**Sisoft Issues:**

Need to be able print preliminary reports. Technical approved reports.

If specialist approved. Must not be able to cancel specialist approval. EXCEPT. Lab manager, lab director or lab consultant logins

Phadia 200 interface configuration

To be tested

Dynex DS2 interface configuration

2 options, One: buy LIS LINK, two: do manually. This needs to be tested. First try manually

DocUReader 2 interface configuration

Urised already interface with LIS. DocUReader needs to connect to UriSed.

QS 5 interface configuration for “Express PCR” test

Have to check on Sisoft [Express samples only]

AutoDELFIA interface configuration

Ibrahim: I need to contact Delphia support

Alinity hq interface for some parameters

Requests with services RBC and Platelet does not interface. But interface is ok if CBC is requested. Will need to check on Sisoft.

Registering multiple MRNs for the same NID / PP no.

NID / Passport is not unique on sisoft? Same NID PP registered multiple times. Need examples to check

Not able to see some of the tests in “Laboratory Result Approval” (Eg: Dengue IgM ELISA & Dengue IgG ELISA) – Tests configured to same analyser but in different disciplines

Sample collection issue in a specific scenario #8 since May 18th

Profile name appears in the report for the individual tests in the profile. Profile name should appear ONLY when profile code is requested. Profile name should appear same as parameter name – BOLD and NOT UNDERLINED

This should be done in sisoft

Worksheet appears in Turkish language and not able to filter date and time wise. Not all the tests appear in the worksheet. Need to simplify

Need to check on sisoft

Auto dispatch sms and email not working

Working intermittently. Need to check

Auto dispatch sms shows truncated patient name

Patient name masked in sms. Unmask the name

Sample received time and reported time same

Umit working this.

Referred doctors name not in the report – Vinavi integegartion for referred doctors not working.

Referral details from vinavi to be saved on sisoft #4

For patient not referred from Aasandha. Manually select doctors while registering the visits

Not able to generate a single invoice for multiple insurance policies and with co-payment options – for each payment policy, separate invoice has to be created - separate visits are created and separate reports are generated

This issue is resolved

Manual billing option for Aasandha needs to be created – when Aasandha portal is down, invoice cannot be generated in Sisoft – no barcode

Resolve on our own. Create a new institution for aasandha manual transactions

Special reference range issues with some tests, Eg Cortisol and Vit D

Some issue on cortisol and vitamin D. On Sisoft side. The reference ranges displayed on both sides of the parameter.

bHCG normal range and units to be displayed inline with the results

Reference range column missing in some reports, Eg Double Marker

Need to check and pass to Sisoft if required.

To include disclaimer in the report

Resolve, need the disclaimer from mediflex.

disciplines need to be on separate on different pages, each disciplines ends with doctors names and signatures.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **clause** | **GAP/AREA OF WORK** | **Work to be done/recommendation** | **responsibility** | **Target Date** |
| **4.4** | Patient history information  Need a way to keep drug history, meal history etc … | Drug history  Meal history  Diagnosis and clinical condition history  Other clinical history  To be incorporated in LIS, phlebotomist will register all details, Resort and others who are collecting sample, they will also incorporate this information in the portal and sample receiving portal also include this  Keep the provision for uploading patient prescription in the LIS | IT/ LIS in charge  **and Quality Manager** | **15-05-2022** |
| **4.4** | Test request review system  Already implemented. Diagnosis included for all requests. | Purpose of test should be included in the registration. (like diagnosis/ research/ study) A list of test which have different method or different purpose or different output required like ELISA quantification, qualitative etc should be incorporated in the system or manual list should be available with reception | IT/LIS and Laboratory Technical in charge  **and Quality Manager** | **15-05-2022** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.4** | Test method  Need a list of test methods | During registration method should be shown, if any different method request received that can be informed to patient or suitability can reviewed | **IT/LIS in charge**  **and Quality Manager** | **15-05-2022** |
| **4.4** | Box Temperature record during Sample receiving from Resort and others source  Discuss with Sisoft. | Information should be captured in the LIS | **IT/LIS in charge** | **15-05-2022** |
| **4.4** | Test outsource  Discuss with Sisoft | Outsource information including outsource lab name should be available in LIS, manual or electronic consent to be obtained from patient | **IT/LIS in charge and Quality Manager** | **15-05-2022** |
| **5.7** | Delta Check in software  Check from Sisoft. | To be incorporated in LIS, Delta results will be shown while releasing report | IT/LIS in charge | **30-05-2022** |
| **5.8** | Patient/clinician report Communication record  Inform to patient via call and send an sms from Sisoft. | Critical alert communication/ emergency results communication report delay communication record to be maintained in a Register. | Technical In charge | **10-05-2022** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.8** | Report format as per ISO 15189 | This is to be incorporated in the report  1)Unambiguous identification of test report OK  Blood glucose of fasting  2) Identification of all examinations that have been performed by a referral laboratory PENDING  3) Patient identification and patient location on each page  OK  Name or other unique identifier of the requester and the requester’s contact details  [ requesting doctors name]  4) Date of primary sample collection (and time, when available and  OK  5) Type of primary sample  OK  6)Test method or Measurement procedure, where appropriate; eg. Protein C chemiluminescence, Elisa, or coagulation based assay  Pending  7)Examination results reported in SI units, units traceable to SI units, or other applicable units  OK  8) Biological reference intervals, clinical decision values. Do not write reference range  Rename the label, “Reference Range” to “Reference Interval”  9) Interpretation of results, where appropriate  Available on reports. Have to check and add.  [Diagnostic Test Explanation] bug fix required.  10) Other comments such as cautionary or explanatory notes (e.g. quality or adequacy of the primary sample which may have compromised the result, results/interpretations from referral laboratories, use of developmental procedure);  [Diagnostic Test Explanation] bug fix required.  Example : If the laboratory processes an under-filled coagulation sample collected with difficulty from an infant, the report should contain a cautionary note.  11)Identification of the person(s) reviewing the results and authorizing the release of the report  OK  12)Date of the report, and **time of release** (if not contained in the report, readily available when needed);  13) Page number to total number of pages (e.g. “Page 1 of 5”, “Page 2 of 5”, etc.).  OK. Check if page numbers are in the required format. | **LIS / IT Incharge** | **15-05-2022** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.9** | Critical Alert results | (if not contained in the report, readily To be identified and to be displayed/ or should be available in work bench area, for immediate patient and clinician communication.  When examination results fall within established **“alert”** or **“critical” intervals**.  Na+ has got critical alert value. <120 mmol/L and >160 mmol/L if results falling under the criteria should be reported as critical.  OK  IAQM will send the list of critical alert value | Technical in charge and IAQM | **15-05-2022** |
| **5.10** | LIS Back u/p | Patient information and report back up required  OK. Ibrahim to confirm with Adly. | Technical in charge | **15-05-2022** |

**FINANCE**

Sisoft Issues

1. Figures not matching with cashier management report and income-based detail report

Sisoft. Paid amount not appearing for some transactions on Cash Collection Detail report. (Old cashier report).

This issue should be resolved when the new report is in prod. In testing now.

1. Remarks not seen in detail report (Any report)

Sisoft. Add discount remarks to Detail report and income form based on institution.

Can be seen on paydesk procedures screen for now.

1. MNDF Insurance need to add to Sisoft

Mediflex. 100% discount. Add credit third party payer.

1. Two visits are creating by staffs, one need to be cancelled if created. Through software there must not be any possible chance to create two visits at the same time or it must be notified to the staffs.

Sisoft. Fix the array out of bounds error on Vinavi referral acceptance.

Cancel the duplicated visit.

1. Invoicing and billing (need a way to send both invoice details and summary of the invoice to a mail)

Clarify from Sisoft and proceed. Send invoices through the Sisoft system by email to contracted institutions for claims.

Need patient details on invoice.

1. USD for clinics need to be cancelled.

Mediflex. Deactivate the third-party institutions.

1. Cashier management daily report should show total sales (collection and credit).

Sisoft. Working on it by Sisoft. Will be resolved with point 1.

1. “[difference]” in service names. Income based form.

Check with Sisoft. Added to core lab tests.

1. “[difference]” named services are included in core lab sales in income-based form.

Check with Sisoft. Added to core lab tests.

1. Add pay mode to income-based form detail report.

E.g.: Bank transfer, Cash … etc.

1. A better way to add SRL

Discuss with Sisoft.

1. Need to add a pivot to show different amount for different institutions for same service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction Id | Service | PatientId | Payer | Amount |
| 1 | Hb/PCV | 10123 | Aasandha | 100 |
| 1 | Hb/PCV | 10123 | Amanaa Takaful | 25 |
| 1 | Hb/PCV | 10123 | Cash | 25 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service | PatientId | Total | Aasandha | Amaana Takaful | Allide | Cash |
| Hb/PCV | 10123 | 100 | 50 | 25 | 0 | 25 |