



**eHealth Integration Sample Code v2.0.3  
Service Catalogue**

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Approved for external use

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# Document information

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## Product version history

Product version	Date	Release comments
1.0	February 2014	Initial release (HIPS 4.1.0).
2.0	February 2015	See release note (NEHTA-2040:2015) for details of changes and bug fixes.
2.0.1 2.0.2		Unpublished updates.
2.0.3	February 2016	See release note (NEHTA-2185:2016) for details of changes and bug fixes.

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# 1 eHISC Core

## Sources

Name	Description
<a href="#">AssistedRegistrationService</a>	Web service interface for the Assisted Registration service.
<a href="#">CdaService</a>	Web service interface for the CDA service.
<a href="#">ConsentService</a>	Web service interface for the Consent service.
<a href="#">DatabaseLoaderService</a>	Web service interface for the Database Loader service.
<a href="#">HiReferenceService</a>	Service interface for the Healthcare Identifier Reference Service.
<a href="#">HpiiService</a>	Web service interface for the HPI-I service.
<a href="#">HpiiServiceV2</a>	Web service interface for the HPI-I service version 2.
<a href="#">IHIService</a>	Web service interface for the IHI service.
<a href="#">PatientService</a>	This interface defines the contract for web service operations upon patients in the eHISC database.
<a href="#">PatientServiceV2</a>	
<a href="#">PCEHRService</a>	Web service interface for the PCEHR <sup>1</sup> service version 1.
<a href="#">PCEHRServiceV2</a>	Web service interface for the PCEHR service version 2.
<a href="#">ReferenceService</a>	Service interface for the eHISC reference service.

## 1.1 AssistedRegistrationService Web Service

### Description

Web service interface for the Assisted Registration service.

### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.1.1 Methods: AssistedRegistrationService

#### Methods

Name	Description
<a href="#">ListPatientsWithoutPcehr</a>	Lists the patients without pcehr.
<a href="#">RegisterDependant</a>	Registers the dependant.
<a href="#">RegisterPatient</a>	Registers the patient.
<a href="#">ReregisterDependant</a>	Reregisters the dependant.
<a href="#">ReregisterPatient</a>	Reregisters the patient.

<sup>1</sup> **Disclaimer:** PCEHR means the My Health Record, formally the "Personally Controlled Electronic Health Record", within the meaning of the *My Health Records Act 2012* (Cth), formerly called the *Personally Controlled Electronic Health Records Act 2012* (Cth).

### Method: ListPatientsWithoutPcehr

#### Description

Lists the patients without pcehr.

#### Parameters

Name	Type	Direction	Description
hospitalCodeSystem	string	Input	The hospital code system.
hospitalCode	string	Input	The hospital code.

#### Returns

List of patients without a PCEHR

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
PatientWithoutPcehrList	ArrayOfPatientWithoutPcehr	The PatientWithoutPcehr IList. List of the Patients Without Pcehr Items.

#### Input (Literal)

The input of this method is the argument ListPatientsWithoutPcehr having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
hospitalCodeSystem	string	No	0..1	Yes	The hospital code system.
hospitalCode	string	No	0..1	Yes	The hospital code.

### Method: RegisterDependant

#### Description

Registers the dependant.

#### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier.
representativeDemographics	<a href="#">Demographic</a>	Input	The representative demographics.
identityType	<a href="#">EvidenceOfIdentityType</a>	Input	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	Input	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	Input	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	Input	The correspondence channel.
acceptedTermsAndConditions	boolean	Input	Whether the user accepted the terms and conditions.

Name	Type	Direction	Description
representativeDeclaration	boolean	Input	Whether the user accepted the representative declaration.
user	<a href="#">UserDetails</a>	Input	The user.
consentForm	<a href="#">Attachment</a>	Input	The consent form.

### Returns

PCEHR Registration Response object.

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
IvcCode	string	The ivc code.
IvcExpiryDate	dateTime	The ivc expiry date.
PatientMasterId	int	The eHISC internal identifier for the person record. Use this number as the patientMasterId parameter to the appropriate Reregister method if the registration was unsuccessful and the user wishes to modify some information and try again.

### Input (Literal)

The input of this method is the argument RegisterDependant having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier.
representativeDemographics	<a href="#">Demographic</a>	No	0..1	Yes	The representative demographics.
identityType	<a href="#">EvidenceOfIdentityType</a>	No	0..1	No	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	No	0..1	No	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	No	0..1	Yes	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	No	0..1	Yes	The correspondence channel.
acceptedTermsAndConditions	boolean	No	0..1	No	Whether the user accepted the terms and conditions.
representativeDeclaration	boolean	No	0..1	No	Whether the user accepted the representative declaration.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.
consentForm	<a href="#">Attachment</a>	No	0..1	Yes	The consent form.



## Method: RegisterPatient

### Description

Registers the patient.

### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier.
identityType	<a href="#">EvidenceOfIdentityType</a>	Input	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	Input	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	Input	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	Input	The correspondence channel.
acceptedTermsAndConditions	boolean	Input	if set to <b>true</b> [accepted terms and conditions].
user	<a href="#">UserDetails</a>	Input	The user.
consentForm	<a href="#">Attachment</a>	Input	The consent form.

### Returns

PCEHR Registration Response object.

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
IvcCode	string	The ivc code.
IvcExpiryDate	dateTime	The ivc expiry date.
PatientMasterId	int	The eHISC internal identifier for the person record. Use this number as the patientMasterId parameter to the appropriate Reregister method if the registration was unsuccessful and the user wishes to modify some information and try again.

### Input (Literal)

The input of this method is the argument RegisterPatient having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier.
identityType	<a href="#">EvidenceOfIdentityType</a>	No	0..1	No	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	No	0..1	No	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	No	0..1	Yes	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	No	0..1	Yes	The correspondence channel.
acceptedTermsAndConditions	boolean	No	0..1	No	if set to <b>true</b> [accepted terms and conditions].

Name	Type	Required?	Occurs	Nullable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.
consentForm	<a href="#">Attachment</a>	No	0..1	Yes	The consent form.

### Method: ReregisterDependant

#### Description

Reregisters the dependant.

#### Parameters

Name	Type	Direction	Description
patientMasterId	int	Input	The patient master identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier.
representativeDemographics	<a href="#">Demographic</a>	Input	The representative demographics.
identityType	<a href="#">EvidenceOfIdentityType</a>	Input	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	Input	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	Input	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	Input	The correspondence channel.
acceptedTermsAndConditions	boolean	Input	Whether the user accepted the terms and conditions.
representativeDeclaration	boolean	Input	Whether the user accepted the representative declaration.
user	<a href="#">UserDetails</a>	Input	The user.
consentForm	<a href="#">Attachment</a>	Input	The consent form.

#### Returns

PCEHR Registration Response object.

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
IvcCode	string	The ivc code.
IvcExpiryDate	dateTime	The ivc expiry date.
PatientMasterId	int	The eHISC internal identifier for the person record. Use this number as the patientMasterId parameter to the appropriate Reregister method if the registration was unsuccessful and the user wishes to modify some information and try again.

#### Input (Literal)

The input of this method is the argument ReregisterDependant having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientMasterId	int	No	0..1	No	The patient master identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier.
representativeDemographics	<a href="#">Demographic</a>	No	0..1	Yes	The representative demographics.
identityType	<a href="#">EvidenceOfIdentityType</a>	No	0..1	No	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	No	0..1	No	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	No	0..1	Yes	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	No	0..1	Yes	The correspondence channel.
acceptedTermsAndConditions	boolean	No	0..1	No	Whether the user accepted the terms and conditions.
representativeDeclaration	boolean	No	0..1	No	Whether the user accepted the representative declaration.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.
consentForm	<a href="#">Attachment</a>	No	0..1	Yes	The consent form.

### Method: ReregisterPatient

#### Description

Reregisters the patient.

#### Parameters

Name	Type	Direction	Description
patientMasterId	int	Input	The patient master identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier.
identityType	<a href="#">EvidenceOfIdentityType</a>	Input	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	Input	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	Input	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	Input	The correspondence channel.
acceptedTermsAndConditions	boolean	Input	if set to <b>true</b> [accepted terms and conditions].

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	The user.
consentForm	<a href="#">Attachment</a>	Input	The consent form.

### Returns

PCEHR Registration Response object.

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
IvcCode	string	The ivc code.
IvcExpiryDate	dateTime	The ivc expiry date.
PatientMasterId	int	The eHISC internal identifier for the person record. Use this number as the patientMasterId parameter to the appropriate Reregister method if the registration was unsuccessful and the user wishes to modify some information and try again.

### Input (Literal)

The input of this method is the argument ReregisterPatient having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientMasterId	int	No	0..1	No	The patient master identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier.
identityType	<a href="#">EvidenceOfIdentityType</a>	No	0..1	No	Type of the identity.
indigenousStatus	<a href="#">IndigenousStatus</a>	No	0..1	No	The indigenous status.
documentConsent	ArrayOfRegistrationDocumentConsent	No	0..1	Yes	The document consent.
correspondenceChannel	<a href="#">RegistrationCorrespondenceChannel</a>	No	0..1	Yes	The correspondence channel.
acceptedTermsAndConditions	boolean	No	0..1	No	if set to <b>true</b> [accepted terms and conditions].
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.
consentForm	<a href="#">Attachment</a>	No	0..1	Yes	The consent form.

## 1.1.2 Complex Types: AssistedRegistrationService

### Complex Types

Name	Description
<a href="#">Attachment</a>	Represents an attachment to a CDA document. The namespace of this class must stay as HIPS.PcehrSchemas for compatibility with the legacy PCEHRService that does not have separate DTO classes.
<a href="#">Demographic</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">Mrn</a>	
<a href="#">PatientIdentifierBase</a>	This abstract class is used for the Patient Identifier classes.
<a href="#">PatientMasterId</a>	
<a href="#">PatientWithoutPcehr</a>	Represents a patient with an IHI but without a recorded PCEHR.
<a href="#">PatientWithoutPcehrResponse</a>	This object is used for the package response from the "PatientWithoutPcehr" methods.
<a href="#">PcehrRegistrationResponse</a>	This object is used for the package response from the "Patient Registration" methods.
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">RegistrationCorrespondenceChannel</a>	This class defines the details of the response channel that the applicant wishes to use to receive their IVC.
<a href="#">RegistrationDocumentConsent</a>	This class defines the applicant's response to the question of whether they consent to the inclusion of a particular type of documents from a repository into the newly created PCEHR. In order to successfully register for a PCEHR, the list of RegistrationDocumentConsent must have an entry for all 6 types of documents.
<a href="#">StatePatientId</a>	
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.
<a href="#">ValidatedIhi</a>	

### Complex Type: Attachment

#### Description


Represents an attachment to a CDA document. The namespace of this class must stay as HIPS.PcehrSchemas for compatibility with the legacy PCEHRService that does not have separate DTO classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Contents	base64Binary	0..1	The contents of the attached file.

Component	Type	Occurs	Description
FileName	string	0..1	The name of the attached file. For example "XRAY.PNG" or "DOCUMENT.PDF".

### Complex Type: Demographic

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The person's date of birth.
DvaNumber	string	0..1	The DVA file number on the person's repatriation health card.
FamilyName	string	0..1	The family name that appears on the person's Medicare or DVA card.
GivenName	string	0..1	The given name that appears on the person's Medicare or DVA card.
MedicareIrn	string	0..1	The 1-digit IRN for this person on the Medicare card.
MedicareNumber	string	0..1	The 10-digit card number on the person's Medicare card.
Sex	<a href="#">SexEnumerator</a>	0..1	The person's sex.

## Complex Type: HipsResponse

### Description

Standardised eHISC Response Message

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

## Complex Type: Mrn

### Derived By

Extending [PatientIdentifierBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

Component	Type	Occurs	Description
Value	string	0..1	The mrn

### Complex Type: PatientIdentifierBase

#### Description

This abstract class is used for the Patient Identifier classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>USE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

#### Referenced By

Name	Type
<a href="#">Demographic</a>	Complex Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type




## Complex Type: PatientMasterId

### Derived By

Extending [PatientIdentifierBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The HospitalId (eHISC database Hospital table primary key). If supplied, overrides the hospital code and code system.
Value	int	0..1	The PatientMasterId (eHISC database PatientMaster table primary key).

## Complex Type: PatientWithoutPcehr

### Description


Represents a patient with an IHI but without a recorded PCEHR.

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Bed	string	0..1	The current Bed of the patient.

Component	Type	Occurs	Description
DVANumber	string	0..1	The patients's DVA Number.
DateLastValidated	dateTime	0..1	The patients's IHI last validated date.
DateOfBirth	dateTime	0..1	The patients's Date of Birth.
FamilyName	string	0..1	The patients's family name.
GivenNames	string	0..1	The patient's given names.
HospitalCode	string	0..1	The current Hospital code of the patient.
Ihi	string	0..1	The patients's IHI.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The patients's IHI record status.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The patients's IHI status.
MedicareIrn	string	0..1	The patients's Medicare Irn.
MedicareNumber	string	0..1	The patients's Medicare Number.
RegisteredFamilyName	string	0..1	The patients's Medicare registered family name.
RegisteredGivenName	string	0..1	The patient's Medicare registered given name.
RegisteredSex	<a href="#">SexEnumerator</a>	0..1	The patients's current sex.
Room	string	0..1	The current Room of the patient.
Sex	<a href="#">SexEnumerator</a>	0..1	The patients's current sex.
Suffix	string	0..1	The patient's name suffixes (like "Jr")
Title	string	0..1	The patients's titles (like "Dr", "Ms" or "Mr")
Ward	string	0..1	The current Ward of the patient.

### Complex Type: PatientWithoutPcehrResponse

#### Description

This object is used for the package response from the "PatientWithoutPcehr" methods.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.
PatientWithoutPcehrList	ArrayOfPatientWithoutPcehr	0..1	The PatientWithoutPcehr IList. List of the Patients Without Pcehr Items.

### Complex Type: PcehrRegistrationResponse

#### Description

This object is used for the package response from the "Patient Registration" methods.

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCE</small> SEQUENCE		1..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.
IvcCode	string	0..1	The ivc code.
IvcExpiryDate	dateTime	0..1	The ivc expiry date.
PatientMasterId	int	0..1	The eHISC internal identifier for the person record. Use this number as the patientMasterId parameter to the appropriate Reregister method if the registration was unsuccessful and the user wishes to modify some information and try again.

### Complex Type: RegisteredEnterprisePatient

### Derived By

Extending [PatientIdentifierBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	0..1	The facility-level ID for the patient.
StatePatientId	string	0..1	The enterprise-level ID for the patient.

### Complex Type: RegistrationCorrespondenceChannel

#### Description


This class defines the details of the response channel that the applicant wishes to use to receive their IVC.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Channel	<a href="#">IvcCorrespondenceChannel</a>	0..1	The channel.
email	string	0..1	The email.
phoneNumber	string	0..1	The phone number.

### Complex Type: RegistrationDocumentConsent

#### Description


This class defines the applicant's response to the question of whether they consent to the inclusion of a particular type of documents from a repository into the newly created PCEHR. In order to successfully register for a PCEHR, the list of RegistrationDocumentConsent must have an entry for all 6 types of documents.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
DocumentConsentStatus	<a href="#">RegistrationDocumentConsentStatus</a>	0..1	The document consent status.
DocumentConsentType	<a href="#">RegistrationDocumentConsentType</a>	0..1	The type of the document consent.


### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The StatePatientId

### Complex Type: UserDetails

#### Description


The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.


### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The date of birth that was used to obtain or validate the IHI with the HI Service.
FamilyName	string	0..1	The family name that was used to obtain or validate the IHI with the HI Service.
GivenName	string	0..1	The given name that was used to obtain or validate the IHI with the HI Service.
Ihi	string	0..1	The value of the IHI.
IhiLastValidated	dateTime	0..1	The date and time when the IHI was last validated with the HI Service. If this value is within the configured period then eHISC will not attempt to revalidate the IHI before use in a PCEHR service call.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI record status Note: In this release eHISC only supports Verified IHIs. It is an error to provide an IHI with any record status apart from Verified.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI status.
Sex	<a href="#">SexEnumerator</a>	0..1	The sex that was used to obtain or validate the IHI with the HI Service.

### 1.1.3 Simple Types: AssistedRegistrationService

#### Simple Types

Name	Description
<a href="#">EvidenceOfIdentityType</a>	This enumeration defines the list of acceptable forms of evidence of identity. The user must select one of the following Identity Verification Methods used by the healthcare organisation to verify the consumer's or authorised representative's identity. The CIS must display the exact method description to the user as outlined below.
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">IhiRecordStatus</a>	This enumeration is used to match the record status in the IhiRecordStatus table to code
<a href="#">IhiStatus</a>	This is used to match the status in the IhiStatus table to code

Name	Description
<a href="#">IndigenousStatus</a>	This enumeration defines the list of acceptable choices for indigenous status. The CIS may either prepopulate the Indigenous Status from the local patient record, or require the user to indicate the status. It must not default the status to a specific value.
<a href="#">IvcCorrespondenceChannel</a>	This enumeration lists the possible channels that the applicant may choose for delivery of the IVC.
<a href="#">RegistrationDocumentConsentStatus</a>	This enumeration lists the possible responses that the applicant may give for the consent to load a type of documents from a repository into the newly created PCEHR.
<a href="#">RegistrationDocumentConsentType</a>	This enumeration lists the possible types of documents that can be automatically loaded from a repository into the newly created PCEHR.
<a href="#">SexEnumerator</a>	This enumeration represents a person's sex, and is used to match the Sex table to code.
<a href="#">UserRole</a>	The role of the user

### Simple Type: EvidenceOfIdentityType

#### Description

This enumeration defines the list of acceptable forms of evidence of identity. The user must select one of the following Identity Verification Methods used by the healthcare organisation to verify the consumer's or authorised representative's identity. The CIS must display the exact method description to the user as outlined below.

#### Derived By

Restricting string

#### Enumeration

Value	Description
IdentityVerificationMethod1	Attending third or more consultation and Medicare/DVA card.
IdentityVerificationMethod2	Attending hospital with their clinical referral and Medicare/DVA card
IdentityVerificationMethod3	Attending emergency department with PHOTO ID with Medicare/DVA card
IdentityVerificationMethod4	Having prescriptions filled on three or more occasions in the past year and Medicare/DVA card
IdentityVerificationMethod5	Enrolled and attending Aboriginal Medical Service and Medicare/DVA card
IdentityVerificationMethod6	Attending third or more consultation and has a My eHealth Record
IdentityVerificationMethod7	Identity verified by referee consistent with My eHealth Record requirements
IdentityVerificationMethod8	Resident of Aged Care facility and Medicare/DVA card
IdentityVerificationMethod9	100pts of documentary evidence consistent with PCEHR Consumer Identity Framework
IdentityVerificationMethod10	Other criteria approved by the System Operator



## Simple Type: HipsResponseIndicator

### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*

\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.

\*\*\*\*\*

\*\*\*\*

### Derived By

Restricting string

### Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid

Value	Description
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

### Simple Type: IhiRecordStatus

#### Description

This enumeration is used to match the record status in the IhiRecordStatus table to code

#### Derived By

Restricting string

#### Enumeration

Value	Description
Verified	The IHI is a verified IHI.
Unverified	The IHI is an unverified IHI.
Provisional	The IHI is a provisional IHI.
Unknown	The IHI record status is unknown or not applicable.

### Simple Type: IhiStatus

#### Description

This is used to match the status in the IhiStatus table to code

#### Derived By

Restricting string

#### Enumeration

Value	Description
Active	The IHI status is Active.
Deceased	The IHI status is Deceased.
Retired	The IHI status is Retired.
Expired	The IHI status is Expired.
Resolved	The IHI status is Resolved. This status should never be stored for the current IHI of a patient, but will be stored in IHI history.
Unknown	The IHI status is unknown or not applicable (including when no IHI was found).
DuplicateIhi	The patient has an unresolved alert because another patient record in the same hospital had the same IHI number.
DuplicatePatient	The patient has an unresolved alert because another patient record in the same hospital had demographic information identical to that used to obtain the IHI for this patient.
MergeConflict	The patient has an unresolved alert because it was merged with another patient record that had a different IHI number.
ServiceUnavailable	The IHI or PCEHR lookup failed and will be retried by the background IHI cleanup service.

Value	Description
MedicareDvaChangeMismatch	The patient has an unresolved alert because the Medicare or DVA number was changed, resulting in an IHI search that returned no IHI or returned a different IHI to that which was assigned to the patient.
DemographicMismatch	The patient has an unresolved alert because no IHI was found when the IHI assigned to the patient was validated using the patient's name, sex and date of birth.

### Simple Type: IndigenousStatus

#### Description

This enumeration defines the list of acceptable choices for indigenous status. The CIS may either prepopulate the Indigenous Status from the local patient record, or require the user to indicate the status. It must not default the status to a specific value.

#### Derived By

Restricting string

#### Enumeration

Value	Description
AboriginalNotTorresStraitIslander	Aboriginal but not Torres Strait Islander
TorresStraitIslanderNotAboriginal	Torres Strait Islander but not Aboriginal
BothAboriginalAndTorresStraitIslander	Both Aboriginal and Torres Strait Islander
NeitherAboriginalAndTorresStraitIslander	Neither Aboriginal nor Torres Strait Islander
NotStatedInadequatelyDescribed	Not Stated or Inadequately Described

### Simple Type: IvcCorrespondenceChannel

#### Description

This enumeration lists the possible channels that the applicant may choose for delivery of the IVC.

#### Derived By

Restricting string

#### Enumeration

Value	Description
notselected	The applicant did not choose a channel.
email	The IVC will be emailed to the email address.
sms	The IVC will be sent to the mobile phone number via SMS.
response	The IVC will be returned in the web service response to be displayed on screen.
mail	The IVC will be sent in a letter to the address on file with Medicare.
none	No IVC will be provided.

**Simple Type: RegistrationDocumentConsentStatus****Description**

This enumeration lists the possible responses that the applicant may give for the consent to load a type of documents from a repository into the newly created PCEHR.

**Derived By**

Restricting string

**Enumeration**

Value	Description
ConsentGiven	The applicant gave consent for this type
ConsentNotGiven	The applicant did not give consent for this type

**Simple Type: RegistrationDocumentConsentType****Description**

This enumeration lists the possible types of documents that can be automatically loaded from a repository into the newly created PCEHR.

**Derived By**

Restricting string

**Enumeration**

Value	Description
ACIR	Australian Childhood Immunisation Registry
AODR	Australian Organ Donor Registry
MBS	Future Medicare Benefits Scheme (MBS) records
MBSPastAssimilation	Past MBS records
PBS	Future Pharmaceutical Benefits Scheme (PBS) records
PBSPastAssimilation	Past PBS records

**Simple Type: SexEnumerator****Description**

This enumeration represents a person's sex, and is used to match the Sex table to code.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NotStatedOrInadequatelyDescribed	Not stated or inadequately described.
Male	The male sex.
Female	The female sex.
IntersexOrIndeterminate	Intersex or indeterminate.

### Simple Type: UserRole

#### Description

The role of the user

#### Derived By

Restricting string

#### Enumeration

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.2 CdaService Web Service

#### Description

Web service interface for the CDA service.

#### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.2.1 Methods: CdaService

#### Methods

Name	Description
<a href="#">CreateDischargeSummaryLevel1A</a>	Creates a CDA discharge summary document that wraps a PDF document body. This may be for the purpose of uploading the discharge summary to the PCEHR or for provider-to-provider (P2P) secure message delivery (SMD). This takes in the PDF document, required metadata, and any attachments and creates a CDA document.

#### Method: CreateDischargeSummaryLevel1A

#### Description

Creates a CDA discharge summary document that wraps a PDF document body. This may be for the purpose of uploading the discharge summary to the PCEHR or for provider-to-provider (P2P) secure message delivery (SMD). This takes in the PDF document, required metadata, and any attachments and creates a CDA document.

#### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

Response containing details of the created document.

Name	Type	Description
Status	<a href="#">ResponseStatus</a>	
Messages	ArrayOfMessage	
Data	<a href="#">CdaDocumentDetails</a>	

**Faults**

Name	Content	Description
HiServiceFaultFault	HiServiceFault	
InvalidUserFaultFault	InvalidUserFault	
ItemNotFoundFaultFault	ItemNotFoundFault	
ServiceOperationFaultFault	ServiceOperationFault	
InvalidRequestFaultFault	InvalidRequestFault	
PcehrServiceFaultFault	PcehrServiceFault	

**Input (Literal)**

The input of this method is the argument CreateDischargeSummaryLevel1ARequest having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
PdfDocument	base64Binary	No	0..1	Yes	
User	<a href="#">UserBase</a>	No	0..1	Yes	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	
CdaHeaderMetadata	<a href="#">CdaHeaderMetadata</a>	No	0..1	Yes	
Attachments	ArrayOfCdaAttachment	No	0..1	Yes	

## 1.2.2 Complex Types: CdaService

**Complex Types**

Name	Description
<a href="#">Address</a>	Address DTO. This object represents a physical address, which may be a street address or a postal address, and may be an Australian address or an international address.
<a href="#">CdaAttachment</a>	CDA Attachment DTO.
<a href="#">CdaDocument</a>	CDA Document DTO.
<a href="#">CdaDocumentDetails</a>	CDA Document Details DTO. This object represents details about a clinical document that has been created by eHISC.

Name	Description
<a href="#">CdaHeaderMetadata</a>	CDA Header Metadata DTO. This object contains the metadata that is required to be used within a generated CDA Document, such as the CDA Header and other data within the CDA Document that is not gathered from HL7 messages passed into eHISC from the DatabaseLoader. Some data may be available from an HL7 feed, however it may not be sent to eHISC before it is actually required when generating the CDA document and thus this information is also required in this metadata.
<a href="#">ElectronicCommunicationDetail</a>	Electronic Communication Detail DTO. This object represents a telephone number, mobile number, fax number, pager number, email address or internet address.
<a href="#">FaultBase</a>	
<a href="#">HiServiceFault</a>	Represents an error returned by the HI Service.
<a href="#">InvalidRequestFault</a>	Represents a failure within the conditions defined to validate the request to the service operation.
<a href="#">InvalidUserFault</a>	Represents an invalid user object being supplied.
<a href="#">ItemNotFoundFault</a>	Represents a fault when a specified item is not found in the eHISC database.
<a href="#">LocalUser</a>	
<a href="#">Message</a>	Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.
<a href="#">Mrn</a>	
<a href="#">ParticipatingIndividual</a>	
<a href="#">ParticipatingProvider</a>	Participating Provider DTO. This object contains information that identifies the person who is the 'Author', 'Legal Authenticator' and/or 'Responsible Health Professional at time of discharge' for the document.
<a href="#">PatientIdentifierBase</a>	Abstract base class for identifying a patient.
<a href="#">PatientMasterId</a>	
<a href="#">PcehrServiceFault</a>	Represents an error returned by the PCEHR System.
<a href="#">ProviderUser</a>	
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">ResponsibleUser</a>	
<a href="#">ServiceOperationFault</a>	Represents a general failure within the service operation.
<a href="#">StatePatientId</a>	
<a href="#">UserBase</a>	Abstract base class for identifying an end-user.
<a href="#">ValidatedIhi</a>	

## Complex Type: Address

### Description

Address DTO. This object represents a physical address, which may be a street address or a postal address, and may be an Australian address or an international address.

### Derived By

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AddressLine1	string	1..1	The first line of the unstructured address.
AddressLine2	string	0..1	The second line of the unstructured address, if there is more than one line. This should not include the line that has the suburb, state, postcode or country, as those must be provided in separate elements.
AddressPurpose	<a href="#">AddressPurpose</a>	1..1	The address purpose. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose".
AustralianState	<a href="#">AustralianState</a>	0..1	The Australian state. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal". This is mandatory for an Australian address, and must not be provided for an international address.
CountryName	string	1..1	The country name. This is mandatory.
InternationalStateCode	string	0..1	The international state code. This is optional for an international address, and must not be provided for an Australian address.
PlaceName	string	0..1	The suburb, town or locality.
Postcode	string	0..1	The postcode. This is mandatory for an Australian address, and optional for an international address.

**Complex Type: CdaAttachment****Description**

CDA Attachment DTO.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AttachmentType	<a href="#">AttachmentType</a>	1..1	The type of attachment, including whether it is the organisational logo or an additional attached image or document.
Caption	string	1..1	The caption that will appear on the link to this file within the CDA document.
Content	base64Binary	1..1	The binary content of the attachment.
FileName	string	1..1	The file name of the attachment.



### Complex Type: CdaDocument

#### Description

CDA Document DTO.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Attachments	ArrayOfCdaAttachment	1..1	The list of attachments.
Content	base64Binary	1..1	The binary content of the document.

### Complex Type: CdaDocumentDetails

#### Description

CDA Document Details DTO. This object represents details about a clinical document that has been created by eHISC.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Document	<a href="#">CdaDocument</a>	1..1	The CDA document.
DocumentId	string	1..1	The document identifier used when creating the CDA document.
DocumentSetId	string	1..1	The document set identifier used when creating the CDA document.
Mrn	string	1..1	The MRN number of the patient at the hospital that is specified in the patient identifier. If the MRN was auto-generated by eHISC then that value (which is based on a GUID) will be returned, otherwise it will be the MRN that was passed in the HL7 message to the Database Loader.
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	1..1	Gets or sets a patient identifier of the same type that was specified in the request.

**Complex Type: CdaHeaderMetadata****Description**

CDA Header Metadata DTO. This object contains the metadata that is required to be used within a generated CDA Document, such as the CDA Header and other data within the CDA Document that is not gathered from HL7 messages passed into eHISC from the DatabaseLoader. Some data may be available from an HL7 feed, however it may not be sent to eHISC before it is actually required when generating the CDA document and thus this information is also required in this metadata.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AdmissionDateTime	dateTime	1..1	The admission date and time. This is when the patient visit started. This date and time should match an existing episode supplied in the HL7 feed. If there is no matching episode, and the patient identifier is a ValidatedIhi, an episode stub will be created. If there is no matching episode, and the patient identifier is a different type, an error will be returned.
DischargeDateTime	dateTime	1..1	The discharge date and time. This is when the patient visit ended or is planned to end.
DocumentAuthor	<a href="#">ParticipatingProvider</a>	1..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Author' for the document.
DocumentCreationDateTime	dateTime	1..1	The document creation date and time. This should be the date and time when this version of the document was completed, not when work on it started.
LegalAuthenticator	<a href="#">ParticipatingProvider</a>	0..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Legal Authenticator' for the document.
ModeOfSeparation	<a href="#">ModeOfSeparation</a>	1..1	Gets or sets a code that represents the status of the patient at the time of discharge and the place to which the person was or will be released.

Component	Type	Occurs	Description
PatientAddress	<a href="#">Address</a>	0..1	The address of the patient. An address is mandatory for the CDA document. If this data member is not supplied, the address must have been supplied in the HL7 feed.
PatientContactDetails	<a href="#">ElectronicCommunicationDetail</a>	0..1	The contact details of the patient. Contact details are not mandatory for the CDA document. If this data member is not supplied, the contact details supplied in the HL7 feed may be used.
ResponsibleHealthProfessional	<a href="#">ParticipatingProvider</a>	1..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Responsible Health Professional at Time of Discharge' for the document.
SourceDocumentStatus	<a href="#">SourceDocumentStatus</a>	1..1	The status of this version of the document, which may be either Interim (draft), Final (complete) or Withdrawn (recalled by the authoring organisation).
Specialty	string	1..1	The clinical specialty or hospital department in which the patient was treated before discharge.

### Complex Type: ElectronicCommunicationDetail

#### Description

Electronic Communication Detail DTO. This object represents a telephone number, mobile number, fax number, pager number, email address or internet address.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Detail	string	1..1	The value of the number or address.
Medium	<a href="#">ElectronicCommunicationMedium</a>	1..1	The communication medium.
Usage	<a href="#">ElectronicCommunicationUsage</a>	0..1	The usage of the communication method.

**Complex Type: FaultBase****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

**Referenced By**

Name	Type
<a href="#">HiServiceFault</a>	Complex Type
<a href="#">InvalidRequestFault</a>	Complex Type
<a href="#">InvalidUserFault</a>	Complex Type
<a href="#">ItemNotFoundFault</a>	Complex Type
<a href="#">PcehrServiceFault</a>	Complex Type
<a href="#">ServiceOperationFault</a>	Complex Type

**Complex Type: HiServiceFault****Description**

Represents an error returned by the HI Service.

**Derived By**Extending [FaultBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
ResponseCode	string	0..1	The HI Service response code.
ResponseCodeDescription	string	0..1	The HI Service response code description.
ResponseCodeDetails	string	0..1	The HI Service response code details.

### Complex Type: InvalidRequestFault

#### Description

Represents a failure within the conditions defined to validate the request to the service operation.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Messages	ArrayOfMessage	0..1	The set of messages associated with the fault.

### Complex Type: InvalidUserFault

#### Description

Represents an invalid user object being supplied.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

### Complex Type: ItemNotFoundFault

#### Description

Represents a fault when a specified item is not found in the eHISC database.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Identifier	string	0..1	The identifier value, if any, that was specified by the caller and was not able to locate the item.
Qualifier	string	0..1	The qualifier, if any, that was specified by the caller and was not able to locate the item.
Type	string	1..1	Gets or sets a code representing the type of item that was not found. Known examples are "Hospital", "Patient", "Episode" or "Address".

### Complex Type: LocalUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Domain	string	1..1	The name of the directory domain of the user within the local directory.
FamilyName	string	1..1	The family name of the user.
GivenNames	string	1..1	The given name(s) of the user.
Login	string	1..1	The name of the login (account) of the user within the local directory.

### Complex Type: Message

#### Description

Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
Code	string	0..1	The code associated with the message.
Data	anyType	0..1	Gets or sets any additional data associated with the message.
Description	string	1..1	Gets or sets a detailed description of the message content.
Level	<a href="#">MessageLevel</a>	1..1	The level associated with the message.
Messages	ArrayOfMessage	1..1	The set of messages associated with the message.
Origin	string	1..1	Gets or sets a string identifying the origin of the message, such as "eHISC" or "PCEHR".


### Complex Type: Mrn

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	1..1	The value of the MRN.

**Complex Type: ParticipatingIndividual****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the participating individual.
GivenNames	string	1..1	The given names of the participating individual. If there are multiple given names, they should be separated by spaces.
LocalIdentifier	string	0..1	The unique local identifier of the participating individual. The local identifier must be unique within the authoring organisation (HPI-O). For the document author and responsible health professional, this is conditionally mandatory with the HPI-I as at least one must be specified.
Suffix	string	0..1	The name suffix of the participating individual.
Title	string	0..1	The name title of the participating individual.

**Referenced By**

Name	Type
<a href="#">ParticipatingProvider</a>	Complex Type

**Complex Type: ParticipatingProvider****Description**

Participating Provider DTO. This object contains information that identifies the person who is the 'Author', 'Legal Authenticator' and/or 'Responsible Health Professional at time of discharge' for the document.

**Derived By**Extending [ParticipatingIndividual](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the participating individual.
GivenNames	string	1..1	The given names of the participating individual. If there are multiple given names, they should be separated by spaces.



Component	Type	Occurs	Description
LocalIdentifier	string	0..1	The unique local identifier of the participating individual. The local identifier must be unique within the authoring organisation (HPI-O). For the document author and responsible health professional, this is conditionally mandatory with the HPI-I as at least one must be specified.
Suffix	string	0..1	The name suffix of the participating individual.
Title	string	0..1	The name title of the participating individual.
EmployerHpio	string	0..1	The HPI-O of the organisation that employs the participant. If the employer HPI-O is specified then the employer name must also. If neither are specified, the HPI-O and name of the hospital will be used.
EmployerName	string	0..1	The name of the organisation that employs the participant. If the employer HPI-O is specified then the employer name must also. If neither are specified, the HPI-O and name of the hospital will be used.
Hpii	string	0..1	The validated HPI-I of the participating provider. For the document author and responsible health professional, this is conditionally mandatory with the Local Identifier as at least one must be specified. If both are specified then the HPI-I will take precedence over the Local Identifier.

### Complex Type: PatientIdentifierBase

#### Description

Abstract base class for identifying a patient.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

#### Referenced By

Name	Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

#### Complex Type: PatientMasterId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The value of the Hospital ID. If supplied, this overrides the HospitalCode.
Value	int	1..1	The value of the Patient Master ID.

### Complex Type: PcehrServiceFault

#### Description

Represents an error returned by the PCEHR System.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>sequence</small> SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
ResponseCode	string	0..1	The PCEHR System response code.
ResponseCodeDescription	string	0..1	The PCEHR System response code description.
ResponseCodeDetails	string	0..1	The PCEHR System response code details.

### Complex Type: ProviderUser

#### Derived By

Extending [UserBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
PCEHR SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the user.
GivenNames	string	0..1	The given name(s) of the user.
HpiI	string	1..1	The health provider identifier - individual identifying the provider user.

## Complex Type: RegisteredEnterprisePatient

### Derived By

Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
PCEHR SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	1..1	Gets or sets a facility-level ID for the patient.
StatePatientId	string	1..1	Gets or sets an enterprise-level ID for the patient.

### Complex Type: ResponsibleUser

#### Derived By

Extending [UserBase](#)

### Complex Type: ServiceOperationFault

#### Description


Represents a general failure within the service operation.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Code	string	0..1	The fault code. This corresponds to the HipsResponse.ResponseCode property on V1 services.
Description	string	0..1	The fault description. This corresponds to the HipsResponse.ResponseCodeDescription property on V1 services.
Details	string	0..1	The fault details. This corresponds to the HipsResponse.ResponseCodeDetails property on V1 services.
Type	string	0..1	The fault type. This corresponds to the HipsResponse.Status property on V1 services.


### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	1..1	The value of the enterprise ID.

### Complex Type: UserBase

#### Description

Abstract base class for identifying an end-user.

#### Derived By

Restricting anyType

#### Referenced By

Name	Type
<a href="#">LocalUser</a>	Complex Type
<a href="#">ProviderUser</a>	Complex Type
<a href="#">ResponsibleUser</a>	Complex Type

### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
PCEHR SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	1..1	The date of birth of the patient. This date of birth must have been used in a successful IHI search in the HI Service.
FamilyName	string	1..1	The family name of the patient. This family name must have been used in a successful IHI search in the HI Service.
GivenNames	string	1..1	The given names of the patient. There may be multiple given names separated by spaces. One of them must be the given name that was used in a successful IHI search in the HI Service.
Ihi	string	1..1	The IHI.
IhiLastValidated	dateTime	1..1	The date and time when the IHI was last validated using a search of the HI Service.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	1..1	The IHI record status.
IhiStatus	<a href="#">IhiStatus</a>	1..1	The IHI status.
Sex	<a href="#">Sex</a>	1..1	The sex of the patient. This sex must have been used in a successful IHI search in the HI Service.

### 1.2.3 Simple Types: CdaService

#### Simple Types

Name	Description
<a href="#">AddressPurpose</a>	Represents the purpose of an address. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose", and the mappings to CDA in NEHTA eDischarge Summary CDA Implementation Guide v3.4.
<a href="#">AttachmentType</a>	Represents the file type and semantics of an attachment.
<a href="#">AustralianState</a>	Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.
<a href="#">ElectronicCommunicationMedium</a>	Represents the medium of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Medium", and the mappings to HL7v3 (CDA) URL schemes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".
<a href="#">ElectronicCommunicationUsage</a>	Represents the usage of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Usage Code", and the mappings to HL7v3 (CDA) Telecommunication Address Use (TAU) codes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".
<a href="#">IhiRecordStatus</a>	Represents an IHI record status.
<a href="#">IhiStatus</a>	Represents an IHI status. Some values are defined by the national HI Service. Others are defined by eHISC to represent various unresolved alert conditions. See the documentation for each member for details.
<a href="#">MessageLevel</a>	Represents the level of a message returned by a service operation.
<a href="#">ModeOfSeparation</a>	Represents the status of the patient at the time of discharge and the place to which the person was or will be released. The valid codes are defined in AIHW 270094 titled "Episode of admitted patient care- separation mode, code N". Shorter, more user friendly display names were developed by NEHTA.
<a href="#">ResponseStatus</a>	Represents the outcome of a service operation.
<a href="#">Sex</a>	Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Care Client Identifier Sex".
<a href="#">SourceDocumentStatus</a>	Represents the status of this version of the document as communicated by the source system. The valid codes are defined by NCTIS titled "Admin Codes - Document Status".

#### Simple Type: AddressPurpose

##### Description

Represents the purpose of an address. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose", and the mappings to CDA in NEHTA eDischarge Summary CDA Implementation Guide v3.4.

##### Derived By

Restricting string



## Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service. If the address purpose has not been stated, service invokers should send "Unknown".
Business	Represents a business, workplace or office address. Maps to CDA address use code "WP".
Mailing	Represents a mailing or postal address, used to send mail. Maps to CDA address use code "PST".
Temporary	Represents a temporary address, which may be good for visit or mailing. Maps to CDA address use code "TMP".
Residential	Represents a residential or home address. Maps to CDA address use code "H".
Unknown	Represents an address whose purpose has not been stated, is unknown or inadequately described. In this case the CDA document will simply omit the Address Use Code.

## Simple Type: AttachmentType

### Description

Represents the file type and semantics of an attachment.

### Derived By

Restricting string

## Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
AttachedImageJpeg	Represents an additional JPEG image attached to the document. This image will be shown in the CDA body under the main document. This file must be a JPEG image.
AttachedImagePng	Represents an additional PNG image attached to the document. This image will be shown in the CDA body under the main document. This file must be a PNG image.
AttachedImageTiff	Represents an additional TIFF image attached to the document. This image will be shown in the CDA body under the main document. This file must be a TIFF image.
AttachedImageGif	Represents an additional GIF image attached to the document. This image will be shown in the CDA body under the main document. This file must be a GIF image.
AttachedDocumentPdf	Represents an additional linked document. This will be linked from the body of the CDA document. This file must be a PDF document.
OrganisationalLogoPng	Represents the organisational logo that will appear in the header of the CDA document. This file must be a PNG image. If no attachment is supplied with this type, and there is a logo in the database Hospital table, then eHISC will include the logo from the database.

**Simple Type: AustralianState****Description**

Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents a valid invocation of the web service for an international address. For an Australian address, if the state or territory is unknown, service invokers should send "U".
NSW	Represents New South Wales.
VIC	Represents Victoria.
QLD	Represents Queensland.
SA	Represents South Australia.
WA	Represents Western Australia.
TAS	Represents Tasmania.
NT	Represents Northern Territory.
ACT	Represents Australian Capital Territory.
U	Represents an Australian address whose state or territory is unknown.

**Simple Type: ElectronicCommunicationMedium****Description**

Represents the medium of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Medium", and the mappings to HL7v3 (CDA) URL schemes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
FixedTelephone	Represents a fixed telephone. Maps to URL scheme "tel".
Mobile	Represents a mobile telephone. Maps to URL scheme "tel" with use code "MC".
Fax	Represents a facsimile machine. Maps to URL scheme "fax".
Pager	Represents a pager. Maps to URL scheme "tel" with use code "PG".
Email	Represents email. Maps to URL scheme "mailto".
URL	Represents a URL. The URL scheme of the URL in the Detail element is used without mapping.

### Simple Type: ElectronicCommunicationUsage

#### Description

Represents the usage of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Usage Code", and the mappings to HL7v3 (CDA) Telecommunication Address Use (TAU) codes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. This represents a valid invocation of the web service because the usage code is optional.
Business	Represents a communication address for business use. Maps to TAU code "WP".
Personal	Represents a communication address for personal use. Maps to TAU code "H".
Both	Represents a communication address for both business and personal use. Maps to TAU code "WP H".

### Simple Type: IhiRecordStatus

#### Description

Represents an IHI record status.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. Where a value for IhiRecordStatus is required, this represents an invalid invocation of the web service.
Verified	Represents verified record status.
Unverified	Represents unverified record status.
Provisional	Represents provisional record status.
Unknown	Represents unknown record status. This status is assigned to patients whose IHI has not yet been obtained.

### Simple Type: IhiStatus

#### Description

Represents an IHI status. Some values are defined by the national HI Service. Others are defined by eHISC to represent various unresolved alert conditions. See the documentation for each member for details.

**Derived By**

Restricting string

**Enumeration**

<b>Value</b>	<b>Description</b>
None	No value has been supplied. Where a value for IhiStatus is required, this represents an invalid invocation of the web service.
Active	Represents active status as defined by the HI Service.
Deceased	Represents deceased status as defined by the HI Service.
Retired	Represents retired status as defined by the HI Service.
Expired	Represents expired status as defined by the HI Service.
Resolved	Represents resolved status as defined by the HI Service. The current IHI for a patient should never have this status, but it can be recorded for historical IHI assignments.
Unknown	Represents unknown status. This status is assigned to patients whose IHI has not yet been obtained, or when an IHI of record status Unverified or Provisional was found.
DuplicateIhi	Represents an unresolved alert due to obtaining an IHI when the same IHI is assigned to another patient record from the same hospital. The administrator must determine whether the two records represent the same person, if so then merge the two records, if not then report a potential replica to Medicare Australia.
DuplicatePatient	Represents an unresolved alert due to obtaining an IHI using the same demographic details that are assigned to another patient record from the same hospital. The administrator must determine whether the two records represent the same person, if so then merge the two records, if not then report a potential replica to Medicare Australia.
MergeConflict	Represents an unresolved alert due to merging two patient records that have different IHI numbers. The administrator must choose the correct IHI to resolve this alert.
ServiceUnavailable	Represents a patient whose IHI could not be obtained or validated because of an error while connecting to the HI Service. The IHI search will be repeated by the background process until it is successful.
MedicareDvaChangeMismatch	Represents an unresolved alert due to changing the Medicare card number or DVA file number of the patient, if the patient already had an IHI assigned, and a search using the new Medicare or DVA number found no IHI or found a different IHI to the one that was assigned to the patient.
DemographicMismatch	Represents an unresolved alert due to changing the date of birth of the patient, if the patient already had an IHI assigned, and a search using the current IHI with the new date of birth found no IHI.

**Simple Type: MessageLevel****Description**

Represents the level of a message returned by a service operation.

**Derived By**

Restricting string

### Enumeration

Value	Description
None	No level has been defined.
Information	The message contains information.
Warning	The message contains a warning.
Error	The message contains an error description.

### Simple Type: ModeOfSeparation

#### Description

Represents the status of the patient at the time of discharge and the place to which the person was or will be released. The valid codes are defined in AIHW 270094 titled "Episode of admitted patient care- separation mode, code N". Shorter, more user friendly display names were developed by NEHTA.

#### Derived By

Restricting string

### Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
AcuteHospital	Represents a discharge or transfer to an acute hospital.
AgedCareService	Represents a discharge or transfer to a residential aged care service, unless this is the usual place of residence.
PsychiatricCare	Represents a discharge or transfer to a psychiatric hospital.
OtherHealthService	Represents a discharge or transfer to other health care accommodation (includes mothercraft hospitals)
AdministrativeDischarge	Represents a statistical discharge - type change.
SelfDischarge	Represents that the patient left against medical advice or was discharged at own risk.
AdministrativeFromLeave	Represents a statistical discharge from leave.
Deceased	Represents that the patient died.
Home	Represents that the patient was discharged to his/her usual residence, own accommodation or a welfare institution (includes prisons, hostels and group homes providing primarily welfare services).

### Simple Type: ResponseStatus

#### Description

Represents the outcome of a service operation.

#### Derived By

Restricting string

**Enumeration**

Value	Description
None	No status has been defined.
OK	The service operation was successful.
Warning	The service operation may have been successful, with associated warning messages.

**Simple Type: Sex****Description**

Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Care Client Identifier Sex".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. Where a value for Sex is required, this represents an invalid invocation of the web service. If the IHI search was successful with the Sex not stated, send the value "NotStatedOrInadequatelyDescribed".
Male	Represents male. Mapped to CDA code "M".
Female	Represents female. Mapped to CDA code "F".
IntersexOrIndeterminate	Represents intersex or indeterminate. Mapped to CDA code "I".
NotStatedOrInadequatelyDescribed	Represents not stated or inadequately described. Mapped to CDA code "N".

**Simple Type: SourceDocumentStatus****Description**

Represents the status of this version of the document as communicated by the source system. The valid codes are defined by NCTIS titled "Admin Codes - Document Status".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
Interim	Represents an interim or draft version of the document. Interim versions are not normally uploaded to the PCEHR system.
Final	Represents a final version of the document. This may be the first final version or an amendment.

Value	Description
Withdrawn	Represents a notification that the document has been withdrawn by the authoring organisation. Withdrawn versions are intended for delivery to point-to-point (P2P) recipients of the document and are not normally uploaded to the PCEHR system. Instead the document can be removed from the PCEHR system with a separate web service invocation.

## 1.3 ConsentService Web Service

### Description

Web service interface for the Consent service.

### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.3.1 Methods: ConsentService

#### Methods

Name	Description
<a href="#">CheckConsent</a>	Finds out whether eHISC has recorded an explicit request to upload or a withdrawal of consent to upload clinical documents for a specified episode.
<a href="#">GetPatientParticipationStatus</a>	Gets the participation status for a single hospital patient record. This involves checking both the HI Service and the PCEHR System, as well as local consent records. If we do not have a valid IHI then the patient is not considered participating. We cannot upload a discharge summary for a patient without a valid IHI. If the patient has explicitly consented to the upload of any of the discharge summaries from a hospital then they are considered participating in that hospital only. If the patient has an advertised PCEHR, then we assume they do want their discharge summary to be uploaded to PCEHR. With no advertised PCEHR and no explicit consents in the hospital, we assume the patient will not expect that hospital to upload the discharge summary.
<a href="#">GetRecentPatientParticipationStatus</a>	For patients in hospitals that have a code in the given hospital code system (e.g. those which use a particular PAS or CIS), This service will obtain the participation status for all patients with changes to their episodes since the given date/time.
<a href="#">RecordConsent</a>	Record the withdrawal of consent to upload a discharge summary for a particular episode, or reverse that action. In order to check or record the consent to upload the discharge summary to PCEHR for an episode, the clinical system must specify the admission date/time of the episode within a configured tolerance. If there is no unique match to an episode then an error will be returned and the situation may be investigated by the system administrator.
<a href="#">RecordDisclosure</a>	Record whether the patient has disclosed the existence of a PCEHR.

**Method: CheckConsent****Description**

Finds out whether eHISC has recorded an explicit request to upload or a withdrawal of consent to upload clinical documents for a specified episode.

**Parameters**

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier
admissionDate	dateTime	Input	The date and time when the episode started (Episode.AdmissionDate)
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action

**Returns**

Response containing the consent status for this episode and an error indicator

Name	Type	Description
ConsentStatus	<a href="#">EpisodeConsentStatus</a>	The Consent Status of the Episode
Response	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.

**Input (Literal)**

The input of this method is the argument CheckConsent having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier
admissionDate	dateTime	No	0..1	No	The date and time when the episode started (Episode.AdmissionDate)
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action

**Method: GetPatientParticipationStatus****Description**

Gets the participation status for a single hospital patient record. This involves checking both the HI Service and the PCEHR System, as well as local consent records. If we do not have a valid IHI then the patient is not considered participating. We cannot upload a discharge summary for a patient without a valid IHI. If the patient has explicitly consented to the upload of any of the discharge summaries from a hospital then they are considered participating in that hospital only. If the patient has an advertised PCEHR, then we assume they do want their discharge summary to be uploaded to PCEHR. With no advertised PCEHR and no explicit consents in the hospital, we assume the patient will not expect that hospital to upload the discharge summary.



### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier
user	<a href="#">UserDetails</a>	Input	The user responsible for any IHI and PCEHR checks required

### Returns

Participation status for the requested patient

Name	Type	Description
PatientParticipationList	ArrayOfPatientParticipationStatus	The information required for the calling system to identify one or more patient records and their current PCEHR participation status.
Response	<a href="#">HipsResponse</a>	Gets or sets an indicator of success or failure and in case of failure, the reason for the failure.

### Input (Literal)

The input of this method is the argument GetPatientParticipationStatus having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user responsible for any IHI and PCEHR checks required

### Method: GetRecentPatientParticipationStatus

#### Description

For patients in hospitals that have a code in the given hospital code system (e.g. those which use a particular PAS or CIS), This service will obtain the participation status for all patients with changes to their episodes since the given date/time.

### Parameters

Name	Type	Direction	Description
since	dateTime	Input	The date/time after which the episode must have been modified to be included
hospitalCodeSystem	string	Input	Code that identifies which type of hospital codes should be returned
user	<a href="#">UserDetails</a>	Input	The user details for IHI validation and PCEHR advertised checking.

### Returns

List of participation status for patients

Name	Type	Description
PatientParticipationList	ArrayOfPatientParticipationStatus	The information required for the calling system to identify one or more patient records and their current PCEHR participation status.
Response	<a href="#">HipsResponse</a>	Gets or sets an indicator of success or failure and in case of failure, the reason for the failure.

### Input (Literal)

The input of this method is the argument GetRecentPatientParticipationStatus having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
since	dateTime	No	0..1	No	The date/time after which the episode must have been modified to be included
hospitalCodeSystem	string	No	0..1	Yes	Code that identifies which type of hospital codes should be returned
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user details for IHI validation and PCEHR advertised checking.

### Method: RecordConsent

#### Description

Record the withdrawal of consent to upload a discharge summary for a particular episode, or reverse that action. In order to check or record the consent to upload the discharge summary to PCEHR for an episode, the clinical system must specify the admission date/time of the episode within a configured tolerance. If there is no unique match to an episode then an error will be returned and the situation may be investigated by the system administrator.

#### Parameters

Name	Type	Direction	Description
consentWithdrawn	boolean	Input	True if the patient withdrew consent to upload, false if the patient reinstated consent to upload.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier
admissionDate	dateTime	Input	The date and time when the episode started (Episode.AdmissionDate)
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
auditInformation	base64Binary	Input	Additional audit information to store

#### Returns

Indicator of any error that occurred

Name	Type	Description
HipsErrorMessage	string	The eHISC error message.
ResponseCode	string	The response code.
ResponseCodeDescription	string	The response code description.
ResponseCodeDetails	string	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	The status indicator.

### Input (Literal)

The input of this method is the argument RecordConsent having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
consentWithdrawn	boolean	No	0..1	No	True if the patient withdrew consent to upload, false if the patient reinstated consent to upload.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier
admissionDate	dateTime	No	0..1	No	The date and time when the episode started (Episode.AdmissionDate)
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
auditInformation	base64Binary	No	0..1	Yes	Additional audit information to store

### Method: RecordDisclosure

#### Description

Record whether the patient has disclosed the existence of a PCEHR.

#### Parameters

Name	Type	Direction	Description
pcehrDisclosed	boolean	Input	True if the patient disclosed the existence of a PCEHR, false if the patient has not disclosed the existence of a PCEHR.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
auditInformation	base64Binary	Input	Additional audit information to store

#### Returns

Indicator of any error that occurred

Name	Type	Description
HipsErrorMessage	string	The eHISC error message.
ResponseCode	string	The response code.
ResponseCodeDescription	string	The response code description.

Name	Type	Description
ResponseCodeDetails	string	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	The status indicator.

### Input (Literal)

The input of this method is the argument RecordDisclosure having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
pcehrDisclosed	boolean	No	0..1	No	True if the patient disclosed the existence of a PCEHR, false if the patient has not disclosed the existence of a PCEHR.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
auditInformation	base64Binary	No	0..1	Yes	Additional audit information to store

## 1.3.2 Complex Types: ConsentService

### Complex Types

Name	Description
<a href="#">Demographic</a>	
<a href="#">EpisodeConsentResponse</a>	Represents a consent status for an episode.
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">Mrn</a>	
<a href="#">PatientIdentifierBase</a>	This abstract class is used for the Patient Identifier classes.
<a href="#">PatientMasterId</a>	
<a href="#">PatientParticipationResponse</a>	This class is the response from eHISC for a request to get the PCEHR participation status, either for a single patient or for all patients with recent changes to their records.
<a href="#">PatientParticipationStatus</a>	The information in this class represents the current PCEHR participation status for a patient. It holds all the information required for the calling system to identify the patient record, including the MRN, the state patient identifier and the validated IHI.
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">StatePatientId</a>	

Name	Description
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.
<a href="#">ValidatedIhi</a>	

### Complex Type: Demographic

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The person's date of birth.
DvaNumber	string	0..1	The DVA file number on the person's repatriation health card.
FamilyName	string	0..1	The family name that appears on the person's Medicare or DVA card.
GivenName	string	0..1	The given name that appears on the person's Medicare or DVA card.
MedicareIrn	string	0..1	The 1-digit IRN for this person on the Medicare card.
MedicareNumber	string	0..1	The 10-digit card number on the person's Medicare card.
Sex	<a href="#">SexEnumerator</a>	0..1	The person's sex.

**Complex Type: EpisodeConsentResponse****Description**

Represents a consent status for an episode.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
ConsentStatus	<a href="#">EpisodeConsentStatus</a>	0..1	The Consent Status of the Episode
Response	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.

**Complex Type: HipsResponse****Description**

Standardised eHISC Response Message

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

**Complex Type: Mrn****Derived By**

Extending [PatientIdentifierBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The mrn

### Complex Type: PatientIdentifierBase

#### Description


This abstract class is used for the Patient Identifier classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

#### Referenced By

Name	Type
<a href="#">Demographic</a>	Complex Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

#### Complex Type: PatientMasterId

##### Derived By

Extending [PatientIdentifierBase](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.



Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The HospitalId (eHISC database Hospital table primary key). If supplied, overrides the hospital code and code system.
Value	int	0..1	The PatientMasterId (eHISC database PatientMaster table primary key).

### Complex Type: PatientParticipationResponse

#### Description


This class is the response from eHISC for a request to get the PCEHR participation status, either for a single patient or for all patients with recent changes to their records.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
PatientParticipationList	ArrayOfPatientParticipationStatus	0..1	The information required for the calling system to identify one or more patient records and their current PCEHR participation status.
Response	<a href="#">HipsResponse</a>	0..1	Gets or sets an indicator of success or failure and in case of failure, the reason for the failure.

**Complex Type: PatientParticipationStatus****Description**


The information in this class represents the current PCEHR participation status for a patient. It holds all the information required for the calling system to identify the patient record, including the MRN, the state patient identifier and the validated IHI.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.


Component	Type	Occurs	Description
 SEQUENCE		1..1	
HospitalCode	string	0..1	A code in the in the hospital code system that was specified in the service request, which identifies the hospital that allocated the MRN.
Mrn	string	0..1	A patient identifier unique within the hospital, typically allocated by the hospital's PAS or PMI.
ParticipationStatus	<a href="#">ParticipationStatus</a>	0..1	The current participation status of the patient.
StatePatientId	string	0..1	Gets or sets a patient identifier unique within the state or territory and typically allocated by the enterprise master patient index.
ValidatedIhi	<a href="#">ValidatedIhi</a>	0..1	Gets or sets an Individual Healthcare Identifier (IHI) allocated by the national healthcare identifier service, and the information required to check the validity of the IHI.

**Complex Type: RegisteredEnterprisePatient****Derived By**

Extending [PatientIdentifierBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	0..1	The facility-level ID for the patient.
StatePatientId	string	0..1	The enterprise-level ID for the patient.


### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The StatePatientId

### Complex Type: UserDetails

#### Description


The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.

### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
PCE SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The date of birth that was used to obtain or validate the IHI with the HI Service.
FamilyName	string	0..1	The family name that was used to obtain or validate the IHI with the HI Service.
GivenName	string	0..1	The given name that was used to obtain or validate the IHI with the HI Service.
Ihi	string	0..1	The value of the IHI.
IhiLastValidated	dateTime	0..1	The date and time when the IHI was last validated with the HI Service. If this value is within the configured period then eHISC will not attempt to revalidate the IHI before use in a PCEHR service call.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI record status Note: In this release eHISC only supports Verified IHIs. It is an error to provide an IHI with any record status apart from Verified.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI status.
Sex	<a href="#">SexEnumerator</a>	0..1	The sex that was used to obtain or validate the IHI with the HI Service.

### 1.3.3 Simple Types: ConsentService

#### Simple Types

Name	Description
<a href="#">EpisodeConsentStatus</a>	This enumeration represents the consent status for uploading documents to the PCEHR relating to a particular episode of care.
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">IhiRecordStatus</a>	This enumeration is used to match the record status in the IhiRecordStatus table to code
<a href="#">IhiStatus</a>	This is used to match the status in the IhiStatus table to code
<a href="#">ParticipationStatus</a>	Represents the PCEHR participation status of a patient.
<a href="#">SexEnumerator</a>	This enumeration represents a person's sex, and is used to match the Sex table to code.
<a href="#">UserRole</a>	The role of the user

#### Simple Type: EpisodeConsentStatus

##### Description

This enumeration represents the consent status for uploading documents to the PCEHR relating to a particular episode of care.

##### Derived By

Restricting string

##### Enumeration

Value	Description
Unknown	The consent status is unknown.
NoConsentRecorded	Consent information was not recorded for this episode. Consent is granted when the person registers for a PCEHR.
WithdrewConsent	The patient has withdrawn consent for uploading documents related to this episode.

#### Simple Type: HipsResponseIndicator

##### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*  
\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.  
\*\*\*\*\*  
\*\*\*\*\*

##### Derived By

Restricting string

## Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

## Simple Type: IhiRecordStatus

### Description

This enumeration is used to match the record status in the IhiRecordStatus table to code

**Derived By**

Restricting string

**Enumeration**

Value	Description
Verified	The IHI is a verified IHI.
Unverified	The IHI is an unverified IHI.
Provisional	The IHI is a provisional IHI.
Unknown	The IHI record status is unknown or not applicable.

**Simple Type: IhiStatus****Description**

This is used to match the status in the IhiStatus table to code

**Derived By**

Restricting string

**Enumeration**

Value	Description
Active	The IHI status is Active.
Deceased	The IHI status is Deceased.
Retired	The IHI status is Retired.
Expired	The IHI status is Expired.
Resolved	The IHI status is Resolved. This status should never be stored for the current IHI of a patient, but will be stored in IHI history.
Unknown	The IHI status is unknown or not applicable (including when no IHI was found).
DuplicateIhi	The patient has an unresolved alert because another patient record in the same hospital had the same IHI number.
DuplicatePatient	The patient has an unresolved alert because another patient record in the same hospital had demographic information identical to that used to obtain the IHI for this patient.
MergeConflict	The patient has an unresolved alert because it was merged with another patient record that had a different IHI number.
ServiceUnavailable	The IHI or PCEHR lookup failed and will be retried by the background IHI cleanup service.
MedicareDvaChangeMismatch	The patient has an unresolved alert because the Medicare or DVA number was changed, resulting in an IHI search that returned no IHI or returned a different IHI to that which was assigned to the patient.
DemographicMismatch	The patient has an unresolved alert because no IHI was found when the IHI assigned to the patient was validated using the patient's name, sex and date of birth.

**Simple Type: ParticipationStatus****Description**

Represents the PCEHR participation status of a patient.



**Derived By**

Restricting string

**Enumeration**

Value	Description
NoValidIhi	eHISC was not able to obtain or validate the IHI for this patient. eHISC will not be able to upload the discharge summary for this patient until this situation is resolved.
PcehrNotAdvertised	This patient may not have registered for PCEHR, or may have chosen to hide the existence of his/her PCEHR. The clinical system should not send the discharge summary, unless the patient explicitly requests the provider to do so.
PcehrAdvertised	This patient has chosen to advertise the existence of his/her PCEHR, or the health provider organisation has already gained access to the PCEHR, so the clinical system should send the discharge summary.
RequestedUpload	This patient disclosed the existence of his/her PCEHR to the health provider organisation, and thereby requested the upload of his/her discharge summary for all hospitals that are part of this health provider organisation, so the clinical system should send the discharge summary, regardless of whether the PCEHR is advertised.

**Simple Type: SexEnumerator****Description**

This enumeration represents a person's sex, and is used to match the Sex table to code.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NotStatedOrInadequatelyDescribed	Not stated or inadequately described.
Male	The male sex.
Female	The female sex.
IntersexOrIndeterminate	Intersex or indeterminate.

**Simple Type: UserRole****Description**

The role of the user

**Derived By**

Restricting string

**Enumeration**

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.

Value	Description
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.4 DatabaseLoaderService Web Service

### Description

Web service interface for the Database Loader service.

### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.4.1 Methods: DatabaseLoaderService

#### Methods

Name	Description
<a href="#">NotifyPasEvent</a>	Notifies eHISC of an event in the Patient Administration System.
<a href="#">NotifyPathEvent</a>	Notifies eHISC of a pathology result.

#### Method: NotifyPasEvent

### Description

Notifies eHISC of an event in the Patient Administration System.

### Parameters

Name	Type	Direction	Description
messageForm	string	Input	An HL7 message.
user	<a href="#">UserDetails</a>	Input	Details of the responsible user.

### Returns

An HL7 acknowledgement message.

### Input (Literal)

The input of this method is the argument NotifyPasEvent having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
messageForm	string	No	0..1	Yes	An HL7 message.
user	<a href="#">UserDetails</a>	No	0..1	Yes	Details of the responsible user.

## Method: NotifyPathEvent

### Description

Notifies eHISC of a pathology result.

### Parameters

Name	Type	Direction	Description
messageForm	string	Input	An HL7 message.
user	<a href="#">UserDetails</a>	Input	Details of the responsible user.

### Returns

An HL7 acknowledgement message.

### Input (Literal)

The input of this method is the argument NotifyPathEvent having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
messageForm	string	No	0..1	Yes	An HL7 message.
user	<a href="#">UserDetails</a>	No	0..1	Yes	Details of the responsible user.

## 1.4.2 Complex Types: DatabaseLoaderService

### Complex Types

Name	Description
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

### Complex Type: UserDetails

#### Description


The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.

Component	Type	Occurs	Description
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.

### 1.4.3 Simple Types: DatabaseLoaderService

#### Simple Types

Name	Description
<a href="#">UserRole</a>	The role of the user

#### Simple Type: UserRole

##### Description

The role of the user

##### Derived By

Restricting string

##### Enumeration

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.5 HiReferenceService Web Service

#### Description

Service interface for the Healthcare Identifier Reference Service.

## See Also

- [Methods](#)
- [Complex Types](#)

### 1.5.1 Methods: HiReferenceService

#### Methods

Name	Description
<a href="#">GetHiCountries</a>	Gets the Country List.
<a href="#">GetHiLevelTypes</a>	Gets the LevelType List.
<a href="#">GetHiPostalDeliveryTypes</a>	Gets the PostalDeliveryType List.
<a href="#">GetHiSexes</a>	Gets the Sex List.
<a href="#">GetHiStates</a>	Gets the State List.
<a href="#">GetHiStreetSuffixTypes</a>	Gets the StreetSuffixTypes List.
<a href="#">GetHiStreetTypes</a>	Gets the StreetType List.
<a href="#">GetHiUnitTypes</a>	Gets the UnitType List.

#### Method: GetHiCountries

##### Description

Gets the Country List.

##### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

##### Returns

A GetHiCountriesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiCountriesResult	ArrayOfHiCountry	

##### Input (Literal)

The input of this method is the argument GetHiCountries that is always empty.

#### Method: GetHiLevelTypes

##### Description

Gets the LevelType List.

##### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

A GetHiLevelTypesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiLevelTypesResult	ArrayOfHiLevelType	

**Input (Literal)**

The input of this method is the argument GetHiLevelTypes that is always empty.

**Method: GetHiPostalDeliveryTypes****Description**

Gets the PostalDeliveryType List.

**Parameters**

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

A GetHiPostalDeliveryTypesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiPostalDeliveryTypesResult	ArrayOfHiPostalDeliveryType	

**Input (Literal)**

The input of this method is the argument GetHiPostalDeliveryTypes that is always empty.

**Method: GetHiSexes****Description**

Gets the Sex List.

**Parameters**

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

A GetHiSexesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiSexesResult	ArrayOfHiSex	

**Input (Literal)**

The input of this method is the argument GetHiSexes that is always empty.

#### Method: GetHiStates

##### Description

Gets the State List.

##### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

##### Returns

A GetHiStatesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiStatesResult	ArrayOfHiState	

##### Input (Literal)

The input of this method is the argument GetHiStates that is always empty.

#### Method: GetHiStreetSuffixTypes

##### Description

Gets the StreetSuffixTypes List.

##### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

##### Returns

A GetHiStreetSuffixTypesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiStreetSuffixTypesResult	ArrayOfHiStreetSuffixType	

##### Input (Literal)

The input of this method is the argument GetHiStreetSuffixTypes that is always empty.

#### Method: GetHiStreetTypes

##### Description

Gets the StreetType List.

##### Parameters

Name	Type	Direction	Description
parameters	anyType	Input	

##### Returns

A GetHiStreetTypesResponse element having the structure defined by the following table.

Name	Type	Description
------	------	-------------

GetHiStreetTypesResult	ArrayOfHiStreetType	
------------------------	---------------------	--

**Input (Literal)**

The input of this method is the argument GetHiStreetTypes that is always empty.

**Method: GetHiUnitTypes****Description**

Gets the UnitType List.

**Parameters**

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

A GetHiUnitTypesResponse element having the structure defined by the following table.

Name	Type	Description
GetHiUnitTypesResult	ArrayOfHiUnitType	

**Input (Literal)**

The input of this method is the argument GetHiUnitTypes that is always empty.

## 1.5.2 Complex Types: HiReferenceService

**Complex Types**

Name	Description
<a href="#">BaseExposedCode</a>	
<a href="#">HiCountry</a>	This class represents a HI Country for Addressing
<a href="#">HiLevelType</a>	This class represents a HI LevelType for addressing
<a href="#">HiPostalDeliveryType</a>	This class represents a HI PostalDeliveryType for addressing
<a href="#">HiSex</a>	This class represents a HI Sex
<a href="#">HiState</a>	This class represents a HI State for addressing
<a href="#">HiStreetSuffixType</a>	This class represents a HI StreetSuffixType for addressing
<a href="#">HiStreetType</a>	This class represents a HI StreetType for addressing
<a href="#">HiUnitType</a>	This class represents a HI Unit Type for Addressing

**Complex Type: BaseExposedCode****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.



Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id

#### Referenced By

Name	Type
<a href="#">HiCountry</a>	Complex Type
<a href="#">HiLevelType</a>	Complex Type
<a href="#">HiPostalDeliveryType</a>	Complex Type
<a href="#">HiSex</a>	Complex Type
<a href="#">HiState</a>	Complex Type
<a href="#">HiStreetSuffixType</a>	Complex Type
<a href="#">HiStreetType</a>	Complex Type
<a href="#">HiUnitType</a>	Complex Type

#### Complex Type: HiCountry

##### Description

This class represents a HI Country for Addressing

##### Derived By

Extending [BaseExposedCode](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
CountryId	int	0..1	The Country id.

#### Complex Type: HiLevelType

##### Description

This class represents a HI LevelType for addressing

##### Derived By

Extending [BaseExposedCode](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
LevelTypeId	int	0..1	The LevelType id.

### Complex Type: HiPostalDeliveryType

#### Description

This class represents a HI PostalDeliveryType for addressing

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
PostalDeliveryTypeId	int	0..1	The PostalDeliveryType id.

### Complex Type: HiSex

#### Description

This class represents a HI Sex

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
SexId	int	0..1	The Sex id.

### Complex Type: HiState

#### Description


This class represents a HI State for addressing

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
StateId	int	0..1	The State id.

### Complex Type: HiStreetSuffixType

#### Description


This class represents a HI StreetSuffixType for addressing

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
StreetSuffixTypeId	int	0..1	The StreetSuffixType id.

### Complex Type: HiStreetType

#### Description


This class represents a HI StreetType for addressing

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
StreetTypeId	int	0..1	The StreetType id.

### Complex Type: HiUnitType

#### Description

This class represents a HI Unit Type for Addressing

#### Derived By

Extending [BaseExposedCode](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The Code
Description	string	0..1	The Description
Id	int	0..1	The Id
UnitTypeId	int	0..1	The Unit Type id.

## 1.6 HpiiService Web Service

#### Description

Web service interface for the HPI-I service.

#### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.6.1 Methods: HpiiService

#### Methods

Name	Description
<a href="#">HpiiBatchRetrieve</a>	Performs an HPII Batch Retrieve against the HPII Service.
<a href="#">HpiiBatchSubmit</a>	Performs an HPII Batch Submit against the HPII Service.
<a href="#">HpiiDemographicSearch</a>	Performs an HPII Demographic query against the HPII Service.
<a href="#">HpiiValidation</a>	Performs an HPII Validation query against the HPII Service.

### Method: HpIiBatchRetrieve

#### Description

Performs an HPII Batch Retrieve against the HPII Service.

#### Parameters

Name	Type	Direction	Description
hpIiBatchAsyncRetrieveRequest	<a href="#">HpIiBatchAsyncRetrieveRequest</a>	Input	The HPII identifier query.
user	<a href="#">UserDetails</a>	Input	The user.

#### Returns

HPI-I Batch Asynchronous Retrieve Response.

Name	Type	Description
BatchIdentifier	string	The batch identifier.
HipsResponse	<a href="#">HipsResponse</a>	The eHISC response.
HpIiBatchQueryResponses	ArrayOfHpIiBatchQueryResponse	Gets or sets a list of HPI-I batch query responses.
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	The service messages.

#### Input (Literal)

The input of this method is the argument HpIiBatchRetrieve having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
hpIiBatchAsyncRetrieveRequest	<a href="#">HpIiBatchAsyncRetrieveRequest</a>	No	0..1	Yes	The HPII identifier query.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.

### Method: HpIiBatchSubmit

#### Description

Performs an HPII Batch Submit against the HPII Service.

#### Parameters

Name	Type	Direction	Description
hpIiBatchAsyncSubmitRequest	<a href="#">HpIiBatchAsyncSubmitRequest</a>	Input	The hpIi batch asynchronous submit request.
user	<a href="#">UserDetails</a>	Input	The user.

#### Returns

HPI-I Batch Asynchronous Submit Response.

Name	Type	Description
BatchIdentifier	string	The BatchIdentifier
HipsResponse	<a href="#">HipsResponse</a>	The ServiceMessagesType

Name	Type	Description
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	The ServiceMessagesType

**Input (Literal)**

The input of this method is the argument HpIiBatchSubmit having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
hpIiBatchAsyncSubmitRequest	<a href="#">HpIiBatchAsyncSubmitRequest</a>	No	0..1	Yes	The hpIi batch asynchronous submit request.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.

**Method: HpIiDemographicSearch****Description**

Performs an HPII Demographic query against the HPII Service.

**Parameters**

Name	Type	Direction	Description
hpIiDemographicQuery	<a href="#">HpIiDemographicQuery</a>	Input	The HPII demographic query.
user	<a href="#">UserDetails</a>	Input	The user.

**Returns**

Found HPII information

Name	Type	Description
DateOfBirth	dateTime	The DateOfBirth
FamilyName	string	The FamilyName
GivenName	ArrayOfstring	The GivenName
HpioNumber	string	The HpioNumber
OnlyNameIndicator	boolean	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	The Sex (Gender)
AustralianAddress	<a href="#">AustralianAddress</a>	The AustralianAddress
HipsResponse	<a href="#">HipsResponse</a>	The ServiceMessagesType
HpIiNumber	string	The HpIiNumber
HpIiStatus	<a href="#">HpIiStatus</a>	The HpIiStatus
InternationalAddress	<a href="#">InternationalAddress</a>	The InternationalAddress
PostCode	string	The PostCode
RegistrationId	string	The RegistrationId
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	The ServiceMessagesType
State	<a href="#">StateType</a>	The State

**Input (Literal)**

The input of this method is the argument HpIiDemographicSearch having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
hpIIDemographicQuery	<a href="#">HpIIDemographicQuery</a>	No	0..1	Yes	The HP II demographic query.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.

#### Method: HpIIValidation

##### Description

Performs an HP II Validation query against the HP II Service.

##### Parameters

Name	Type	Direction	Description
hpIIIdentifierQuery	<a href="#">HpIIIdentifierQuery</a>	Input	The HP II identifier query.
user	<a href="#">UserDetails</a>	Input	The user.

##### Returns

Validated HP II information

Name	Type	Description
DateOfBirth	dateTime	The DateOfBirth
FamilyName	string	The FamilyName
GivenName	ArrayOfstring	The GivenName
HpIIoNumber	string	The HpIIoNumber
OnlyNameIndicator	boolean	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	The Sex (Gender)
AustralianAddress	<a href="#">AustralianAddress</a>	The AustralianAddress
HipsResponse	<a href="#">HipsResponse</a>	The ServiceMessagesType
HpIINumber	string	The HpIINumber
HpIIStatus	<a href="#">HpIIStatus</a>	The HpIIStatus
InternationalAddress	<a href="#">InternationalAddress</a>	The InternationalAddress
PostCode	string	The PostCode
RegistrationId	string	The RegistrationId
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	The ServiceMessagesType
State	<a href="#">StateType</a>	The State

##### Input (Literal)

The input of this method is the argument HpIIValidation having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
hpIIIdentifierQuery	<a href="#">HpIIIdentifierQuery</a>	No	0..1	Yes	The HP II identifier query.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.

## 1.6.2 Complex Types: HpiiService

### Complex Types

Name	Description
<a href="#">AustralianAddress</a>	This class is used for Australian Address structures
<a href="#">BatchRetrieveResult</a>	HPI-I Batch Retrieve Result DTO. This object represents a list of search results from a batch.
<a href="#">BatchSearchResult</a>	HPI-I Batch Search Result DTO. This object is a normal search result, with an additional Request Identifier to allow the caller to correlate each result with the queries submitted in the original batch request.
<a href="#">BatchSubmitResult</a>	HPI-I Batch Submit Result DTO. This object contains the batch identifier allocated by the HI Service.
<a href="#">DataResponseBaseOfBatchRetrieveResultPaZei62p</a>	
<a href="#">DataResponseBaseOfBatchSubmitResultPaZei62p</a>	
<a href="#">DataResponseBaseOfSearchResultPaZei62p</a>	
<a href="#">DemographicQuery</a>	HPI-I Demographic Query DTO. This object represents a demographic search query.
<a href="#">detail</a>	
<a href="#">FaultBase</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">HiServiceFault</a>	Represents an error returned by the HI Service.
<a href="#">HospitalIdentifier</a>	This DTO is used to identify a hospital / facility.
<a href="#">HpiiBatchAsyncRetrieveRequest</a>	This class is used for the Batch Asynchronous Retrieval Request of the HPI-I Queries for identifier and demographic searches
<a href="#">HpiiBatchAsyncRetrieveResponse</a>	This class represents the response when retrieving the results of a batch of HPI-I queries.
<a href="#">HpiiBatchAsyncSubmitRequest</a>	This class is used for the Batch Asynchronous Submitting Request of the HPI-I Queries for identifier and demographic searches
<a href="#">HpiiBatchAsyncSubmitResponse</a>	This class is used for the Batch Asynchronous Submitting Response of the HPI-I Queries for identifier and demographic searches
<a href="#">HpiiBatchQueryResponse</a>	This class is used for the Batch Asynchronous Retrieval Response for individual items from the retrieve of the HPI-I batch Queries for identifier and demographic searches
<a href="#">HpiiBatchRetrieveRequest</a>	Web service request message for the HPI-I Batch Retrieve operation.
<a href="#">HpiiBatchRetrieveResponse</a>	Web service response message for the HPI-I Batch Retrieve operation.
<a href="#">HpiiBatchSubmitRequest</a>	Web service request message for the HPI-I Batch Submit operation.
<a href="#">HpiiBatchSubmitResponse</a>	Web service response message for the HPI-I Batch Submit operation.
<a href="#">HpiiDemographicQuery</a>	This object is used for HPI-I Queries for a demographic query



Name	Description
<a href="#">HpiiDemographicSearchRequest</a>	Web service request message for the HPI-I Demographic Search operation.
<a href="#">HpiiDemographicSearchResponse</a>	Web service response message for the HPI-I Demographic Search operation.
<a href="#">HpiiIdentifierQuery</a>	This object is used for HPI-I Queries for a single identification query
<a href="#">HpiiIdentifierSearchRequest</a>	Web service request message for the HPI-I Identifier Search operation.
<a href="#">HpiiIdentifierSearchResponse</a>	Web service response message for the HPI-I Identifier Search operation.
<a href="#">HpiiQuery</a>	
<a href="#">HpiiQueryResponse</a>	
<a href="#">IdentifierQuery</a>	HPI-I Identifier Query DTO. This object represents an identifier search query.
<a href="#">InternationalAddress</a>	International Address DTO. This object represents a physical address, which may be a street address or a postal address. Validations based on HI Service requirements.
<a href="#">InternationalAddress</a>	This class is used for the International Address Structure
<a href="#">InvalidRequestFault</a>	Represents a failure within the conditions defined to validate the request to the service operation.
<a href="#">InvalidUserFault</a>	Represents an invalid user object being supplied.
<a href="#">ItemNotFoundFault</a>	Represents a fault when a specified item is not found in the eHISC database.
<a href="#">LocalUser</a>	
<a href="#">Message</a>	Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.
<a href="#">ProviderUser</a>	
<a href="#">Query</a>	
<a href="#">RequestBase</a>	
<a href="#">ResponseBase</a>	
<a href="#">ResponsibleUser</a>	
<a href="#">SearchResult</a>	
<a href="#">ServiceMessagesType</a>	
<a href="#">ServiceMessageType</a>	
<a href="#">ServiceOperationFault</a>	Represents a general failure within the service operation.
<a href="#">StructuredAustralianAddress</a>	Structured Australian Address DTO. This object represents a physical address, which may be a street address or a postal address.
<a href="#">UserBase</a>	Abstract base class for identifying an end-user.
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

**Complex Type: AustralianAddress****Description**

This class is used for Australian Address structures

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
LevelType	<a href="#">LevelType</a>	0..1	The LevelType
LotNumber	string	0..1	The LotNumber
PostCode	string	0..1	The PostCode
PostalDeliveryNumber	string	0..1	The PostalDeliveryNumber
PostalDeliveryType	<a href="#">PostalDeliveryType</a>	0..1	The PostalDeliveryType
SiteName	string	0..1	The SiteName
State	<a href="#">StateType</a>	0..1	The State
StreetName	string	0..1	The StreetName
StreetNumber	string	0..1	The StreetNumber
StreetSuffixType	<a href="#">StreetSuffixType</a>	0..1	The StreetSuffixType
StreetType	<a href="#">StreetType</a>	0..1	The StreetType
Suburb	string	0..1	The Suburb
UnitNumber	string	0..1	The UnitNumber
UnitType	<a href="#">UnitType</a>	0..1	The UnitType

**Complex Type: BatchRetrieveResult****Description**

HPI-I Batch Retrieve Result DTO. This object represents a list of search results from a batch.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
BatchIdentifier	string	0..1	The batch identifier.
Results	ArrayOfBatchSearchResult	1..1	The list of batch search results.

## Complex Type: BatchSearchResult

### Description


HPI-I Batch Search Result DTO. This object is a normal search result, with an additional Request Identifier to allow the caller to correlate each result with the queries submitted in the original batch request.

### Derived By

Extending [SearchResult](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AustralianAddress	<a href="#">StructuredAustralianAddress</a>	0..1	The Australian address.
AustralianPostcode	string	0..1	The Australian postcode.
AustralianState	<a href="#">AustralianState</a>	0..1	The Australian state.
DateOfBirth	dateTime	0..1	The Date of Birth.
FamilyName	string	1..1	The family name.
GivenNames	ArrayOfstring	0..1	The given names.
HpiiNumber	string	0..1	The HPI-I number.
HpiiStatus	<a href="#">HpiiStatus</a>	0..1	The HPI-I status.
InternationalAddress	<a href="#">InternationalAddress</a>	0..1	The international address.
OnlyNameIndicator	boolean	1..1	Gets or sets a value indicating whether the individual has only one name. If this field is true, the one name must be provided in the FamilyName field and the GivenNames list must be empty.
RegistrationId	string	0..1	The registration ID.
Sex	<a href="#">Sex</a>	0..1	The sex.
RequestIdentifier	string	1..1	The request identifier.

## Complex Type: BatchSubmitResult

### Description


HPI-I Batch Submit Result DTO. This object contains the batch identifier allocated by the HI Service.

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
BatchIdentifier	string	0..1	The batch identifier.

**Complex Type: DataResponseBaseOfBatchRetrieveResultPaZei62p****Derived By**Extending [ResponseBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">BatchRetrieveResult</a>	0..1	

**Referenced By**

Name	Type
<a href="#">HpIiBatchRetrieveResponse</a>	Complex Type

**Complex Type: DataResponseBaseOfBatchSubmitResultPaZei62p****Derived By**Extending [ResponseBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">BatchSubmitResult</a>	0..1	

**Referenced By**

Name	Type
<a href="#">HpIiBatchSubmitResponse</a>	Complex Type

**Complex Type: DataResponseBaseOfSearchResultPaZei62p****Derived By**Extending [ResponseBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">SearchResult</a>	0..1	

## Referenced By

Name	Type
<a href="#">HpiiDemographicSearchResponse</a>	Complex Type
<a href="#">HpiiIdentifierSearchResponse</a>	Complex Type

## Complex Type: DemographicQuery

### Description

HPI-I Demographic Query DTO. This object represents a demographic search query.

### Derived By

Extending [Query](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The Date of Birth.
FamilyName	string	1..1	The family name.
GivenNames	ArrayOfstring	0..1	The given names.
OnlyNameIndicator	boolean	1..1	Gets or sets a value indicating whether the individual has only one name. If this field is true, the one name must be provided in the FamilyName field and the GivenNames list must be empty.
Sex	<a href="#">Sex</a>	0..1	The sex.
AustralianAddress	<a href="#">StructuredAustralianAddress</a>	0..1	The structured Australian address.
InternationalAddress	<a href="#">InternationalAddress</a>	0..1	The international address.

## Complex Type: detail

### Derived By

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
anyField	ArrayOfXmlElement	1..1	

**Complex Type: FaultBase****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

**Referenced By**

Name	Type
<a href="#">HiServiceFault</a>	Complex Type
<a href="#">InvalidRequestFault</a>	Complex Type
<a href="#">InvalidUserFault</a>	Complex Type
<a href="#">ItemNotFoundFault</a>	Complex Type
<a href="#">ServiceOperationFault</a>	Complex Type

**Complex Type: HipsResponse****Description**

Standardised eHISC Response Message

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.

Component	Type	Occurs	Description
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

### Complex Type: HiServiceFault

#### Description

Represents an error returned by the HI Service.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
ResponseCode	string	0..1	The HI Service response code.
ResponseCodeDescription	string	0..1	The HI Service response code description.
ResponseCodeDetails	string	0..1	The HI Service response code details.

### Complex Type: HospitalIdentifier

#### Description

This DTO is used to identify a hospital / facility.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HospitalCode	string	1..1	Gets or sets a code that identifies a hospital facility, within the code system specified in the HospitalCodeSystem property.
HospitalCodeSystem	string	1..1	Gets or sets a code that identifies the code system in which the HospitalCode is defined.

**Complex Type: HpIiBatchAsyncRetrieveRequest****Description**

This class is used for the Batch Asynchronous Retrieval Request of the HPI-I Queries for identifier and demographic searches

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
BatchIdentifier	string	0..1	The BatchIdentifier
HpioNumber	string	0..1	The HpioNumber - This is an over arching HPIO which will be used for all queries in the batch

**Complex Type: HpIiBatchAsyncRetrieveResponse****Description**

This class represents the response when retrieving the results of a batch of HPI-I queries.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
BatchIdentifier	string	0..1	The batch identifier.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The eHISC response.
HpIiBatchQueryResponses	ArrayOfHpIiBatchQueryResponse	0..1	Gets or sets a list of HPI-I batch query responses.
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	0..1	The service messages.

**Complex Type: HpIiBatchAsyncSubmitRequest****Description**

This class is used for the Batch Asynchronous Submitting Request of the HPI-I Queries for identifier and demographic searches

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.



Component	Type	Occurs	Description
SEQUENCE		1..1	
HpiiDemographicQueries	ArrayOfHpiiDemographicQuery	0..1	The HpiiDemographicQueries
HpiiIdentifierQueries	ArrayOfHpiiIdentifierQuery	0..1	The HpiiIdentifierQueries
HpioNumber	string	0..1	The HpioNumber - This is an overarching HPIO which will be used for all queries in the batch

### Complex Type: HpiiBatchAsyncSubmitResponse

#### Description

This class is used for the Batch Asynchronous Submitting Response of the HPI-I Queries for identifier and demographic searches

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
BatchIdentifier	string	0..1	The BatchIdentifier
HipsResponse	<a href="#">HipsResponse</a>	0..1	The ServiceMessagesType
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	0..1	The ServiceMessagesType

### Complex Type: HpiiBatchQueryResponse

#### Description

This class is used for the Batch Asynchronous Retrieval Response for individual items from the retrieve of the HPI-I batch Queries for identifier and demographic searches

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
RequestIdentifier	string	0..1	The RequestIdentifier

### Complex Type: HpiiBatchRetrieveRequest

#### Description

Web service request message for the HPI-I Batch Retrieve operation.

**Derived By**

Extending [RequestBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
BatchIdentifier	string	0..1	The batch identifier.
Facility	<a href="#">HospitalIdentifier</a>	0..1	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation is the organisation responsible for the HPI-I search.

**Complex Type: HpiiBatchRetrieveResponse****Description**

Web service response message for the HPI-I Batch Retrieve operation.

**Derived By**

Extending [DataResponseBaseOfBatchRetrieveResultPaZei62p](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">BatchRetrieveResult</a>	0..1	

**Complex Type: HpiiBatchSubmitRequest****Description**

Web service request message for the HPI-I Batch Submit operation.

**Derived By**

Extending [RequestBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
DemographicQueries	ArrayOfDemographicQuery	0..1	The list of HPI-I demographic queries.
Facility	<a href="#">HospitalIdentifier</a>	0..1	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation is the organisation responsible for the HPI-I search.
IdentifierQueries	ArrayOfIdentifierQuery	0..1	The list of HPI-I identifier queries.

### Complex Type: HpIiBatchSubmitResponse

#### Description

Web service response message for the HPI-I Batch Submit operation.

#### Derived By

Extending [DataResponseBaseOfBatchSubmitResultPaZei62p](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">BatchSubmitResult</a>	0..1	

### Complex Type: HpIiDemographicQuery

#### Description

This object is used for HPI-I Queries for a demographic query

#### Derived By

Extending [HpIiQuery](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The DateOfBirth
FamilyName	string	0..1	The FamilyName
GivenName	ArrayOfstring	0..1	The GivenName
HpioNumber	string	0..1	The HpioNumber

Component	Type	Occurs	Description
OnlyNameIndicator	boolean	0..1	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	0..1	The Sex (Gender)
AustralianAddress	<a href="#">AustralianAddress</a>	0..1	The AustralianAddress
InternationalAddress	<a href="#">InternationalAddress</a>	0..1	The InternationalAddress

### Complex Type: HpIiDemographicSearchRequest

#### Description

Web service request message for the HPI-I Demographic Search operation.

#### Derived By

Extending [RequestBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
Facility	<a href="#">HospitalIdentifier</a>	0..1	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation is the organisation responsible for the HPI-I search.
Query	<a href="#">DemographicQuery</a>	0..1	The HPI-I demographic query.

### Complex Type: HpIiDemographicSearchResponse

#### Description

Web service response message for the HPI-I Demographic Search operation.

#### Derived By

Extending [DataResponseBaseOfSearchResultPaZei62p](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">SearchResult</a>	0..1	

### Complex Type: HpiIdentifierQuery

#### Description


This object is used for HPI-I Queries for a single identification query

#### Derived By

Extending [HpiiQuery](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
DateofBirth	dateTime	0..1	The DateofBirth
FamilyName	string	0..1	The FamilyName
GivenName	ArrayOfstring	0..1	The GivenName
HpioNumber	string	0..1	The HpioNumber
OnlyNameIndicator	boolean	0..1	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	0..1	The Sex (Gender)
HpiiNumber	string	0..1	The HpiiNumber
PostCode	string	0..1	The PostCode
RegistrationId	string	0..1	The RegistrationId
State	<a href="#">StateType</a>	0..1	The State

### Complex Type: HpiIdentifierSearchRequest

#### Description


Web service request message for the HPI-I Identifier Search operation.

#### Derived By

Extending [RequestBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
Facility	<a href="#">HospitalIdentifier</a>	0..1	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation is the organisation responsible for the HPI-I search.
Query	<a href="#">IdentifierQuery</a>	0..1	The HPI-I identifier query.

**Complex Type: HpiIdentifierSearchResponse****Description**

Web service response message for the HPI-I Identifier Search operation.

**Derived By**

Extending [DataResponseBaseOfSearchResultPaZei62p](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">SearchResult</a>	0..1	

**Complex Type: HpiiQuery****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The DateOfBirth
FamilyName	string	0..1	The FamilyName
GivenName	ArrayOfstring	0..1	The GivenName
HpioNumber	string	0..1	The HpioNumber
OnlyNameIndicator	boolean	0..1	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	0..1	The Sex (Gender)

**Referenced By**

Name	Type
<a href="#">HpiiDemographicQuery</a>	Complex Type
<a href="#">HpiiIdentifierQuery</a>	Complex Type
<a href="#">HpiiQueryResponse</a>	Complex Type

**Complex Type: HpiiQueryResponse****Derived By**

Extending [HpiiQuery](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The DateOfBirth
FamilyName	string	0..1	The FamilyName
GivenName	ArrayOfstring	0..1	The GivenName
HpioNumber	string	0..1	The HpioNumber
OnlyNameIndicator	boolean	0..1	The OnlyNameIndicator
Sex	<a href="#">SexType</a>	0..1	The Sex (Gender)
AustralianAddress	<a href="#">AustralianAddress</a>	0..1	The AustralianAddress
HipsResponse	<a href="#">HipsResponse</a>	0..1	The ServiceMessagesType
HpiiNumber	string	0..1	The HpiiNumber
HpiiStatus	<a href="#">HpiiStatus</a>	0..1	The HpiiStatus
InternationalAddress	<a href="#">InternationalAddress</a>	0..1	The InternationalAddress
PostCode	string	0..1	The PostCode
RegistrationId	string	0..1	The RegistrationId
ServiceMessagesType	<a href="#">ServiceMessagesType</a>	0..1	The ServiceMessagesType
State	<a href="#">StateType</a>	0..1	The State

## Complex Type: IdentifierQuery

### Description

HPI-I Identifier Query DTO. This object represents an identifier search query.

### Derived By

Extending [Query](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The Date of Birth.
FamilyName	string	1..1	The family name.
GivenNames	ArrayOfstring	0..1	The given names.
OnlyNameIndicator	boolean	1..1	Gets or sets a value indicating whether the individual has only one name. If this field is true, the one name must be provided in the FamilyName field and the GivenNames list must be empty.
Sex	<a href="#">Sex</a>	0..1	The sex.
AustralianPostcode	string	0..1	The Australian postcode.
AustralianState	<a href="#">AustralianState</a>	0..1	The Australian state.
HpiiNumber	string	0..1	The HPI-I number.
RegistrationId	string	0..1	The registration ID.

**Complex Type: InternationalAddress****Description**

International Address DTO. This object represents a physical address, which may be a street address or a postal address. Validations based on HI Service requirements.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AddressLine	string	0..1	The unstructured address line of the international address.
CountryCode	string	0..1	The country code. Refer to TECH.SIS.HI.02 for values.
CountryName	string	0..1	The country name. Refer to TECH.SIS.HI.02 for values.
Postcode	string	0..1	The international postcode.
StateProvince	string	0..1	The international state or province name.

**Complex Type: InternationalAddress****Description**

This class is used for the International Address Structure

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Country	<a href="#">CountryType</a>	0..1	The Country
InternationalAddressLine	string	0..1	The InternationalAddressLine
InternationalPostcode	string	0..1	The InternationalPostcode
InternationalStateProvince	string	0..1	The InternationalStateProvince

**Complex Type: InvalidRequestFault****Description**

Represents a failure within the conditions defined to validate the request to the service operation.




### Derived By

Extending [FaultBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Messages	ArrayOfMessage	0..1	The set of messages associated with the fault.

### Complex Type: InvalidUserFault

#### Description


Represents an invalid user object being supplied.

#### Derived By

Extending [FaultBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

### Complex Type: ItemNotFoundFault

#### Description


Represents a fault when a specified item is not found in the eHISC database.

#### Derived By

Extending [FaultBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.

Component	Type	Occurs	Description
Message	string	0..1	The description of the fault.
Identifier	string	0..1	The identifier value, if any, that was specified by the caller and was not able to locate the item.
Qualifier	string	0..1	The qualifier, if any, that was specified by the caller and was not able to locate the item.
Type	string	1..1	Gets or sets a code representing the type of item that was not found. Known examples are "Hospital", "Patient", "Episode" or "Address".

### Complex Type: LocalUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Domain	string	1..1	The name of the directory domain of the user within the local directory.
FamilyName	string	1..1	The family name of the user.
GivenNames	string	1..1	The given name(s) of the user.
Login	string	1..1	The name of the login (account) of the user within the local directory.

### Complex Type: Message

#### Description

Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Code	string	0..1	The code associated with the message.
Data	anyType	0..1	Gets or sets any additional data associated with the message.
Description	string	1..1	Gets or sets a detailed description of the message content.

Component	Type	Occurs	Description
Level	<a href="#">MessageLevel</a>	1..1	The level associated with the message.
Messages	ArrayOfMessage	1..1	The set of messages associated with the message.
Origin	string	1..1	Gets or sets a string identifying the origin of the message, such as "eHISC" or "PCEHR".

### Complex Type: ProviderUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the user.
GivenNames	string	0..1	The given name(s) of the user.
HpiI	string	1..1	The health provider identifier - individual identifying the provider user.

### Complex Type: Query

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DateOfBirth	dateTime	0..1	The Date of Birth.
FamilyName	string	1..1	The family name.
GivenNames	ArrayOfstring	0..1	The given names.
OnlyNameIndicator	boolean	1..1	Gets or sets a value indicating whether the individual has only one name. If this field is true, the one name must be provided in the FamilyName field and the GivenNames list must be empty.
Sex	<a href="#">Sex</a>	0..1	The sex.

#### Referenced By

Name	Type
<a href="#">DemographicQuery</a>	Complex Type
<a href="#">IdentifierQuery</a>	Complex Type

**Complex Type: RequestBase****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.

**Referenced By**

Name	Type
<a href="#">HpiiBatchRetrieveRequest</a>	Complex Type
<a href="#">HpiiBatchSubmitRequest</a>	Complex Type
<a href="#">HpiiDemographicSearchRequest</a>	Complex Type
<a href="#">HpiiIdentifierSearchRequest</a>	Complex Type

**Complex Type: ResponseBase****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.

**Referenced By**

Name	Type
<a href="#">DataResponseBaseOfBatchRetrieveResultPaZeI62p</a>	Complex Type
<a href="#">DataResponseBaseOfBatchSubmitResultPaZeI62p</a>	Complex Type
<a href="#">DataResponseBaseOfSearchResultPaZeI62p</a>	Complex Type

### Complex Type: ResponsibleUser

#### Derived By

Extending [UserBase](#)


### Complex Type: SearchResult

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AustralianAddress	<a href="#">StructuredAustralianAddress</a>	0..1	The Australian address.
AustralianPostcode	string	0..1	The Australian postcode.
AustralianState	<a href="#">AustralianState</a>	0..1	The Australian state.
DateOfBirth	dateTime	0..1	The Date of Birth.
FamilyName	string	1..1	The family name.
GivenNames	ArrayOfstring	0..1	The given names.
HpiiNumber	string	0..1	The HPI-I number.
HpiiStatus	<a href="#">HpiiStatus</a>	0..1	The HPI-I status.
InternationalAddress	<a href="#">InternationalAddress</a>	0..1	The international address.
OnlyNameIndicator	boolean	1..1	Gets or sets a value indicating whether the individual has only one name. If this field is true, the one name must be provided in the FamilyName field and the GivenNames list must be empty.
RegistrationId	string	0..1	The registration ID.
Sex	<a href="#">Sex</a>	0..1	The sex.

#### Referenced By

Name	Type
<a href="#">BatchSearchResult</a>	Complex Type


### Complex Type: ServiceMessagesType

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
highestSeverityField	<a href="#">SeverityType</a>	1..1	
serviceMessageField	ArrayOfServiceMessageType	1..1	

### Complex Type: ServiceMessageType

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
codeField	string	1..1	
detailsField	<a href="#">detail</a>	1..1	
reasonField	string	1..1	
severityField	<a href="#">SeverityType</a>	1..1	

### Complex Type: ServiceOperationFault

#### Description

Represents a general failure within the service operation.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Code	string	0..1	The fault code. This corresponds to the HipsResponse.ResponseCode property on V1 services.
Description	string	0..1	The fault description. This corresponds to the HipsResponse.ResponseCodeDescription property on V1 services.
Details	string	0..1	The fault details. This corresponds to the HipsResponse.ResponseCodeDetails property on V1 services.

Component	Type	Occurs	Description
Type	string	0..1	The fault type. This corresponds to the HipsResponse.Status property on V1 services.

### Complex Type: StructuredAustralianAddress

#### Description

Structured Australian Address DTO. This object represents a physical address, which may be a street address or a postal address.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>sequence</small> SEQUENCE		1..1	
LevelNumber	string	0..1	The level number.
LevelType	string	0..1	The level type code.
LotNumber	string	0..1	The Lot Number.
PlaceName	string	1..1	The suburb, town or locality.
PostalDeliveryNumber	string	0..1	The Postal Delivery Number.
PostalDeliveryType	string	0..1	The Postal Delivery Type code.
Postcode	string	1..1	The Australian postcode.
SiteName	string	0..1	The address site name.
State	<a href="#">AustralianState</a>	1..1	The Australian state. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal". This is mandatory for an Australian address, and must not be provided for an international address.
StreetName	string	0..1	The Street Name.
StreetNumber	string	0..1	The Street Number.
StreetSuffixType	string	0..1	The Street Suffix Type code.
StreetType	string	0..1	The Street Type code.
UnitNumber	string	0..1	The Unit Number.
UnitType	string	0..1	The Unit Type code.

### Complex Type: UserBase

#### Description

Abstract base class for identifying an end-user.

#### Derived By

Restricting anyType

**Referenced By**

Name	Type
<a href="#">LocalUser</a>	Complex Type
<a href="#">ProviderUser</a>	Complex Type
<a href="#">ResponsibleUser</a>	Complex Type

**Complex Type: UserDetails****Description**

The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>base</small> SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.



### 1.6.3 Simple Types: HpiiService

#### Simple Types

Name	Description
<a href="#">AustralianState</a>	Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.
<a href="#">CountryType</a>	
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling system that are integrated with eHISC. *****
<a href="#">HpiiStatus</a>	Status used for the mapping of the returned type from the HPI-I status.
<a href="#">HpiiStatus</a>	Status used for the mapping of the returned type from the HPPI status.
<a href="#">LevelType</a>	
<a href="#">MessageLevel</a>	Represents the level of a message returned by a service operation.
<a href="#">PostalDeliveryType</a>	
<a href="#">ResponseStatus</a>	Represents the outcome of a service operation.
<a href="#">SeverityType</a>	
<a href="#">Sex</a>	Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Client Identifier Sex".
<a href="#">SexType</a>	
<a href="#">StateType</a>	
<a href="#">StreetSuffixType</a>	
<a href="#">StreetType</a>	
<a href="#">UnitType</a>	
<a href="#">UserRole</a>	The role of the user

#### Simple Type: AustralianState

##### Description

Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.

##### Derived By

Restricting string

##### Enumeration

Value	Description
None	No value has been supplied. This represents a valid invocation of the web service for an international address. For an Australian address, if the state or territory is unknown, service invokers should send "U".
NSW	Represents New South Wales.
VIC	Represents Victoria.

Value	Description
QLD	Represents Queensland.
SA	Represents South Australia.
WA	Represents Western Australia.
TAS	Represents Tasmania.
NT	Represents Northern Territory.
ACT	Represents Australian Capital Territory.
U	Represents an Australian address whose state or territory is unknown.

### Simple Type: HipsResponseIndicator

#### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*

\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.

\*\*\*\*\*

\*\*\*\*

#### Derived By

Restricting string

#### Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.

Value	Description
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

#### Simple Type: HpIIStatus

##### Description

Status used for the mapping of the returned type from the HPI-I status.

##### Derived By

Restricting string

##### Enumeration

Value	Description
Undefined	Undefined, this is the default value if the enum is left unset. The validation engine uses this to test and assert that the enum has been set (if required) and is therefore valid.
Active	Active HpIIStatus Record
Deactivated	Deactivated HpIIStatus Record
Retired	Retired HpIIStatus Record

#### Simple Type: HpIIStatus

##### Description

Status used for the mapping of the returned type from the HPII status.

##### Derived By

Restricting string

**Enumeration**

Value	Description
Undefined	Undefined, this is the default value if the enum is left unset. The validation engine uses this to test and assert that the enum has been set (if required) and is therefore valid.
Active	Active HpiiStatus Record
Deactivated	DeactivatedHpiiStatus Record
Retired	Retired HpiiStatus Record

**Simple Type: MessageLevel****Description**

Represents the level of a message returned by a service operation.

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No level has been defined.
Information	The message contains information.
Warning	The message contains a warning.
Error	The message contains an error description.

**Simple Type: PostalDeliveryType****Derived By**

Restricting string

**Enumeration**

Value	Description
CarePO	
CMA	
CMB	
GPOBox	
LockedBag	
MS	
POBox	
POR	
PrivateBag	
RSD	
RMB	
RMS	

### Simple Type: ResponseStatus

#### Description

Represents the outcome of a service operation.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No status has been defined.
OK	The service operation was successful.
Warning	The service operation may have been successful, with associated warning messages.

### Simple Type: SeverityType

#### Derived By

Restricting string

#### Enumeration

Value	Description
Fatal	
Error	
Warning	
Informational	

### Simple Type: Sex

#### Description

Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Care Client Identifier Sex".

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. Where a value for Sex is required, this represents an invalid invocation of the web service. If the IHI search was successful with the Sex not stated, send the value "NotStatedOrInadequatelyDescribed".
Male	Represents male. Mapped to CDA code "M".
Female	Represents female. Mapped to CDA code "F".
IntersexOrIndeterminate	Represents intersex or indeterminate. Mapped to CDA code "I".

Value	Description
NotStatedOrInadequatelyDescribed	Represents not stated or inadequately described. Mapped to CDA code "N".

**Simple Type: SexType****Derived By**

Restricting string

**Enumeration**

Value	Description
F	Female
I	Intersex or indeterminate
M	Male
N	Not stated/inadequately described

**Simple Type: StateType****Derived By**

Restricting string

**Enumeration**

Value	Description
ACT	
NSW	
NT	
QLD	
SA	
TAS	
VIC	
WA	

**Simple Type: UserRole****Description**

The role of the user

**Derived By**

Restricting string

## Enumeration

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.7 HpiiServiceV2 Web Service

### Description

Web service interface for the HPI-I service version 2.

### See Also

- [Methods](#)

### 1.7.1 Methods: HpiiServiceV2

#### Methods

Name	Description
<a href="#">HpiiBatchRetrieve</a>	This operation retrieves the results of a batch of HPI-I searches from the HI Service.
<a href="#">HpiiBatchSubmit</a>	This operation submits a batch of HPI-I searches to the HI Service.
<a href="#">HpiiDemographicSearch</a>	This operation submits an HPI-I demographic search to the HI Service.
<a href="#">HpiiIdentifierSearch</a>	This operation submits an HPI-I identifier search to the HI Service.

#### Method: HpiiBatchRetrieve

##### Description

This operation retrieves the results of a batch of HPI-I searches from the HI Service.

##### Parameters

Name	Type	Direction	Description
request		Input	HpiiBatchRetrieveRequest request parameters.

##### Returns

Response including the results of the batch.

##### Faults

Name	Content	Description
InvalidUserFaultFault		

Name	Content	Description
ServiceOperationFaultFault		
ItemNotFoundFaultFault		
HiServiceFaultFault		
InvalidRequestFaultFault		

**Input (Literal)**

The input of this method is the argument HpIiBatchRetrieve containing text only.

**Method: HpIiBatchSubmit****Description**

This operation submits a batch of HPI-I searches to the HI Service.

**Parameters**

Name	Type	Direction	Description
request		Input	HpIiBatchSubmitRequest request parameters.

**Returns**

Response including the batch identifier.

**Faults**

Name	Content	Description
ServiceOperationFaultFault		
InvalidUserFaultFault		
InvalidRequestFaultFault		
HiServiceFaultFault		
ItemNotFoundFaultFault		

**Input (Literal)**

The input of this method is the argument HpIiBatchSubmit containing text only.

**Method: HpIiDemographicSearch****Description**

This operation submits an HPI-I demographic search to the HI Service.

**Parameters**

Name	Type	Direction	Description
request		Input	HpIiDemographicSearchRequest request parameters.

**Returns**

Response including the search results.



#### Faults

Name	Content	Description
ItemNotFoundFaultFault		
InvalidUserFaultFault		
ServiceOperationFaultFault		
InvalidRequestFaultFault		
HiServiceFaultFault		

#### Input (Literal)

The input of this method is the argument HpIiDemographicSearch containing text only.

#### Method: HpIiIdentifierSearch

##### Description

This operation submits an HPI-I identifier search to the HI Service.

##### Parameters

Name	Type	Direction	Description
request		Input	HpIiIdentifierSearchRequest request parameters.

##### Returns

Response including the search results.

#### Faults

Name	Content	Description
ItemNotFoundFaultFault		
InvalidUserFaultFault		
HiServiceFaultFault		
ServiceOperationFaultFault		
InvalidRequestFaultFault		

#### Input (Literal)

The input of this method is the argument HpIiIdentifierSearch containing text only.

## 1.8 IHIService Web Service

##### Description

Web service interface for the IHI service.

##### See Also

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

## 1.8.1 Methods: IHIService

### Methods

Name	Description
<a href="#">GetValidatedIhi</a>	Obtains validated IHI information for use in a clinical document.

### Method: GetValidatedIhi

#### Description

Obtains validated IHI information for use in a clinical document.

#### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	Patient identifier (Hospital-level MRN, State Patient ID, Validated IHI or PCEHR Data Store PatientMasterId)
dateOfBirth	dateTime	Input	Patient's date of birth (for identity verification)
user	<a href="#">UserDetails</a>	Input	The user responsible for this action

#### Returns

Validated IHI information

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The eHISC response with information about success or the reason for failure.
Mrn	<a href="#">Mrn</a>	The hospital patient identifier (MRN).
StatePatientId	<a href="#">StatePatientId</a>	The enterprise patient identifier.
ValidatedIhi	<a href="#">ValidatedIhi</a>	The national patient identifier.

#### Input (Literal)

The input of this method is the argument GetValidatedIhi having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	Patient identifier (Hospital-level MRN, State Patient ID, Validated IHI or PCEHR Data Store PatientMasterId)
dateOfBirth	dateTime	No	0..1	No	Patient's date of birth (for identity verification)
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user responsible for this action

## 1.8.2 Complex Types: IHIService

### Complex Types

Name	Description
<a href="#">Demographic</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">Mrn</a>	
<a href="#">PatientIdentifierBase</a>	This abstract class is used for the Patient Identifier classes.
<a href="#">PatientMasterId</a>	
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">StatePatientId</a>	
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.
<a href="#">ValidatedIhi</a>	
<a href="#">ValidatedIhiResponse</a>	This class is used for the response from the IHI validation methods.

### Complex Type: Demographic

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The person's date of birth.
DvaNumber	string	0..1	The DVA file number on the person's repatriation health card.
FamilyName	string	0..1	The family name that appears on the person's Medicare or DVA card.
GivenName	string	0..1	The given name that appears on the person's Medicare or DVA card.
MedicareIrn	string	0..1	The 1-digit IRN for this person on the Medicare card.
MedicareNumber	string	0..1	The 10-digit card number on the person's Medicare card.
Sex	<a href="#">SexEnumerator</a>	0..1	The person's sex.

### Complex Type: HipsResponse

#### Description


Standardised eHISC Response Message

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.


### Complex Type: Mrn

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The mrn

### Complex Type: PatientIdentifierBase

#### Description


This abstract class is used for the Patient Identifier classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

#### Referenced By

Name	Type
<a href="#">Demographic</a>	Complex Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

#### Complex Type: PatientMasterId

##### Derived By

Extending [PatientIdentifierBase](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The HospitalId (eHISC database Hospital table primary key). If supplied, overrides the hospital code and code system.
Value	int	0..1	The PatientMasterId (eHISC database PatientMaster table primary key).


### Complex Type: RegisteredEnterprisePatient

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	0..1	The facility-level ID for the patient.
StatePatientId	string	0..1	The enterprise-level ID for the patient.

### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The StatePatientId



### Complex Type: UserDetails

#### Description


The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.


### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The date of birth that was used to obtain or validate the IHI with the HI Service.
FamilyName	string	0..1	The family name that was used to obtain or validate the IHI with the HI Service.
GivenName	string	0..1	The given name that was used to obtain or validate the IHI with the HI Service.
Ihi	string	0..1	The value of the IHI.
IhiLastValidated	dateTime	0..1	The date and time when the IHI was last validated with the HI Service. If this value is within the configured period then eHISC will not attempt to revalidate the IHI before use in a PCEHR service call.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI record status Note: In this release eHISC only supports Verified IHIs. It is an error to provide an IHI with any record status apart from Verified.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI status.
Sex	<a href="#">SexEnumerator</a>	0..1	The sex that was used to obtain or validate the IHI with the HI Service.

### Complex Type: ValidatedIhiResponse

#### Description

This class is used for the response from the IHI validation methods.

## Derived By

Restricting anyType

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	The eHISC response with information about success or the reason for failure.
Mrn	<a href="#">Mrn</a>	0..1	The hospital patient identifier (MRN).
StatePatientId	<a href="#">StatePatientId</a>	0..1	The enterprise patient identifier.
ValidatedIhi	<a href="#">ValidatedIhi</a>	0..1	The national patient identifier.

## 1.8.3 Simple Types: IHIService

### Simple Types

Name	Description
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">IhiRecordStatus</a>	This enumeration is used to match the record status in the IhiRecordStatus table to code
<a href="#">IhiStatus</a>	This is used to match the status in the IhiStatus table to code
<a href="#">SexEnumerator</a>	This enumeration represents a person's sex, and is used to match the Sex table to code.
<a href="#">UserRole</a>	The role of the user

### Simple Type: HipsResponseIndicator

#### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*  
\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.  
\*\*\*\*\*  
\*\*\*\*

## Derived By

Restricting string

## Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.

Value	Description
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

### Simple Type: IhiRecordStatus

#### Description

This enumeration is used to match the record status in the IhiRecordStatus table to code

#### Derived By

Restricting string

### Enumeration

Value	Description
Verified	The IHI is a verified IHI.
Unverified	The IHI is an unverified IHI.
Provisional	The IHI is a provisional IHI.
Unknown	The IHI record status is unknown or not applicable.

### Simple Type: IhiStatus

#### Description

This is used to match the status in the IhiStatus table to code

#### Derived By

Restricting string

### Enumeration

Value	Description
Active	The IHI status is Active.
Deceased	The IHI status is Deceased.
Retired	The IHI status is Retired.
Expired	The IHI status is Expired.
Resolved	The IHI status is Resolved. This status should never be stored for the current IHI of a patient, but will be stored in IHI history.
Unknown	The IHI status is unknown or not applicable (including when no IHI was found).
DuplicateIhi	The patient has an unresolved alert because another patient record in the same hospital had the same IHI number.
DuplicatePatient	The patient has an unresolved alert because another patient record in the same hospital had demographic information identical to that used to obtain the IHI for this patient.
MergeConflict	The patient has an unresolved alert because it was merged with another patient record that had a different IHI number.
ServiceUnavailable	The IHI or PCEHR lookup failed and will be retried by the background IHI cleanup service.
MedicareDvaChangeMismatch	The patient has an unresolved alert because the Medicare or DVA number was changed, resulting in an IHI search that returned no IHI or returned a different IHI to that which was assigned to the patient.
DemographicMismatch	The patient has an unresolved alert because no IHI was found when the IHI assigned to the patient was validated using the patient's name, sex and date of birth.

### Simple Type: SexEnumerator

#### Description

This enumeration represents a person's sex, and is used to match the Sex table to code.

#### Derived By

Restricting string

**Enumeration**

Value	Description
NotStatedOrInadequatelyDescribed	Not stated or inadequately described.
Male	The male sex.
Female	The female sex.
IntersexOrIndeterminate	Intersex or indeterminate.

**Simple Type: UserRole****Description**

The role of the user

**Derived By**

Restricting string

**Enumeration**

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.9 PatientService Web Service

**Description**

This interface defines the contract for web service operations upon patients in the eHISC database.

**See Also**

- [Methods](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.9.1 Methods: PatientService

**Methods**

Name	Description
<a href="#">GetEpisodeDetails</a>	Lists the episodes for a specific patient in a defined hospital
<a href="#">GetPatientDisclosureDetails</a>	Gets the details of the patient's discloser record for a specific HPIO
<a href="#">ListAdmittedPatients</a>	Lists admitted or recently discharged patients in hospital. Filters are available to list patients with or without an IHI; with or without a PCEHR; whether to exclude patients with special values in the Medicare card number field; and the number of days after discharge that patients are included in the list.

Name	Description
<a href="#">ListPatientEpisodesInHospital</a>	Lists the episodes for a specific patient in a defined hospital
<a href="#">ListPatientsInHospital</a>	Lists admitted or recently discharged patients in hospital with or without a PCEHR.

#### Method: GetEpisodeDetails

##### Description

Lists the episodes for a specific patient in a defined hospital

##### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
sourceSystemEpisodeId	string	Input	The source system episode identifier for the episode in the hospital
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier

##### Returns

Response containing the a list of the admitted or discharged episodes for the patient with in the specified number of days.,

Name	Type	Description
AdmissionDate	dateTime	The admission date of the patient.
AdmissionReason	string	The admission reason of the patient.
Bed	string	The current Bed of the patient.
ConsentWithdrawn	boolean	Whether the patient has withdrawn consent for the most recent matching episode.
CurrentSex	<a href="#">SexEnumerator</a>	The patient's current sex.
DateOfBirth	dateTime	The patients's Date of Birth.
DischargeDate	dateTime	The discharge date of the patient.
DvaNumber	string	The patients's DVA Number.
FamilyName	string	The patients's family name.
GivenNames	string	The patient's given names.
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
HospitalCode	string	The hospital code of the hospital in which the patient is or was admitted.
HospitalId	int	The primary key of the hospital in which the patient is or was admitted.
HospitalName	string	The name of the hospital in which the patient is or was admitted.
MedicareIrn	string	The patients's Medicare IRN.
MedicareNumber	string	The patients's Medicare Number.
Mrn	string	The patient's MRN at the hospital where the patient was admitted.
ResponsibleProviderFamilyName	string	The family name of the patient's responsible provider.

Name	Type	Description
ResponsibleProviderGivenNames	string	The given names of the patient's responsible provider.
ResponsibleProviderIdentifier	string	The identifier of the patient's responsible provider.
ResponsibleProviderSuffix	string	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr')
ResponsibleProviderTitle	string	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr').
Room	string	The current Room of the patient.
SourceSystemEpisodeId	string	The source system episode id (visit number) for the patient
Suffix	string	The patient's name suffixes (like "Jr")
Title	string	The patients's titles (like "Dr", "Ms" or "Mr")
Ward	string	The current Ward of the patient.
WithdrawalAuditInformation	base64Binary	Withdrawal consent Audit Information

### Input (Literal)

The input of this method is the argument GetEpisodeDetails having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
sourceSystemEpisodeId	string	No	0..1	Yes	The source system episode identifier for the episode in the hospital
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier

### Method: GetPatientDisclosureDetails

#### Description

Gets the details of the patient's discloser record for a specific HPIO

#### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier

#### Returns

Response containing the details of the patient's disclosure.



Name	Type	Description
AdmittedPatient	<a href="#">AdmittedPatient</a>	Gets or sets details about the admitted patient.
DisclosureAuditInformation	base64Binary	Gets or sets audit information from the most recent change to the disclosure status for the patient.
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.

#### Input (Literal)

The input of this method is the argument GetPatientDisclosureDetails having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier

#### Method: ListAdmittedPatients

##### Description

Lists admitted or recently discharged patients in hospital. Filters are available to list patients with or without an IHI; with or without a PCEHR; whether to exclude patients with special values in the Medicare card number field; and the number of days after discharge that patients are included in the list.

##### Parameters

Name	Type	Direction	Description
hospitalCodeSystem	string	Input	The hospital code system.
hospitalCode	string	Input	The hospital code.
withIhi	boolean	Input	Optional filter on having an active verified IHI, or no IHI.
withPcehr	boolean	Input	Optional filter on having a PCEHR found, or no PCEHR found
excludeMedicareExclusions	boolean	Input	Whether to exclude patients with special Medicare numbers.
daysDischarged	int	Input	Number of days after discharge that patients are included in the list. Set to 0 to list only currently admitted patients.
user	<a href="#">UserDetails</a>	Input	The user who is requesting the information.

##### Returns

A patient list response with status and a list of patients in hospital.

Name	Type	Description
AdmittedPatientList	ArrayOfAdmittedPatient	The admitted patient list.
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.

**Input (Literal)**

The input of this method is the argument ListAdmittedPatients having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
hospitalCodeSystem	string	No	0..1	Yes	The hospital code system.
hospitalCode	string	No	0..1	Yes	The hospital code.
withIhi	boolean	No	0..1	Yes	Optional filter on having an active verified IHI, or no IHI.
withPcehr	boolean	No	0..1	Yes	Optional filter on having a PCEHR found, or no PCEHR found
excludeMedicareExclusions	boolean	No	0..1	No	Whether to exclude patients with special Medicare numbers.
daysDischarged	int	No	0..1	No	Number of days after discharge that patients are included in the list. Set to 0 to list only currently admitted patients.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user who is requesting the information.

**Method: ListPatientEpisodesInHospital****Description**

Lists the episodes for a specific patient in a defined hospital

**Parameters**

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier
daysDischarged	int	Input	Number of days after discharge that an episode is included in the list.

**Returns**

Response containing the a list of the admitted or discharged episodes for the patient with in the specified number of days.,

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.

Name	Type	Description
PatientEpisodes	ArrayOfPatientEpisode	The PatientEpisode IList. List of the PatientEpisode Items.

#### Input (Literal)

The input of this method is the argument ListPatientEpisodesInHospital having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier
daysDischarged	int	No	0..1	No	Number of days after discharge that an episode is included in the list.

#### Method: ListPatientsInHospital

##### Description

Lists admitted or recently discharged patients in hospital with or without a PCEHR.

##### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	The user who is requesting the information.
hospitalCodeSystem	string	Input	The hospital code system.
hospitalCode	string	Input	The hospital code.
withPcehr	boolean	Input	True to list patients with a PCEHR, false to list patients without a PCEHR. Null to include patients with or without a PCEHR.
daysDischarged	int	Input	Number of days after discharge that patients are included in the list. Set to 0 to list only currently admitted patients.

##### Returns

A patient list response with status and a list of patients in hospital.

Name	Type	Description
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse. Common Response Object.
PatientInHospitalList	ArrayOfPatientInHospital	The PatientInHospital IList. List of the Patients In Hospital Items.

#### Input (Literal)

The input of this method is the argument ListPatientsInHospital having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user who is requesting the information.
hospitalCodeSystem	string	No	0..1	Yes	The hospital code system.
hospitalCode	string	No	0..1	Yes	The hospital code.
withPcehr	boolean	No	0..1	Yes	True to list patients with a PCEHR, false to list patients without a PCEHR. Null to include patients with or without a PCEHR.
daysDischarged	int	No	0..1	No	Number of days after discharge that patients are included in the list. Set to 0 to list only currently admitted patients.

## 1.9.2 Complex Types: PatientService

### Complex Types

Name	Description
<a href="#">AdmittedPatient</a>	Represents a patient in hospital.
<a href="#">AdmittedPatientListResponse</a>	This object is used for the packaged response from the Patient List web service interface.
<a href="#">Demographic</a>	
<a href="#">EpisodePatientDetailsResponse</a>	Represents an episode for a patient in hospital.
<a href="#">FaultBase</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">InvalidRequestFault</a>	
<a href="#">LocalClinicalDocumentMetaData</a>	
<a href="#">LocalUser</a>	
<a href="#">Message</a>	
<a href="#">Mrn</a>	
<a href="#">Mrn</a>	
<a href="#">PatientDisclosureDetailsResponse</a>	Represents an disclosure details for a patient in hospital.
<a href="#">PatientEpisode</a>	
<a href="#">PatientEpisode</a>	Represents an episode for a patient in hospital.
<a href="#">PatientEpisodeListResponse</a>	This object is used for the packaged response from the Episode List web service interface.
<a href="#">PatientIdentifierBase</a>	
<a href="#">PatientIdentifierBase</a>	This abstract class is used for the Patient Identifier classes.

Name	Description
<a href="#">PatientInHospital</a>	Represents a patient in hospital.
<a href="#">PatientListResponse</a>	This object is used for the packaged response from the Patient List web service interface.
<a href="#">PatientMasterId</a>	
<a href="#">PatientMasterId</a>	
<a href="#">ProviderUser</a>	
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">ResponsibleUser</a>	
<a href="#">ServiceOperationFault</a>	
<a href="#">StatePatientId</a>	
<a href="#">StatePatientId</a>	
<a href="#">UserBase</a>	
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.
<a href="#">ValidatedIhi</a>	
<a href="#">ValidatedIhi</a>	

### Complex Type: AdmittedPatient

#### Description

Represents a patient in hospital.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	The admission date of the patient's most recent matching episode.
AdmissionReason	string	0..1	The admission reason of the patient's most recent matching episode.
Bed	string	0..1	The current Bed of the patient's most recent matching episode.
ConsentWithdrawn	boolean	0..1	Whether the patient has withdrawn consent for the most recent matching episode.
CurrentSex	<a href="#">SexEnumerator</a>	0..1	The patient's current sex.
DateOfBirth	dateTime	0..1	The patient's Date of Birth.

Component	Type	Occurs	Description
DischargeDate	dateTime	0..1	The discharge date of the patient's most recent matching episode.
DvaNumber	string	0..1	The patient's DVA Number.
EpisodeCount	int	0..1	Number of episodes that fall within the 'days since discharge' criteria.
FamilyName	string	0..1	The patient's family name.
GivenNames	string	0..1	The patient's given names.
HospitalCode	string	0..1	The code of the hospital where the patient is or was admitted.
HospitalName	string	0..1	The name of the hospital where the patient is or was admitted.
Ihi	string	0..1	The patient's IHI.
IhiLastValidated	dateTime	0..1	The patient's IHI last validated date.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The patient's IHI record status.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The patient's IHI status.
MedicareIrn	string	0..1	The patient's Medicare Individual Reference Number (IRN).
MedicareNumber	string	0..1	The patient's Medicare Number.
Mrn	string	0..1	The patient's MRN at the hospital where the patient was admitted.
ParticipationStatus	<a href="#">ParticipationStatus</a>	0..1	The patient's PCEHR participation status.
PcehrDisclosed	boolean	0..1	Whether the patient has explicitly disclosed the existence of his/her PCEHR.
RegisteredFamilyName	string	0..1	The patient's Medicare registered family name.
RegisteredGivenName	string	0..1	The patient's Medicare registered given name.
RegisteredSex	<a href="#">SexEnumerator</a>	0..1	The patient's current sex.
ResponsibleProviderFamilyName	string	0..1	The family name of the responsible provider for the most recent matching episode.
ResponsibleProviderGivenNames	string	0..1	The given names of the patient's responsible provider.
ResponsibleProviderSuffix	string	0..1	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr')
ResponsibleProviderTitle	string	0..1	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr').
Room	string	0..1	The current Room of the patient's most recent matching episode.
SourceSystemEpisodeId	string	0..1	The external ID of the most recent matching episode for the patient.
Suffix	string	0..1	The patient's name suffixes (like "Jr")
Title	string	0..1	The patient's titles (like "Dr", "Ms" or "Mr")

Component	Type	Occurs	Description
Ward	string	0..1	The current Ward of the patient's most recent matching episode.

### Complex Type: AdmittedPatientListResponse

#### Description


This object is used for the packaged response from the Patient List web service interface.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmittedPatientList	ArrayOfAdmittedPatient	0..1	The admitted patient list.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.


### Complex Type: Demographic

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The person's date of birth.
DvaNumber	string	0..1	The DVA file number on the person's repatriation health card.
FamilyName	string	0..1	The family name that appears on the person's Medicare or DVA card.
GivenName	string	0..1	The given name that appears on the person's Medicare or DVA card.
MedicareIrn	string	0..1	The 1-digit IRN for this person on the Medicare card.
MedicareNumber	string	0..1	The 10-digit card number on the person's Medicare card.
Sex	<a href="#">SexEnumerator</a>	0..1	The person's sex.

### Complex Type: EpisodePatientDetailsResponse

#### Description


Represents an episode for a patient in hospital.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	The admission date of the patient.
AdmissionReason	string	0..1	The admission reason of the patient.
Bed	string	0..1	The current Bed of the patient.
ConsentWithdrawn	boolean	0..1	Whether the patient has withdrawn consent for the most recent matching episode.
CurrentSex	<a href="#">SexEnumerator</a>	0..1	The patient's current sex.
DateOfBirth	dateTime	0..1	The patients's Date of Birth.
DischargeDate	dateTime	0..1	The discharge date of the patient.
DvaNumber	string	0..1	The patients's DVA Number.
FamilyName	string	0..1	The patients's family name.
GivenNames	string	0..1	The patient's given names.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.



Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code of the hospital in which the patient is or was admitted.
HospitalId	int	0..1	The primary key of the hospital in which the patient is or was admitted.
HospitalName	string	0..1	The name of the hospital in which the patient is or was admitted.
MedicareIrn	string	0..1	The patients's Medicare IRN.
MedicareNumber	string	0..1	The patients's Medicare Number.
Mrn	string	0..1	The patient's MRN at the hospital where the patient was admitted.
ResponsibleProviderFamilyName	string	0..1	The family name of the patient's responsible provider.
ResponsibleProviderGivenNames	string	0..1	The given names of the patient's responsible provider.
ResponsibleProviderIdentifier	string	0..1	The identifier of the patient's responsible provider.
ResponsibleProviderSuffix	string	0..1	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr')
ResponsibleProviderTitle	string	0..1	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr').
Room	string	0..1	The current Room of the patient.
SourceSystemEpisodeId	string	0..1	The source system episode id (visit number) for the patient
Suffix	string	0..1	The patient's name suffixes (like "Jr")
Title	string	0..1	The patients's titles (like "Dr", "Ms" or "Mr")
Ward	string	0..1	The current Ward of the patient.
WithdrawalAuditInformation	base64Binary	0..1	Withdrawal consent Audit Information


### Complex Type: FaultBase

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	
Message	string	0..1	

**Referenced By**

Name	Type
<a href="#">InvalidRequestFault</a>	Complex Type
<a href="#">ServiceOperationFault</a>	Complex Type

**Complex Type: HipsResponse****Description**


Standardised eHISC Response Message

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.


Component	Type	Occurs	Description
 SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

**Complex Type: InvalidRequestFault****Derived By**

Extending [FaultBase](#)

**Content Model**

Contains elements as defined in the following table.


Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	
Message	string	0..1	
Messages	ArrayOfMessage	0..1	

**Complex Type: LocalClinicalDocumentMetaData****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	
AdmissionReason	string	0..1	
DischargeDate	dateTime	0..1	
DocumentType	string	0..1	
ResponsibleProviderFamilyName	string	0..1	
ResponsibleProviderGivenNames	string	0..1	
ResponsibleProviderSuffix	string	0..1	
ResponsibleProviderTitle	string	0..1	
SourceSystemDocumentId	string	0..1	
SourceSystemSetId	string	0..1	
Status	<a href="#">LocalDocumentStatus</a>	0..1	
SupersededDate	dateTime	0..1	
UploadedDate	dateTime	0..1	


### Complex Type: LocalUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Domain	string	1..1	
FamilyName	string	1..1	
GivenNames	string	1..1	
Login	string	1..1	


### Complex Type: Message

#### Derived By

Restricting anyType

#### Content Model


Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
Code	string	0..1	
Data	anyType	0..1	
Description	string	1..1	
Level	<a href="#">MessageLevel</a>	1..1	
Messages	ArrayOfMessage	1..1	
Origin	string	1..1	


**Complex Type: Mrn****Derived By**Extending [PatientIdentifierBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	
Value	string	1..1	

**Complex Type: Mrn****Derived By**Extending [PatientIdentifierBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The mrn

### Complex Type: PatientDisclosureDetailsResponse

#### Description

Represents an disclosure details for a patient in hospital.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AdmittedPatient	<a href="#">AdmittedPatient</a>	0..1	Gets or sets details about the admitted patient.
DisclosureAuditInformation	base64Binary	0..1	Gets or sets audit information from the most recent change to the disclosure status for the patient.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.

### Complex Type: PatientEpisode

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	
AdmissionReason	string	0..1	
ConsentWithdrawn	boolean	0..1	
DischargeDate	dateTime	0..1	
LocalClinicalDocumentMetaData	ArrayOfLocalClinicalDocumentMetaData	0..1	
Mrn	string	0..1	
ResponsibleProviderFamilyName	string	0..1	
ResponsibleProviderGivenNames	string	0..1	
ResponsibleProviderSuffix	string	0..1	
ResponsibleProviderTitle	string	0..1	
SourceSystemEpisodeId	string	0..1	

### Complex Type: PatientEpisode

#### Description

Represents an episode for a patient in hospital.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	The admission date of the patient.
AdmissionReason	string	0..1	The admission reason of the patient
ConsentWithdrawn	boolean	0..1	Whether or not the consent has been withdrawn
DischargeDate	dateTime	0..1	The discharge date of the patient.
Mrn	string	0..1	The patient's MRN at the hospital where the patient was admitted.
ResponsibleProviderFamilyName	string	0..1	The family name of the patient's responsible provider.
ResponsibleProviderGivenNames	string	0..1	The given names of the patient's responsible provider.
ResponsibleProviderSuffix	string	0..1	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr')
ResponsibleProviderTitle	string	0..1	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr').
SourceSystemEpisodeId	string	0..1	The source system episode id or visit number, specific to the hospital

### Complex Type: PatientEpisodeListResponse

#### Description

This object is used for the packaged response from the Episode List web service interface.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.
PatientEpisodes	ArrayOfPatientEpisode	0..1	The PatientEpisode IList. List of the PatientEpisode Items.

### Complex Type: PatientIdentifierBase

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	

#### Referenced By

Name	Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

### Complex Type: PatientIdentifierBase

#### Description

This abstract class is used for the Patient Identifier classes.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

**Referenced By**

Name	Type
<a href="#">Demographic</a>	Complex Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

**Complex Type: PatientInHospital****Description**

Represents a patient in hospital.


**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.



Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	The admission date of the patient.
Bed	string	0..1	The current Bed of the patient.
CurrentSex	<a href="#">SexEnumerator</a>	0..1	The patient's current sex.
DateOfBirth	dateTime	0..1	The patient's Date of Birth.
DischargeDate	dateTime	0..1	The discharge date of the patient.
DvaNumber	string	0..1	The patient's DVA Number.
FamilyName	string	0..1	The patient's family name.
GivenNames	string	0..1	The patient's given names.
HospitalCode	string	0..1	The code of the hospital where the patient is or was admitted.
HospitalName	string	0..1	The name of the hospital where the patient is or was admitted.
Ihi	string	0..1	The patient's IHI.
IhiLastValidated	dateTime	0..1	The patient's IHI last validated date.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The patient's IHI record status.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The patient's IHI status.
MedicareIrn	string	0..1	The patient's Medicare Individual Reference Number (IRN).
MedicareNumber	string	0..1	The patient's Medicare Number.
Mrn	string	0..1	The patient's MRN at the hospital where the patient was admitted.
ParticipationStatus	<a href="#">ParticipationStatus</a>	0..1	The patient's PCEHR participation status.
RegisteredFamilyName	string	0..1	The patient's Medicare registered family name.
RegisteredGivenName	string	0..1	The patient's Medicare registered given name.
RegisteredSex	<a href="#">SexEnumerator</a>	0..1	The patient's current sex.
ResponsibleProviderFamilyName	string	0..1	The family name of the patient's responsible provider.
ResponsibleProviderGivenNames	string	0..1	The given names of the patient's responsible provider.
ResponsibleProviderSuffix	string	0..1	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr')
ResponsibleProviderTitle	string	0..1	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr').
Room	string	0..1	The current Room of the patient.
Suffix	string	0..1	The patient's name suffixes (like "Jr")
Title	string	0..1	The patient's titles (like "Dr", "Ms" or "Mr")
Ward	string	0..1	The current Ward of the patient.

**Complex Type: PatientListResponse****Description**

This object is used for the packaged response from the Patient List web service interface.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse. Common Response Object.
PatientInHospitalList	ArrayOfPatientInHospital	0..1	The PatientInHospital IList. List of the Patients In Hospital Items.

**Complex Type: PatientMasterId****Derived By**

Extending [PatientIdentifierBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	
HospitalId	int	0..1	
Value	int	1..1	

**Complex Type: PatientMasterId****Derived By**

Extending [PatientIdentifierBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The HospitalId (eHISC database Hospital table primary key). If supplied, overrides the hospital code and code system.
Value	int	0..1	The PatientMasterId (eHISC database PatientMaster table primary key).

### Complex Type: ProviderUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FamilyName	string	1..1	
GivenNames	string	0..1	
HpiI	string	1..1	


### Complex Type: RegisteredEnterprisePatient

#### Derived By

Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	
Mrn	string	1..1	
StatePatientId	string	1..1	


## Complex Type: RegisteredEnterprisePatient

### Derived By

Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	0..1	The facility-level ID for the patient.
StatePatientId	string	0..1	The enterprise-level ID for the patient.

### Complex Type: ResponsibleUser

#### Derived By

Extending [UserBase](#)


### Complex Type: ServiceOperationFault

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	
Message	string	0..1	
Code	string	0..1	
Description	string	0..1	
Details	string	0..1	
Type	string	0..1	


### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	
Value	string	1..1	

### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCEHR</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The StatePatientId

### Complex Type: UserBase

#### Derived By

Restricting anyType

#### Referenced By

Name	Type
<a href="#">LocalUser</a>	Complex Type
<a href="#">ProviderUser</a>	Complex Type
<a href="#">ResponsibleUser</a>	Complex Type

### Complex Type: UserDetails

#### Description

The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.

### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	
HospitalCode	string	1..1	
HospitalCodeSystem	string	1..1	
DateOfBirth	dateTime	1..1	
FamilyName	string	1..1	
GivenNames	string	1..1	
Ihi	string	1..1	
IhiLastValidated	dateTime	1..1	
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	1..1	
IhiStatus	<a href="#">IhiStatus</a>	1..1	
Sex	<a href="#">Sex</a>	1..1	

**Complex Type: ValidatedIhi****Derived By**Extending [PatientIdentifierBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The date of birth that was used to obtain or validate the IHI with the HI Service.
FamilyName	string	0..1	The family name that was used to obtain or validate the IHI with the HI Service.
GivenName	string	0..1	The given name that was used to obtain or validate the IHI with the HI Service.
Ihi	string	0..1	The value of the IHI.
IhiLastValidated	dateTime	0..1	The date and time when the IHI was last validated with the HI Service. If this value is within the configured period then eHISC will not attempt to revalidate the IHI before use in a PCEHR service call.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI record status Note: In this release eHISC only supports Verified IHIs. It is an error to provide an IHI with any record status apart from Verified.



Component	Type	Occurs	Description
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI status.
Sex	<a href="#">SexEnumerator</a>	0..1	The sex that was used to obtain or validate the IHI with the HI Service.

### 1.9.3 Simple Types: PatientService

#### Simple Types

Name	Description
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">IhiRecordStatus</a>	
<a href="#">IhiRecordStatus</a>	This enumeration is used to match the record status in the IhiRecordStatus table to code
<a href="#">IhiStatus</a>	This is used to match the status in the IhiStatus table to code
<a href="#">IhiStatus</a>	
<a href="#">LocalDocumentStatus</a>	
<a href="#">MessageLevel</a>	
<a href="#">ParticipationStatus</a>	Represents the PCEHR participation status of a patient.
<a href="#">ResponseStatus</a>	
<a href="#">Sex</a>	
<a href="#">SexEnumerator</a>	This enumeration represents a person's sex, and is used to match the Sex table to code.
<a href="#">UserRole</a>	The role of the user

#### Simple Type: HipsResponseIndicator

##### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*  
\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.  
\*\*\*\*\*  
\*\*\*\*

##### Derived By

Restricting string

##### Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.

Value	Description
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

### Simple Type: IhiRecordStatus

#### Derived By

Restricting string

### Enumeration

Value	Description
None	
Verified	
Unverified	
Provisional	
Unknown	

### Simple Type: IhiRecordStatus

#### Description

This enumeration is used to match the record status in the IhiRecordStatus table to code

#### Derived By

Restricting string

### Enumeration

Value	Description
Verified	The IHI is a verified IHI.
Unverified	The IHI is an unverified IHI.
Provisional	The IHI is a provisional IHI.
Unknown	The IHI record status is unknown or not applicable.

### Simple Type: IhiStatus

#### Description

This is used to match the status in the IhiStatus table to code

#### Derived By

Restricting string

### Enumeration

Value	Description
Active	The IHI status is Active.
Deceased	The IHI status is Deceased.
Retired	The IHI status is Retired.
Expired	The IHI status is Expired.
Resolved	The IHI status is Resolved. This status should never be stored for the current IHI of a patient, but will be stored in IHI history.
Unknown	The IHI status is unknown or not applicable (including when no IHI was found).
DuplicateIhi	The patient has an unresolved alert because another patient record in the same hospital had the same IHI number.
DuplicatePatient	The patient has an unresolved alert because another patient record in the same hospital had demographic information identical to that used to obtain the IHI for this patient.

Value	Description
MergeConflict	The patient has an unresolved alert because it was merged with another patient record that had a different IHI number.
ServiceUnavailable	The IHI or PCEHR lookup failed and will be retried by the background IHI cleanup service.
MedicareDvaChangeMismatch	The patient has an unresolved alert because the Medicare or DVA number was changed, resulting in an IHI search that returned no IHI or returned a different IHI to that which was assigned to the patient.
DemographicMismatch	The patient has an unresolved alert because no IHI was found when the IHI assigned to the patient was validated using the patient's name, sex and date of birth.

**Simple Type: IhiStatus****Derived By**

Restricting string

**Enumeration**

Value	Description
None	
Active	
Deceased	
Retired	
Expired	
Resolved	
Unknown	
DuplicateIhi	
DuplicatePatient	
MergeConflict	
ServiceUnavailable	
MedicareDvaChangeMismatch	
DemographicMismatch	

**Simple Type: LocalDocumentStatus****Derived By**

Restricting string

**Enumeration**

Value	Description
Unknown	
PendingUpload	

Value	Description
Uploaded	
FailedUpload	
PendingRemove	
Removed	
FailedRemove	

**Simple Type: MessageLevel**

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	
Information	
Warning	
Error	

**Simple Type: ParticipationStatus**

**Description**

Represents the PCEHR participation status of a patient.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NoValidIhi	eHISC was not able to obtain or validate the IHI for this patient. eHISC will not be able to upload the discharge summary for this patient until this situation is resolved.
PcehrNotAdvertised	This patient may not have registered for PCEHR, or may have chosen to hide the existence of his/her PCEHR. The clinical system should not send the discharge summary, unless the patient explicitly requests the provider to do so.
PcehrAdvertised	This patient has chosen to advertise the existence of his/her PCEHR, or the health provider organisation has already gained access to the PCEHR, so the clinical system should send the discharge summary.
RequestedUpload	This patient disclosed the existence of his/her PCEHR to the health provider organisation, and thereby requested the upload of his/her discharge summary for all hospitals that are part of this health provider organisation, so the clinical system should send the discharge summary, regardless of whether the PCEHR is advertised.

**Simple Type: ResponseStatus****Derived By**

Restricting string

**Enumeration**

Value	Description
None	
OK	
Warning	

**Simple Type: Sex****Derived By**

Restricting string

**Enumeration**

Value	Description
None	
Male	
Female	
IntersexOrIndeterminate	
NotStatedOrInadequatelyDescribed	

**Simple Type: SexEnumerator****Description**

This enumeration represents a person's sex, and is used to match the Sex table to code.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NotStatedOrInadequatelyDescribed	Not stated or inadequately described.
Male	The male sex.
Female	The female sex.
IntersexOrIndeterminate	Intersex or indeterminate.

### Simple Type: UserRole

#### Description

The role of the user

#### Derived By

Restricting string

#### Enumeration

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

## 1.10 PatientServiceV2 Web Service

#### See Also

- [Methods](#)

### 1.10.1 Methods: PatientServiceV2

#### Methods

Name	Description
<a href="#">ListPatientEpisodesInHospital</a>	

#### Method: ListPatientEpisodesInHospital

#### Parameters

Name	Type	Direction	Description
parameters		Input	

#### Returns

A ListPatientEpisodesInHospitalResponse element.

#### Faults

Name	Content	Description
InvalidRequestFaultFault		
ServiceOperationFaultFault		

#### Input (Literal)

The input of this method is the argument ListPatientEpisodesInHospitalRequest containing text only.

## 1.11 PCEHRService Web Service

### Description

Web service interface for the PCEHR service version 1.

### See Also

- [Methods](#)
- [Elements](#)
- [Complex Types](#)
- [Simple Types](#)

### 1.11.1 Methods: PCEHRService

#### Methods

Name	Description
<a href="#">GainAccessEmergency</a>	Requests emergency access to the patient's records on the PCEHR
<a href="#">GainAccessWithCode</a>	Request access with the access code being sent to the PCEHR
<a href="#">GainAccessWithoutCode</a>	Request for access without a code being required by PCEHR
<a href="#">GetChangeHistoryView</a>	Return a list of uploaded and changed documents from a single document set.
<a href="#">GetDocumentList</a>	This function is given the WS name of GetDocumentList. It returns all documents within the list without filtering the returned list
<a href="#">GetDocumentListActive</a>	This function is given the WS name of GetDocumentListActive. It returns all documents within the list that have the status as Approved
<a href="#">GetDocumentListActiveFilterDates</a>	This function is given the WS name of GetDocumentListActiveFilterDates. It returns all documents within the list that have the status as Approved and with the ability to filter by start and end dates and times for document creation and the healthcare service.
<a href="#">GetDocumentListFilterDates</a>	This function is given the WS name of GetDocumentListFilterDates. It returns all documents within the list with the ability to filter by start and end dates and times for the document creation and the healthcare service.
<a href="#">GetDocumentListFilterStatusAndDates</a>	This function is given the WS name of GetDocumentListFilterStatusAndDates. It returns all documents within the list with the ability to filter by multiple statuses, start and end dates and times for document creation and the healthcare service.
<a href="#">GetDocumentListWithQuery</a>	This function is given the WS name of GetDocumentListWithQuery. The DocumentQuery object can be used to create the full spectrum of searches on the Document List.
<a href="#">GetIndividualOperationStatus</a>	Gets the status of a single pcehr queue operation for the specified PcehrMessageQueueId.
<a href="#">GetLocalUploadedDocument</a>	Get a document uploaded for a specific patient in a defined hospital



Name	Description
<a href="#">GetOperationStatus</a>	Gets the status of all operations for the specified patient and episode.
<a href="#">GetQueuedOperationList</a>	Gets a List of queued Operations
<a href="#">GetView</a>	Returns the Document and Attachments required to display the requested view.
<a href="#">IsPcehrAdvertised</a>	For a given MRN, State Patient Identifier, PCEHR Data Store PatientMasterId or a validated IHI, checks whether the patient has advertised the existence of his/her PCEHR, whether access has been gained, and whether access can be gained without a code.
<a href="#">ListUploadedDocuments</a>	Lists the documents uploaded for a specific patient in a defined hospital
<a href="#">RefreshPatientParticipationStatus</a>	This operation looks up a patient record in the current facility (for advertised status) and disclosure facility (for disclosed status), gets a validated IHI for the patient, and optionally refreshes the advertised status from the PCEHR system.
<a href="#">Remove</a>	Removes the specified discharge summary from the national PCEHR repository.
<a href="#">RetrieveDocument</a>	Returns the Document and Attachments required to display the requested document.
<a href="#">UploadOrSupersedeDocument</a>	Uploads a CDA document to the PCEHR National Repository, optionally superseding a previously-uploaded document. This takes in the XML document and any attachments and does the packaging itself.

#### Method: GainAccessEmergency

##### Description

Requests emergency access to the patient's records on the PCEHR

##### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action

##### Returns

Gain PCEHR Access response.

Name	Type	Description
AccessPermission	<a href="#">GainPcehrAccessStatus</a>	The Status of the Access.
HipsResponse	<a href="#">HipsResponse</a>	The common response object.
IHINumber	string	The validated IHI number.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	The IHI Record Status - Verified/Unverified.
IhiStatus	<a href="#">IhiStatus</a>	The IHI Status - Active/Deceased/Retured/Resolved/Expired.

##### Input (Literal)

The input of this method is the argument GainAccessEmergency having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action

#### Method: GainAccessWithCode

##### Description

Request access with the access code being sent to the PCEHR

##### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient.
AccessCode	string	Input	The access code provided by the patient.
user	<a href="#">UserDetails</a>	Input	The person responsible for this action.

##### Returns

Gain PCEHR Access response.

Name	Type	Description
AccessPermission	<a href="#">GainPcehrAccessStatus</a>	The Status of the Access.
HipsResponse	<a href="#">HipsResponse</a>	The common response object.
IHINumber	string	The validated IHI number.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	The IHI Record Status - Verified/Unverified.
IhiStatus	<a href="#">IhiStatus</a>	The IHI Status - Active/Deceased/Retured/Resolved/Expired.

##### Input (Literal)

The input of this method is the argument GainAccessWithCode having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient.
AccessCode	string	No	0..1	Yes	The access code provided by the patient.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action.

#### Method: GainAccessWithOutCode

##### Description

Request for access without a code being required by PCEHR

## Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action

## Returns

Gain PCEHR Access response.

Name	Type	Description
AccessPermission	<a href="#">GainPcehrAccessStatus</a>	The Status of the Access.
HipsResponse	<a href="#">HipsResponse</a>	The common response object.
IHINumber	string	The validated IHI number.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	The IHI Record Status - Verified/Unverified.
IhiStatus	<a href="#">IhiStatus</a>	The IHI Status - Active/Deceased/Retured/Resolved/Expired.

## Input (Literal)

The input of this method is the argument GainAccessWithOutCode having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action

## Method: GetChangeHistoryView

### Description

Return a list of uploaded and changed documents from a single document set.

### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
user	<a href="#">UserDetails</a>	Input	The health provider individual, interactive user or authorised employee responsible for this action
documentUniqueId	string	Input	The document entry UUID (NOC requirements disallow using the document ID).

### Returns

List of versions of the document.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	

Name	Type	Description
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

**Input (Literal)**

The input of this method is the argument GetChangeHistoryView having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
user	<a href="#">UserDetails</a>	No	0..1	Yes	The health provider individual, interactive user or authorised employee responsible for this action
documentUniqueId	string	No	0..1	Yes	The document entry UUID (NOC requirements disallow using the document ID).

**Method: GetDocumentList****Description**

This function is given the WS name of GetDocumentList. It returns all documents within the list without filtering the returned list

**Parameters**

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The health provider individual, interactive user or authorised employee responsible for this action

**Returns**

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

**Input (Literal)**

The input of this method is the argument GetDocumentList having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The health provider individual, interactive user or authorised employee responsible for this action

#### Method: GetDocumentListActive

##### Description

This function is given the WS name of GetDocumentListActive. It returns all documents within the list that have the status as Approved

##### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action

##### Returns

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

##### Input (Literal)

The input of this method is the argument GetDocumentListActive having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action

#### Method: GetDocumentListActiveFilterDates

##### Description

This function is given the WS name of GetDocumentListActiveFilterDates. It returns all documents within the list that have the status as Approved and with the ability to filter by start and end dates and times for document creation and the healthcare service.

**Parameters**

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action
creationTimeStart	dateTime	Input	Include documents created after this time.
creationTimeEnd	dateTime	Input	Include documents created before this time.
serviceTimeStart	dateTime	Input	Include documents for services after this time.
serviceTimeEnd	dateTime	Input	Include documents for services before this time.

**Returns**

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataType	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

**Input (Literal)**

The input of this method is the argument GetDocumentListActiveFilterDates having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action
creationTimeStart	dateTime	No	0..1	Yes	Include documents created after this time.
creationTimeEnd	dateTime	No	0..1	Yes	Include documents created before this time.
serviceTimeStart	dateTime	No	0..1	Yes	Include documents for services after this time.
serviceTimeEnd	dateTime	No	0..1	Yes	Include documents for services before this time.

## Method: GetDocumentListFilterDates

### Description

This function is given the WS name of GetDocumentListFilterDates. It returns all documents within the list with the ability to filter by start and end dates and times for the document creation and the healthcare service.

### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action
creationTimeStart	dateTime	Input	Include documents created after this time.
creationTimeEnd	dateTime	Input	Include documents created before this time.
serviceTimeStart	dateTime	Input	Include documents for healthcare services after this time.
serviceTimeEnd	dateTime	Input	Include documents for healthcare services before this time.

### Returns

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

### Input (Literal)

The input of this method is the argument GetDocumentListFilterDates having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action
creationTimeStart	dateTime	No	0..1	Yes	Include documents created after this time.
creationTimeEnd	dateTime	No	0..1	Yes	Include documents created before this time.
serviceTimeStart	dateTime	No	0..1	Yes	Include documents for healthcare services after this time.

Name	Type	Required?	Occurs	Nullable?	Description
serviceTimeEnd	dateTime	No	0..1	Yes	Include documents for healthcare services before this time.

### Method: GetDocumentListFilterStatusAndDates

#### Description

This function is given the WS name of GetDocumentListFilterStatusAndDates. It returns all documents within the list with the ability to filter by multiple statuses, start and end dates and times for document creation and the healthcare service.

#### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action
documentStatus	ArrayOfDocumentStatus	Input	Include documents with this status.
creationTimeStart	dateTime	Input	Include documents created after this time.
creationTimeEnd	dateTime	Input	Include documents created before this time.
serviceTimeStart	dateTime	Input	Include documents for healthcare services after this time.
serviceTimeEnd	dateTime	Input	Include documents for healthcare services before this time.

#### Returns

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

#### Input (Literal)

The input of this method is the argument GetDocumentListFilterStatusAndDates having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action
documentStatus	ArrayOfDocumentStatus	No	0..1	Yes	Include documents with this status.



Name	Type	Required?	Occurs	Nilable?	Description
creationTimeStart	dateTime	No	0..1	Yes	Include documents created after this time.
creationTimeEnd	dateTime	No	0..1	Yes	Include documents created before this time.
serviceTimeStart	dateTime	No	0..1	Yes	Include documents for healthcare services after this time.
serviceTimeEnd	dateTime	No	0..1	Yes	Include documents for healthcare services before this time.

### Method: GetDocumentListWithQuery

#### Description

This function is given the WS name of GetDocumentListWithQuery. The DocumentQuery object can be used to create the full spectrum of searches on the Document List.

#### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient
user	<a href="#">UserDetails</a>	Input	The person responsible for this action
docQuery	<a href="#">DocumentQuery</a>	Input	Detailed document query.

#### Returns

List of documents.

Name	Type	Description
DocumentList	ArrayOfDocumentMetaDataItem	
HipsResponse	<a href="#">HipsResponse</a>	
IhiNumber	string	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

#### Input (Literal)

The input of this method is the argument GetDocumentListWithQuery having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient
user	<a href="#">UserDetails</a>	No	0..1	Yes	The person responsible for this action

Name	Type	Required?	Occurs	Nilable?	Description
docQuery	<a href="#">DocumentQuery</a>	No	0..1	Yes	Detailed document query.

### Method: GetIndividualOperationStatus

#### Description

Gets the status of a single pcehr queue operation for the specified PcehrMessageQueueId.

#### Parameters

Name	Type	Direction	Description
pcehrMessageQueueId	int	Input	Identifier of an item in the PCEHR Message Queue.
user	<a href="#">UserDetails</a>	Input	The user responsible for the action.

#### Returns

List of queued operations and indicator of success or failure.

Name	Type	Description
ClinicalDocument	<a href="#">ClinicalDocument</a>	The Clinical document from the Individual Queue Item.
DecodedPackage	base64Binary	The decoded package that is to be uploaded from the Individual Queue Item.
QueuedOperation	<a href="#">PcehrMessageQueue</a>	The queued operation from the Individual Queue Item.
Response	<a href="#">HipsResponse</a>	The HipsResponse.

#### Input (Literal)

The input of this method is the argument GetIndividualOperationStatus having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
pcehrMessageQueueId	int	No	0..1	No	Identifier of an item in the PCEHR Message Queue.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user responsible for the action.

### Method: GetLocalUploadedDocument

#### Description

Get a document uploaded for a specific patient in a defined hospital

#### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action

Name	Type	Direction	Description
sourceSystemSetId	string	Input	The source system set identifier.
sourceSystemDocumentId	string	Input	The source system document identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier

#### Returns

Response containing a clinical document uploaded for a specific patient in a defined hospital

Name	Type	Description
Attachments	ArrayOfAttachment	
Document	base64Binary	
HipsResponse	<a href="#">HipsResponse</a>	
LocalClinicalDocumentMetaData	<a href="#">LocalClinicalDocumentMetaData</a>	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

#### Input (Literal)

The input of this method is the argument GetLocalUploadedDocument having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
sourceSystemSetId	string	No	0..1	Yes	The source system set identifier.
sourceSystemDocumentId	string	No	0..1	Yes	The source system document identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier

#### Method: GetOperationStatus

##### Description

Gets the status of all operations for the specified patient and episode.

##### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier
admissionDate	dateTime	Input	The admission date and time
user	<a href="#">UserDetails</a>	Input	The user

**Returns**

List of queued operations and indicator of success or failure.

Name	Type	Description
QueuedOperations	ArrayOfPcehrMessageQueue	Gets or sets a list of pending and failed queue operations. If the upload or remove request is not yet started or still in progress, it will be in this list with status of pending. If the upload or remove request failed, it will be in this list with a status of failed. By default, all successful uploads are removed from the queued list and thus not displayed.
Response	<a href="#">HipsResponse</a>	Gets or sets an indicator of success or failure of this request and the reason for failure.
UploadedDocumentVersions	ArrayOfClinicalDocumentVersion	Gets or sets a list of individual versions of uploaded clinical documents. This list contains the complete package contents of each version uploaded, and the date and time when it was uploaded.
UploadedDocuments	ArrayOfClinicalDocument	Gets or sets a list of uploaded clinical documents. If the upload or remove request succeeded, the document will be in this list and the document status will show Uploaded or Removed as appropriate.

**Input (Literal)**

The input of this method is the argument GetOperationStatus having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier
admissionDate	dateTime	No	0..1	No	The admission date and time
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user

**Method: GetQueuedOperationList****Description**

Gets a List of queued Operations

**Parameters**

Name	Type	Direction	Description
dateTimeFrom	dateTime	Input	The date time from.
dateTimeTo	dateTime	Input	The date time to.
queueOperation	ArrayOfQueueOperation	Input	The queue operation.
queueStatus	ArrayOfQueueStatus	Input	The queue status.
patientIdentifier	ArrayOfPatientIdentifierBase	Input	The patient identifier.
user	<a href="#">UserDetails</a>	Input	The user responsible for the action.

## Returns

List of queued operations and indicator of success or failure.

Name	Type	Description
QueuedOperations	ArrayOfMessageQueueItem	The list of queued operations
Response	<a href="#">HipsResponse</a>	The HipsResponse.

## Input (Literal)

The input of this method is the argument GetQueuedOperationList having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
dateTimeFrom	dateTime	No	0..1	No	The date time from.
dateTimeTo	dateTime	No	0..1	No	The date time to.
queueOperation	ArrayOfQueueOperation	No	0..1	Yes	The queue operation.
queueStatus	ArrayOfQueueStatus	No	0..1	Yes	The queue status.
patientIdentifier	ArrayOfPatientIdentifierBase	No	0..1	Yes	The patient identifier.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user responsible for the action.

## Method: GetView

### Description

Returns the Document and Attachments required to display the requested view.

### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier for the patient.
user	<a href="#">UserDetails</a>	Input	Details of the person responsible for the action.
request	<a href="#">ViewRequestBase</a>	Input	The view request, which must be one of the concrete view types under the declared base type.

## Returns

DocumentResponse will also pass back success and error messages

Name	Type	Description
Attachments	ArrayOfAttachment	The Attachments
Document	base64Binary	The Document
FileName	string	The FileName
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse, which contains information about success, warnings or failure.
MimeType	string	The MimeType
TemplateId	string	The DocumentUniqueId

**Input (Literal)**

The input of this method is the argument GetView having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier for the patient.
user	<a href="#">UserDetails</a>	No	0..1	Yes	Details of the person responsible for the action.
request	<a href="#">ViewRequestBase</a>	No	0..1	Yes	The view request, which must be one of the concrete view types under the declared base type.

**Method: IsPcehrAdvertised****Description**

For a given MRN, State Patient Identifier, PCEHR Data Store PatientMasterId or a validated IHI, checks whether the patient has advertised the existence of his/her PCEHR, whether access has been gained, and whether access can be gained without a code.

**Parameters**

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
dateOfBirth	dateTime	Input	The patient's date of birth.
user	<a href="#">UserDetails</a>	Input	The health provider individual, interactive user or authorised employee responsible for this action

**Returns**

Response containing operation success indicator, whether advertised, and access status

Name	Type	Description
AccessCodeRequired	<a href="#">AccessCodeRequired</a>	The access code required indicator.
HipsResponse	<a href="#">HipsResponse</a>	The eHISC response, including indicator of success or failure and information about any failures.
PcehrExists	boolean	The does pcehr exists flag.

**Input (Literal)**

The input of this method is the argument IsPcehrAdvertised having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
dateOfBirth	dateTime	No	0..1	No	The patient's date of birth.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The health provider individual, interactive user or authorised employee responsible for this action

### Method: ListUploadedDocuments

#### Description

Lists the documents uploaded for a specific patient in a defined hospital

#### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
sourceSystemSetId	string	Input	The source system set identifier.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The local, state or national patient identifier

#### Returns

Response containing the a list of the admitted or discharged episodes for the patient with in the specified number of days.,

Name	Type	Description
DocumentList	ArrayOfLocalClinicalDocumentMetaData	
HipsResponse	<a href="#">HipsResponse</a>	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	

#### Input (Literal)

The input of this method is the argument ListUploadedDocuments having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
sourceSystemSetId	string	No	0..1	Yes	The source system set identifier.

Name	Type	Required?	Occurs	Nullable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The local, state or national patient identifier

### Method: RefreshPatientParticipationStatus

#### Description

This operation looks up a patient record in the current facility (for advertised status) and disclosure facility (for disclosed status), gets a validated IHI for the patient, and optionally refreshes the advertised status from the PCEHR system.

#### Parameters

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient and the current facility.
disclosureFacility	<a href="#">HospitalIdentifier</a>	Input	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation records the PCEHR disclosure status for the patient.
forceRefresh	<a href="#">ForceRefreshOption</a>	Input	The option of always refreshing the participation status, only if not advertised, or never refreshing the participation status.

#### Returns

Participation status for the requested patient.

Name	Type	Description
PatientParticipationList	ArrayOfPatientParticipationStatus	The information required for the calling system to identify one or more patient records and their current PCEHR participation status.
Response	<a href="#">HipsResponse</a>	Gets or sets an indicator of success or failure and in case of failure, the reason for the failure.

#### Input (Literal)

The input of this method is the argument RefreshPatientParticipationStatus having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Information to identify the person responsible for this action
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient and the current facility.



Name	Type	Required?	Occurs	Nullable?	Description
disclosureFacility	<a href="#">HospitalIdentifier</a>	No	0..1	Yes	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation records the PCEHR disclosure status for the patient.
forceRefresh	<a href="#">ForceRefreshOption</a>	No	0..1	No	The option of always refreshing the participation status, only if not advertised, or never refreshing the participation status.

#### Method: Remove

##### Description

Removes the specified discharge summary from the national PCEHR repository.

##### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
admissionDate	dateTime	Input	Episode Admission Date
documentSetId	string	Input	Clinical Document Set Id
reason	<a href="#">RemovalReason</a>	Input	Reason for Removal
user	<a href="#">UserDetails</a>	Input	User details
auditInformation	base64Binary	Input	Additional audit information to store

##### Returns

Response indicating that the request was queued or the reason why not.

Name	Type	Description
HipsErrorMessage	string	The eHISC error message.
ResponseCode	string	The response code.
ResponseCodeDescription	string	The response code description.
ResponseCodeDetails	string	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	The status indicator.

##### Input (Literal)

The input of this method is the argument Remove having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier of the patient (MRN, State ID, PatientMasterId or IHI)
admissionDate	dateTime	No	0..1	No	Episode Admission Date
documentSetId	string	No	0..1	Yes	Clinical Document Set Id
reason	<a href="#">RemovalReason</a>	No	0..1	No	Reason for Removal
user	<a href="#">UserDetails</a>	No	0..1	Yes	User details
auditInformation	base64Binary	No	0..1	Yes	Additional audit information to store

### Method: RetrieveDocument

#### Description

Returns the Document and Attachments required to display the requested document.

#### Parameters

Name	Type	Direction	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	An identifier for the patient.
user	<a href="#">UserDetails</a>	Input	Details of the person responsible for the action.
request	<a href="#">DocumentRequest</a>	Input	Identifiers required to locate the document.

#### Returns

DocumentResponse will also pass back success and error messages

Name	Type	Description
Attachments	ArrayOfAttachment	The Attachments
Document	base64Binary	The Document
DocumentUniqueId	string	The DocumentUniqueId
FileName	string	The FileName
HipsResponse	<a href="#">HipsResponse</a>	The HipsResponse, which contains information about success, warnings or failure.
MimeType	string	The MimeType
RepositoryUniqueId	string	The RepositoryUniqueId

#### Input (Literal)

The input of this method is the argument RetrieveDocument having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	An identifier for the patient.

Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	Details of the person responsible for the action.
request	<a href="#">DocumentRequest</a>	No	0..1	Yes	Identifiers required to locate the document.

## Method: UploadOrSupersedeDocument

### Description

Uploads a CDA document to the PCEHR National Repository, optionally superseding a previously-uploaded document. This takes in the XML document and any attachments and does the packaging itself.

### Parameters

Name	Type	Direction	Description
cdaDocument	base64Binary	Input	The CDA root XML document.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	Input	The patient identifier at hospital, state, PDS or national level.
user	<a href="#">UserDetails</a>	Input	The user.
attachments	ArrayOfAttachment	Input	The attachments
admissionDate	dateTime	Input	The admission date
documentFormatCode	string	Input	The document format code (template ID).

### Returns

Response indicating that the request was queued or the reason why not.

Name	Type	Description
HipsErrorMessage	string	The eHISC error message.
ResponseCode	string	The response code.
ResponseCodeDescription	string	The response code description.
ResponseCodeDetails	string	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	The status indicator.

### Input (Literal)

The input of this method is the argument UploadOrSupersedeDocument having the structure defined by the following table.

Name	Type	Required?	Occurs	Nilable?	Description
cdaDocument	base64Binary	No	0..1	Yes	The CDA root XML document.
patientIdentifier	<a href="#">PatientIdentifierBase</a>	No	0..1	Yes	The patient identifier at hospital, state, PDS or national level.
user	<a href="#">UserDetails</a>	No	0..1	Yes	The user.
attachments	ArrayOfAttachment	No	0..1	Yes	The attachments

Name	Type	Required?	Occurs	Nullable?	Description
admissionDate	dateTime	No	0..1	No	The admission date
documentFormatCode	string	No	0..1	Yes	The document format code (template ID).

### 1.11.2 Complex Types: PCEHRService

#### Complex Types

Name	Description
<a href="#">Address</a>	Address DTO. This object represents a physical address, which may be a street address or a postal address, and may be an Australian address or an international address.
<a href="#">Attachment</a>	Represents an attachment to a CDA document. The namespace of this class must stay as eHISC.PcehrSchemas for compatibility with the legacy PCEHRService that does not have separate DTO classes.
<a href="#">BaseSchema</a>	
<a href="#">CdaAttachment</a>	CDA Attachment DTO.
<a href="#">CdaDocument</a>	CDA Document DTO.
<a href="#">CdaDocumentDetails</a>	CDA Document Details DTO. This object represents details about a clinical document that has been created by eHISC.
<a href="#">CdaHeaderMetadata</a>	CDA Header Metadata DTO. This object contains the metadata that is required to be used within a generated CDA Document, such as the CDA Header and other data within the CDA Document that is not gathered from HL7 messages passed into eHISC from the DatabaseLoader. Some data may be available from an HL7 feed, however it may not be sent to eHISC before it is actually required when generating the CDA document and thus this information is also required in this metadata.
<a href="#">ChangeHistoryViewResponse</a>	
<a href="#">ClinicalDocument</a>	This class represents a Clinical Document
<a href="#">ClinicalDocumentVersion</a>	This class represents an individual versioned Clinical Document
<a href="#">DataResponseBaseOfPatientParticipationStatusTxCLz5fi</a>	
<a href="#">Demographic</a>	
<a href="#">DocumentListResponse</a>	
<a href="#">DocumentMetaDataItem</a>	This object is used for individual document metadata items from DocumentList and ChangeHistoryView

Name	Description
<a href="#">DocumentQuery</a>	This object holds all query parameters that are to be sent to the document registry for retrieval.
<a href="#">DocumentRequest</a>	This object is used to pass the request to download the document from the PCEHR repository
<a href="#">DocumentResponse</a>	This object is used to return the document and possible list of attachments from the PCEHR repository, the document returned is related to the DocumentUniqueID that was passed in the DocumentRequest
<a href="#">DoesPcehrExistResponse</a>	This class holds the returned response when a check to see if the patient has a PCEHR.
<a href="#">ElectronicCommunicationDetail</a>	Electronic Communication Detail DTO. This object represents a telephone number, mobile number, fax number, pager number, email address or internet address.
<a href="#">FaultBase</a>	
<a href="#">GainPcehrAccessResponse</a>	This object is used for the package response from the "GainPcehrAccess" methods.
<a href="#">HipsObservableObject</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">HiServiceFault</a>	Represents an error returned by the HI Service.
<a href="#">HospitalIdentifier</a>	This DTO is used to identify a hospital / facility.
<a href="#">HospitalIdentifier</a>	This schema is used to identify a hospital / facility.
<a href="#">IndividualOperationStatus</a>	The result of an individual operation status query.
<a href="#">InvalidRequestFault</a>	Represents a failure within the conditions defined to validate the request to the service operation.
<a href="#">InvalidUserFault</a>	Represents an invalid user object being supplied.
<a href="#">IsPcehrAdvertisedLocal</a>	Is PCEHR Advertised Local DTO.
<a href="#">IsPcehrAdvertisedLocalRequest</a>	Web service request message for the Is PCEHR Advertised local operation.
<a href="#">IsPcehrAdvertisedLocalResponse</a>	Web service response message for the Is PCEHR Advertised Local Response operation.
<a href="#">ItemNotFoundFault</a>	Represents a fault when a specified item is not found in the eHISC database.
<a href="#">LocalClinicalDocumentListResponse</a>	
<a href="#">LocalClinicalDocumentMetaData</a>	This object is used for individual local document meta-data items from the local document store
<a href="#">LocalClinicalDocumentResponseOfPatientIdentifierBase a_PcM515I</a>	
<a href="#">LocalUser</a>	

Name	Description
<a href="#">Message</a>	Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.
<a href="#">MessageQueueItem</a>	This object is used for individual message queue items populated from the PcehrMessageQueue and related tables
<a href="#">Mrn</a>	
<a href="#">Mrn</a>	
<a href="#">OperationStatus</a>	This class represents the result of an operation status query.
<a href="#">ParticipatingIndividual</a>	
<a href="#">ParticipatingProvider</a>	Participating Provider DTO. This object contains information that identifies the person who is the 'Author', 'Legal Authenticator' and/or 'Responsible Health Professional at time of discharge' for the document.
<a href="#">PatientIdentifierBase</a>	Abstract base class for identifying a patient.
<a href="#">PatientIdentifierBase</a>	This abstract class is used for the Patient Identifier classes.
<a href="#">PatientMasterId</a>	
<a href="#">PatientMasterId</a>	
<a href="#">PatientParticipationResponse</a>	This class is the response from eHISC for a request to get the PCEHR participation status, either for a single patient or for all patients with recent changes to their records.
<a href="#">PatientParticipationStatus</a>	The information in this class represents the current PCEHR participation status for a patient. It holds all the information required for the calling system to identify the patient record, including the MRN, the state patient identifier and the validated IHI.
<a href="#">PatientParticipationStatus</a>	Patient Participation Status DTO.
<a href="#">PcehrMessageQueue</a>	This class represents queued operation for a PCEHR service invocation
<a href="#">PcehrServiceFault</a>	Represents an error returned by the PCEHR System.
<a href="#">PrescriptionAndDispenseViewRequest</a>	
<a href="#">ProviderUser</a>	
<a href="#">QueuedOperationStatus</a>	The result of an Get Queued Operation List query.
<a href="#">RefreshPatientParticipationStatusRequest</a>	Web service request message for the Refresh Patient Participation Status operation.
<a href="#">RefreshPatientParticipationStatusResponse</a>	Web service response message for the Refresh Patient Participation Status operation.
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">RegisteredEnterprisePatient</a>	
<a href="#">RequestBase</a>	

Name	Description
<a href="#">ResponseBase</a>	
<a href="#">ResponsibleUser</a>	
<a href="#">ServiceOperationFault</a>	Represents a general failure within the service operation.
<a href="#">StatePatientId</a>	
<a href="#">StatePatientId</a>	
<a href="#">UserBase</a>	Abstract base class for identifying an end-user.
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.
<a href="#">ValidatedIhi</a>	
<a href="#">ValidatedIhi</a>	
<a href="#">ViewRequestBase</a>	This object is used to pass the request to access the view from the PCEHR system.
<a href="#">ViewResponse</a>	This object is used to return the view and possible list of attachments from the PCEHR system.

## Complex Type: Address

### Description

Address DTO. This object represents a physical address, which may be a street address or a postal address, and may be an Australian address or an international address.

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AddressLine1	string	1..1	The first line of the unstructured address.
AddressLine2	string	0..1	The second line of the unstructured address, if there is more than one line. This should not include the line that has the suburb, state, postcode or country, as those must be provided in separate elements.
AddressPurpose	<a href="#">AddressPurpose</a>	1..1	The address purpose. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose".

Component	Type	Occurs	Description
AustralianState	<a href="#">AustralianState</a>	0..1	The Australian state. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal". This is mandatory for an Australian address, and must not be provided for an international address.
CountryName	string	1..1	The country name. This is mandatory.
InternationalStateCode	string	0..1	The international state code. This is optional for an international address, and must not be provided for an Australian address.
PlaceName	string	0..1	The suburb, town or locality.
Postcode	string	0..1	The postcode. This is mandatory for an Australian address, and optional for an international address.

### Complex Type: Attachment

#### Description


Represents an attachment to a CDA document. The namespace of this class must stay as eHISC.PcehrSchemas for compatibility with the legacy PCEHRService that does not have separate DTO classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Contents	base64Binary	0..1	The contents of the attached file.
FileName	string	0..1	The name of the attached file. For example "XRAY.PNG" or "DOCUMENT.PDF".


### Complex Type: BaseSchema

#### Derived By

Extending [HipsObservableObject](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.



Component	Type	Occurs	Description
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record

#### Referenced By

Name	Type
<a href="#">ClinicalDocument</a>	Complex Type
<a href="#">ClinicalDocumentVersion</a>	Complex Type
<a href="#">PcehrMessageQueue</a>	Complex Type

#### Complex Type: CdaAttachment

##### Description

CDA Attachment DTO.

##### Derived By

Restricting anyType

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>base</small> SEQUENCE		1..1	
AttachmentType	<a href="#">AttachmentType</a>	1..1	The type of attachment, including whether it is the organisational logo or an additional attached image or document.
Caption	string	1..1	The caption that will appear on the link to this file within the CDA document.
Content	base64Binary	1..1	The binary content of the attachment.
FileName	string	1..1	The file name of the attachment.

#### Complex Type: CdaDocument

##### Description

CDA Document DTO.

##### Derived By

Restricting anyType

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Attachments	ArrayOfCdaAttachment	1..1	The list of attachments.
Content	base64Binary	1..1	The binary content of the document.

### Complex Type: CdaDocumentDetails

#### Description

CDA Document Details DTO. This object represents details about a clinical document that has been created by eHISC.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Document	<a href="#">CdaDocument</a>	1..1	The CDA document.
DocumentId	string	1..1	The document identifier used when creating the CDA document.
DocumentSetId	string	1..1	The document set identifier used when creating the CDA document.
Mrn	string	1..1	The MRN number of the patient at the hospital that is specified in the patient identifier. If the MRN was auto-generated by eHISC then that value (which is based on a GUID) will be returned, otherwise it will be the MRN that was passed in the HL7 message to the Database Loader.
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	1..1	Gets or sets a patient identifier of the same type that was specified in the request.

### Complex Type: CdaHeaderMetadata

#### Description


CDA Header Metadata DTO. This object contains the metadata that is required to be used within a generated CDA Document, such as the CDA Header and other data within the CDA Document that is not gathered from HL7 messages passed into eHISC from the DatabaseLoader. Some data may be available from an HL7 feed, however it may not be sent to eHISC before it is actually required when generating the CDA document and thus this information is also required in this metadata.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmissionDateTime	dateTime	1..1	The admission date and time. This is when the patient visit started. This date and time should match an existing episode supplied in the HL7 feed. If there is no matching episode, and the patient identifier is a ValidatedIhi, an episode stub will be created. If there is no matching episode, and the patient identifier is a different type, an error will be returned.
DischargeDateTime	dateTime	1..1	The discharge date and time. This is when the patient visit ended or is planned to end.
DocumentAuthor	<a href="#">ParticipatingProvider</a>	1..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Author' for the document.
DocumentCreationDateTime	dateTime	1..1	The document creation date and time. This should be the date and time when this version of the document was completed, not when work on it started.
LegalAuthenticator	<a href="#">ParticipatingProvider</a>	0..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Legal Authenticator' for the document.
ModeOfSeparation	<a href="#">ModeOfSeparation</a>	1..1	Gets or sets a code that represents the status of the patient at the time of discharge and the place to which the person was or will be released.
PatientAddress	<a href="#">Address</a>	0..1	The address of the patient. An address is mandatory for the CDA document. If this data member is not supplied, the address must have been supplied in the HL7 feed.
PatientContactDetails	<a href="#">ElectronicCommunicationDetail</a>	0..1	The contact details of the patient. Contact details are not mandatory for the CDA document. If this data member is not supplied, the contact details supplied in the HL7 feed may be used.

Component	Type	Occurs	Description
ResponsibleHealthProfessional	<a href="#">ParticipatingProvider</a>	1..1	Gets or sets an ParticipatingIndividual object that represents the person who is the 'Responsible Health Professional at Time of Discharge' for the document.
SourceDocumentStatus	<a href="#">SourceDocumentStatus</a>	1..1	The status of this version of the document, which may be either Interim (draft), Final (complete) or Withdrawn (recalled by the authoring organisation).
Specialty	string	1..1	The clinical specialty or hospital department in which the patient was treated before discharge.

### Complex Type: ChangeHistoryViewResponse

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DocumentList	ArrayOfDocumentMetaDataItem	0..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	
IhiNumber	string	0..1	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	

### Complex Type: ClinicalDocument

#### Description

This class represents a Clinical Document

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
ClinicalDocumentId	int	0..1	The Clinical Document id.
ClinicalDocumentStatusId	int	0..1	The clinical document status ID. See the ClinicalDocumentStatus enumerator for expected values.
DocumentTypeCode	string	0..1	The document type code.
DocumentTypeDescription	string	0..1	The document type description.
DocumentTypeId	int	0..1	The document type id.
EpisodeId	int	0..1	The episode id that this document is related to.
RemovalReasonDescription	string	0..1	The removal reason description.
RemovalReasonId	int	0..1	The removal reason id.
RemovedDate	dateTime	0..1	The removed date.
SourceSystemSetId	string	0..1	The source system set id.

### Complex Type: ClinicalDocumentVersion

#### Description

This class represents an individual versioned Clinical Document

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record

Component	Type	Occurs	Description
ClinicalDocumentId	int	0..1	The clinical document id that this version is related to.
ClinicalDocumentVersionId	int	0..1	The clinical document version id.
Package	base64Binary	0..1	The package - This is the zipped clinical document and all it's attachments.
SourceSystemDocumentId	string	0..1	The source system document id.
SupersededDate	dateTime	0..1	The date that this document was superseded.
UploadedDate	dateTime	0..1	The date/time the document was uploaded to the PCEHR.

### Complex Type: DataResponseBaseOfIsPcehrAdvertisedLocalTxCLz5fl

#### Derived By

Extending [ResponseBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	Gets or sets the set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">IsPcehrAdvertisedLocal</a>	0..1	

#### Referenced By

Name	Type
<a href="#">IsPcehrAdvertisedLocalResponse</a>	Complex Type

### Complex Type: DataResponseBaseOfPatientParticipationStatusTxCLz5fl

#### Derived By

Extending [ResponseBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">PatientParticipationStatus</a>	0..1	

## Referenced By

Name	Type
<a href="#">RefreshPatientParticipationStatusResponse</a>	Complex Type

## Complex Type: Demographic

### Derived By

Extending [PatientIdentifierBase](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The person's date of birth.
DvaNumber	string	0..1	The DVA file number on the person's repatriation health card.
FamilyName	string	0..1	The family name that appears on the person's Medicare or DVA card.
GivenName	string	0..1	The given name that appears on the person's Medicare or DVA card.
MedicareIrn	string	0..1	The 1-digit IRN for this person on the Medicare card.
MedicareNumber	string	0..1	The 10-digit card number on the person's Medicare card.
Sex	<a href="#">SexEnumerator</a>	0..1	The person's sex.

**Complex Type: DocumentListResponse****Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DocumentList	ArrayOfDocumentMetaDataItem	0..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	
IhiNumber	string	0..1	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	

**Complex Type: DocumentMetaDataItem****Description**

This object is used for individual document metadata items from DocumentList and ChangeHistoryView

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AuthorInstitution	string	0..1	The AuthorInstitution. The HPI-O of the organisation that authored the document.
AuthorInstitutionName	string	0..1	The AuthorInstitutionName. The HPI-O of the organisation that authored the document.
AuthorPerson	string	0..1	The AuthorPerson. The identifier of the individual that authored the document.
AuthorPersonFamilyName	string	0..1	The AuthorPersonFamilyName. The family name of the author.
AuthorPersonGivenName	string	0..1	The AuthorPersonGivenName. The given name of the author.
AuthorPersonNamePrefix	string	0..1	The AuthorPersonNamePrefix. The name prefix of the author.
CreationTime	dateTime	0..1	The CreationTime. The time the document was created.
DocumentClassCode	string	0..1	The DocumentClassCode. Class code (also called Document Type Code) for the type of document.



Component	Type	Occurs	Description
DocumentClassName	string	0..1	The DocumentClassName. Class name (also called Document Type Code) for the type of document.
DocumentEntryUuid	string	0..1	The Document Entry UUID. This is the internal identifier of the document within the XDS repository.
DocumentSize	int	0..1	The DocumentSize. The size of the CDA document.
DocumentStatusCode	<a href="#">DocumentStatus</a>	0..1	The DocumentStatus. The Status of the individual Document
DocumentUniqueId	string	0..1	The DocumentUniqueId. Unique ID of the document .
FormatCode	string	0..1	The FormatCode. Format codes for document conformance.
FormatName	string	0..1	The FormatName. Format name for document conformance.
Hash	string	0..1	The Hash. A SHA-1 hash representation of the document.
HealthCareFacilityTypeCode	string	0..1	The HealthCareFacilityTypeCode. Health Care Facility Type Code for the document.
HealthCareFacilityTypeName	string	0..1	The HealthCareFacilityTypeName. Health Care Facility Type Description for the document.
PracticeSettingTypesCode	string	0..1	The PracticeSettingTypesCode. Practice Setting Code (also called Clinical Speciality Codes) of the document.
PracticeSettingTypesName	string	0..1	The PracticeSettingTypesName. Practice Setting Description (also called Clinical Speciality Codes) of the document.
RepositoryUniqueId	string	0..1	The RepositoryUniqueId. This is the identifier of the XDS Repository containing the document.
ServiceStartTime	dateTime	0..1	The ServiceStartTime. The datetime the service being performed which caused the document to be created started.
ServiceStopTime	dateTime	0..1	The ServiceStopTime. The datetime the service being performed which caused the document to be created stopped.

### Complex Type: DocumentQuery

#### Description

This object holds all query parameters that are to be sent to the document registry for retrieval.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
CreationTimeFrom	dateTime	0..1	The start of the range for the Document Creation Time. This is the date and time when the document was completed, not when work on it started.
CreationTimeTo	dateTime	0..1	The end of the range for the Document Creation Time.
DocumentClassCode	ArrayOfClassCodes	0..1	Gets or sets a list of document class codes (also called document type codes) to filter the list of documents.
DocumentStatus	ArrayOfDocumentStatus	0..1	Gets or sets a list of Document Status codes to filter the list of documents. Status code "Approved" will list active documents. Status code "Deprecated" will list both removed documents and superseded documents (previous versions). Status code "Deleted" will list only removed documents. Superseded documents can be retrieved, but removed documents cannot. A provider organisation can reinstate a document that it removed with removal reason "withdrawn" by uploading a new version. A consumer can reinstate a document that was removed with the removal reason "elect to remove". Once reinstated, you will then be able to view it. Providers or consumers cannot reinstate documents removed with removal reason "incorrect identity". You can amend a document that a consumer has removed, however will not be able to view the removed document or any documents in its set unless the consumer reinstates it.
DocumentUniqueId	string	0..1	The Unique ID for retrieving the metadata for a single document.
FormatCodes	ArrayOfstring	0..1	Gets or sets a list of document format codes (also known as template IDs). Refer to the Code column in the DocumentFormat table for examples.
HealthCareFacilityType	ArrayOfHealthcareFacilityTypeCodes	0..1	Gets or sets a list of Health Care Facility Types to filter the list of documents.

Component	Type	Occurs	Description
PracticeSettingTypes	ArrayOfPracticeSettingTypes	0..1	Gets or sets a list of Practice Settings (also called Clinical Speciality Codes) to filter the list of documents.
ServiceStartTimeFrom	dateTime	0..1	The start of the range for the service start time. The service start time is the date and time when the healthcare service that caused the document started, e.g. the admission of the patient.
ServiceStartTimeTo	dateTime	0..1	The end of the range for the service start time.
ServiceStopTimeFrom	dateTime	0..1	The start of the range for the service stop time. The service stop time is the date and time when the healthcare service that caused the document ended, e.g. the discharge of the patient. In many cases it's equal to the service start time.
ServiceStopTimeTo	dateTime	0..1	The end of the range for the service stop time.

### Complex Type: DocumentRequest

#### Description


This object is used to pass the request to download the document from the PCEHR repository

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
DocumentUniqueId	string	0..1	The DocumentUniqueId
RepositoryUniqueId	string	0..1	The RepositoryUniqueId
SaveDocument	boolean	0..1	Gets or sets whether to save the document in the PCEHR Data Store.

### Complex Type: DocumentResponse

#### Description

This object is used to return the document and possible list of attachments from the PCEHR repository, the document returned is related to the DocumentUniqueId that was passed in the DocumentRequest

#### Derived By

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Attachments	ArrayOfAttachment	0..1	The Attachments
Document	base64Binary	0..1	The Document
DocumentUniqueId	string	0..1	The DocumentUniqueId
FileName	string	0..1	The FileName
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse, which contains information about success, warnings or failure.
MimeType	string	0..1	The MimeType
RepositoryUniqueId	string	0..1	The RepositoryUniqueId

**Complex Type: DoesPcehrExistResponse****Description**

This class holds the returned response when a check to see if the patient has a PCEHR.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AccessCodeRequired	<a href="#">AccessCodeRequired</a>	0..1	The access code required indicator.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The eHISC response, including indicator of success or failure and information about any failures.
PcehrExists	boolean	0..1	The does pcehr exists flag.

**Complex Type: ElectronicCommunicationDetail****Description**

Electronic Communication Detail DTO. This object represents a telephone number, mobile number, fax number, pager number, email address or internet address.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
Detail	string	1..1	The value of the number or address.
Medium	<a href="#">ElectronicCommunicationMedium</a>	1..1	The communication medium.
Usage	<a href="#">ElectronicCommunicationUsage</a>	0..1	The usage of the communication method.


### Complex Type: FaultBase

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

#### Referenced By

Name	Type
<a href="#">HiServiceFault</a>	Complex Type
<a href="#">InvalidRequestFault</a>	Complex Type
<a href="#">InvalidUserFault</a>	Complex Type
<a href="#">ItemNotFoundFault</a>	Complex Type
<a href="#">PcehrServiceFault</a>	Complex Type
<a href="#">ServiceOperationFault</a>	Complex Type

### Complex Type: GainPcehrAccessResponse

#### Description


This object is used for the package response from the "GainPcehrAccess" methods.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AccessPermission	<a href="#">GainPcehrAccessStatus</a>	0..1	The Status of the Access.
HipsResponse	<a href="#">HipsResponse</a>	0..1	The common response object.
IHINumber	string	0..1	The validated IHI number.

Component	Type	Occurs	Description
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI Record Status - Verified/Unverified.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI Status - Active/Deceased/Retured/Resolved/Expired.

### Complex Type: HipsObservableObject

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.

#### Referenced By

Name	Type
<a href="#">BaseSchema</a>	Complex Type

### Complex Type: HipsResponse

#### Description

Standardised eHISC Response Message

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

### Complex Type: HiServiceFault

#### Description

Represents an error returned by the HI Service.

**Derived By**

Extending [FaultBase](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
ResponseCode	string	0..1	The HI Service response code.
ResponseCodeDescription	string	0..1	The HI Service response code description.
ResponseCodeDetails	string	0..1	The HI Service response code details.

**Complex Type: HospitalIdentifier****Description**

This DTO is used to identify a hospital / facility.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
HospitalCode	string	1..1	Gets or sets a code that identifies a hospital facility, within the code system specified in the HospitalCodeSystem property.
HospitalCodeSystem	string	1..1	Gets or sets a code that identifies the code system in which the HospitalCode is defined.

**Complex Type: HospitalIdentifier****Description**

This schema is used to identify a hospital / facility.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
HospitalCode	string	0..1	A code identifying the hospital in which this patient received health care.
HospitalCodeSystem	string	0..1	A code identifying the system under which the hospital code was allocated.

### Complex Type: IndividualOperationStatus

#### Description

The result of an individual operation status query.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
ClinicalDocument	<a href="#">ClinicalDocument</a>	0..1	The Clinical document from the Individual Queue Item.
DecodedPackage	base64Binary	0..1	The decoded package that is to be uploaded from the Individual Queue Item.
QueuedOperation	<a href="#">PcehrMessageQueue</a>	0..1	The queued operation from the Individual Queue Item.
Response	<a href="#">HipsResponse</a>	0..1	The HipsResponse.

### Complex Type: InvalidRequestFault

#### Description

Represents a failure within the conditions defined to validate the request to the service operation.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Messages	ArrayOfMessage	0..1	The set of messages associated with the fault.



### Complex Type: InvalidUserFault

#### Description

Represents an invalid user object being supplied.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.

### Complex Type: IsPcehrAdvertisedLocal

#### Description

Is PCEHR Advertised Local DTO.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AccessCodeRequired	<a href="#">AccessCodeRequired</a>	0..1	Gets or sets the access code requirments for the patient.
PcehrExists	boolean	0..1	Gets or sets the participation status.

### Complex Type: IsPcehrAdvertisedLocalRequest

#### Description

Web service request message for the Is PCEHR Advertised local operation.

#### Derived By

Extending

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	Gets or sets an identifier of the patient and the current facility. ( <a href="#">hospital MRN</a> , <a href="#">enterprise identifier</a> , <a href="#">Registered Enterprise Patient</a> , <a href="#">HIPS PatientMasterId</a> or <a href="#">Validated IHI</a> ).

### Complex Type: IsPcehrAdvertisedLocalResponse

#### Description

Web service response message for the Is PCEHR Advertised Local Response operation.

#### Derived By

Extending

#### Content Model

Contains elements as defined in the following table.

### Complex Type: ItemNotFoundFault

#### Description

Represents a fault when a specified item is not found in the eHISC database.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Identifier	string	0..1	The identifier value, if any, that was specified by the caller and was not able to locate the item.
Qualifier	string	0..1	The qualifier, if any, that was specified by the caller and was not able to locate the item.
Type	string	1..1	Gets or sets a code representing the type of item that was not found. Known examples are "Hospital", "Patient", "Episode" or "Address".

### Complex Type: LocalClinicalDocumentListResponse

#### Derived By

Restricting anyType

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
DocumentList	ArrayOfLocalClinicalDocumentMetaData	0..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	

## Complex Type: LocalClinicalDocumentMetaData

### Description

This object is used for individual local document meta-data items from the local document store

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AdmissionDate	dateTime	0..1	The date and time of admission for the episode that this document relates to.
AdmissionReason	string	0..1	The admission reason for the episode that this document relates to.
DischargeDate	dateTime	0..1	The date and time of discharge for the episode that this document relates to.
DocumentType	string	0..1	The type of the document.
ResponsibleProviderFamilyName	string	0..1	The family name of the patient's responsible provider for the episode that this document relates to.
ResponsibleProviderGivenNames	string	0..1	The given names of the patient's responsible provider for the episode that this document relates to.
ResponsibleProviderSuffix	string	0..1	The suffix of the patient's responsible provider (such as 'Jr' or 'Sr') for the episode that this document relates to.
ResponsibleProviderTitle	string	0..1	The title of the patient's responsible provider (such as 'Dr', 'Ms' or 'Mr') for the episode that this document relates to.
SourceSystemDocumentId	string	0..1	The Document ID of the document version.

Component	Type	Occurs	Description
SourceSystemSetId	string	0..1	The Set ID of the document, which is common to all versions of the document.
Status	<a href="#">LocalDocumentStatus</a>	0..1	The status of the document within the local repository.
SupersededDate	dateTime	0..1	The date and time when this document version was superseded by a newer version uploaded to the PCEHR system.
UploadedDate	dateTime	0..1	The date and time when this document version was uploaded to the PCEHR system.


### Complex Type: LocalClinicalDocumentResponseOfPatientIdentifierBasea\_Pcm515I

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Attachments	ArrayOfAttachment	0..1	
Document	base64Binary	0..1	
HipsResponse	<a href="#">HipsResponse</a>	0..1	
LocalClinicalDocumentMetaData	<a href="#">LocalClinicalDocumentMetaData</a>	0..1	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	


### Complex Type: LocalUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Domain	string	1..1	The name of the directory domain of the user within the local directory.
FamilyName	string	1..1	The family name of the user.
GivenNames	string	1..1	The given name(s) of the user.
Login	string	1..1	The name of the login (account) of the user within the local directory.

### Complex Type: Message

#### Description


Represents a generic message, generally to provide additional contextual information, such as assisting with how a response message is interpreted.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Code	string	0..1	The code associated with the message.
Data	anyType	0..1	Gets or sets any additional data associated with the message.
Description	string	1..1	Gets or sets a detailed description of the message content.
Level	<a href="#">MessageLevel</a>	1..1	The level associated with the message.
Messages	ArrayOfMessage	1..1	The set of messages associated with the message.
Origin	string	1..1	Gets or sets a string identifying the origin of the message, such as "eHISC" or "PCEHR".

### Complex Type: MessageQueueItem

#### Description


This object is used for individual message queue items populated from the PcehrMessageQueue and related tables

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.


Component	Type	Occurs	Description
 SEQUENCE		1..1	
AdmissionDateTime	dateTime	0..1	The admission date and time of the episode. This may be a real episode or a stub created for the document upload.
CDAPackageSize	long	0..1	The byte size of the CDA package (ZIP file) that is to be uploaded to the PCEHR system.
Details	string	0..1	Gets or sets details of the error that occurred. This is only populated if the queued operation has failed.

Component	Type	Occurs	Description
DocumentFormatCode	string	0..1	The code (template ID) of the document format from the DocumentFormat reference table.
DocumentFormatDescription	string	0..1	The description of the document format (template) from the DocumentFormat reference table.
DocumentTypeCode	string	0..1	The code for the document type, from the DocumentType reference table.
DocumentTypeDescription	string	0..1	The description of the document type, from the DocumentType reference table.
DocumentTypeId	int	0..1	The primary key of the DocumentType table row determined using the "code" element in the CDA document.
EpisodeId	int	0..1	The primary key of the Episode table row. The episode record will be a stub if the ValidatedIhi patient identifier was supplied and there was no actual admission at the specified date and time.
FacilityId	int	0..1	The database primary key of the Hospital table row for the facility.
FacilityName	string	0..1	The readable name of the hospital facility.
IHI	string	0..1	The IHI of the patient.
PatientId	int	0..1	The primary key of the HospitalPatient table row for the patient.
PcehrMessageQueueId	int	0..1	The database primary key of the PcehrMessageQueue table row that represents this queue item.
QueueItemDateCreated	dateTime	0..1	The date and time that the item was created.
QueueOperationId	int	0..1	The database primary key of the QueueOperation table that identifies what type of operation it is. Upload or Supersede is 1, while Remove is 2.
QueueOperationName	string	0..1	The readable name of the operation.
QueueStatusId	int	0..1	The database primary key of the QueueStatus table corresponding to the queue status of this queued operation. Pending is 1, Success is 2 and Failure is 3.
QueueStatusName	string	0..1	The readable name of the queue status.
RequestSize	long	0..1	The size (in bytes) of the SOAP request. This is only populated if the queued operation has failed.
SourceSystemSetId	string	0..1	The CDA document set ID.

**Complex Type: Mrn****Derived By**Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	1..1	The value of the MRN.


## Complex Type: Mrn

### Derived By

Extending [PatientIdentifierBase](#)

## Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The mrn

### Complex Type: OperationStatus

#### Description


This class represents the result of an operation status query.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
QueuedOperations	ArrayOfPcehrMessageQueue	0..1	Gets or sets a list of pending and failed queue operations. If the upload or remove request is not yet started or still in progress, it will be in this list with status of pending. If the upload or remove request failed, it will be in this list with a status of failed. By default, all successful uploads are removed from the queued list and thus not displayed.
Response	<a href="#">HipsResponse</a>	0..1	Gets or sets an indicator of success or failure of this request and the reason for failure.



Component	Type	Occurs	Description
UploadedDocumentVersions	ArrayOfClinicalDocumentVersion	0..1	Gets or sets a list of individual versions of uploaded clinical documents. This list contains the complete package contents of each version uploaded, and the date and time when it was uploaded.
UploadedDocuments	ArrayOfClinicalDocument	0..1	Gets or sets a list of uploaded clinical documents. If the upload or remove request succeeded, the document will be in this list and the document status will show Uploaded or Removed as appropriate.


### Complex Type: ParticipatingIndividual

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the participating individual.
GivenNames	string	1..1	The given names of the participating individual. If there are multiple given names, they should be separated by spaces.
LocalIdentifier	string	0..1	The unique local identifier of the participating individual. The local identifier must be unique within the authoring organisation (HPI-O). For the document author and responsible health professional, this is conditionally mandatory with the HPI-I as at least one must be specified.
Suffix	string	0..1	The name suffix of the participating individual.
Title	string	0..1	The name title of the participating individual.

#### Referenced By

Name	Type
<a href="#">ParticipatingProvider</a>	Complex Type

**Complex Type: ParticipatingProvider****Description**

Participating Provider DTO. This object contains information that identifies the person who is the 'Author', 'Legal Authenticator' and/or 'Responsible Health Professional at time of discharge' for the document.

**Derived By**

Extending [ParticipatingIndividual](#)

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FamilyName	string	1..1	The family name of the participating individual.
GivenNames	string	1..1	The given names of the participating individual. If there are multiple given names, they should be separated by spaces.
LocalIdentifier	string	0..1	The unique local identifier of the participating individual. The local identifier must be unique within the authoring organisation (HPI-O). For the document author and responsible health professional, this is conditionally mandatory with the HPI-I as at least one must be specified.
Suffix	string	0..1	The name suffix of the participating individual.
Title	string	0..1	The name title of the participating individual.
EmployerHpio	string	0..1	The HPI-O of the organisation that employs the participant. If the employer HPI-O is specified then the employer name must also. If neither are specified, the HPI-O and name of the hospital will be used.
EmployerName	string	0..1	The name of the organisation that employs the participant. If the employer HPI-O is specified then the employer name must also. If neither are specified, the HPI-O and name of the hospital will be used.
Hpii	string	0..1	The validated HPI-I of the participating provider. For the document author and responsible health professional, this is conditionally mandatory with the Local Identifier as at least one must be specified. If both are specified then the HPI-I will take precedence over the Local Identifier.

**Complex Type: PatientIdentifierBase****Description**

Abstract base class for identifying a patient.

### Derived By

Restricting anyType

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

### Referenced By

Name	Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type

### Complex Type: PatientIdentifierBase

#### Description


This abstract class is used for the Patient Identifier classes.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.

#### Referenced By

Name	Type
<a href="#">Demographic</a>	Complex Type
<a href="#">Mrn</a>	Complex Type
<a href="#">PatientMasterId</a>	Complex Type
<a href="#">RegisteredEnterprisePatient</a>	Complex Type
<a href="#">StatePatientId</a>	Complex Type
<a href="#">ValidatedIhi</a>	Complex Type


#### Complex Type: PatientMasterId

##### Derived By

Extending [PatientIdentifierBase](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The value of the Hospital ID. If supplied, this overrides the HospitalCode.
Value	int	1..1	The value of the Patient Master ID.

### Complex Type: PatientMasterId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
HospitalId	int	0..1	The HospitalId (eHISC database Hospital table primary key). If supplied, overrides the hospital code and code system.
Value	int	0..1	The PatientMasterId (eHISC database PatientMaster table primary key).

### Complex Type: PatientParticipationResponse

#### Description

This class is the response from eHISC for a request to get the PCEHR participation status, either for a single patient or for all patients with recent changes to their records.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
PatientParticipationList	ArrayOfPatientParticipationStatus	0..1	The information required for the calling system to identify one or more patient records and their current PCEHR participation status.
Response	<a href="#">HipsResponse</a>	0..1	Gets or sets an indicator of success or failure and in case of failure, the reason for the failure.

### Complex Type: PatientParticipationStatus

#### Description


The information in this class represents the current PCEHR participation status for a patient. It holds all the information required for the calling system to identify the patient record, including the MRN, the state patient identifier and the validated IHI.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
HospitalCode	string	0..1	A code in the in the hospital code system that was specified in the service request, which identifies the hospital that allocated the MRN.
Mrn	string	0..1	A patient identifier unique within the hospital, typically allocated by the hospital's PAS or PMI.
ParticipationStatus	<a href="#">ParticipationStatus</a>	0..1	The current participation status of the patient.
StatePatientId	string	0..1	Gets or sets a patient identifier unique within the state or territory and typically allocated by the enterprise master patient index.
ValidatedIhi	<a href="#">ValidatedIhi</a>	0..1	Gets or sets an Individual Healthcare Identifier (IHI) allocated by the national healthcare identifier service, and the information required to check the validity of the IHI.

### Complex Type: PatientParticipationStatus

#### Description


Patient Participation Status DTO.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
HospitalCode	string	0..1	Gets or sets a code in the in the hospital code system that was specified in the service request, which identifies the hospital that allocated the MRN.
Mrn	string	0..1	Gets or sets a patient identifier unique within the hospital, typically allocated by the hospital's PAS or PMI.

Component	Type	Occurs	Description
ParticipationStatus	<a href="#">ParticipationStatus</a>	0..1	The participation status.
StatePatientId	string	0..1	Gets or sets a patient identifier unique within the state or territory and typically allocated by the enterprise master patient index.
ValidatedIhi	<a href="#">ValidatedIhi</a>	0..1	Gets or sets an Individual Healthcare Identifier (IHI) allocated by the national healthcare identifier service, and the information required to check the validity of the IHI.

### Complex Type: PcehrMessageQueue

#### Description

This class represents queued operation for a PCEHR service invocation

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
Details	string	0..1	The error details and stack trace.
EpisodeId	int	0..1	The episode ID.
PcehrMessageQueueId	int	0..1	The primary key for the PCEHR message queue object.
QueueOperationId	int	0..1	The queue operation ID.
QueueOperationName	string	0..1	The queue operation name.
QueueStatusDescription	string	0..1	The queue status description.
QueueStatusId	int	0..1	The queue status ID.
Request	string	0..1	The SOAP request.
Response	string	0..1	The SOAP response.
SerializedObject	base64Binary	0..1	The serialised object.
SourceSystemDocumentId	string	0..1	The SourceSystemDocument ID.
SourceSystemSetId	string	0..1	The SourceSystemSet ID.



### Complex Type: PcehrServiceFault

#### Description


Represents an error returned by the PCEHR System.

#### Derived By

Extending [FaultBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
ResponseCode	string	0..1	The PCEHR System response code.
ResponseCodeDescription	string	0..1	The PCEHR System response code description.
ResponseCodeDetails	string	0..1	The PCEHR System response code details.


### Complex Type: PrescriptionAndDispenseViewRequest

#### Derived By

Extending [ViewRequestBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
FromDate	dateTime	0..1	The from date.
ToDate	dateTime	0..1	The to date.


### Complex Type: ProviderUser

#### Derived By

Extending [UserBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	

Component	Type	Occurs	Description
FamilyName	string	1..1	The family name of the user.
GivenNames	string	0..1	The given name(s) of the user.
HpiI	string	1..1	The health provider identifier - individual identifying the provider user.

### Complex Type: QueuedOperationStatus

#### Description

The result of an Get Queued Operation List query.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
QueuedOperations	ArrayOfMessageQueueItem	0..1	The list of queued operations
Response	<a href="#">HipsResponse</a>	0..1	The HipsResponse.

### Complex Type: RefreshPatientParticipationStatusRequest

#### Description

Web service request message for the Refresh Patient Participation Status operation.

#### Derived By

Extending [RequestBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.
DisclosureFacility	<a href="#">HospitalIdentifier</a>	0..1	The Hospital Code and Hospital Code System of the facility whose healthcare provider organisation records the PCEHR disclosure status for the patient.
ForceRefresh	<a href="#">ForceRefreshOption</a>	0..1	The option of always refreshing the participation status, only if not advertised, or never refreshing the participation status.

Component	Type	Occurs	Description
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	Gets or sets an identifier of the patient and the current facility. ( <a href="#">hospital MRN</a> , <a href="#">enterprise identifier</a> , <a href="#">Registered Enterprise Patient</a> , <a href="#">HIPS PatientMasterId</a> or <a href="#">Validated IHI</a> ).

#### Complex Type: RefreshPatientParticipationStatusResponse

##### Description

Web service response message for the Refresh Patient Participation Status operation.

##### Derived By

Extending [DataResponseBaseOfPatientParticipationStatusTxCLz5fI](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.
Data	<a href="#">PatientParticipationStatus</a>	0..1	

#### Complex Type: RegisteredEnterprisePatient

##### Derived By

Extending [PatientIdentifierBase](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>XML</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	1..1	Gets or sets a facility-level ID for the patient.
StatePatientId	string	1..1	Gets or sets an enterprise-level ID for the patient.

### Complex Type: RegisteredEnterprisePatient

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>PCE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Mrn	string	0..1	The facility-level ID for the patient.
StatePatientId	string	0..1	The enterprise-level ID for the patient.

### Complex Type: RequestBase

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
User	<a href="#">UserBase</a>	0..1	Gets or sets a value identifying the end-user associated with the request. Can be an instance of the LocalUser, ProviderUser or ResponsibleUser class.

#### Referenced By

Name	Type
<a href="#">RefreshPatientParticipationStatusRequest</a>	Complex Type

### Complex Type: ResponseBase

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Messages	ArrayOfMessage	0..1	The set of messages associated with the response.
Status	<a href="#">ResponseStatus</a>	0..1	Gets or sets a value representing the status of the response.

#### Referenced By

Name	Type
<a href="#">DataResponseBaseOfPatientParticipationStatusTxCLz5fi</a>	Complex Type

**Complex Type: ResponsibleUser****Derived By**Extending [UserBase](#)**Complex Type: ServiceOperationFault****Description**

Represents a general failure within the service operation.

**Derived By**Extending [FaultBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
FaultIdentifier	string	0..1	Gets or sets a unique value that can be used to correlate the fault between the provider and the consumer.
Message	string	0..1	The description of the fault.
Code	string	0..1	The fault code. This corresponds to the HipsResponse.ResponseCode property on V1 services.
Description	string	0..1	The fault description. This corresponds to the HipsResponse.ResponseCodeDescription property on V1 services.
Details	string	0..1	The fault details. This corresponds to the HipsResponse.ResponseCodeDetails property on V1 services.
Type	string	0..1	The fault type. This corresponds to the HipsResponse.Status property on V1 services.

**Complex Type: StatePatientId****Derived By**Extending [PatientIdentifierBase](#)**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	

Component	Type	Occurs	Description
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	1..1	The value of the enterprise ID.

### Complex Type: StatePatientId

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>base</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
Value	string	0..1	The StatePatientId

### Complex Type: UserBase

#### Description

Abstract base class for identifying an end-user.

#### Derived By

Restricting anyType

#### Referenced By

Name	Type
<a href="#">LocalUser</a>	Complex Type
<a href="#">ProviderUser</a>	Complex Type
<a href="#">ResponsibleUser</a>	Complex Type

### Complex Type: UserDetails

#### Description


The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	



Component	Type	Occurs	Description
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.


### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. -- OPTIONAL As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.
HospitalCode	string	1..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.

Component	Type	Occurs	Description
HospitalCodeSystem	string	1..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	1..1	The date of birth of the patient. This date of birth must have been used in a successful IHI search in the HI Service.
FamilyName	string	1..1	The family name of the patient. This family name must have been used in a successful IHI search in the HI Service.
GivenNames	string	1..1	The given names of the patient. There may be multiple given names separated by spaces. One of them must be the given name that was used in a successful IHI search in the HI Service.
Ihi	string	1..1	The IHI.
IhiLastValidated	dateTime	1..1	The date and time when the IHI was last validated using a search of the HI Service.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	1..1	The IHI record status.
IhiStatus	<a href="#">IhiStatus</a>	1..1	The IHI status.
Sex	<a href="#">Sex</a>	1..1	The sex of the patient. This sex must have been used in a successful IHI search in the HI Service.

### Complex Type: ValidatedIhi

#### Derived By

Extending [PatientIdentifierBase](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>FILE</small> SEQUENCE		1..1	
AlternateOrganisationName	string	0..1	The alternate organisation name. As defined in "PCEHR R12 Implementation Guide", the accessing organisation may choose to disclose a different organisation name on the PCEHR Audit Log by populating the alternateOrganisationName in the PCEHR header.

Component	Type	Occurs	Description
HospitalCode	string	0..1	The hospital code. This code, qualified by the hospital code system, is used to determine: a) Which hospital allocated the MRN, if the Mrn subclass is used. b) Which hospital the episode occurred in, for consent, upload and remove calls. c) Which authorised employee is identified, if the user.Role is AuthorisedEmployee. d) Which health provider organisation (HPI-O) is making the calls to HI Service and PCEHR B2B Gateway.
HospitalCodeSystem	string	0..1	The hospital code system. This is necessary because different systems may use different codes to identify the same hospital. For example, "NOA" or "NHS" for Noarlunga Health Service, where "NOA" is the LAB Facility Code and "NHS" is the PAS Facility Code.
DateOfBirth	dateTime	0..1	The date of birth that was used to obtain or validate the IHI with the HI Service.
FamilyName	string	0..1	The family name that was used to obtain or validate the IHI with the HI Service.
GivenName	string	0..1	The given name that was used to obtain or validate the IHI with the HI Service.
Ihi	string	0..1	The value of the IHI.
IhiLastValidated	dateTime	0..1	The date and time when the IHI was last validated with the HI Service. If this value is within the configured period then eHISC will not attempt to revalidate the IHI before use in a PCEHR service call.
IhiRecordStatus	<a href="#">IhiRecordStatus</a>	0..1	The IHI record status Note: In this release eHISC only supports Verified IHIs. It is an error to provide an IHI with any record status apart from Verified.
IhiStatus	<a href="#">IhiStatus</a>	0..1	The IHI status.
Sex	<a href="#">SexEnumerator</a>	0..1	The sex that was used to obtain or validate the IHI with the HI Service.

### Complex Type: ViewRequestBase

#### Description

This object is used to pass the request to access the view from the PCEHR system.

#### Derived By

Restricting anyType

#### Referenced By

Name	Type
<a href="#">PrescriptionAndDispenseViewRequest</a>	Complex Type

**Complex Type: ViewResponse****Description**

This object is used to return the view and possible list of attachments from the PCEHR system.

**Derived By**

Restricting anyType

**Content Model**

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Attachments	ArrayOfAttachment	0..1	The Attachments
Document	base64Binary	0..1	The Document
FileName	string	0..1	The FileName
HipsResponse	<a href="#">HipsResponse</a>	0..1	The HipsResponse, which contains information about success, warnings or failure.
MimeType	string	0..1	The MimeType
TemplateId	string	0..1	The DocumentUniqueId

**1.11.3 Simple Types: PCEHRService****Simple Types**

Name	Description
<a href="#">AccessCodeRequired</a>	This is used to match the status in the AccessCodeRequired table primary key to code.
<a href="#">AddressPurpose</a>	Represents the purpose of an address. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose", and the mappings to CDA in NEHTA eDischarge Summary CDA Implementation Guide v3.4.
<a href="#">AttachmentType</a>	Represents the file type and semantics of an attachment.
<a href="#">AustralianState</a>	Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.
<a href="#">ClassCodes</a>	Class codes. Updated based on NEHTA PCEHR DEXS TSS v1.5.1 31/12/2014.
<a href="#">DocumentStatus</a>	Status values for CDA documents in the PCEHR.
<a href="#">ElectronicCommunicationMedium</a>	Represents the medium of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Medium", and the mappings to HL7v3 (CDA) URL schemes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".

Name	Description
<a href="#">ElectronicCommunicationUsage</a>	Represents the usage of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Usage Code", and the mappings to HL7v3 (CDA) Telecommunication Address Use (TAU) codes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".
<a href="#">ForceRefreshOption</a>	This is used to specify the conditions when the PCEHR advertised status should be refreshed.
<a href="#">ForceRefreshOption</a>	This is used to specify the conditions when the PCEHR advertised status should be refreshed.
<a href="#">GainPcehrAccessStatus</a>	This enumeration is used for returning the status of the request to gain access.
<a href="#">HealthcareFacilityTypeCodes</a>	Types of organizational setting of the clinical encounter during which the documented act occurred.
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">IhiRecordStatus</a>	Represents an IHI record status.
<a href="#">IhiRecordStatus</a>	This enumeration is used to match the record status in the IhiRecordStatus table to code
<a href="#">IhiStatus</a>	This is used to match the status in the IhiStatus table to code
<a href="#">IhiStatus</a>	Represents an IHI status. Some values are defined by the national HI Service. Others are defined by eHISC to represent various unresolved alert conditions. See the documentation for each member for details.
<a href="#">LocalDocumentStatus</a>	Status of the document process for upload and remove.
<a href="#">MessageLevel</a>	Represents the level of a message returned by a service operation.
<a href="#">ModeOfSeparation</a>	Represents the status of the patient at the time of discharge and the place to which the person was or will be released. The valid codes are defined in AIHW 270094 titled "Episode of admitted patient care-separation mode, code N". Shorter, more user friendly display names were developed by NEHTA.
<a href="#">ParticipationStatus</a>	Represents the PCEHR participation status of a patient.
<a href="#">ParticipationStatus</a>	Represents the PCEHR participation status of a patient.
<a href="#">PracticeSettingTypes</a>	Clinical specialties where the act that resulted in the document was performed.
<a href="#">QueueOperation</a>	This is used to match the QueueOperation table to code.
<a href="#">QueueStatus</a>	This is used to match the QueueStatus table to code.
<a href="#">RemovalReason</a>	This enum is used to match the removal reason id in the RemovalReason table to code. The values of the IDs should also be kept in sync with the NEHTA enum Nehta.VendorLibrary.PCEHR.RemoveDocument.removeDocumentReasonForRemoval. Note: The NEHTA enum has an extra item "ElectToRemove", which is omitted from this enum because that is defined for consumer use only.
<a href="#">ResponseStatus</a>	Represents the outcome of a service operation.
<a href="#">Sex</a>	Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Care Client Identifier Sex".
<a href="#">SexEnumerator</a>	This enumeration represents a person's sex, and is used to match the Sex table to code.

Name	Description
<a href="#">SourceDocumentStatus</a>	Represents the status of this version of the document as communicated by the source system. The valid codes are defined by NCTIS titled "Admin Codes - Document Status".
<a href="#">UserRole</a>	The role of the user

### Simple Type: AccessCodeRequired

#### Description

This is used to match the status in the AccessCodeRequired table primary key to code.

#### Derived By

Restricting string

#### Enumeration

Value	Description
Unknown	The access status is unknown.
WithCode	Except in an emergency, the patient must provide his/her Record Access Code for the healthcare provider organisation to gain access to this PCEHR.
WithoutCode	No code is required for the health provider organisation to gain access to this PCEHR.
AccessGranted	The health provider organisation has already gained access to this PCEHR.

### Simple Type: AddressPurpose

#### Description

Represents the purpose of an address. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Identifier Address Purpose", and the mappings to CDA in NEHTA eDischarge Summary CDA Implementation Guide v3.4.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service. If the address purpose has not been stated, service invokers should send "Unknown".
Business	Represents a business, workplace or office address. Maps to CDA address use code "WP".
Mailing	Represents a mailing or postal address, used to send mail. Maps to CDA address use code "PST".
Temporary	Represents a temporary address, which may be good for visit or mailing. Maps to CDA address use code "TMP".
Residential	Represents a residential or home address. Maps to CDA address use code "H".

Value	Description
Unknown	Represents an address whose purpose has not been stated, is unknown or inadequately described. In this case the CDA document will simply omit the Address Use Code.

### Simple Type: AttachmentType

#### Description

Represents the file type and semantics of an attachment.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
AttachedImageJpeg	Represents an additional JPEG image attached to the document. This image will be shown in the CDA body under the main document. This file must be a JPEG image.
AttachedImagePng	Represents an additional PNG image attached to the document. This image will be shown in the CDA body under the main document. This file must be a PNG image.
AttachedImageTiff	Represents an additional TIFF image attached to the document. This image will be shown in the CDA body under the main document. This file must be a TIFF image.
AttachedImageGif	Represents an additional GIF image attached to the document. This image will be shown in the CDA body under the main document. This file must be a GIF image.
AttachedDocumentPdf	Represents an additional linked document. This will be linked from the body of the CDA document. This file must be a PDF document.
OrganisationalLogoPng	Represents the organisational logo that will appear in the header of the CDA document. This file must be a PNG image. If no attachment is supplied with this type, and there is a logo in the database Hospital table, then eHISC will include the logo from the database.

### Simple Type: AustralianState

#### Description

Represents an Australian state or territory. The valid codes are defined in AS 5017-2006 in the table "Australian State/Territory Identifier - Postal", and the mappings to CDA are defined in NEHTA "eDischarge Summary CDA Implementation Guide v3.4" to use the same codes.

#### Derived By

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents a valid invocation of the web service for an international address. For an Australian address, if the state or territory is unknown, service invokers should send "U".
NSW	Represents New South Wales.
VIC	Represents Victoria.
QLD	Represents Queensland.
SA	Represents South Australia.
WA	Represents Western Australia.
TAS	Represents Tasmania.
NT	Represents Northern Territory.
ACT	Represents Australian Capital Territory.
U	Represents an Australian address whose state or territory is unknown.

**Simple Type: ClassCodes****Description**

Class codes. Updated based on NEHTA PCEHR DEXS TSS v1.5.1 31/12/2014.

**Derived By**

Restricting string

**Enumeration**

Value	Description
SharedHealthSummary	Shared health summary class code.
eReferral	Ereferral class code.
SpecialistLetter	Specialist letter class code.
DischargeSummary	Discharge summary class code.
EventSummary	Event summary class code.
PharmaceuticalBenefitsReport	Dispense record class code.
AustralianOrganDonorRegister	Dispense record class code.
AustralianChildhoodImmunisationRegister	Dispense record class code.
MedicareDvaBenefitsReport	Dispense record class code.
PersonalHealthNote	Dispense record class code.
PersonalHealthSummary	Dispense record class code.
AdvancedCareDirectiveCustodianRecord	Dispense record class code.
eHealthPrescriptionRecord	PCEHR prescription record class code.
eHealthDispenseRecord	PCEHR dispense record class code.
PathologyReport	Pathology report class code.
DiagnosticImagingReport	Diagnostic imaging report class code.
ConsumerEnteredMeasurements	Consumer Entered Measurements class code.
ChildParentQuestionnaire	Child Parent Questionnaire class code.



### Simple Type: DocumentStatus

#### Description

Status values for CDA documents in the PCEHR.

#### Derived By

Restricting string

#### Enumeration

Value	Description
Approved	Approved status.
Submitted	Submitted status.
Deprecated	Deprecated status.
Deleted	Deleted status.

### Simple Type: ElectronicCommunicationMedium

#### Description

Represents the medium of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Medium", and the mappings to HL7v3 (CDA) URL schemes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
FixedTelephone	Represents a fixed telephone. Maps to URL scheme "tel".
Mobile	Represents a mobile telephone. Maps to URL scheme "tel" with use code "MC".
Fax	Represents a facsimile machine. Maps to URL scheme "fax".
Pager	Represents a pager. Maps to URL scheme "tel" with use code "PG".
Email	Represents email. Maps to URL scheme "mailto".
URL	Represents a URL. The URL scheme of the URL in the Detail element is used without mapping.

### Simple Type: ElectronicCommunicationUsage

#### Description

Represents the usage of an electronic communication detail. The valid codes are defined in AS 5017-2006 in the table "Health Care Client Electronic Communication Usage Code", and the mappings to HL7v3 (CDA) Telecommunication Address Use (TAU) codes in NEHTA "eDischarge Summary CDA Implementation Guide v3.4".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents a valid invocation of the web service because the usage code is optional.
Business	Represents a communication address for business use. Maps to TAU code "WP".
Personal	Represents a communication address for personal use. Maps to TAU code "H".
Both	Represents a communication address for both business and personal use. Maps to TAU code "WP H".

**Simple Type: ForceRefreshOption****Description**

This is used to specify the conditions when the PCEHR advertised status should be refreshed.

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	Indicates that a value has not been specified providing this value will cause a validation error.
Never	Indicates that there is no need to refresh the PCEHR advertised status and the previously stored information will be returned.
WhenNotAdvertised	Indicates that the PCEHR advertised status should be refreshed if there is no previously stored information that indicates the patient has a PCEHR.
Always	Indicates that the PCEHR advertised status should always be refreshed.

**Simple Type: ForceRefreshOption****Description**

This is used to specify the conditions when the PCEHR advertised status should be refreshed.

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	Indicates that a value has not been specified providing this value will cause a validation error.
Never	Indicates that there is no need to refresh the PCEHR advertised status and the previously stored information will be returned.

Value	Description
WhenNotAdvertised	Indicates that the PCEHR advertised status should be refreshed if there is no previously stored information that indicates the patient has a PCEHR.
Always	Indicates that the PCEHR advertised status should always be refreshed.

#### Simple Type: GainPcehrAccessStatus

##### Description

This enumeration is used for returning the status of the request to gain access.

##### Derived By

Restricting string

##### Enumeration

Value	Description
Permit	Access to the PCEHR was permitted.
Deny	Access to the PCEHR was denied.

#### Simple Type: HealthcareFacilityTypeCodes

##### Description

Types of organizational setting of the clinical encounter during which the documented act occurred.

##### Derived By

Restricting string

##### Enumeration

Value	Description
AgedCareResidentialServices	
AmbulanceServices	
CallCentreOperation	
CentralGovernmentHealthcareAdministration	
ChildCareServices	
ChiropracticAndOsteopathicServices	
ComputerSystemDesignAndRelatedServices	
CorporateHeadOfficeManagementServices	
DataProcessingAndWebHostingServices	
DentalServices	
ElectronicInformationStorageServices	
GeneralHealthAdministration	
GeneralPractice	

Value	Description
HealthAndFitnessCentresAndGymnasiaOperation	
HealthInsurance	
HigherEducation	
Hospitals	
InternetServiceProvidersAndWebSearchPortals	
LocalGovernmentHealthcareAdministration	
MentalHealthHospitals	
OfficeAdministrativeServices	
OptometryAndOpticalDispensing	
OtherAlliedHealthServices	
OtherHealthcareServicesNEC	
OtherProfessionalScientificAndTechnicalServicesNEC	
OtherResidentialCareServices	
OtherSocialAssistanceServices	
PathologyAndDiagnosticImagingServices	
PhysiotherapyServices	
ProvisionAndAdministrationOfPublicHealthProgram	
RetailPharmacy	
ScientificResearchServices	
SpecialistMedicalServices	
StateGovernmentHealthcareAdministration	
Transport	

### Simple Type: HipsResponseIndicator

#### Description

This enumeration indicates the success or category of failure.

\*\*\*\*\*  
 \*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.  
 \*\*\*\*\*  
 \*\*\*\*

#### Derived By

Restricting string

#### Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.
OK	The request executed correctly

Value	Description
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

### Simple Type: IhiRecordStatus

#### Description

Represents an IHI record status.

#### Derived By

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. Where a value for IhiRecordStatus is required, this represents an invalid invocation of the web service.
Verified	Represents verified record status.
Unverified	Represents unverified record status.
Provisional	Represents provisional record status.
Unknown	Represents unknown record status. This status is assigned to patients whose IHI has not yet been obtained.

**Simple Type: IhiRecordStatus****Description**

This enumeration is used to match the record status in the IhiRecordStatus table to code

**Derived By**

Restricting string

**Enumeration**

Value	Description
Verified	The IHI is a verified IHI.
Unverified	The IHI is an unverified IHI.
Provisional	The IHI is a provisional IHI.
Unknown	The IHI record status is unknown or not applicable.

**Simple Type: IhiStatus****Description**

This is used to match the status in the IhiStatus table to code

**Derived By**

Restricting string

**Enumeration**

Value	Description
Active	The IHI status is Active.
Deceased	The IHI status is Deceased.
Retired	The IHI status is Retired.
Expired	The IHI status is Expired.
Resolved	The IHI status is Resolved. This status should never be stored for the current IHI of a patient, but will be stored in IHI history.
Unknown	The IHI status is unknown or not applicable (including when no IHI was found).
DuplicateIhi	The patient has an unresolved alert because another patient record in the same hospital had the same IHI number.

Value	Description
DuplicatePatient	The patient has an unresolved alert because another patient record in the same hospital had demographic information identical to that used to obtain the IHI for this patient.
MergeConflict	The patient has an unresolved alert because it was merged with another patient record that had a different IHI number.
ServiceUnavailable	The IHI or PCEHR lookup failed and will be retried by the background IHI cleanup service.
MedicareDvaChangeMismatch	The patient has an unresolved alert because the Medicare or DVA number was changed, resulting in an IHI search that returned no IHI or returned a different IHI to that which was assigned to the patient.
DemographicMismatch	The patient has an unresolved alert because no IHI was found when the IHI assigned to the patient was validated using the patient's name, sex and date of birth.

### Simple Type: IhiStatus

#### Description

Represents an IHI status. Some values are defined by the national HI Service. Others are defined by eHISC to represent various unresolved alert conditions. See the documentation for each member for details.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. Where a value for IhiStatus is required, this represents an invalid invocation of the web service.
Active	Represents active status as defined by the HI Service.
Deceased	Represents deceased status as defined by the HI Service.
Retired	Represents retired status as defined by the HI Service.
Expired	Represents expired status as defined by the HI Service.
Resolved	Represents resolved status as defined by the HI Service. The current IHI for a patient should never have this status, but it can be recorded for historical IHI assignments.
Unknown	Represents unknown status. This status is assigned to patients whose IHI has not yet been obtained, or when an IHI of record status Unverified or Provisional was found.
DuplicateIhi	Represents an unresolved alert due to obtaining an IHI when the same IHI is assigned to another patient record from the same hospital. The administrator must determine whether the two records represent the same person, if so then merge the two records, if not then report a potential replica to Medicare Australia.
DuplicatePatient	Represents an unresolved alert due to obtaining an IHI using the same demographic details that are assigned to another patient record from the same hospital. The administrator must determine whether the two records represent the same person, if so then merge the two records, if not then report a potential replica to Medicare Australia.

Value	Description
MergeConflict	Represents an unresolved alert due to merging two patient records that have different IHI numbers. The administrator must choose the correct IHI to resolve this alert.
ServiceUnavailable	Represents a patient whose IHI could not be obtained or validated because of an error while connecting to the HI Service. The IHI search will be repeated by the background process until it is successful.
MedicareDvaChangeMismatch	Represents an unresolved alert due to changing the Medicare card number or DVA file number of the patient, if the patient already had an IHI assigned, and a search using the new Medicare or DVA number found no IHI or found a different IHI to the one that was assigned to the patient.
DemographicMismatch	Represents an unresolved alert due to changing the date of birth of the patient, if the patient already had an IHI assigned, and a search using the current IHI with the new date of birth found no IHI.

### Simple Type: LocalDocumentStatus

#### Description

Status of the document process for upload and remove.

#### Derived By

Restricting string

#### Enumeration

Value	Description
Unknown	The document status is unknown.
PendingUpload	The document is queued for upload.
Uploaded	The document has been uploaded.
FailedUpload	The document failed to upload.
PendingRemove	The document is queued for removal.
Removed	The document has been removed.
FailedRemove	The document failed to remove.

### Simple Type: MessageLevel

#### Description

Represents the level of a message returned by a service operation.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No level has been defined.
Information	The message contains information.
Warning	The message contains a warning.



Value	Description
Error	The message contains an error description.

### Simple Type: ModeOfSeparation

#### Description

Represents the status of the patient at the time of discharge and the place to which the person was or will be released. The valid codes are defined in AIHW 270094 titled "Episode of admitted patient care- separation mode, code N". Shorter, more user friendly display names were developed by NEHTA.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.
AcuteHospital	Represents a discharge or transfer to an acute hospital.
AgedCareService	Represents a discharge or transfer to a residential aged care service, unless this is the usual place of residence.
PsychiatricCare	Represents a discharge or transfer to a psychiatric hospital.
OtherHealthService	Represents a discharge or transfer to other health care accommodation (includes mothercraft hospitals)
AdministrativeDischarge	Represents a statistical discharge - type change.
SelfDischarge	Represents that the patient left against medical advice or was discharged at own risk.
AdministrativeFromLeave	Represents a statistical discharge from leave.
Deceased	Represents that the patient died.
Home	Represents that the patient was discharged to his/her usual residence, own accommodation or a welfare institution (includes prisons, hostels and group homes providing primarily welfare services).

### Simple Type: ParticipationStatus

#### Description

Represents the PCEHR participation status of a patient.

#### Derived By

Restricting string

#### Enumeration

Value	Description
NoValidIhi	eHISC was not able to obtain or validate the IHI for this patient. eHISC will not be able to upload the discharge summary for this patient until this situation is resolved.

Value	Description
PcehrNotAdvertised	This patient may not have registered for PCEHR, or may have chosen to hide the existence of his/her PCEHR. The clinical system should not send the discharge summary, unless the patient explicitly requests the provider to do so.
PcehrAdvertised	This patient has chosen to advertise the existence of his/her PCEHR, or the health provider organisation has already gained access to the PCEHR, so the clinical system should send the discharge summary.
RequestedUpload	This patient disclosed the existence of his/her PCEHR to the health provider organisation, and thereby requested the upload of his/her discharge summary for all hospitals that are part of this health provider organisation, so the clinical system should send the discharge summary, regardless of whether the PCEHR is advertised.

**Simple Type: ParticipationStatus****Description**

Represents the PCEHR participation status of a patient.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NoValidIhi	eHISC was not able to obtain or validate the IHI for this patient. eHISC will not be able to upload the discharge summary for this patient until this situation is resolved.
PcehrNotAdvertised	This patient may not have registered for PCEHR, or may have chosen to hide the existence of his/her PCEHR. The clinical system should not send the discharge summary, unless the patient explicitly requests the provider to do so.
PcehrAdvertised	This patient has chosen to advertise the existence of his/her PCEHR, or the health provider organisation has already gained access to the PCEHR, so the clinical system should send the discharge summary.
RequestedUpload	This patient disclosed the existence of his/her PCEHR to the health provider organisation, and thereby requested the upload of his/her discharge summary for all hospitals that are part of this health provider organisation, so the clinical system should send the discharge summary, regardless of whether the PCEHR is advertised.

**Simple Type: PracticeSettingTypes****Description**

Clinical specialties where the act that resulted in the document was performed.

**Derived By**

Restricting string

## Enumeration

Value	Description
AcupunctureService	
AdoptionService	
AdultDayCareCentreOperation	
AerialAmbulanceService	
AgedCareAssistanceService	
AlcoholicsAnonymousOperation	
AllergySpecialistService	
AmbulanceService	
AnaesthetistService	
ApplicationHosting	
ApplicationServiceProvision	
AromatherapyService	
AudioAndVisualeMediaStreamingService	
AudiologyService	
AutomatedDataProcessingService	
BeforeAndOrAfterSchoolCareService	
BillingAndRecordKeepingService	
BloodBankOperation	
BusinessAdministrativeService	
CharitableHostelsForTheAged	
ChildCareService	
ChildmindingService	
ChildrensHospital	
ChildrensNurseryOperation	
ChildrensPlayPrograms	
Chiropractic	
ClericalService	
ClinicalPsychologyService	
CollegesOfEducationOperation	
CommunityHealthCare	
CommunityHealthFacility	
CommunityHealthFacilityMental	
CommunityHealthFacilityOther	
CommunityHealthFacilitySubstanceAbuse	
CommunityPharmacy	
ComputerDataStorageAndRetrievalService	

Value	Description
ComputerHardwareConsultingService	
ComputerInputPreparationService	
ComputerProgrammingService	
ComputerSoftwareConsultingService	
ComputerTimeLeasingOrRenting	
ComputerTimeSharingService	
ConservativeDentalService	
ContactLensDispensing	
CorporateHeadOfficeManagement	
DataCaptureImagingService	
DataEntryService	
DataProcessingComputerService	
DayHospitalNec	
DefenceForceHospital	
DentalHospitalOutPatient	
DentalHygieneService	
DentalInsuranceProvision	
DentalPracticeService	
DentalPractitionerService	
DentalSurgeryService	
DermatologyService	
DiagnosticImagingService	
DieticianService	
DisabilitiesAssistanceService	
DiskAndDisketteConversionAndRecertificationService	
DivisionsOfGeneralPractice	
EarNoseAndThroatHospital	
EarNoseAndThroatSpecialistService	
ElectronicDataProcessingService	
ElectronicInformationStorageAndRetrievalService	
EmergencyDepartmentServices	
EndodonticService	
ExtendedAlliedHealthServices	
EyeHospital	
EyeTestingOptometrist	
FamilyDayCareService	

Value	Description
FlyingDoctorService	
FuneralBenefitProvision	
GeneralHealthAdministration	
GeneralHospital	
GeneralMedicalPractitionerService	
GeneralPracticeMedicalClinicService	
GovernmentNursingHomeForTheAged	
GovernmentNursingHomeForYoungDisabled	
GynaecologyServices	
HairTransplantServiceByRegisteredMedicalPractitioner	
HealthAndFitnessCentresAndGymnasiaOperation	
HealthAssessmentService	
HealthInsuranceProvision	
HealthcareServiceNec	
HearingAidDispensing	
HerbalistService	
HomoeopathicService	
HospitalExceptPsychiatricOrVeterinaryHospitals	
HydropathicService	
InfectiousDiseasesHospitalIncludingHumanQuarantineStations	
InternetAccessProvision	
InternetAccessService	
InternetAndWebDesignConsultingService	
InternetSearchPortalOperation	
InternetSearchWebSiteOperation	
InternetServiceProvision	
InterpretationService	
LocalGovernmentHealthcareAdministration	
LocalGovernmentHostelForTheAged	
MarriageGuidanceService	
MaternityHospital	
MedicalLaboratoryService	
MedicalResearchService	
MicroficheOrMicrofilmRecordingAndImagingService	
MidwiferyService	
NaturopathicService	

Value	Description
NeurologyService	
NursingService	
ObstetricsService	
ObstreticHospital	
OccupationalTherapyService	
OfficeAdministrativeServiceNEC	
OperationOfSoupKitchenIncludingMobile	
OphthalmologyService	
OpticalDispensing	
OpticalScanningService	
OpticianService	
OralPathologyService	
OralSurgeryService	
OrthodonticService	
OrthopaedicService	
OrthopticService	
OsteopathicServices	
OtherCharitableHostel	
OtherCommonwealthHospital	
OtherLocalGovernmentHostel	
OtherStateGovernmentHostel	
PaediatricService	
PathologyLaboratoryService	
PayrollProcessing	
PedodonticsService	
PeriodonticService	
PharmacyRetailOperation	
PhysiotherapyServices	
PodiatryService	
PortalWebSearchOperation	
PostgraduateSchoolUniversityOperation	
PrivateNonProfitCommunityHealthCentre	
PrivateAcuteCareHospital	
PrivateAlcoholAndDrugTreatmentCentre	
PrivateCharitableNursingHomeForTheAged	
PrivateCharitableNursingHomeForYoungDisabled	

Value	Description
PrivateDayCentreOrHospital	
PrivateFreestandingDaySurgeryCentre	
PrivateMentalHealthHospital	
PrivateProfitNursingHomeForTheAged	
PrivateProfitNursingHomeForYoungDisabled	
ProfessionalScientificAndTechnicalServicesNEC	
ProsthodonticsService	
ProvisionAndAdministrationOfPublicHealthProgram	
PsychiatryService	
PublicAcuteCareHospital	
PublicAlcoholAndDrugTreatmentCentre	
PublicCommunityHealthCentre	
PublicDayCentreHospital	
PublicFreestandingDaySurgeryCentre	
PublicMentalHealthHospital	
ReceptionService	
ResearchSchoolUniversityOperation	
RheumatologyService	
RuralGeneralMedicalPracticeService	
SocialScienceResearchService	
SoftwareDevelopmentServiceExceptPublishing	
SoftwareInstallationService	
SpecialistInstituteOrCollege	
SpecialistMedicalClinicService	
SpecialistMedicalPractitionerServiceNEC	
SpecialistSurgicalService	
SpectaclesDispensing	
SpeechPathologyService	
StateGovernmentHealthcareAdministration	
StateGovernmentHostelForTheAged	
SubacuteHospitals	
SystemsAnalysisService	
TeachersCollegeOperation	
TelephoneAnsweringService	
TelephoneCallCentreOperation	
TherapeuticMassageService	

Value	Description
ThoracicSpecialistService	
TranslationService	
Transport	
UndergraduateSchoolUniversityOperation	
UniversityOperation	
UrologyService	
VeteransAffairsHospital	
VoiceMailboxService	
WebHosting	
WebSearchPortalOperation	
WelfareCounsellingService	
WomensHospital	
XRayClinicService	
YouthWelfareService	
TBD	

### Simple Type: QueueOperation

#### Description

This is used to match the QueueOperation table to code.

#### Derived By

Restricting string

#### Enumeration

Value	Description
UploadOrSupersede	The queued operation is to upload a document to a PCEHR, possibly superseding an older version of the same document.
Remove	The queued operation is to remove a document from a PCEHR.

### Simple Type: QueueStatus

#### Description

This is used to match the QueueStatus table to code.

#### Derived By

Restricting string

#### Enumeration

Value	Description
Pending	The queued operation is currently in progress or waiting to be processed.



Value	Description
Success	The queued operation was successful. This status is not typically found because the default behaviour is to remove queued items after successful processing.
Failure	The queued operation was not successful. The system administrator should review and correct the reason for failure and resubmit the request.

### Simple Type: RemovalReason

#### Description

This enum is used to match the removal reason id in the RemovalReason table to code. The values of the IDs should also be kept in sync with the NEHTA enum `Nehta.VendorLibrary.PCEHR.RemoveDocument.removeDocumentReasonForRemoval`. Note: The NEHTA enum has an extra item "ElectToRemove", which is omitted from this enum because that is defined for consumer use only.

#### Derived By

Restricting string

#### Enumeration

Value	Description
Withdrawn	The provider organisation withdraws the document from the PCEHR. Withdrawn documents will be reinstated if a new version of the document is uploaded.
IncorrectIdentity	The document is removed because it relates to the wrong consumer. Documents removed with this reason cannot be reinstated by the provider or the consumer.

### Simple Type: ResponseStatus

#### Description

Represents the outcome of a service operation.

#### Derived By

Restricting string

#### Enumeration

Value	Description
None	No status has been defined.
OK	The service operation was successful.
Warning	The service operation may have been successful, with associated warning messages.

**Simple Type: Sex****Description**

Represents the sex of a person. The valid codes are defined by AS 5017-2006 in table "Health Care Client Identifier Sex".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. Where a value for Sex is required, this represents an invalid invocation of the web service. If the IHI search was successful with the Sex not stated, send the value "NotStatedOrInadequatelyDescribed".
Male	Represents male. Mapped to CDA code "M".
Female	Represents female. Mapped to CDA code "F".
IntersexOrIndeterminate	Represents intersex or indeterminate. Mapped to CDA code "I".
NotStatedOrInadequatelyDescribed	Represents not stated or inadequately described. Mapped to CDA code "N".

**Simple Type: SexEnumerator****Description**

This enumeration represents a person's sex, and is used to match the Sex table to code.

**Derived By**

Restricting string

**Enumeration**

Value	Description
NotStatedOrInadequatelyDescribed	Not stated or inadequately described.
Male	The male sex.
Female	The female sex.
IntersexOrIndeterminate	Intersex or indeterminate.

**Simple Type: SourceDocumentStatus****Description**

Represents the status of this version of the document as communicated by the source system. The valid codes are defined by NCTIS titled "Admin Codes - Document Status".

**Derived By**

Restricting string

**Enumeration**

Value	Description
None	No value has been supplied. This represents an invalid invocation of the web service.

Value	Description
Interim	Represents an interim or draft version of the document. Interim versions are not normally uploaded to the PCEHR system.
Final	Represents a final version of the document. This may be the first final version or an amendment.
Withdrawn	Represents a notification that the document has been withdrawn by the authoring organisation. Withdrawn versions are intended for delivery to point-to-point (P2P) recipients of the document and are not normally uploaded to the PCEHR system. Instead the document can be removed from the PCEHR system with a separate web service invocation.

#### Simple Type: UserRole

##### Description

The role of the user

##### Derived By

Restricting string

##### Enumeration

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes

### 1.11.4 Elements: PCEHRService

#### Elements

Name	Description
<a href="#">UploadDischargeSummaryLevel1ARequest</a>	
<a href="#">UploadDischargeSummaryLevel1AResponse</a>	


#### Element: UploadDischargeSummaryLevel1ARequest

##### Derived By

Restricting anyType

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
PdfDocument	base64Binary	0..1	

Component	Type	Occurs	Description
User	<a href="#">UserBase</a>	0..1	
PatientIdentifier	<a href="#">PatientIdentifierBase</a>	0..1	
CdaHeaderMetadata	<a href="#">CdaHeaderMetadata</a>	0..1	
Attachments	ArrayOfCdaAttachment	0..1	

### Element: UploadDischargeSummaryLevel1AResponse

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
Status	<a href="#">ResponseStatus</a>	0..1	
Messages	ArrayOfMessage	0..1	
Data	<a href="#">CdaDocumentDetails</a>	0..1	

## 1.12 PCEHRServiceV2 Web Service

### Description

Web service interface for the PCEHR service version 2.

### See Also

- [Methods](#)

### 1.12.1 Methods: PCEHRServiceV2

#### Methods

Name	Description
<a href="#">IsPcehrAdvertisedLocal</a>	Determines whether a PCEHR is advertised looking at local data only.
<a href="#">RefreshPatientParticipationStatus</a>	This operation looks up a patient record in the current facility (for advertised status) and disclosure facility (for disclosed status), gets a validated IHI for the patient, and optionally refreshes the advertised status from the PCEHR system.

Name	Description
<a href="#">UploadOrSupersedeDischargeSummaryLevel1A</a>	Uploads a PDF discharge summary to the PCEHR National Repository, optionally superseding a previously-uploaded document. This takes in the PDF document, required metadata, and any attachments and creates a CDA document before packaging it.

#### Method: IsPcehrAdvertisedLocal

##### Description

Determines whether a PCEHR is advertised looking at local data only.

##### Parameters

Name	Type	Direction	Description
request		Input	IsPcehrAdvertisedLocalRequest request.

##### Returns

Response indicating if the patients PCEHR is advertised and the current access code

##### Faults

Name	Content	Description
PcehrServiceFaultFault		
InvalidRequestFaultFault		
ServiceOperationFaultFault		
HiServiceFaultFault		
ItemNotFoundFaultFault		
InvalidUserFaultFault		

##### Input (Literal)

The input of this method is the argument IsPcehrAdvertisedLocal containing text only.

#### Method: RefreshPatientParticipationStatus

##### Description

This operation looks up a patient record in the current facility (for advertised status) and disclosure facility (for disclosed status), gets a validated IHI for the patient, and optionally refreshes the advertised status from the PCEHR system.

##### Parameters

Name	Type	Direction	Description
request		Input	RefreshPatientParticipationStatusRequest request parameters

##### Returns

Response indicating the participation status of the patient.

##### Faults

Name	Content	Description
PcehrServiceFaultFault		
InvalidRequestFaultFault		

Name	Content	Description
ServiceOperationFaultFault		
InvalidUserFaultFault		
HiServiceFaultFault		
ItemNotFoundFaultFault		

**Input (Literal)**

The input of this method is the argument RefreshPatientParticipationStatus containing text only.

**Method: UploadOrSupersedeDischargeSummaryLevel1A****Description**

Uploads a PDF discharge summary to the PCEHR National Repository, optionally superseding a previously-uploaded document. This takes in the PDF document, required metadata, and any attachments and creates a CDA document before packaging it.

**Parameters**

Name	Type	Direction	Description
parameters		Input	

**Returns**

Response indicating that the request was queued or the reason why not.

**Faults**

Name	Content	Description
ServiceOperationFaultFault		
InvalidRequestFaultFault		
InvalidUserFaultFault		
HiServiceFaultFault		
PcehrServiceFaultFault		
ItemNotFoundFaultFault		

**Input (Literal)**

The input of this method is the argument UploadDischargeSummaryLevel1ARequest containing text only.

## 1.13 ReferenceService Web Service

**Description**

Service interface for the eHISC reference service.

**See Also**

- [Methods](#)
- [Complex Types](#)

- [Simple Types](#)

### 1.13.1 Methods: ReferenceService

#### Methods

Name	Description
<a href="#">GetHospitalDetails</a>	Find all known information about a hospital, such as: Description and Name Address Fax Number List of Identifiers (HPI-O, OID for MRNs, OID for Provider Identifiers, ISAAC)
<a href="#">ListHospitals</a>	Lists the hospitals.
<a href="#">ReloadReferenceData</a>	Reloads all the reference data from the database. See HIPS.CommonBusinessLogic.Singleton.ListSingleton for further details of which reference data is loaded.

#### Method: GetHospitalDetails

##### Description

Find all known information about a hospital, such as: Description and Name Address Fax Number List of Identifiers (HPI-O, OID for MRNs, OID for Provider Identifiers, ISAAC)

##### Parameters

Name	Type	Direction	Description
identifier	string	Input	An identifier for the hospital
codeSystemName	string	Input	The namespace of the identifier supplied

##### Returns

The hospital details

Name	Type	Description
Addresses	ArrayOfAddress	The list of addresses.
Contacts	ArrayOfContact	The list of electronic contact details.
FullName	string	The full name.
HospitalIdentifierExtension	string	The extension that represents this hospital.
HospitalIdentifierRoot	string	The root OID for local hospital facility identifiers.
HpiO	string	The HPI-O.
PatientIdentifierRoot	string	The root OID for local patient identifiers at the hospital.
ProviderIdentifierRoot	string	The root OID for local provider identifiers at the hospital.
ShortDescription	string	The short description.

##### Input (Literal)

The input of this method is the argument GetHospitalDetails having the structure defined by the following table.

Name	Type	Required?	Occurs	Nullable?	Description
identifier	string	No	0..1	Yes	An identifier for the hospital

Name	Type	Required?	Occurs	Nullable?	Description
codeSystemName	string	No	0..1	Yes	The namespace of the identifier supplied

**Method: ListHospitals****Description**

Lists the hospitals.

**Parameters**

Name	Type	Direction	Description
parameters	anyType	Input	

**Returns**

A ListHospitalsResponse element having the structure defined by the following table.

Name	Type	Description
ListHospitalsResult	ArrayOfHospital	

**Input (Literal)**

The input of this method is the argument ListHospitals that is always empty.

**Method: ReloadReferenceData****Description**

Reloads all the reference data from the database. See `HIPS.CommonBusinessLogic.Singleton.ListSingleton` for further details of which reference data is loaded.

**Parameters**

Name	Type	Direction	Description
user	<a href="#">UserDetails</a>	Input	User details

**Returns**

Indicator of success or failure

Name	Type	Description
HipsErrorMessage	string	The eHISC error message.
ResponseCode	string	The response code.
ResponseCodeDescription	string	The response code description.
ResponseCodeDetails	string	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	The status indicator.

**Input (Literal)**

The input of this method is the argument ReloadReferenceData having the structure defined by the following table.



Name	Type	Required?	Occurs	Nilable?	Description
user	<a href="#">UserDetails</a>	No	0..1	Yes	User details

### 1.13.2 Complex Types: ReferenceService

#### Complex Types

Name	Description
<a href="#">Address</a>	This class represents an Australian or International Address, belonging either to a Hospital or a PatientMaster.
<a href="#">BaseListSchema</a>	
<a href="#">BaseSchema</a>	
<a href="#">Contact</a>	This class represents a contact method and value.
<a href="#">HipsObservableObject</a>	
<a href="#">HipsResponse</a>	Standardised eHISC Response Message
<a href="#">Hospital</a>	This class represents a hospital
<a href="#">HospitalCode</a>	This class represents a hospital code (e.g. HPI-O, ISAAC, CDM, HL7 PAS, Pathology). Each hospital can have codes of multiple types, and can even have more than one code of each identifier. The identifier is represented by a namespace.
<a href="#">HospitalDetailResponse</a>	Represents details of a hospital.
<a href="#">UserDetails</a>	The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Complex Type: Address

##### Description


This class represents an Australian or International Address, belonging either to a Hospital or a PatientMaster.

##### Derived By

Extending [BaseSchema](#)

##### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.

Component	Type	Occurs	Description
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
AddressId	int	0..1	The address id.
AddressLine1	string	0..1	The First line of unstructured address
AddressLine2	string	0..1	The Second line of unstructured address
AddressTypeDescription	string	0..1	The address type description.
AddressTypeId	int	0..1	The address type id.
AustralianStateCode	string	0..1	The name of the australian state.
AustralianStateId	int	0..1	The australian state id.
AustralianStateName	string	0..1	The name of the australian state.
CountryId	int	0..1	The country id.
CountryName	string	0..1	The name of the country.
HospitalId	int	0..1	The hospital ID. This will only be valued if this address belongs to a hospital.
InternationalStateCode	string	0..1	The state or province for international addresses.
PlaceName	string	0..1	The Suburb, Town or Locality
PostCode	string	0..1	The post code (ZIP) for national and international addresses.

### Complex Type: BaseListSchema

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
Description	string	0..1	The description.

#### Referenced By

Name	Type
<a href="#">Hospital</a>	Complex Type

### Complex Type: BaseSchema

#### Derived By

Extending [HipsObservableObject](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record

#### Referenced By

Name	Type
<a href="#">BaseListSchema</a>	Complex Type
<a href="#">Address</a>	Complex Type
<a href="#">Contact</a>	Complex Type
<a href="#">HospitalCode</a>	Complex Type

### Complex Type: Contact

#### Description

This class represents a contact method and value.

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.

Component	Type	Occurs	Description
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
CdaType	string	0..1	The type of the cda.
ContactId	int	0..1	The contact id.
ContactMethodDescription	string	0..1	The contact method description.
ContactMethodId	int	0..1	The contact method id.
Detail	string	0..1	The contact detail.
HospitalId	int	0..1	The hospital ID. This will only be valued if this contact belongs to a hospital.
TelecommunicationType	string	0..1	The type of the telecommunication.

### Complex Type: HipsObservableObject

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>base</small> SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.

#### Referenced By

Name	Type
<a href="#">BaseSchema</a>	Complex Type

### Complex Type: HipsResponse

#### Description

Standardised eHISC Response Message

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
<small>base</small> SEQUENCE		1..1	
HipsErrorMessage	string	0..1	The eHISC error message.
ResponseCode	string	0..1	The response code.

Component	Type	Occurs	Description
ResponseCodeDescription	string	0..1	The response code description.
ResponseCodeDetails	string	0..1	The response code details.
Status	<a href="#">HipsResponseIndicator</a>	0..1	The status indicator.

## Complex Type: Hospital

### Description

This class represents a hospital

### Derived By

Extending [BaseListSchema](#)

### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record
Description	string	0..1	The description.
Addresses	ArrayOfAddress	0..1	The addresses for the hospital.
AuthorisedEmployeeName	string	0..1	The name of the authorised employee.
AuthorisedEmployeeUserId	string	0..1	The authorised employee user id.
Codes	ArrayOfHospitalCode	0..1	The list of codes.
Contacts	ArrayOfContact	0..1	The contact details for the hospital.
HealthProviderOrganisationId	int	0..1	The health provider organisation ID.
HealthProviderOrganisationNetworkId	int	0..1	Specifies which HPO network this organisation belongs to.
HiCertSerial	string	0..1	The serial number of the HI certificate.
HiCsp	boolean	0..1	Whether eHISC will connect to the HI Service as a CSP on behalf of this organisation.

Component	Type	Occurs	Description
HospitalId	int	0..1	The hospital id.
HpiO	string	0..1	The HPI-O.
HpioName	string	0..1	The name of the hpio.
HpoCertSerial	string	0..1	Hexadecimal serial number for certificate used to sign CDA documents. This must be an HPO certificate. If not provided, eHISC will be unable to upload documents to the PCEHR.
Logo	base64Binary	0..1	The logo.
Name	string	0..1	The name.
PcehrCertSerial	string	0..1	The serial number of the PCEHR certificate.
PcehrCsp	boolean	0..1	Whether eHISC will connect to the PCEHR system as a CSP on behalf of this organisation.
UploadDocumentMinimumAge	int	0..1	The number of years old the patient must have been at the time of admission in order to allow their documents to be uploaded to the PCEHR. When set 0 this disables the age filter.
VisitorHospitalId	int	0..1	The visitor hospital identifier.

### Complex Type: HospitalCode

#### Description

This class represents a hospital code (e.g. HPI-O, ISAAC, CDM, HL7 PAS, Pathology). Each hospital can have codes of multiple types, and can even have more than one code of each identifier. The identifier is represented by a namespace.

#### Derived By

Extending [BaseSchema](#)

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
IsDirty	boolean	0..1	Gets a value indicating whether this instance is dirty, i.e. it has been changed and needs updating.
DateCreated	dateTime	0..1	The Date and Time that this record was created.
DateModified	dateTime	0..1	The Date and Time that this record was last modified.
Id	int	0..1	The primary key of this record.
UserCreated	string	0..1	The user who created this record.
UserModified	string	0..1	The user who last modified this record

Component	Type	Occurs	Description
Code	string	0..1	The code.
CodeSystemCode	string	0..1	The code system code.
CodeSystemId	int	0..1	The code system id.
HospitalCodeId	int	0..1	The hospital code id.
HospitalId	int	0..1	The hospital.

### Complex Type: HospitalDetailResponse

#### Description


Represents details of a hospital.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
 SEQUENCE		1..1	
Addresses	ArrayOfAddress	0..1	The list of addresses.
Contacts	ArrayOfContact	0..1	The list of electronic contact details.
FullName	string	0..1	The full name.
HospitalIdentifierExtension	string	0..1	The extension that represents this hospital.
HospitalIdentifierRoot	string	0..1	The root OID for local hospital facility identifiers.
HpiO	string	0..1	The HPI-O.
PatientIdentifierRoot	string	0..1	The root OID for local patient identifiers at the hospital.
ProviderIdentifierRoot	string	0..1	The root OID for local provider identifiers at the hospital.
ShortDescription	string	0..1	The short description.

### Complex Type: UserDetails

#### Description

The user is included as a parameter on all calls to eHISC in order to assert the authorisation role under which any calls to the HI Service or PCEHR System should take place.

#### Derived By

Restricting anyType

#### Content Model

Contains elements as defined in the following table.

Component	Type	Occurs	Description
SEQUENCE		1..1	
AuthorisedEmployeeUserId	string	0..1	The Authorised Employee user ID. This is used for B2B requests authorised in name of the Authorised Employee for the hospital.
Domain	string	0..1	The type of the locally-issued user ID, such as the Active Directory domain. This is part of the qualified for the HI User role.
HpiI	string	0..1	The HPI-I of the person logged in. This is the primary identifier for the Provider Individual role.
IsContractedServiceProvider	boolean	0..1	Gets or sets a flag indicating whether the caller is a contracted service provider.
Login	string	0..1	The locally-issued user ID, such as the Active Directory account. This is the primary identifier for the HI User role.
Name	string	0..1	The name of the person logged in, or the name of the Responsible Officer. This is not sent to Medicare but will be audited.
Role	<a href="#">UserRole</a>	0..1	The authorisation role for the B2B web service invocation.

### 1.13.3 Simple Types: ReferenceService

#### Simple Types

Name	Description
<a href="#">HipsResponseIndicator</a>	This enumeration indicates the success or category of failure. ***** ***** Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC. ***** *****
<a href="#">UserRole</a>	The role of the user

#### Simple Type: HipsResponseIndicator

##### Description

This enumeration indicates the success or category of failure.

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\*\*\*\* Use CAUTION when modifying the values in this enumeration as it will affect the calling systems that are integrated with eHISC.  
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##### Derived By

Restricting string



## Enumeration

Value	Description
SystemError	The application failed. Details recorded within the application database.
OK	The request executed correctly
InvalidPatient	The patient was not found with the specified search data
InvalidHospital	The hospital was not found with the specified search data
InvalidEpisode	The episode was not found with the specified search data
InvalidDocument	The document was not found with the specified search data
InvalidUser	The user was not correctly specified
HiServiceError	The HI service returned an error
PcehrServiceError	The PCEHR service returned an error
InvalidIhi	The patient's IHI could not be found or validated
ConsentWithdrawn	The document could not be uploaded because consent was withdrawn
CouldNotAddToQueue	eHISC could not add the operation (upload or remove) to the MSMQ queue. This can happen if the queue is full. The calling system should retry the operation.
InvalidAccessCode	The Access Code is invalid.
DemographicMismatchWarning	Demographics in the downloaded document did not match those in the local system. This will occur when the Date of Birth, Sex or Family Name are different.
UnresolvedIhiAlert	The IHI for this patient has an unresolved alert. This patient's PCEHR cannot be accessed until the alert has been resolved.
DatabaseError	The operation could not be completed because the local SQL Server database is unavailable. The calling system should retry the operation.
InvalidDateOfBirth	The date of birth stored for the patient does not match the date of birth that was specified in the request.
PcehrServiceWarning	The action was successful but returned one or more warnings that should be investigated as available resources permit.
PcehrServiceUnavailable	The PCEHR Service is temporarily unavailable. The action should be tried again later. In the case of an upload or remove operation, the queue transaction will be rolled back so that the MSMQ will handle retrying.
PatientUnderAge	The document was not uploaded because the patient was under the configured minimum age at the time of admission. This is a patient safety initiative.
CouldNotFindQueueItem	This queue item could not be found - it may have been removed from the list or the ID is invalid
ValidationError	There was a validation error. Check the eHISC error message and the response code, description and detail for more information.
IncorrectStatePatientId	The state patient id is incorrect
IncorrectMrn	The supplied MRN is incorrect

## Simple Type: UserRole

### Description

The role of the user

**Derived By**

Restricting string

**Enumeration**

Value	Description
ProviderIndividual	Individual Healthcare Provider identified by an HPI-I
InteractiveUser	Interactive access by clinician or patient administration clerk etc.
AuthorisedEmployee	Authorised employee responsible for non-interactive access by batch or background processes