Introduction to HL7 Version 3

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Message Development Methodology

Stage I – Use Case Analysis
- Scope identification
- Business model development
- Use case definition

Stage II – Interaction Design
- Definition of information flows needed to support functional requirements
- Identification of trigger events and application roles

Stage III – Information Analysis
- Data requirements analysis
- Creation of Information Models (derived from the RIM)

Stage IV – Message Design/Specification
- Creation of Hierarchical Message Definition
- Generation of XML Message Schema
The HL7 Message Development Framework
Phases, activities, and models

Requirements Analysis

Solution Design and Implementation

Use Case Analysis

Information Analysis

Interaction Design

Message Design

Use Case Model (UCM)

Reference Information Model (RIM)

Interaction Model (IM)

Hierarchical Message Description (HMD)

Implementation Technology Specification (ITS)

1-n Order choice of 0-n Drug 0-1 Nursing

ER7, CORBA/OLE, SGML/XML, EDIFACT

Reference Model Repository

Figure 1-2. HL7 Message Development Process Model
NOTE: Within the HL7 V3 standards the components that make up the documentation are each referred to as ‘artifacts’.

☞ **Stage I – Use Case Analysis**
   ☞ Storyboards

☞ **Stage II – Interaction Design**
   ☞ Interaction Models (Message Types, Trigger Events, Application Roles)

☞ **Stage III – Information Analysis**
   ☞ Domain Message Information Model
   ☞ Refined Message Information Models

☞ **Stage IV – Message Design/Specification**
   ☞ Hierarchical Message Definition
   ☞ XML Message Schema
A storyboard depicts a story using a series of "snapshots" or events in chronological sequence;

Each snapshot illustrates the key participants in the storyboard and their interaction with other players;

Mr. Adam Everyman was admitted on Monday to the Good Health Hospital Inpatient Unit for his hip replacement surgery with Dr. Sara Specialize as his attending practitioner. Dr. Specialize was called out of town on a family emergency before arriving at the hospital on Tuesday morning. The active attending practitioner for Mr. Everyman's encounter was changed from Dr. Sara Specialize to Dr. Aaron Attending as of Tuesday morning, 7am [Interaction Attending Practitioner Changed].
Version 3 Artifacts

- **Stage I – Use Case Analysis**
  - Storyboards

- **Stage II – Interaction Design**
  - Interaction Models (Message Types, Trigger Events, Application Roles)

- **Stage III – Information Analysis**
  - Domain Message Information Model
  - Refined Message Information Models

- **Stage IV – Message Design/Specification**
  - Refined Message Information Models
  - Hierarchical Message Definition
  - XML Message Schema
The interaction model defines the specific information flows that are needed to support the functional requirements.

Interactions are at the heart of messaging. An Interaction is a unique association between a specific Message Type (information transfer), a particular Trigger Event that initiates or "triggers" the transfer, and the Application Roles that send and receive the message type. It is a unique, one-way transfer of information.
Interaction Model

Sending Application Role

Receiving Application Role

Trigger Event

Message Type

Change Attending Practitioner
PRPA_ST301011

Attending Practitioner Change Informer
PRPA_AR301011

Attending Practitioner Changed
PRPA_IN301011

Attending Practitioner Change Tracker
PRPA_AR301012
The change in state (state transition) is associated with a trigger event that causes the transition.
Version 3 Artifacts

❖ Stage I – Use Case Analysis
   ❖ Storyboards

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   ❖ Refined Message Information Models

❖ Stage IV – Message Design/Specification
   ❖ Hierarchical Message Definition
   ❖ XML Message Schema
Reference Information Model (RIM)

- Defines all the information from which the data content of HL7 messages are drawn
- Follows object-oriented modeling techniques, where the information is organized into classes that have attributes and that maintain associations with other classes
- Forms a shared view of the information domain used across all HL7 messages independent of message structure
- Provides a means for discovering and reconciling differences in data definition
RIM Core Classes

4 structural attributes:
- classCode, typeCode, moodCode, determinerCode

Source: HL7, Woody Beeler
Act - represents the actions that are executed and must be documented as health care is managed and provided.

Act Relationship - represents the binding of one act to another, such as the relationship between an order for an observation and the observation event as it occurs.

Entity - represents the physical things and beings that are of interest to, and take part in health care.

Role - establishes the roles that entities play as they participate in health care acts.

Role Link - which represents relationships between individual roles.

Participation - expresses the context for an act in terms such as who performed it, for whom it was done, where it was done, etc.
Source: HL7, Woody Beeler
Roles

Role
classCode : CS
typeCode : CS
code : CE
negationInd : BL
addr : BAG<AD>
telecom : BAG<TEL>
statusCode : SET<CS>
effectiveTime : IVL<TS>
certificateText : ED
quantity : RTO
positionNumber : LIST<INT>

LicensedEntity
recertificationTime : TS

Patient
confidentialityCode : CE
veryImportantPersonCode : CE

Access
approachSiteCode : CD
targetSiteCode : CD
gaugeQuantity : PQ

Employee
jobCode : CE
jobTitleName : SC
jobClassCode : CE
occupationCode : CE
salaryTypeCode : CE
salaryQuantity : MO
hazardExposureText : ED
protectiveEquipmentText : ED
Information Modeling
HL7 Domains

Domain Ballot Documents

Common Domains
- (CMET) Common Message Element Types
- Shared Messages

Infrastructure Management
- Transmission
- Message Control
- Query
- Master File

Administrative Management
- Accounting and Billing
- Claims & Reimbursement
- Patient Administration
- Personnel Management
- Scheduling

Health and Clinical Management
- Blood Bank
- Laboratory
- Medical Records
- Pharmacy
- Public Health Reporting
- Informative Public Health Specifications
- Regulated Studies
- Therapeutic Devices
The Domain Message Information Model (D-MIM) is a subset of the RIM that includes a fully expanded set of class clones, attributes and relationships that are used to create messages for any particular domain.

For example, the set of classes that are used by the Laboratory domain is quite different from that used by the Patient Administration domain. The D-MIMs for these two domains, then, will be quite different, although both will be derived from the RIM.
Patient Administration DMIM
Refined Message Information Models (R-MIMs) are used to express the information content for one or more messages within a Domain. Each R-MIM is a subset of the D-MIM and contains only those classes, attributes and associations required to compose the set of messages.
A closer look at the DMIM…
Refined Message Information Model

Attending Practitioner Change

This R-MIM supports changing the active attending practitioner for an active encounter.

EncounterEvent

classCode*: ENC
moodCode*: EVN
id*: SET<> [1..*]
code: CD CWE [0..1] <= ActEncounterCode

attender1

typeCode*: ATND
time*: IVL<TS> [1..1]
modeCode: CE CWE [0..1] <= ParticipationMode
id*: SET<> [0..*]
statusCode*: CS CWE [1..1] <= ManagedParticipationStatus "active"

attender2

typeCode*: ATND
time*: IVL<TS> [1..1]
modeCode: CE CWE [0..1] <= ParticipationMode
id*: SET<> [0..*]
statusCode*: CS CWE [1..1] <= ManagedParticipationStatus

subject

typeCode*: SEJ

1..1 patient

Note:
The two 'attender' participations must have different statusCode values.
Version 3 Artifacts

Stage I – Use Case Analysis
- Storyboards

Stage II – Interaction Design
- Interaction Models (Message Types, Trigger Events, Application Roles)

Stage III – Information Analysis
- Domain Message Information Model
- Refined Message Information Models

Stage IV – Message Design/Specification
- Hierarchical Message Definition
- XML Message Schema
An HMD is a tabular representation of the sequence of elements (i.e., classes, attributes and associations) represented in an R-MIM.

A Message Type represents a unique set of constraints applied against a common message.
The HMD and its contained message types may be downloaded as an Excel spreadsheet.

<table>
<thead>
<tr>
<th>No</th>
<th>Element Name</th>
<th>Card Mon</th>
<th>Conf Rim Source</th>
<th>of Message Element Type</th>
<th>Src</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EncounterEvent</td>
<td>0..1</td>
<td>M</td>
<td>PatientEncounter</td>
<td>ENC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>code</td>
<td>1..1</td>
<td>M</td>
<td>Act</td>
<td>CS</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>moodCode</td>
<td>1..1</td>
<td>M</td>
<td>Act</td>
<td>CS</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>id</td>
<td>1..*</td>
<td>M</td>
<td>Act</td>
<td>SET</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>code</td>
<td>0..1</td>
<td>M</td>
<td>Act</td>
<td>CD</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>subject</td>
<td>1..1</td>
<td>M</td>
<td>Act</td>
<td>Subject</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>typeCode</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>CS</td>
<td>SBJ</td>
</tr>
<tr>
<td>8</td>
<td>patient</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>COCT_MT03001</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>attender1</td>
<td>1..1</td>
<td>M</td>
<td>Act</td>
<td>Attender1</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>typeCode</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>CS</td>
<td>ATND</td>
</tr>
<tr>
<td>11</td>
<td>time</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>M&lt;TS&gt;</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>moodCode</td>
<td>0..1</td>
<td>M</td>
<td>Participation</td>
<td>CE</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>id</td>
<td>0..*</td>
<td>M</td>
<td>ManagedParticipation</td>
<td>SET</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>statusCode</td>
<td>1..1</td>
<td>M</td>
<td>ManagedParticipation</td>
<td>CS</td>
<td>active</td>
</tr>
<tr>
<td>15</td>
<td>assignedEntity</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>COCT_MT030103</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>attender2</td>
<td>1..1</td>
<td>M</td>
<td>Act</td>
<td>Attender2</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>typeCode</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>CS</td>
<td>ATND</td>
</tr>
<tr>
<td>18</td>
<td>time</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>M&lt;TS&gt;</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>moodCode</td>
<td>0..1</td>
<td>M</td>
<td>Participation</td>
<td>CE</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>id</td>
<td>0..*</td>
<td>M</td>
<td>ManagedParticipation</td>
<td>SET</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>statusCode</td>
<td>1..1</td>
<td>M</td>
<td>ManagedParticipation</td>
<td>CS</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>assignedEntity</td>
<td>1..1</td>
<td>M</td>
<td>Participation</td>
<td>COCT_MT030103</td>
<td></td>
</tr>
</tbody>
</table>
The schema is used to validate all XML messages that conform to the particular message type.

```xml
<xinclude schemaLocation="COCT_MT050001.xsd"/>
<xinclude schemaLocation="COCT_MT090103.xsd"/>
<x:schema name="EncounterEvent" type="PRPA_MT301011 EncounterEvent">
  <xs:complexType name="PRPA_MT301011 EncounterEvent">
    <xs:sequence>
      <xs:element name="id" type="ID" minOccurs="1" maxOccurs="unbounded"/>
      <xs:element name="code" type="CD" minOccurs="0" maxOccurs="1"/>
      <xs:element type="PRPA_MT301011 Subject" minOccurrences="1" maxOccurrences="1" name="subject"/>
      <xs:element type="PRPA_MT301011 Attender1" minOccurrences="1" maxOccurrences="1" name="attender1"/>
      <xs:element type="PRPA_MT301011 Attender2" minOccurrences="1" maxOccurrences="1" name="attender2"/>
    </xs:sequence>
    <xs:attribute name="type" type="ClassSec" default="Patient Encounter"/>
    <xs:attribute name="classCode" type="ActClass" use="optional" default="ENC"/>
    <xs:attribute name="moodCode" type="ActMood" use="optional" default="EVN"/>
    <xs:attribute name="templateId" use="optional">
      <xs:simpleType>
        <xs:restriction base="tns:oid"/>
      </xs:simpleType>
    </xs:attribute>
    <xs:attribute name="typeID" use="optional">
      ...
    </xs:attribute>
  </xs:complexType>
</xs:schema>
```
Tooling

Stage I – Use Case Analysis
- Scope identification
- Business model development
- Use case definition

Stage II – Interaction Design
- Definition of information flows needed to support functional requirements
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Stage IV – Message Design/Specification
- Creation of HMD
- Generation of XML Message Schema

Word, Visio etc.

RMIM Designer*

Rosetree Repository

Schema Generator
Structure of an HL7 Message

Transport Wrapper
[e.g. MCCI_MT000101 ]
(always)

Trigger Event Control Act Wrapper
[e.g. MFMI_MT700701 ]
(conditional)

Message Payload
[e.g. PRPA_MT030000 ]
(required for each trigger event)

Sender, Receiver, Message Handling
Convey Status or Commands
Add Client Message
The following is the structure of the table of contents for each of the domains.

Table of Contents

1. Overview
   1.1 Preface
   1.2 Introduction & Scope
   1.3 Message Design Element Navigation
   1.4 Domain Message Information Models
   1.5 Storyboards
2. Message Local Topic
   2.1 Storyboards
   2.2 Application Roles
   2.3 Trigger Events
   2.4 Refined Message Information Models
   2.5 Hierarchical Message Descriptions
   2.6 Interactions
3. Message Remote Polling Topic
   3.1 Storyboards
   3.2 Application Roles
   3.3 Trigger Events
   3.4 Refined Message Information Models
   3.5 Hierarchical Message Descriptions
   3.6 Interactions
4. Common Message Elements Indexes
   4.1 CMETs Derived From This Domain
   4.2 CMETs Used In This Domain
5. Interaction Indexes
   5.1 By Application Role
   5.2 By Trigger Event
   5.3 By Message Type
Each artifact is submitted by a Technical Committee and given a unique identifier that is assigned by concatenating the Sub-Section, Domain and Artifact code with a 6-digit, non-meaningful number.

<table>
<thead>
<tr>
<th>Health &amp; Clinical Management Domains</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsection: Operations</td>
<td>PO</td>
</tr>
<tr>
<td>Includes: Laboratory Pharmacy</td>
<td>POLB</td>
</tr>
<tr>
<td></td>
<td>PGRX</td>
</tr>
<tr>
<td>Subsection: Records</td>
<td>RC</td>
</tr>
<tr>
<td>Includes: Medical Records</td>
<td>RCMR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Management Domains</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsection: Practice</td>
<td>PR</td>
</tr>
<tr>
<td>Includes: Patient Administration</td>
<td>PRPA</td>
</tr>
<tr>
<td>Scheduling</td>
<td>PRSC</td>
</tr>
<tr>
<td>Personnel Management</td>
<td>PRPM</td>
</tr>
<tr>
<td>Subsection: Financial</td>
<td>F1</td>
</tr>
<tr>
<td>Includes: Claims &amp; Reimbursement</td>
<td>F1CR</td>
</tr>
<tr>
<td>Accounting &amp; Billing</td>
<td>F1AB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infrastructure Management Domains</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsection: Message Control</td>
<td>MC</td>
</tr>
<tr>
<td>Includes: Message Control Infrastructure</td>
<td>MCCI</td>
</tr>
<tr>
<td>Message Act Infrastructure</td>
<td>MCAI</td>
</tr>
<tr>
<td>Subsection: Master File</td>
<td>MF</td>
</tr>
<tr>
<td>Includes: Master File Management</td>
<td>MFMI</td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
</tr>
<tr>
<td>Subsection: Query</td>
<td>QU</td>
</tr>
<tr>
<td>Includes: Query Infrastructure</td>
<td>QUQI</td>
</tr>
<tr>
<td>Subsection: Common Content</td>
<td>CO</td>
</tr>
<tr>
<td>Includes: Common Message Elements</td>
<td>COCT</td>
</tr>
<tr>
<td>Common Message Content</td>
<td>COMT</td>
</tr>
</tbody>
</table>
Naming Convention

UUDD_AAnnnnnnRRvv

UU = Sub-Section code
DD = Domain code
AA = Artifact or Document code
nnnnnn = Six digit zero-filled number
RR = Realm Code  (Currently only UV is supported)
vv = Version Code

Example:

PRPA_AR00001UV00
Practice Sub-Section, Patient Administration Domain, Application Role Artifact number 000001, Universal Realm, Version 00.
9.5.1 Attending Practitioner Change (PRPA_HD301011)

Description
This HMD defines the message used report that attending practitioner responsibility has changed during an active encounter.

Common Message Element Types Used In This Domain
At this time there is no content for this section.

Base Hierarchical Message Description

<table>
<thead>
<tr>
<th>Message Type List</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Practitioner Changed</td>
<td>PRPA_MT301011</td>
</tr>
<tr>
<td>Attending Practitioner Change Canceled</td>
<td>PRPA_MT301012</td>
</tr>
</tbody>
</table>
Storyboard to RMIM Example
Scenario: A client relocates to a new jurisdiction.

- An individual relocates from Prince Edward Island to Ontario.
- Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.
- The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.
- The person is added to the source system. A unique client identifier is assigned and the former jurisdictional unique identifier and current demographic information is entered.
- A notification indicating a new client has been added is sent to the jurisdictional registry.
An individual relocates from Prince Edward Island to Ontario.

Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.

The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.

The person is added to the source system. A unique client identifier is assigned, the former jurisdictional unique identifier and current demographic information is entered.

A notification indicating a new client has been added is sent to the jurisdictional registry.
An individual relocates from PEI to Ontario.

Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.

The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.

The person is added to the source system. A unique client identifier is assigned, the former jurisdictional unique identifier and current demographic information is entered.

A notification indicating a new client has been added is sent to the jurisdictional registry.
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A notification indicating a new client has been added is sent to the jurisdictional registry.

<table>
<thead>
<tr>
<th>Individual</th>
<th>1. No need to communicate with former registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Edward Island</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>2. Communication only with jurisdictional registry so no need to specifically identify</td>
</tr>
<tr>
<td>Provider</td>
<td>3. Identification of Provider not relevant</td>
</tr>
<tr>
<td>Clinic</td>
<td>4. Clinic may only be relevant to ensure access to registry (not in scope?)</td>
</tr>
<tr>
<td>Receptionist</td>
<td>5. Identification of receptionist not relevant</td>
</tr>
<tr>
<td>Searches</td>
<td></td>
</tr>
<tr>
<td>Registry</td>
<td></td>
</tr>
<tr>
<td>Person is added</td>
<td>6. Source system not relevant (not in scope)</td>
</tr>
<tr>
<td>Source system</td>
<td></td>
</tr>
<tr>
<td>Client</td>
<td></td>
</tr>
<tr>
<td>Notification</td>
<td></td>
</tr>
</tbody>
</table>
An *individual* relocates from PEI to Ontario.

Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.

The receptionist *searches* to see if the person already exists in the jurisdictional *registry*. No matched records are found.

The *person is added* to the source system. A unique *client* identifier is assigned, the former jurisdictional unique identifier and current demographic information is entered.

A *notification* indicating a new client has been added is sent to the jurisdictional registry.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searches</td>
<td>Interaction</td>
</tr>
<tr>
<td>Registry</td>
<td>Entity</td>
</tr>
<tr>
<td>Person is added</td>
<td>Trigger</td>
</tr>
<tr>
<td>Client</td>
<td>Role</td>
</tr>
<tr>
<td>Notification</td>
<td>Interaction</td>
</tr>
</tbody>
</table>
An individual relocates from PEI to Ontario.

Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.

The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.

The person is added to the source system. A unique client identifier is assigned, the former jurisdictional unique identifier and current demographic information is entered.

A notification indicating a new client has been added is sent to the jurisdictional registry.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Entity</th>
<th>Name, Address, Gender, DOB, Death Ind, Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searches</td>
<td>Interaction</td>
<td>Name, Address, Gender, DOB, ID</td>
</tr>
<tr>
<td>Registry</td>
<td>Entity</td>
<td>ID, Name</td>
</tr>
<tr>
<td>Person is added</td>
<td>Trigger</td>
<td></td>
</tr>
<tr>
<td>Client</td>
<td>Role</td>
<td>ID</td>
</tr>
<tr>
<td>Notification</td>
<td>Interaction</td>
<td></td>
</tr>
</tbody>
</table>
The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.
Create Add Client RMIM

Add Client
(PRPA_RM030000)
Entry point for Add Client message.

Client

classCode*: <= CIT
id*: LIST<II> [1..*]

0..1 politicalRegistryOrganization

Person

classCode*: <= PSN
determinerCode*: <= INSTANCE
name*: LIST<PN> [1..*]
telecom*: adminiindividualGenderCode*: CS CNE [1..1] <= AdministrativeGender
birthTime*: [1..1] (Not always known.)
deceasedInd: BL [0..1]
deceasedTime*: TS [0..1]
addr*: LIST<AD>

RegistryOrganization

classCode*: <= ORG
determinerCode*: <= INSTANCE
id*: II [1..1]
name*: TN [0..1] (Only used to cross-reference ID.)

1..1 citizenPerson

Note:
Client should not be added to a CR with an ID in the notification message.

Note:
Use case: Missing names and names not yet selected will be represented by values: UNK - name unknown, NAV - name temporarily unavailable.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Entity</th>
<th>Name, Address, Gender, Date of Birth, Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry</td>
<td>Entity</td>
<td>ID, Name</td>
</tr>
<tr>
<td>Client</td>
<td>Role</td>
<td>ID</td>
</tr>
</tbody>
</table>
An individual relocates from PEI to Ontario.

Upon arrival in the new jurisdiction, the individual seeks medical care from a provider at a walk-in clinic.

The receptionist searches to see if the person already exists in the jurisdictional registry. No matched records are found.

The person is added to the source system. A unique client identifier is assigned, the former jurisdictional unique identifier and current demographic information is entered.

A notification indicating a new client has been added is sent to the jurisdictional registry.
To complete the development process…

- Refine RMIMs and save to Repository
- Create Hierarchical Message Definitions (HMD) from RMIM
- Create Message Type from HMD
- Create payload XML Schema from Message Type
- Stitch together with Wrappers
Thank you for your time!

Questions?

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