



## HIPS

### Release Note

7 June 2019 v7.1.1  
Approved for external use  
Document ID: DH-2872:2019

Related end product identifier: EP-2869:2019

#### Release rationale

HIPS v7.1.1 is an incremental release that incorporates a number of enhancements to the HIPS v7.1.0 minor release, as follows:

- user interface performance enhancements
- user interface advance search improvements
- user interface patient summary enhancements
- implementing defect fixes found during v7.1.0 site acceptance testing

For a comprehensive list of changes, there are two related documents:

- DH-2880:2019 HIPS –Interface Change Log v7.1.1
- DH-2996:2019 HIPS - Functional Change Log v7.1.1

#### Package inclusions

##### Updated (supersedes previous version)

DH-2872:2019	<i>HIPS – Release Note v7.1.1 (this document)</i>
DH-2873:2019	<i>HIPS – Product Data Sheet v7.1.1</i>
DH-2874:2019	<i>HIPS – Documentation Package v7.1.1</i>
DH-2870:2019	<i>HIPS – Binary Software Package v7.1.1</i>
DH-2871:2019	<i>HIPS – Source Code Software Package v7.1.1</i>
DH-2880:2019	<i>HIPS – Interface Change Log v7.1.1</i>
DH-2996:2019	<i>HIPS – Functional Change Log v7.1.1</i>

## Change details

The following items are addressed by this release.

### 7.1.1

EHISC ID	Summary	Change description
EHISC-278	GUID seen in place of patient MRN in embedded views.	In HIPS UI the Embedded pages and Patient Summary page has been modified to display an IHI in place of an MRN if the pattern matches a HIPS generated GUID format.
EHISC-504	Change Advanced Search "View Episode" action help text to "Enter Discharge Summary".	Advanced Search has been modified to display "Enter Discharge Summary" helper text instead of "View Episode" for the Discharge Summary action help text.
EHISC-505	Advanced Search action icons should be unique.	Advanced Search has been modified to each use a unique icon for each action.
EHISC-518	Session timeout resulting in double login being required.	On occasion after a session timeout a user would be forced to re-login twice. This double login no longer occurs.
EHISC-519	HIPS incorrectly rejects ORU message when ReportID is present and OBX 3.4 is not provided and also when ReportID is not present and OBX-3.4 is empty string.	HIPS will now check if OBX-3.4 is null or empty before it proceeds to validate Report ID vs OBX-3.4 or Accession ID vs OBX-3.4.
EHISC-520	UI.HideLogoutLink should hide logout link only in embedded view.	The UI.HideLogoutLink setting now only affects embedded view. When the hide logout link setting is enabled, normal users can log out of the application, while embedded users can simply close the window.
EHISC-521	Rename "Remove Documents" feature to "View and Remove Uploaded Documents".	Menu items on the top menu bar and bottom menu of HIPS UI screens updated to show "View and Remove Uploaded Documents" instead of "Remove Documents". Action tooltip in Advanced Search results shows "View and Remove Uploaded Documents" instead of "Remove Documents". "Remove Document" page has been renamed "View and Remove Uploaded Documents".
EHISC-522	ADT message with only first and last name should not return an error.	HIPS now accepts ADT messages with PID-5 Patient Name that contains only a family name and first given name like  FAMILY^FIRST . All components of Patient Name are now optional, however at least a family name and one given name is required to search for an IHI.
EHISC-524	Demo Harness showed an error after submitting a PAS message.	Demo Harness can now submit ADT messages and show IHI lookup audits without error.
EHISC-529	Patient Summary screen is displayed as a landing page while switching between health services.	HIPS UI now showing facility name as read only text and add a new clickable text "Select Facility" to allow user to change facility. "Select Facility" will only appear when the user is on pages that are not patient specific.  Pages allow user to select facility: <ul style="list-style-type: none"> <li>• Home/Index</li> <li>• DataIntegrity/Patients</li> <li>• DataIntegrity/PatientsWithoutIhiView</li> <li>• DataIntegrity/DuplicatePatientsView</li> <li>• DataIntegrity/OtherAlertsView</li> <li>• DataIntegrity/OverriddenDemographics</li> <li>• HpiiSearch/SearchById</li> <li>• HpiiSearch/SearchByDemographics</li> <li>• AssistedRegistration/Unregistered</li> <li>• DisclosureManagement/Patients</li> <li>• PcehrView/Patients</li> <li>• PcehrView/Lookup</li> <li>• ConsentManagement/Patients</li> <li>• DocumentManagement/Patients</li> <li>• DocumentUpload/Patients</li> <li>• Patient/AdvancedSearch</li> </ul>

EHISC ID	Summary	Change description
EHISC-530	DB Update breaks Availability Group.	HIPS deployment documentation has been updated to provide guidance on deploying HIPS databases in a clustered SQL Server environment.
EHISC-532	Document how to protect HIPS UI against BREACH Attack.	Documentation has been added to the Initial and Clean Installation Guide (UI) with a recommendation and guidance on how to protect HIPS UI from the BREACH attack vulnerability.
EHISC-534	Review and update Module Guides with 7.1 functionality.	Module Guides for Core and UI have been reviewed to find and update any information that was out-of-date with respect to HIPS 7.1 functionality.
EHISC-537	FailureReason not being populated in HL7MessageLog for Path/DI Uploads.	HIPS Core has been modified to log a failure reason in HL7MessageLog for HL7 ORU Pathology and Diagnostic Imaging uploads when an error occurs.
EHISC-538	CDA validation of partial dates and fractional seconds in Specimen Collection Date and Imaging Date.	HIPS will now fail document upload queue operations with a validation error if a partial date or a date with fractional seconds is found in the creationTime, serviceStartTime and serviceStopTime metadata in upload requests, including but not limited to the specimen collection date for pathology reports, and the imaging date for diagnostic imaging reports.
EHISC-543	Sorting on 'View My Health record' column on PcehrView/Patients page hides all the 'View My Health Record' icons.	In HIPS UI the sorting option has been removed from the Action column on the View My Health Record page.
EHISC-544	Review and update Service Catalogue (Core) to add missing information about queue query services.	The Service Catalogue (Core) documents the web service operations and all data types used in the requests and responses for the queue query services added to IPcehrServiceV3 in HIPS 7.0.
EHISC-546	Missing Medicare/DVA in ORU messages were aborted by HIPS but QueueStatusId is still 1.	A missing Medicare/DVA in HL7 ORU caused messages to be marked as pending and get stuck in the queue. HIPS will now correctly mark the messages as failed on the queue.
EHISC-548	Invalid DOB in ORU messages were aborted by HIPS but QueueStatusId is still 1.	An invalid DOB in HL7 ORU caused messages to be marked as pending and get stuck in the queue. HIPS will now correctly mark the messages as failed on the queue.
EHISC-549	HL7 ORU validation of partial dates and fractional seconds in Specimen Collection Date and Imaging Date.	HIPS will now return a validation error if a partial date or a date with fractional seconds is provided in OBR-7 for HL7 ORU messages.
EHISC-550	Overridden Demographics documentation.	Documentation for Overridden Demographics functionality has been improved in the Module Guide for HIPS UI.
EHISC-553	Error window observed while clicking 'Continue' on the session logout window.	Users of HIPS UI now see a friendly message that informs them of the need to log out if they click Continue on the session timeout warning after the session has already ended.
EHISC-554	Change PSML template.	Updated the default document code in the HIPS Core hips.DocumentFormat table for Pharmacist Shared Medicines List to 1.2.36.1.2001.1006.1.237.1.
EHISC-564	Failed Gain Access causes exception when representing hospital has not been set.	HIPS UI will now display a suitable error when a user with no representing hospital attempts to Gain Access to a patient's My Health Record.
EHISC-567 / EHISC-568	Sundry issues with Monitoring Tool.	The following issues with the HIPS Monitoring Tool have been resolved: <ol style="list-style-type: none"> <li>1. The Monitoring Tool showed an incorrect pending item count.</li> <li>2. For large databases, a timeout-related error may have been displayed when attempting to save a document that failed to upload.</li> </ol>
EHISC-578	Poor System Interaction Log query performance when joining based on metadata.	Improves performance of queries joining audit and system interaction log data in the HIPS Core database by establishing foreign key relationships between audit and system interaction log tables.
EHSIC-579	UI should show patient summary after gaining emergency access for patient with RAC.	Previously the behaviour of the IsPcehrAdvertised service would use a locally cached result if it was last retrieved within the configured period. The service has been modified to always use the My Health Record system. The IsPcehrAdvertisedLocal service should be used to retrieve a cached version instead.

EHISC ID	Summary	Change description
EHISC-580	Module Guide (Core) should describe how setting PcehrExistsReuseIntervalMinutes affects each HIPS Core web service.	The Module Guide (Core) has been updated to describe how the PcehrExistsReuseIntervalMinutes settings affects each HIPS Core web service.
EHISC-581	Log off security issue with HIPS.	HIPS UI, to the extent possible, prevents client-side caching of data, by setting “no cache” headers to be respected by web browser clients.
EHISC-398	Deployment enhancements.	Enhancements to the installation improvements introduced previously by EHISC-398 Scripted installation, including: Replacing component installation switches with an enumerated list Ensuring installation of prerequisites based on requirements of specified components Simplifying & standardising PowerShell file naming across HIPS products All HIPS product documentation has been updated to reflect these enhancements.

### 7.1.0

EHISC ID	Summary	Change description
EHISC-227	UploadDischargeSummaryLevel1A validation fault does not show target location.	Previously UploadDischargeSummaryLevel1A validation faults did not show the detail require to resolve the validation issue. HIPS has been modified to include this important detail.
EHISC-228	Wrong error message for invalid document ID.	Previously an invalid CDA document ID sent to the UploadOrSupersedeDocument service would incorrectly return an error indicating the document type code was unknown to HIPS. HIPS will now return an appropriate error message in the response indicating the document ID is invalid.
EHISC-229	Database error when patient given name not supplied in ORU message.	Previously a HL7 ORU message submitted to HIPS without a given name would cause a database error. HIPS has been modified to immediately return a validation error in the response indicating that a given name and family name are required.
EHISC-230	Precision and time zone offset of date/time in HL7 not preserved in CDA.	HIPS Core has been modified to preserve the original precision indication (year, month, day, hour, minute, second or fractional seconds & time zone) of date/time value in a pathology or diagnostic imaging report HL7 message. See also EHISC-476.
EHISC-234	Browser gets stuck in a redirect loop when user not assigned to any healthcare facilities.	Previously if a user of HIPS-UI was not assigned to any healthcare facilities they would be shown an error message upon first log in, but if they attempted to access any screens requiring a healthcare facility, their session would enter an infinite redirect loop, resulting in an unusable session. This behaviour has been corrected such that any attempt to access a screen requiring a healthcare facility displays a similar error message and does not result in an unusable session.
EHISC-236	Drop-down menu in the top right of the HIPS UI stand-alone header displays off the right edge at 1024x768 resolution.	Previously in HIPS UI, the user preference drop-down menu was displayed off screen at 1024x768 resolution. HIPS UI has been modified to ensure the user preference menu is visible at all supported resolutions.
EHISC-275	Direct access to Remove Document screen.	Previously in HIPS UI, pressing “Trash Can” icon to remove the document firstly displays the document. The user then has to press the “Remove” button to navigate to the Remove screen HIPS UI has been modified to navigate directly to the Remove screen when user presses the “Trash Can” icon.
EHISC-277	HIPS UI Login Failure after session expires in High Availability configuration.	New configuration is added to handle session in an environment with multiple load-balanced HIPS UI servers.

EHISC ID	Summary	Change description
EHISC-324	Background clean-up process fails when Healthcare Identifiers (HI) Service Certificate not configured.	Previously sites that had not configured HIPS to interact with the HI Service would have errors logged by the background IHI and My Health Record lookup retry process after activating the DatabaseLoaderService.  This behaviour has been corrected and HIPS will now respect the BypassHIService flag when the background process runs.
EHISC-326	Include patients with unusable IHI in the "Patients missing an IHI" function.	Previously in HIPS UI, 'Patients Missing IHI' screen only shows patients where HIPS has never found an IHI, but not patients whose IHI is currently unusable because of an outstanding alert.  HIPS UI has been modified to show the patients in three separate tabs (Patients without IHI, Duplicate Patients & Other IHI Alert).
EHISC-329	Invalid UUID to OID conversion in DocumentUploadInvoker and DocumentRemovalInvoker when in document id format UUID^extension.	Previously HIPS would accept and attempt to process document supersede or remove operations where the document identifier consisted of both a root and extension and the root was a UUID. This document identifier form is not accepted by the My Health Record system. HIPS now rejects such requests.
EHISC-330	New document format codes not inserted during upgrade if DocumentFormatId already used.	Resolves an issue that may be experienced by sites with a previously installed version when attempting to upgrade the HIPS-Core database.
EHISC-331	Unable to upload Level 1A Discharge Summary for a duplicate resolved IHI.	Resolves an issue where an IHI marked as duplicate was not being validated prior to CDA document creation. Validation after document creation replaced a resolved IHI with a new active IHI and that did not match the IHI in the document.
EHISC-332	Duplicate document uploads do not produce an error.	Resolves an issue where an attempted document upload for a patient marked as a potential duplicate did not result in an error being logged by HIPS.
EHISC-333	Compulsory fields of HPI-I Search and the Discharge Summary page.	Improved HIPS-UI with client-side validation on the following pages: <ol style="list-style-type: none"> <li>1. HPI-I Search: If the user selects the Australian Address section to enter as search criteria, the Suburb, State and Postcode fields are now required. If the user selects the International Address section, the Country field is required.</li> <li>2. Discharge Summary: When creating a discharge summary and the Document Format Code setting indicates provision of an HPI-I is enforced, the HPI-I fields are now required.</li> </ol>
EHISC-335	An unrelated error is returned when creating a CDA document if the required types of ContactMethod are not in the [hips].[Contact table for the related facility.	Previously HIPS would return an unrelated error when creating a CDA document if contact information for the related facility was unavailable. This has been corrected as follows: <ul style="list-style-type: none"> <li>• A Diagnostic Imaging report can now be created if contact information is unavailable.</li> <li>• An attempt to create a Pathology report or Discharge Summary when required contact information is unavailable will result in an appropriately descriptive error message being returned.</li> </ul>
EHISC-358	Put facility code next to MRN on View Patient Summary page.	In HIPS UI, the facility code is now displayed after the patient's MRN on the View My Health Record page to improve contextual information.
EHISC-359	Change action hover text to 'View My Health Record'.	In HIPS UI, the action hover text for viewing a patient's My Health Record from both the Patient List and Advanced Search pages has been changed from the internal name "View Patient Summary" to "View My Health Record".
EHISC-360	Not specified and All Facilities should not be both available in Advanced Search.	Previously users had access to 'All Facilities' and 'not specified', however, now access is limited to search only all 'facilities' in order not to have access to unauthorised facilities.

EHISC ID	Summary	Change description
EHISC-362	Advanced Search should require a minimum set of criteria to avoid matching too many patients.	<p>Previously in HIPS UI, Advanced Search only required the user to provide any one field of the search criteria. This may return a very large result set.</p> <p>HIPS UI has been modified to enforce one of the following key criteria is provided:</p> <ul style="list-style-type: none"> <li>• Given names</li> <li>• Family name</li> <li>• MRN</li> <li>• IHI</li> <li>• Enterprise ID</li> <li>• Medicare Number</li> <li>• DVA Number</li> <li>• DOB</li> </ul>
EHISC-364	Advanced Search - Show episode date and relevant details to help identify episodes.	The Advanced Search results now allow the user to view additional details of an episode by expanding each row.
EHISC-368	Allow reusing the Filler Order Number to upload a report to a different patient record after Incorrect Identity removal, and realign Report ID and Accession ID.	<p>Previously in HIPS Core, the filler order number of a removed document is retained, and the same filler order number is not allowed to be uploaded again to a different patient record.</p> <p>HIPS Core has been modified to delete the filler order number when a document is removed with "Incorrect Identity" reason, which allows the document to be re-uploaded to the correct patient record.</p> <p>Additionally, the methods of providing the Report ID and Accession ID have been realigned for consistency between pathology and imaging.</p> <p>HIPS will now use the Report ID if specified in OBX-3.4 of Pathology messages, no matter whether there is one or multiple OBR segments.</p> <p>HIPS will now allow the Accession ID to be provided in the UploadOrRemoveImaging SOAP request and supports using OBX-3.4 for specifying the Accession ID for imaging, like the Report ID is for pathology.</p> <p>HIPS maps Report ID/Accession ID in the following hierarchy:</p> <ol style="list-style-type: none"> <li>1. SOAP Report ID/Accession ID</li> <li>2. OBX3.4 Observation ID Alternate ID from the OBX whose with the PDF</li> <li>3. OBR3.1 Filler Order Number, if the same in all OBRs, otherwise return a validation error</li> </ol>
EHISC-371	HIPS is sending incorrect information to ESB for Refresh Participation status request.	<p>Previously HIPS would send the doesPCEHRExist request to the My Health Record system using the HPI-O of the disclosure facility and not the HPI-O of requesting facility. This caused the result to be stored in the hips.HealthProviderOrganisationPatient table with the HealthProviderOrganisationId for disclosure facility and not for requesting facility.</p> <p>HIPS will now perform IHI validation using the requesting facility not the disclosure facility and store the result against the requesting facility in the [hips].[HealthProviderOrganisationPatient] table.</p>
EHISC-372	Upload ACK message for HPI-I not found error message formatting.	<p>Previously HPI-I errors returned in an upload ACK message contained irrelevant and duplicate details.</p> <p>The error has been modified to be more relevant, and the HPI-I has been added to the log properties, of the HL7Reports log file.</p>
EHISC-374	HL7MessageLog HospitalId is null for ADT A36 merge messages.	HospitalId is now recorded in the HL7MessageLog for merge and move messages. Previously these types of messages stored null in this field.
EHISC-376	DBUpgrade 20160627 1611 New DocumentType data deletes DocumentType referenced by ClinicalDocument.	Resolves an issue that may be experienced by sites with a previously installed version when attempting to upgrade the HIPS-Core database.
EHISC-377	Merge process does not respect BypassHIService application setting.	<p>Previously sites that had not configured HIPS to interact with the HI Service were unable to process merge messages for duplicate patients due to logic that always attempted IHI lookups against the HI Service.</p> <p>This behaviour has been corrected and HIPS will now respect the BypassHIService flag when merging patients.</p>

EHISC ID	Summary	Change description
EHISC-378	DBUpgrade Update DocumentType table Description should update by Code not ID.	Resolves an issue that may be experienced by sites with a previously installed version when attempting to upgrade the HIPS-Core database.
EHISC-381	HIPS now handles state/province for non-Australian patient addresses in Pathology and Imaging HL7 messages.	Previously HIPS Core ignored State/Province for non-Australian addresses. HIPS Core has been modified to store the State/Province for non-Australian patient addresses and populate this information when creating CDA documents.
EHISC-383	Episode type filters on View My Health Record patient list.	Allows user to filter patient list for various episode types without updating user preferences.
EHISC-395	DBUpgrade script 5.0.0.0 20150924 1635 should move network ID not organisation ID.	Previously the HIPS DB Upgrade tool had a defect which incorrectly copied the HealthProviderOrganisationId in place of the HealthProviderOrganisationNetworkId when moving data from HealthProviderIndividual to HealthProviderIndividualHpil.  This script has been modified and now correctly copies the HealthProviderOrganisationNetworkId.
EHISC-396	Paginated tables on screens do not show tooltips on second and subsequent pages of results.	All screens within HIPS-UI now show tooltips on first page and on all subsequent pages on paginated tables.  Pages affected: Advanced Search, View My Health Record, Patient Summary, Withdraw Consent, Remove Document, Register Current Patients, Disclose Hidden Record, Discharge Summary.
EHISC-430	Action buttons in UI Remove document page are not always displayed on the same line.	Previously a long report name would cause the action buttons to wrap onto a second line.  HIPS UI has been modified to allow enough space in the Action column to avoid wrapping of buttons.
EHISC-431	HIPS-UI: Different login methods may result in different user details being audited in HIPS-Core for the same user.	Previously HIPS Core stored different user details in the database.  HIPS Core has been modified to use standard user details.
EHISC-458	Diagnostic Messages infinite retry loop with invalid Medicare.	Previously HIPS Core had a static configuration for handling HI Service errors and defaulted any unknown errors to be retryable.  A new table, [hips].[HiServiceErrorCode], has been added and HIPS logic modified, to enable the addition of new HI Service error codes as they are introduced and control of whether they should be retried or not without the need for code change.
EHISC-460	HIPS-UI: Avoid wasteful loading of patient list when viewing patient summary.	The View My Health Record screen in HIPS-UI has been modified to more intelligently retrieve details for the patient being viewed, improving the initial response time for the screen.
EHISC-461	HIPS-UI: Unnecessary retrieval of document list on initial load of patient summary.	The View My Health Record screen in HIPS-UI has been modified to avoid an unnecessary interaction with the My Health Record system to retrieve a list of documents, improving initial response time for the screen and avoiding a wasteful interaction.
EHISC-462	HIPS-UI: Cache additional views.	The View My Health Record screen in HIPS-UI has been modified to enable caching for the following previously uncached views, improving response time for the screen when a user returns to the screen while views are cached: Pathology Report View, Diagnostic Imaging Report View, Health Record Overview View.
EHISC-463	HIPS-UI: Process requests required by Patient Summary in parallel.	The View My Health Record screen in HIPS-UI has been modified to enable concurrent processing of requests for content when displaying the patient summary for a specific patient, improving the initial and total response time for the screen. Further, it is now recommended where possible to configure HIPS-UI for access via HTTP/2 for multiplexing of requests from the browser.

EHISC ID	Summary	Change description
EHISC-465	Support Filler Order Number from multiple LIS and RIS applications and facilities.	Previously HIPS required the Filler Order Number to be unique per instance of HIPS. This was a potential issue for sites with multiple Applications and/or Facilities generating Filler Order Numbers that could conflict. HIPS has been modified to require the combination of Filler Order Number, Sending Application and Sending Facility to uniquely identify a pathology or diagnostic imaging report.
EHISC-467	Wrong namespace in HI error message should be handled gracefully.	The HI B2B Client library that HIPS makes use of to interact with the HI Service contained a defect which did not handle SOAP namespace errors gracefully. A new vendor library was released and updated in HIPS to resolve this defect.
EHISC-477	Validation of Medicare numbers in HL7 ORU messages.	A provided Medicare number in HL7 ORU PID segment will now be validated using the following set of rules: <ul style="list-style-type: none"> <li>• 10 or 11 digits</li> <li>• pass the check digit routine</li> <li>• the first digit in the range 2 to 6</li> <li>• the 10th digit (issue number) in the range 1 to 9</li> <li>• the 11th digit (IRN), if supplied, in the range 1 to 9</li> </ul>
EHISC-478	Patient pinning not scalable for large databases and numbers of users.	The display of patient lists in HIPS UI is more responsive as the number of users increases, due to an enhancement to the patient pinning data model, services and caching strategy.
EHISC-488	Contact formatting of 0 causes Path/DI report upload failure.	HIPS will correctly detect Australian mobile numbers and fixed line phone numbers and format them appropriately, while not reformatting invalid phone numbers with spaces.
EHISC-489	Issue with Long MRNs in HIPS UI.	Previously HIPS was not able to load patient with MRN longer than 20 characters. HIPS has been modified to accept MRN with maximum 40 characters.
EHISC-490	Advanced Search: Improved default values.	The following fields on the Advanced Search page in HIPS UI have had their default values set to "Not Specified": <ul style="list-style-type: none"> <li>• In Hospital?</li> <li>• With Valid IHI?</li> <li>• With My Health Record?</li> </ul>



## Audience

- healthcare provider organisations
- diagnostic service provider organisations
- system integrators
- software vendors.

## Assurance

HIPS v7.1.1 has undergone the following conformance assessments:

- Healthcare Identifiers (HI) service
  - Notice of Connection (NOC)
  - CCA assessment by NATA-accredited external test laboratory
- My Health Record system
  - Notice of Connection (NOC)
  - execution of all conformance test cases applicable to the functionality of HIPS.

Due to the sample code nature of HIPS v7.1.1, implementers will have to undergo their own set of conformance assessments. This particularly applies to those conformance requirements for the My Health Record system that relate to functionality and processes outside the scope of HIPS v7.1.1.

Documentation of conformance assessments performed for HIPS v7.1.1 is available from the Agency Help Centre at [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au) or by phoning 1300 901 001.

## Licence

The HIPS Binary Software is licensed under the *HIPS Binary Software – Software Licence Terms and Conditions* (included in the HIPS Documentation Package).

The HIPS Source Code is licensed under the *Source Code License and Production Disclaimer* (included in the HIPS Documentation Package).

## Support

The HIPS product represents sample code that implementers are free to modify, customise and integrate with their own software implementations. For this reason, the ability of the Australian Digital Health Agency to provide technical support is limited. Third-party technical support is available from commercial partner organisations. Implementers are encouraged to take out support contracts with suitable support providers to ensure the successful implementation and operation of HIPS.

For further information about the product or to provide feedback, please email the Agency Help Centre at [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au) or phone 1300 901 001. Your views on the scope and usability of HIPS will inform future releases.

## Future releases

HIPS will be released on an ad hoc basis, based on providing new functionality or other changes as required.

## Known Issues

EHISC ID	Summary	Issue description
EHISC-476	<p>HIPS will retry document uploads when the My Health Record does not accept partial dates or fractional seconds for Pathology Report Specimen Collection Date/Time and Imaging Report Examination Date/Time</p>	<p>The My Health Record system currently does not in all cases accept partial dates, i.e. dates where either the day or the day and month components are missing, or times where a fractional number of seconds is given. This is despite the fact that the relevant clinical document specifications do allow for the use of partial dates and fractional sections.</p> <p>Following the implementation of EHISC-230, HIPS retains the "precision" of dates when converting HL7 ORU messages into Pathology and Diagnostic Imaging Report CDA documents. Any partial dates or fractional seconds in ORU messages are converted into partial dates or fractional seconds in Pathology and Diagnostic Imaging Report CDA documents.</p> <p>Tests of this functionality have shown that partial dates or fractional seconds for Pathology Report Specimen Collection Date/Time and Imaging Report Examination Date/Time lead to an error response from the My Health Record system, while partial dates and fractional seconds for other fields are accepted by the My Health Record system.</p> <p>The error returned by the My Health Record system for partial date is "PCEHR_ERROR_0012 - Unexpected back end exception error", and "PCEHR_ERROR_0011 - Unexpected service exception error" for fractional seconds. HIPS interprets these error codes as a transient error and repeatedly retries the upload of the document until the maximum number of retries has been reached.</p> <p>Implementers should be sure to avoid sending partial dates or fractional seconds in Observation Date/Time (OBR-7). A future version of HIPS may include a change to return a clear error message rather than accept an HL7 ORU message containing such values.</p>

## Previous releases

Date	Version
March 2019	<p><b>HIPS v7.1.0</b></p> <p>HIPS v7.1.0 is a minor product release candidate used for acceptance testing and addresses the following:</p> <ul style="list-style-type: none"> <li>• defect fixes</li> <li>• user interface advance search improvements</li> <li>• user interface patient summary enhancements.</li> </ul>
March 2019	<p><b>HIPS v7.0.2</b></p> <p>HIPS v7.0.2 is a minor product release addressing the following:</p> <ul style="list-style-type: none"> <li>• Corrects issues with the QueuedPcehrOperation view introduced in HIPS 7.0: The view incorrectly referenced columns from the PcehrAudit table that may be removed as part of audit data migration; the view performed poorly for large data sets.</li> </ul>
February 2019	<p><b>HIPS v7.0.1</b></p> <p>HIPS v7.0.1 is a minor product release addressing the following:</p> <ul style="list-style-type: none"> <li>• HIPS-UI: Forward to Different Logout Screen Depending on Entry Route;</li> <li>• HIPS-UI: Auto Forward to a Logout Screen (on session timeout);</li> <li>• HIPS-UI: Move Lookup by MRN above table of current patients on View My Health Record page;</li> <li>• HIPS-Core: Extend GetPatientParticipationStatus service operation to return additional information.</li> </ul> <p>For a comprehensive list of changes, please refer to the Release Notes for HIPS v7.0.1.</p>
December 2018	<p><b>HIPS v7.0</b></p> <p>HIPS v7.0 is a major product release that significantly improves the performance of HIPS for very high load scenarios, particularly for Pathology Report and Diagnostic Imaging Report documents.</p> <p>It consolidates a number of previous branch releases and customisations, making it a suitable target release for upgrades of outdated HIPS installations.</p> <p>The following key improvements are included in this release:</p> <ul style="list-style-type: none"> <li>• significant performance improvements for very high upload scenarios, particularly for Pathology Report and Diagnostic Imaging Report documents</li> <li>• improved recovery from temporary outages of My Health Record or HI Service</li> <li>• proactive monitoring and reporting of key alert conditions</li> <li>• unified logging of errors from all HIPS components</li> <li>• significant size reduction of audit log, reducing storage requirements</li> <li>• improved support for HPI-I relaxations</li> <li>• support for All Facilities searches and searches for non-inpatients</li> <li>• incorporation of customisations of previous HIPS releases (Northern Territory, South Australia).</li> </ul> <p>For a comprehensive list of changes, please refer to the Release Notes for HIPS v7.0.</p>
November 2018	<p><b>HIPS v6.2.2</b></p> <p>Controlled release for users upgrading from HIPS v6.2.1 who are not yet ready to upgrade to HIPS v7.0.</p> <p>This version of HIPS resolves a starvation (“Ninject binding”) issue for the HIPS User Interface that can cause the user interface to stall in case of larger numbers of parallel user sessions.</p>

October 2018	<p><b>HIPS v6.2.1</b></p> <p>Controlled release for users upgrading from HIPS v6.1 who are not yet ready to upgrade to HIPS v7.0. This version of HIPS provides a substantial number of enhancements and defect fixes, including:</p> <ul style="list-style-type: none"> <li>• inclusion of the HIPS Monitoring Tool in the main HIPS product</li> <li>• support for automated removals of Pathology Report and DI Report documents: Document Set ID returned for each uploaded HL7 ORU message</li> <li>• database timeout errors no longer lead to duplication of document sets</li> <li>• support for display of pre-admission episodes</li> <li>• new filter to display only non-inpatients</li> <li>• EPMI information now displayed for patients not registered in target hospital</li> <li>• new configuration flag to prevent issuing of dummy MRNs</li> <li>• login button automatically displayed as disabled after being pressed.</li> </ul> <p>This version includes the reliability improvements for the HIPS Core from HIPS v6.1.2 that improve the stability for scenarios with very large numbers of uploaded Pathology Report and Diagnostic Imaging Report documents.</p>
October 2018	<p><b>HIPS v6.1.5</b></p> <p>Controlled release for users upgrading from HIPS v6.1.4 who are not yet ready to upgrade to HIPS v7.0. This version of HIPS resolves HIPS User Interface defects affecting the upload function for Level 1A Discharge Summary documents and the display of outdated information in the document list of the Remove Document page.</p>
September 2018	<p><b>HIPS v6.1.4</b></p> <p>Controlled release for users upgrading from HIPS v6.1.3 who are not yet ready to upgrade to HIPS v7.0. This version of HIPS resolves a HIPS User Interface issue with the Remove Document page affecting users of Internet Explorer, in which the Refresh button led to the display of potentially outdated information.</p>
December 2018	<p><b>HIPS v6.1.3.1</b></p> <p>Controlled release for users upgrading from HIPS v6.1.3 who are not yet ready to upgrade to HIPS v7.0. This version of HIPS resolves a starvation (“Ninject binding”) issue for the HIPS User Interface that can cause the user interface to stall in case of larger numbers of parallel user sessions.</p>
August 2018	<p><b>HIPS v6.1.3</b></p> <p>Controlled release for users upgrading from HIPS v6.1.2 who are not yet ready to upgrade to HIPS v7.0. This version of HIPS improves the HIPS User Interface workflow for removing pathology and diagnostic imaging reports.</p>
November 2018	<p><b>HIPS v6.1.2.1</b></p> <p>Controlled release for users upgrading from HIPS v6.1.2 who are not yet ready to upgrade to HIPS v6.1.3. This version of HIPS resolves a starvation (“Ninject binding”) issue for the HIPS User Interface that can cause the user interface to stall in case of larger numbers of parallel user sessions.</p>
June 2018	<p><b>HIPS v6.1.2</b></p> <p>Controlled release for users upgrading from HIPS v6.1.1 who are not yet ready to upgrade to HIPS v6.2.1. This version of HIPS is focused on improving the reliability of the HIPS Core for very large numbers of uploaded Pathology Report and Diagnostic Imaging Report documents.</p>
April 2018	<p><b>HIPS v6.1.1</b></p> <p>Controlled release for users upgrading from HIPS v6.1 who are not yet ready to upgrade to HIPS v6.2.1. This version of HIPS contains multiple minor enhancements and defect fixes for both HIPS Core and HIPS UI.</p>

07-11-2016

[EP-2448:2016 HIPS v6.1](#)

[Release note](#)

**Release rationale**

Version 6.1 of HIPS merges the functionalities of the previously released eHealth Integration Sample Code (eHISC) and HIPS products. HIPS v6.1 supersedes and combines the functionality of HIPS v5.0 and eHISC v6.0.

This version and all future releases of the merged product will be published as HIPS releases only. HIPS v6.1 introduces support for the following views of the My Health Record system:

- Pathology Report View
- Diagnostic Imaging Report View
- Health Record Overview.

The following functionality from HIPS v5.0 that was not part of eHISC v6.0 has been included in this release:

- support for Secure Message Delivery (SMD)
- integration with national directory services (NHSD, NEPS).

12-04-2016

[EP-2258:2016 eHealth Integration Sample Code \(eHISC\) v6.0](#)

[Release note](#)

**Release rationale**

Version 6.0 of the eHealth Integration Sample Code (eHISC) lets you upload pathology and diagnostic imaging reports to the My Health Record system without needing to generate CDA documents.

This eHISC release introduces the ability to upload HL7 v2 pathology and diagnostic imaging reports to the My Health Record system as CDA documents. eHISC automatically converts HL7 v2 ORU messages into eHealth Pathology Report and eHealth Diagnostic Imaging Report CDA documents for upload to the My Health Record system.

The conversion capability supports ORU messages containing a PDF version of the diagnostic report. The resulting CDA documents do not contain any structured report information but instead refer to the PDF report, which is extracted from the ORU message and attached to the CDA document.

eHISC accepts ORU messages via both its SOAP web service interface and its new low-level MLLP interface. MLLP offers an easy-to-use integration path, as it is already widely supported by existing laboratory and radiology information system implementations.

02-02-2016

[EP-2199:2016 eHealth Integration Sample Code \(eHISC\) v2.0.3](#)

[Release note](#)

**Release rationale**

The enhancements made to eHISC v2.0.3 are listed below.

Change description	Notes
PCEHR NOC compliance	eHISC 2.0.3 includes changes made to the system for PCEHR NOC compliance.
PCEHR CCA compliance	Changes made to the system for PCEHR CCA compliance: Removal of DVA number from Level 1A Discharge Summary, change to Mode of Separation display names.
HI CCA compliance	Changes made to the system for Healthcare Identifier CCA compliance: Duplicate IHI alerting. Non-active HPI-I warning.
PCEHR View	Handle the error if a patient has more than 1000 documents of their PCEHR.
PCEHR Advertised improvements	Add a new method <code>IsPcehrAdvertisedLocal</code> to look up a patient's PCEHR status in the local data without connecting to the PCEHR. This was requested due to the UI making a large number of calls to the PCEHR.
NEHTA CDA® Generator Library	Updated the NEHTA CDA Generator Library to only generate a single section in the CDA document when creating a Discharge Summary 1A document.
Patient Summary	Added a date range selector to allow the user to reduce the number of documents retrieved from the PCEHR. This is to work around the 1000 document limitation on the PCEHR.
NEHTA Stylesheets	Update the NEHTA Stylesheets to version 1.2.9
Assisted Registration	Improved error information displayed to the user so they have a greater opportunity to resolve the issue and register the patient.

Logout	A new configuration setting has been added allowing the Logout button to be removed for implementations that do not want users to be able to logout.
eHISC UI user security improvements	As part of the test deployment of eHISC 2.0.3, issues were found with the integration with some Active Directory installations involving multiple domains with one-way trusts. The Active Directory integration has been updated to make it more flexible.
Demographic mismatch status	An issue was found that prevented the demographic mismatch alert status from being saved into the IHI record after a Medicare or DVA number change.
Prescription and Dispense View	Fixed a bug the prevented users from seeing a patient's Prescription and Dispense View if the patient had no other documents loaded to the PCEHR.
Gain Access	Fixed a bug where Gain Access would fail for patients without a current episode.
Withdraw Consent	Fixed a bug that prevented withdraw of consent to all of a patient's episodes if any of them had a document already uploaded.

27-02-2015

[EP-2036:2015 eHealth Integration Sample Code \(eHISC\) v2.0](#)

[Release note](#)

**Release rationale**

eHISC v2.0 had multiple enhancements, as listed below.

Change description	Notes
Patients Without IHI in Web UI	New web service operations and Web UI enhancements to allow viewing and printing a list of admitted patients whose IHI was not found.
Withdrawal of Consent in Web UI	New web service operations and Web UI enhancements to allow listing and searching for patients and recording their withdrawal of consent to upload documents to the PCEHR system on an episode-by-episode basis.
Disclosure of Hidden PCEHR in Web UI	New web service operations and Web UI enhancements to allow listing and searching for patients and recording their disclosure of the existence of a hidden PCEHR record.
Removing Documents from PCEHR in Web UI	New web service operations and Web UI enhancements to allow listing and searching for patients, viewing uploaded documents and removing uploaded documents from the PCEHR system.
Patient Landing Page in Web UI	Web UI enhancements to support embedding the eHISC PCEHR Web Viewer into existing clinical applications.
Upload Level 1A Discharge Summary in Web Services	New web service operation to allow clinical systems to supply a discharge summary in PDF format along with minimal required metadata, to create a Level 1A CDA document with the PDF as the non-CDA body item, and upload this package to the PCEHR system.
Registered Date of Birth	Enhancement to the IHI processing where, when enabled, eHISC will store the date of birth used in a successful IHI search along with the other patient demographics.
Enterprise ID	Enhancement to the patient identifiers to allow a new type of identifier called Registered Enterprise Patient. This identifier holds the same information as the current State Patient Identifier but will create a Hospital Patient record if one does not currently exist for the patient.
Upload Pathology Report and Diagnostic Imaging Report	This release includes support for uploading Pathology Report and Diagnostic Imaging Report documents to the PCEHR system.

Contracted Service Provider (CSP) and Multitenant	<p>The Multi-Tenant and CSP project has extended the eHISC-Core product to support the use of eHISC in an environment where a Contracted Service Provider (CSP) operates HIPS on behalf of several Healthcare Provider Organisations (HPO) that may not be permitted to share Healthcare Identifiers.</p> <p>Multi-Tenant for IHI ensures that each HPO must obtain a patient's IHI from the HI Service separately, and cannot use the cached value that is stored by another HPO.</p> <p>CSP for HI Service allows a CSP that operates HIPS to connect to the HI Service for IHI and HPI-I lookups using a Medicare certificate issued to the CSP, instead of connecting with the Medicare certificate issued to each HPO.</p> <p>CSP for PCEHR allows a CSP that operates HIPS to connect to the PCEHR system using a "NASH PKI Certificate for Supporting Organisations" issued to the CSP, instead of connecting with the "NASH PKI Certificate for Health Provider Organisations" issued to each HPO.</p> <p>Note: a CSP that does not have access to the NASH certificate for each HPO will not be able to upload documents to the PCEHR, because the HPO certificate is required for CDA packaging. Viewing the PCEHR is still possible in this scenario.</p>
SQL Server 2012 Compatibility and High Availability Disaster Recovery through SQL Always On	<p>Modifications of all databases in the solution to upgrade all SQL scripts to ensure compatibility with Microsoft SQL Server 2012, whilst ensuring that all SQL scripts are still backward-compatible with SQL Server 2008 R2. Ensuring that the eHISC server database solution is able to be implemented and supported in a Microsoft SQL Server 2012 Always On Cluster.</p>
Document Upload HPI-O Validation	<p>eHISC 1.0 added extra validation of a CDA document before uploading it. One of these steps was in error as the custodian does not need to have the same HPI-O as the uploading organisation, but the validation required it to be the same HPI-O.</p> <p>In lieu of validating the HPI-O directly with the HI Service, the resolution applied in this release is to allow the custodian HPI-O to be any of the HPI-O numbers registered within the same eHISC instance, as the validity of these numbers is checked by the eHISC system administrator during configuration.</p>
HealthProviderOrganisationPatient Advertised Status Update Fix	<p>A fix was applied for updates to the HealthProviderOrganisationPatient table to only update the PCEHR advertised or PCEHR disclosure status for a specific HPI-O against a specific Patient Master. In the previous version of eHISC all records for a singular, specific Patient Master in the HealthProviderOrganisationPatient table were updated regardless of the HPI-O being specified. This was restricted to records that were already existing in the HealthProviderOrganisationPatient table, which can be added via a positive check for a PCEHR status or a PCEHR disclosure, where the patient had flipped their PCEHR status to hidden in a hospital after previously having the PCEHR visible and then declaring the PCEHR at a subsequent visit.</p>

15-04-2014

[EP-1685:2014 eHealth Integration Sample Code \(eHISC\) v1.0](#)

[Release note](#)

**Release rationale**

The eHealth Integration Sample Code comprises the source code and associated documentation for the Healthcare Identifier and PCEHR System (HIPS) software, developed by a third-party vendor on behalf of a number of states and territories.

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