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AS 4700.7—2005
(Incorporating Amendment No. 1)

AS 4700.7—2005

Australian Standard®

Implementation of Health Level Seven (HL7) Version 2.3.1

Part 7: Diagnostic imaging orders and results

STANDARDS
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This Australian Standard® was prepared by Committee IT-014, Health Informatics. It was approved on behalf of the Council of Standards Australia on 2 August 2005.
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- Queensland Medical Laboratory
- Victorian Infectious Diseases Reference Laboratory
- Westmead Hospital

This Standard was issued in draft form for comment as DR 04535.

Standards Australia wishes to acknowledge the participation of the expert individuals that contributed to the development of this Standard through their representation on the Committee and through public comment period.

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PREFACE

This Standard was prepared by the Australian members of the Joint Standards Australia/Standards New Zealand Committee IT-014, Health Informatics, in response to requests from the health informatics community. It covers implementation of the Health Level Seven (HL7) Version 2.3.1 protocol.

This Standard incorporates Amendment No. 1 (December 2006). The changes required by the Amendment are indicated in the text by a marginal bar and amendment number against the clause, note, table, figure or part thereof affected.

After consultation with stakeholders in both countries, Standards Australia/Standards New Zealand decided to develop this Standard as an Australian Standard.

The objective of this Standard is to cover implementation of Health Level Seven (HL7) Version 2.3.1 protocol, for communication between health service providers and diagnostic imaging providers within and between Australian healthcare settings. It also covers referrals between diagnostic imaging providers and communication between diagnostic imaging providers and knowledge bases.

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

The HL7 family of standards specifies the implementation of interfaces between computer applications. It is not rigid. Flexibility is built into the protocol to allow compatibility for specialized data sets that have facility-specific needs. One of HL7's strengths is this inbuilt flexibility. However, it is also one of its weaknesses. It is open to differences in interpretation in its structure and format. Implementation of the HL7 Version 2.3.1 Standard in the Australian health environment requires a common and consistent approach.

The initiative known as 'Integrating the Healthcare Enterprise' (IHE) is designed to promote the integration of healthcare information systems in modern institutions. The IHE approach is not to define new integration standards, but to employ existing standards in an integrated manner. IHE maintains active links with the HL7 and DICOM groups.

This document utilizes the IHE approach where appropriate.

The intended users of this Standard include health authorities, health service providers, diagnostic imaging providers, health institutions, health information technology vendors, health information technology consultants and the health informatics community.

A1 Standards Australia wishes to thank the Department of Health and Ageing for their continued financial support in helping us to achieve our aims.

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