MOBILE ASPECTS
Simplifying Workflow to Create Smarter Healthcare

InBound ORM
Interface Technical Specification

MOBILE ASPECTS 2017

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Interface Implementation HL7 Specification Document	
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Project Information	
Description	This documents list the ORM event types supported by Mobile Aspects
Author	Interface Team
Message Type	ORM
Connection Mode	Server
Port No	5222
Interface Contact	interface@mobileaspects.com

Sample Message

MSH|^~\&|HIS|MedCenter|LIS|MedCenter|20060307110114||ORM^001|MSGID20060307110114|P|2.3
PID|||12001||FirstName^LastName^MiddleName||19670824|M|||123 West St.^^Denver^CO^80020^USA|||||||1259801|999-00-888
PV1||O|OP^PAREG^||||123^AttendingLname^AttendingFname|1234^RefferingL^RefferingF|12345^ConsultL^ConsultF|OP|||||A0||
123^AdmittingLastName^AdmittingFirstName||2|||||||||||||||||||||||||20060307110111|20060507110111
OBR|1|20060307110114|14141414|003038^Urinalysis^L|||20060307110114|||||||||
033333^ProcDocLname^ProcDocFname^ProcDocMname|||||||||||||||Neoplasm - Other abdominal primary 'pancreaticca'RoeID14933571|||||201112080900|

Note:
Required elements are marked as red/ R in OPT column.
Unused elements are shaded in grey/ U in OPT column.
Optional elements are marked as green/ O in OPT column.

Event List

Event Type	Action	Description
OBR	Notification of information about an exam, diagnostic study/observation, or assessment	OBR segment transmits information about an exam, diagnostic study/observation, or assessment that is specific to an order or result.

Detailed Segment List

Shaded Items in the table are not used by the Mobile Aspects interface.

MSH- Message Header

Seq	Element Name	OPT	Type	Notes
1	Field Separator	R	ST	Value is typically: |
2	Encoding Characters	R	ST	Value is typically: ^~\&
3	Sending Application	R	HD	Format: Free text, configurable
4	Sending Application	R	HD	Format: Free text, configurable
5	Receiving Application	R	HD	Format: Free text, configurable
6	Receiving Facility	R	HD	Format: Free text, configurable
7	Date/Time of Message	R	DTM	
8	Security	O	ST	The user that triggered the interface message is sent in this field
9	Message Type	R	MSG	Format: <Message type>^<Trigger event> Example: ORM^001
10	Message Control ID	R	ST	Value returned in Acknowledgment message (MSA)
11	Processing ID	R	PT	Values: D – Debugging P – Production T – Training
12	Version ID	U	VID	HL7 version number Example: 2.3
13	Sequence Number	U	NM	Optional field used in the sequence number protocol. By default, Epic does not use sequence number protocol. Format: Numeric
14	Continuation Pointer	U	ST	

PID – Patient Identification

seq	Element Name	OPT	Type	Notes
1	Set ID – PID	U	SI	
2	Patient ID(External ID)	O	CX	Accession number/ CaseID.
3.1	Patient ID(Internal ID)	R	CX	This field should contain the patient's medical record number. This number should be the same each time the same patient is admitted/registered. Ex: ...|50483|.
4	Alternate Patient ID – PID	U	CX	
5	Patient Name	R	XPN	This field contains one or more components, the last two components (suffix and prefix) are not used by the interface and will be ignored. Ex:[LastName]^[FirstName]^[MiddleName]^[Prefix]^[Suffix]
6	Mother's Maiden Name	U	XPN	
7	Date/Time of Birth	R	DTM	This field contains the patient's date of birth.
8	Sex	R	CWE	Valid values: M, F
9	Patient Alias	U	XPN	
10	Race	O	CWE	
11	Patient Address	U	XAD	
12	County Code	U	IS	
13	Phone Number – Home	U	XTN	
14	Phone Number – Work	U	XTN	
15	Primary Language	U	CWE	
16	Marital Status	U	CWE	
17	Religion	U	CWE	
18	Patient Account Number	R	CX	This field contains the unique patient account number assigned by the hospital for each admission/registration. If the same patient is admitted/registered again, the number should be different each time.

PV1-Patient Visit

Seq	Element Name	OPT	Type	Notes
1	Set ID – PV1	U	SI	
2	Patient Class	R	CWE	Field values: E - Emergency I - Inpatient O - Outpatient P - Pre-admit
3	Assigned Patient Location	R	PL	Formatting of the subcomponents is configurable. <Unit/Department>^<Room>^<Bed>^<Facility>^<BedStatus>^^<Building>^<Floor>^
4	Admission Type	U	CWE	
5	Pre-admit Number	U	CX	

Seq	Element Name	OPT	Type	Notes
6	Prior Patient Location	U	CX	Formatting of the subcomponents is configurable. <Unit/Department>^<Room>^<Bed>^<Facility>^<BedStatus>^^<Building>^<Floor>^
7	Attending Doctor	O	XCN	Format: (preferred) <Provider ID>^<Last name>^<First name>^<Middle initial>^^^^^<Assigning authority>^^^^<Identifier type code>
8	Referring Doctor	O	XCN	Format: (preferred) <Provider ID>^<Last name>^<First name>^<Middle initial>^^^^^<Assigning authority>^^^^<Identifier type code>
9	Consulting Doctor	O	XCN	Format: (preferred) <Provider ID>^<Last name>^<First name>^<Middle initial>^^^^^<Assigning authority>^^^^<Identifier type code>
10	Hospital Service	O	CWE	
11	Temporary Location	U	PL	
12	Pre-admit Test Indicator	U	CWE	
13	Re-admission Indicator	U	CWE	
14	Admit Source	U	CWE	
15	Ambulatory Status	O	CWE	This field indicates any permanent or transient handicapped conditions.
16	VIP Indicator	U	CWE	
17	Admitting Doctor	O	XCN	Format: (preferred) <Provider ID>^<Last name>^<First name>^<Middle initial>^^^^^<Assigning authority>^^^^<Identifier type code>
18	Patient Type	U	CWE	
19	Visit Number	R	CX	This field contains the unique number assigned to each patient visit.
20	Financial Class	U	FC	
21	Charge Price Indicator	U	CWE	
22	Courtesy Code	U	CWE	
23	Credit Rating	U	CWE	
24	Contract Code	U	CWE	
25	Contract Effective Date	U	DT	
26	Contract Amount	U	NM	
27	Contract Period	U	NM	
28	Interest Code	U	CWE	
29	Transfer to Bad Debt Code	U	CWE	
30	Transfer to Bad DebtDate	U	DT	
31	Bad Debt Agency Code	U	CWE	
32	Bad Debt Transfer Amount	U	NM	
33	BadDebtRecovery	U	NM	
34	Delete Account Indicator	U	CWE	

Seq	Element Name	OPT	Type	Notes
35	Delete Account Date	U	DT	
36	Discharge Disposition	U	CWE	
37	Discharge Destination	U	DLD	
38	Diet Type	U	CWE	
39	Servicing Facility	U	CWE	
40	Bed Status	U	CWE	
41	Account Status	U	CWE	
42	Pending Location	U	PL	
43	Prior-Temporary Location	U	PL	
44	Admit Date/Time	O	DTM	This field contains the admit date/time. It is to be used if the event date/time is different than the admit date and time, i.e., a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient registration.
45	Discharge Date/Time	O	DTM	This field contains the discharge date/time. It is to be used if the event date/time is different than the admit date and time, that is, a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.
46	Current Patient Balance	U	NM	
47	Total Charges	U	NM	
48	Total Adjustments	U	NM	
49	Total Payments	U	NM	
50	Alternate Visit ID	U	CX	

OBR

Seq	Element Name	OPT	Type	Notes
1	Set ID - OBR	U	SI	Definition: For the first order transmitted, the sequence number shall be 1; for the second order, it shall be 2; and so on.
2	Placer Order Number	O	EI	It identifies an order uniquely among all orders from a particular ordering application.
3	Filler Order Number	R	EI	This is a permanent identifier for an order and its associated observations. Ex:- Log number/ CaseID
4	Universal Service ID	R	CE	This field is the identifier code for the requested observation/test/battery. Procedure ID^ Procedure description
5	Priority	U	ID	
6	6-Requested Date/time	U	TS	
7	Observation Date/Time	O	TS	This field is the clinically relevant date/time of the observation. In the case of observations taken directly from a subject, it is the actual date and time the observation was obtained.
8	Observation End Date/Time	O	TS	This field is the end date and time of a study or timed specimen collection. If an observation takes place over a substantial period of time, it will indicate when the observation period ended.

Seq	Element Name	OPT	Type	Notes
9	Collection Volume	U	CQ	
10	Collector Identifier	U	XCN	
11	Specimen Action Code	U	ID	
12	Danger Code	U	CE	
13	Relevant Clinical Info.	U	ST	
14	Specimen Received Date/Time	U	TS	
15	Specimen Source	U	CM	
16	Ordering Provider	R	XCN	This field identifies the provider who ordered the test. Either the ID code or the name, or both, may be present. Format: PhysicianID^PLname^PFname^PMname
17	Order Callback Phone Number	U	XTN	
18	Placer field 1	U	ST	
19	Placer field 2	U	ST	
20	Filler Field 1	U	ST	
21	Filler Field 2	U	ST	
22	Results Rpt/Status Chng - Date/Time	U	ST	
23	Charge to Practice	U	CM	
24	Diagnostic Serv Sect ID	U	ID	
25	Result Status	U	ID	
26	Parent Result	U	CM	
27	Quantity/Timing	U	TQ	
28	Result Copies To	U	XCN	
29	Parent	U	CM	
30	Transportation Mode	U	ID	
31	Reason for Study	O	CE	This field is the code or text using the conventions for coded fields given in the Control/Query.
32	Principal Result Interpreter	U	CM	
33	Assistant Result Interpreter on	U	CM	
34	Technician	U	CM	
35	Transcriptionist	U	CM	
36	Scheduled Date/Time	R	CM	This field is the date/time the filler scheduled an observation, when applicable This is a result of a request to schedule a particular test and provides a way to inform the Placer of the date/time a study is scheduled (result only).
37	Number of Sample Containers	U	NM	
38	Transport Logistics of Collected Sample	U	CE	
39	Collector's Comment	U	CE	
40	Transport Arrangement Responsibility	U		
41	Transport Arranged	U	ID	
42	Escort Required	U	ID	
43	Planned Patient Transport Comment	U	CE	