€¢ Prose implementation guide â€¢ Validation rules as XPath/Schematron rule sets â€¢ Transformation script for rendering Target: September, 2008	Create New Standard

208	Plan-to-Plan PHR Data Transfer	The goal of the Plan-to-Plan Personal Health Record (PHR) Data Transfer Project is to create an HL7 implementation guide that will provide for PHR portability between Health Plans. The project is limited in scope to the payor stakeholder community in the U.S. Realm. However it could be expanded or adapted to include other PHR stakeholders, data transfer beyond the PHR, and the international affiliates.	The objective for the Plan-to-Plan Personal Health Record (PHR) Data Transfer Project is expand the initial 2006 pilot effort base of administrative and claims based data to include account holder entered data about the member/patient and to incorporate additional clinical data elements such as lab and prescribing data, using the HL7 CDA for the primary data format and structure. Project Deliverables: â€¢ Plan-to-plan PHR Data Transfer Draft Standard for Trial Use (DSTU)	Create New Standard
172	Structured Documents Architecture	In this project the Structured Documents committee will focus on the development of a document architecture used in reporting information as a normative standard. In the health care arena, a number of different kinds of reports are produced on a particular topic, organization, or group of individuals that are not intended for a patient chart, but which are still clinical in nature. These documents are not "Clinical Documents" pertaining to a particular patient. In this project, the Structured Documents committee will focus on the structure of such a report, including both narrative and machine-readable content. The intent of this specification is to maintain compatibility with CDA Release 2.0 to the extent possible, modifying it to support the immediate needs for reporting. We will coordinate with other groups, such as the Pediatrics SIG and the Government Projects SIG on determining the requirements for this project. This project will not address financial or administrative reporting at this time.	â€¢ Develop Requirements for Reporting with inputs from o Pediatric SIG Project o Current Work on Healthcare Acquired Infections o Government SIG â€¢ Develop Storyboards for use of a Structured Report â€¢ Develop Refined Message Information model â€¢ Develop HMD and Schema for Structured Report â€¢ Develop Domain Information Model for Structured Documents (supporting CDA R2)	Create New Standard
134	CDA Implementation Guides for Common Clinical Documents	1.This project will develop and bring to ballot one or more (tbd) implementation guides that constrain CDA for common type of clinical documents including, but not limited to, History & Physical, Consult Note, Discharge Summary and SOAP note. The project will initially focus on simple structures (CDA Level One, Level Two) and may reuse some structures/templates from the Care Record Summary, Continuity of Care Document and V3 clinical topics.	This project will develop: â€¢ Prose implementation guide â€¢ Validation rules as XPath/Schematron rule sets Targeting Earliest: January, 2007 for comment or initial committee ballot	Supplement to a current standard
328	HL7 Implementation Guidance for Unique Object Identifiers (OIDs)	The scope of this project is to create an informative document that describes how to obtain and manage the OIDs used for identifiers in clinical documents and other HL7 artifact instances.	An informative document (Implementation Guide) with the tentative title: HL7 Implementation Guidance for Unique Object Identifiers (OIDs) Target: August, 2008	Implementation Guide

272	Representation and Implementation of Reusable Constraint Patterns (Templates) in the HL7 V3 Methodology	This project will produce a standard for the representation and implementation of reusable constraint patterns (templates) that can be applied to Version 3 static information models, including V3 messages and V3 CDA documents. Even though the ultimate publishing "home" for this specification may be as part of the HDF, part of a broader templates specification and or as part of a broader "localization" document, the initial preparation will be as a stand-alone specification.	For over eight years, HL7 has had an objective of providing a mechanism to allow templates (reusable static model constraint patterns) to be defined both within and without HL7. These patterns are to be reusable such that a particular template may be used to constrain a pattern of static model classes and attributes wherever that pattern may appear as part of the static model in one of the formal HL7 specifications. The primary objective of this project is to deliver a technical specification for how such templates shall be defined within the HL7 Version 3 methodology, and how these templates shall be applied to information structures that are instances of the constrained models. (In this context, "information structures" refers to any formally-specified HL7 serializable static model, regardless of whether it is a CDA document, a V3 messages, or some other V3 product. Specific objectives for the project include: o Prepare a DSTU specification for defining and implementing reusable constraint patterns, based on prior discussions in M&M and the Templates SIG. o Provide support for the real-world trial-use of this specification. o Seek harmonization of the resultant representations with CEN and related standards groups defining o Produce and ballot a V3 normative specification on this subject at the end of the DSTU period o Integrate the final standard with the HDF, localization specification and templates documents, as appr Target: May 2006 DSTU ballot May 2008 Membership ballot	
324	Common Terminology Services 2 (CTS2)	Terminology services represent functions necessary to manage, search, and access terminology content. Terminology services provide a consistent specification for using terminology content independent of the terminology content and underlying technology stack. Terminology content represents various resources including lists, value sets, taxonomies, and formal description logic based ontologies. The following thematic areas are considered as part of CTS 2. Administration: This is a set of functions that provide the ability to manage content as part of a terminology service. Administration functions include load terminology, export terminology, activate terminology, and retire terminology. These functions are generally protected and accessible by service administrators with appropriate authorization. Search / Query: This is a set of functions that provide the ability to find concepts based on search criteria. This includes restrictions to specific associations or other attributes of the terminology, including navigation of associations for result sets. This represents the primary utility for using termino	The goal of the Common Terminology Services 2 (CTS 2) Specification is to expand on the original functionality developed in HL7â€™s Common Terminology Service (CTS) Specification. CTS 2 defines the functional requirements of a set of service interfaces to allow the representation, access, and maintenance of terminology content either locally, or across a federation of service nodes.	Revise Current Standard
308	Vocabulary Conceptual Model	The goal of this project is to enhance support for this key document to support HL7 v3 terminology implementations. Finalize and ballot as a standard the conceptual model for concept domains, value sets, and binding syntax.	â€¢ Aggregate existing documentation regarding code systems, concept domains, value sets, and binding syntax â€¢ Restructure and integrate existing documents above into a single descriptive source that provides a high level consensus of how these concepts are defined individually, and the interrelationships between them â€¢ Post document for broader review â€¢ finalize and ballot Target: August 2008	Supplement to a Current Standard
307	Guide to Terminology Basics	The purpose of this document is to provide overall terminology guidance to implementers. â€¢ It will reference existing guides as appropriate. â€¢ It will cover at a high level an overview on o basic terminology principles, usage (including mapping), maintenance, and conformance. o terminology considerations for secondary use of terminology o document terminology â€¢ It will apply to V2 and V3 messaging and other terminology uses (such as a data warehouse).	The objective of the document is to provide a basic understanding of terminology. It is expected that â€¢ implementation projects may reference this document as appropriate. â€¢ This document will not overlap with the conceptual model for concept domains, value sets, and binding syntax. Target: August 2008	Supplement to a Current Standard

IHTSDO				Keyword	Keyword	Keyword	Keyword	Keyword	Keyword	
Standard: ID#	**Title**	**Relevance to eEhealth-Interop: Target topic**	**Description**	**Application Domain**	**Application Domain**	**Application Domain**	**Development/ deployment process**	**Development/ deployment process**	**Technology/ infrastructure**	**Notes**
SNOMED CT, July 2008 hierarchy	Clinical finding	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	Concepts in this hierarchy represent the result of a clinical observation, assessment or judgment, and include both normal and abnormal clinical states.	patient	record	condition				
SNOMED CT, July 2008 hierarchy	Procedure	Direct relevance to Patient Summary	Procedure concepts represent activities performed in the provision of health care. This hierarchy represents a broad variety of activities, including but not limited to, invasive procedures (Excision of intracranial artery (procedure)), administration of medicines (Pertussis vaccination (procedure)), imaging procedures (Ultrasonography of breast (procedure)), education procedures (Low salt diet education (procedure)), and administrative procedures (Medical records transfer (procedure)).	patient	record	activity				
SNOMED CT, July 2008 hierarchy	Observable entity	Direct relevance to Patient Summary	Concepts in this hierarchy can be thought of as representing a question or procedure which can produce an answer or a result. For instance, Left ventricular end-diastolic pressure (observable entity) could be interpreted as the question “What is the left ventricular end diastolic pressure?” or “What is the measured left ventricular end-diastolic pressure?”	patient	record	result				
SNOMED CT, July 2008 hierarchy	Body structure	Relevance to Patient Summary. Relevance to Emergency Dataset	Body structure concepts include normal as well as abnormal anatomical structures. Normal anatomical structures can be used to specify the body site involved by a disease or procedure.	patient	record	anatomy				
SNOMED CT, July 2008 hierarchy	Organism	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	This hierarchy includes organisms of significance in human and animal medicine. Organisms are also used in modeling the causes of diseases in SNOMED CT. They are important for public health reporting of the causes of notifiable conditions and for use in evidence-based infectious disease protocols in clinical decision support systems. Sub-hierarchies of organism include, but are not limited to: Animal (organism), Microorganism (organism), Plant (organism).	patient	record	cause of disease				
SNOMED CT, July 2008 hierarchy	Substance	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	The Substance hierarchy contains concepts that can be used for recording active chemical constituents of drug products, food and chemical allergens, adverse reactions, toxicity or poisoning information, and physicians and nursing orders. Concepts from this hierarchy represent general “substances” and chemical constituents of Pharmaceutical/biologic product (product) which are in a separate hierarchy.	patient	record	cause of disease				
SNOMED CT, July 2008 hierarchy	Pharmaceutical/biologic product	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	The *Pharmaceutical/biologic product* hierarchy is separate from the *Substance* hierarchy. This hierarchy was introduced as a top-level hierarchy in order to clearly distinguish drug products (products) from their chemical constituents (substances).	patient	record	medication				

SNOMED CT, July 2008 hierarchy	Specimen	Direct relevance to Patient Summary.	The Specimen hierarchy contains concepts representing entities that are obtained (usually from a patient) for examination or analysis. Specimen concepts can be defined by attributes which specify: the normal or abnormal body structure from which they are obtained; the procedure used to collect the specimen; the source from which it was collected; and the substance of which it is comprised.	patient	record	laboratory test				
SNOMED CT, July 2008 hierarchy	Special concept	No direct relevance	One sub-hierarchy of Special concept is Inactive concept, which is the supertype for all concepts that have been retired and point to an active concept in the terminology.			terminology	maintenance			
SNOMED CT, July 2008 hierarchy	physical object	Direct relevance to Emergency Dataset	Concepts in the Physical object hierarchy include natural and man-made objects. One use for these concepts is modeling procedures that use devices (e.g., catheterization).	patient	record	device				
SNOMED CT, July 2008 hierarchy	Physical force	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	The concepts in the Physical force hierarchy are directed primarily at representing physical forces that can play a role as mechanisms of injury.	patient	record	injury				
SNOMED CT, July 2008 hierarchy	Event	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset. Relevance to Patient Identification	The Event hierarchy includes concepts that represent occurrences (excluding procedures and interventions).	patient	record	disaster				
SNOMED CT, July 2008 hierarchy	Environments/geographical locations	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset. Relevance to Patient Identification	The Environments and geographic locations hierarchy includes types of environments as well as named locations such as countries, states, and regions.	patient	record	location				
SNOMED CT, July 2008 hierarchy	Social context	Relevance to Patient Identification	The Social context hierarchy contains social conditions and circumstances significant to healthcare. Content includes such areas as family status, economic status, ethnic and religious heritage, life style, and occupations. These concepts represent social aspects affecting patient health and treatment.	patient	record	social aspect				
SNOMED CT, July 2008 hierarchy	Situation with explicit context	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	The meaning conveyed by a SNOMED CT concept in a medical record is affected by the context in which it is recorded. For instance, “Breast cancer” might be used to indicate a Family history of breast cancer, a Past history of breast cancer, or a Current diagnosis of breast cancer. Each of these three meanings differs in regard to the context in which breast cancer is being described. Family history of breast cancer refers to breast cancer occurring in a family member of a patient. Past history of breast cancer indicates that the breast cancer occurred in the patient, at some time in the past, and it is not necessarily present now. Current diagnosis of breast cancer indicates that the breast cancer is present now, and in this patient.	patient	record	history				
SNOMED CT, July 2008 hierarchy	Staging and scales	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	This hierarchy contains such sub-hierarchies as Assessment scales (assessment scale), which names assessment scales; and Tumor staging (tumor staging), which names tumor staging systems.	patient	record	Ability/ forecast				

SNOMED CT, July 2008 hierarchy	Linkage concept	Relevance to Patient Summary. Relevance to Emergency Dataset	This hierarchy includes concepts used for linkage.	patient	record	granularity	terminology	structure		
SNOMED CT, July 2008 hierarchy	Qualifier value	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	The Qualifier value hierarchy contains some of the concepts used as values for SNOMED CT attributes that are not contained elsewhere in SNOMED CT. However, the values for attributes are not limited to this hierarchy and are also found in hierarchies other than Qualifier value.	patient	record	granularity	terminology	semantics		
SNOMED CT, July 2008 hierarchy	Record artifact	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset. Relevance to Patient Identification	A Record artifact is an entity that is created by a person or persons for the purpose of providing other people with information about events or states of affairs.	patient	record	information category				
SNOMED CT, July 2008 file	SNOMED CT concepts, International release	Relevance to all targets	A “concept” is a clinical meaning identified by a unique numeric identifier (ConceptID) that never changes.			terminology	concept		distribution	
SNOMED CT, July 2008 file	SNOMED CT descriptions, International release	Relevance to all targets	Concept descriptions are the terms or names assigned to a SNOMED CT concept. “Term” in this context means a phrase used to name a concept.			terminology	term		distribution	
SNOMED CT, July 2008 file	SNOMD CT relationships, International release	Relevance to all targets	Relationships link concepts in SNOMED CT. Each concept in SNOMED CT is logically defined through its relationships to other concepts.			terminology	concept	categorical structure	distribution	
SNOMED CT Publication	SNOMED CT Userguide	Relevance to all targets	The document describes the content, structure and terminology of SNOMED CT. It is intended to provide new as well as experienced users with an overview and illustrations of SNOMED CT’s capabilities and uses from a content perspective. As such, it explains the content and the principles used to model the terminology.			terminology	guidelines			
SNOMED CT, file	SNOMED CT-ICD-9CM crossmap	Relevance to all targets	Continuously maintained instance of the mapping mechanism with a particular US usecae.	map	terminology	classification	area specific	localization	distribution	
SNOMED CT, April 2008 files	SNOMED CT Spanish Edition	Relevance to all targets	The full Spanish edition of the terminology is released with a three month delay to allow for translation of new content.			terminology	language specific	localization	distribution	
SNOMED CT Publication	IHTSDO Editorial Policy-Content Inclusion Principles and Process	Relevance to all targets	The document addresses the question of what content belongs and does not belong in SNOMED CT. Its primary purpose is to guide the decisions of those individuals charged with triaging and incorporating new content as it is submitted via any channel. Its secondary purpose is to provide guidelines for submission of new content.			terminology	development			
SNOMED CT Publication	Mapping mechanism	Relevance to all targets	Cross Mappings enable SNOMED CT to effectively reference other terminologies and classifications. Each cross map matches SNOMED concepts with another coding scheme that is called the “target scheme.” The Cross Mapping mechanism enables the distribution of Cross Maps from SNOMED Clinical Terms in a common structure.		map	terminology	development		distribution	

SNOMED CT Publication	Sub set mechanism	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	A Subset refers to a set of Concepts, Descriptions, or Relationships that are appropriate to a particular language, dialect, country, specialty, organization, user or context.			terminology	implementation		distribution	
SNOMED CT Publication	Translation standard	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	This draft standard provides processes and products including QA mechanisms for all steps in localization of SNOMED CT. It is under development as a joint effort by translators with experiences from the translations into Spanish, Danish, Swedish and French and Lithuanian.			terminology	localization			
SNOMED CT Publication	Reference set mechanism	Direct relevance to Patient Summary. Direct relevance to Emergency Dataset	This draft standard provides an evolution of the existing sub set specification and which enhances the ability to localize SNOMED CT and to accommodate diverse user preferences and use cases such as Enhancing change management support and Facilitating the use of Refset groups.			terminology	implementation	localization	distribution	
SNOMED CT Publication	SNOMED CT Abstract Models and Representational Forms	Relevance to all targets	This draft publication considers the various abstract logical models and representational forms that apply to SNOMED Clinical Terms concepts and expressions and it describes how to compare their meaning. Because Description logic is applied to SNOMED CT defining relationships to ensure that they are logically consistent with one another, it is possible to use defining relationships to support logical transformations between different "abstract logical models" which express the same meaning.	record	content	expressions	conformance	semantic	interoperability	Working group draft publication
SNOMED CT Publication	SNOMED CT Transformations to Normal Forms	Relevance to all targets	This draft publication is describing how to use description logics to ease the end users storing information that is semantically sound for both human and machine.	record	content	expressions	normalization	semantic	interoperability	Working group draft publicatrion
SNOMED CT Publication	SNOMED CT Technical Implementation Guide	Relevance to all targets	The TIG contains guidelines and advice about the design of applications using SNOMED CT, and covers topics such as terminology services, entering and storing information, and migration of legacy information. Clinical knowledge is not a prerequisite for using this guide.			terminology	implementation	guidelines		

This early set of keyword examples are not yet consistent internally on this sheet or with the remainder of sheets

Keyword	Keyword	Keyword	Keyword	Keyword
record	communication	reference model		
record	communication	archetype		
record	communication	term		
record	communication	security		
record	communication	interface		
patient	card	identity		
patient	card	administration		
patient	card	prescription		
patient	card	linkage	reference	
record	system	function	model	
service	architecture	viewpoint	enterprise	
service	architecture	viewpoint	information	
service	architecture	viewpoint	computation	
datatype				
pharmacovigilance	test	laboroatory	result	
medicine	drug	structure	dictionary	
medicine	drug	product	intensity	
medicine	structure	vocabulary	ingredient	
medicine	structure	vocabulary	various	
medicine	structure	vocabulary	units of measurement	
pharmacovigilance	structure	case safety report		
clinical	knowledge			
categorial structure	concept	medical device		
categorial structure	concept	surgery		
information security	ISO/IEC 17799			
record	audit	trail	ISO 27799	
software	risk management	clinical		
risk evaluation	risk management	software	ISO TS 29231	ISO/IEC 14971
Patient identification	Risk analysis			
medical device communication	point-of-care	remote control		
medical device communication	point-of-care	architecture		
medical device communication	point-of-care	periodic	episodic	
medical device communication	point-of-care	poll		
medical device communication	point-of-care	waveform		
medical device communication	point-of-care	observation	report	
medical device communication	point-of-care	nomenclature	ECG	
medical device communication	point-of-care	nomenclature	implantable	
medical device communication	point-of-care	information base	object	

medical device communication	point-of-care	Association Control		
medical device communication	point-of-care	file	ECG	
data warehouse	clinical	secondary use	ISO TR 22221	
provider identification				
Patient identification				
registry	document	ebXML	ISO 15000	
web access	references	URI	persistence	
interoperability	process	use-case		
data exchange	order	observation	query	
document	exchange			
genomic	markup sequence	report		
data exchange	development	method		
terminology	api			
informatics	glossary	terminology		
patient	terminology	finding	problem	
terminology	category	evaluation		
vpn	on-demand	dynamic	technology	
security	medical device	remote	maintenance	
secure	archive	record	requirements	
secure	archive	record		
access	privilege	control		
pseudonymisation	identification	risk-assessment		
role	actor	structural	fu national	
report	adverse reaction	drug		
report	pharmacy	services		
medical device	network	risk management		
record	architecture			
record	requirement	common information		
record	map			
record				
identity management				
semantic link	information model	terminology		
record	summary	data set		
telehealth	radiology			
information flow	trust			
profile	integration	content		
categorisation	nomenclature	medical device	requirements	
map	terminology	classification		
record	glossary			
maintenance	terminology			
conformance	terminology			
clinical description	classification			
terminology	traditional medicine			
terminology	cross reference	drug	laboratory	
terminology				

semantic	information model	terminology		
data protection	trans-border	personal		
risk analysis	risk management			
directory service	provider	subject of care		
card				
card	professional			
coding	medicinal product			
medical device	waveform	clinical document		
medical device	waveform	ECG	SCP	
medical device	waveform	ECG	12-lead	
medical device	personal health	framework		
medical device	personal health	pulse oximeter		
medical device	personal health	heart rate		
medical device	personal health	non-invasive blood pressure		
medical device	personal health	thermometer		
medical device	personal health	weighing scale		
medical device	personal health	glucose		
medical device	personal health	network	infrastructure	
medical device	personal health	exchange		
medical device	point-of-care	transport	LAN	
medical device	point-of-care	transport	LAN	wireless
medical device	point-of-care	transport		wireless
medical device	point-of-care	dialysis		
security	continuity	care	workflow	