**Baby Steps Pediatrix MDM Requirements**

**Version 1.1**

**Prepared By: Tiffany Bohall**

**Date: 11/13/2017**

[Document Control 3](#_Toc498334095)

[Resources 3](#_Toc498334096)

[Project Distribution List –N/A 3](#_Toc498334097)

[Document Version Control 3](#_Toc498334098)

[1. Introduction 4](#_Toc498334099)

[1.1 Purpose 4](#_Toc498334100)

[1.2 Project Scope 4](#_Toc498334101)

[1.3 Terminology Standards 4](#_Toc498334102)

[1.3.1 Acronyms 4](#_Toc498334103)

[1.3.2 Glossary 4](#_Toc498334104)

[1.4 Document References 4](#_Toc498334105)

[*2.* Diagram –N/A 5](#_Toc498334106)

[3. Requirements 6](#_Toc498334107)

[3.1 Functional Requirements 6](#_Toc498334108)

[3.2 Non-Functional Requirements 6](#_Toc498334109)

[3.3 Messaging Protocols 7](#_Toc498334110)

[3.3.1 Inbound to BayCare’s Cloverleaf 7](#_Toc498334111)

[3.3.2 Outbound from BayCare’s Cloverleaf –N/A 7](#_Toc498334112)

[3.3.3 Inbound to the Vendor –N/A 7](#_Toc498334113)

[3.3.4 Outbound to the Vendor –N/A 7](#_Toc498334114)

[3.3.5 Inbound to the BayCare Cerner –N/A 7](#_Toc498334115)

[3.3.6 Outbound to BayCare’s Cerner 7](#_Toc498334116)

[4. HL7 Messaging 8](#_Toc498334117)

[4.1 Messaging Format 8](#_Toc498334118)

[4.1.1 Segments 8](#_Toc498334119)

[4.1*.*2 Messaging Event Types 8](#_Toc498334120)

[4.1*.*3 Cloverleaf Configuration Files 9](#_Toc498334121)

[4.1.4 Cloverleaf Site Location 9](#_Toc498334122)

[4.2 Data Transformation Requirements 9](#_Toc498334123)

[4.3 Sample Message 13](#_Toc498334124)

[5. Testing 19](#_Toc498334125)

[5.1. Unit Testing Scenarios 19](#_Toc498334126)

[5.2 Integrated Testing Scenarios 20](#_Toc498334127)

[5.3 Testing Approvals 20](#_Toc498334128)

[5.4 Piloting 20](#_Toc498334129)

[5.5 Approvals 20](#_Toc498334130)

[6. Deployment / Implementation Model 21](#_Toc498334131)

[Appendix A: Risks and Concerns 21](#_Toc498334132)

[Appendix B: Issues List 21](#_Toc498334133)

# **Document Control**

## Resources

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## Project Distribution List –N/A

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 11/6/2015 | Tiffany Bohall | Originally Created |
| V1.1 | 11/13/2017 | Lois Whitley | Updated Cloverleaf site |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to outline the MDM interface requirements for the Baby Steps Pediatrix application.

## 1.2 Project Scope

Integration for this application includes an ADT interface from Soarian and then a Physician’s Notes interface (MDM) from the application over to BayCare’s Cerner EMR.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

Define the acronyms and their associated definitions used in this document. The acronyms should be listed in alphabetical order.

### 1.3.2 Glossary

List the terms that require definition with respect to Cloverleaf and the product whose requirements are defined in this document. The definitions are specific to this document and may not be identical to the definitions of these terms in common use.

## 1.4 Document References

List all documents or Web addresses to which this IDBB refers; provide enough information so that the reader can access a copy of each reference. Include the title, author, version number, date, and source or location.

# *2.* Diagram –N/A

Provide a solution diagram that depicts the integration of components specified in this IDBB. This diagram must include the data flow for the interfaces (source and target).



# 3. Requirements

## 3.1 Functional Requirements

Provide detail for the below functional requirements. The message transformation requirements for the components defined in this specification should be specified in section 4.2 of this document.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.2015.11.6 | Pedia\_procedure\_id.tbl | Used with in the translation file on TXA.2.0:  **Inbound Outbound**  Daily BSDAILY  Admit BSADM  Discharge BSDISCH  ReAdmit BSADM |
|  |  |  |

## 3.2 Non-Functional Requirements

Provide concise detail for the below non-functional requirements. The below requirements must be evaluated for every project.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| NFR.2015.11.6 | Pedia\_fix\_chars\_in\_rtf.tcl | TCL proc that removes the "&", "~", "@" and "^" in the Baby Steps  Notes document that is being sent to Cerner. |

## 3.3 Messaging Protocols

Below are listed the details for the messaging protocols that will be leveraged for this integration. Please see the reference document located on the Integration SharePoint server: <insert link to document here>

### 3.3.1 Inbound to BayCare’s Cloverleaf

**Test**

Port Number: 9162

IP Address: Cannot access

**Prod**

Port Number: 10057

IP Address: Cannot access

### 3.3.2 Outbound from BayCare’s Cloverleaf –N/A

* Click here to enter text.

### 3.3.3 Inbound to the Vendor –N/A

* Click here to enter text.

### 3.3.4 Outbound to the Vendor –N/A

* Click here to enter text.

### 3.3.5 Inbound to the BayCare Cerner –N/A

* Click here to enter text.

### 3.3.6 Outbound to BayCare’s Cerner

**Test –C30**

Port Number: 9120

IP Address: BAYCFLAPP5

**Test –M30**

Port Number: 10003

IP Address: 159.140.43.200

**Test –B30**

Port Number: 10008

IP Address: BAYCFLAPP6

**Prod**

Port Number: 9125

IP Address: 159.140.43.191

# 4. HL7 Messaging

## 4.1 Messaging Format

MDM\_T02

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

[PV1]

TXA

[{ ZDS }]

[{ OBX }]

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*EVN – Event segment*

*PID – Patient ID segment*

*PV1 – Patient Visit segment*

*ORC – Common Order segment*

*IN1 – Insurance segment*

*[{ – Start of optional, repeatable group*

*}] – End of optional, repeatable group*

### 4.1*.*2 Messaging Event Types

Below are the messages types necessary for this integration

|  |  |
| --- | --- |
| **Event Type** | **Description** |
| MDM\_T02 | Documentation Message –Original document notification and content |

### 4.1*.*3 Cloverleaf Configuration Files

For each HL7 interface specified in Section 2 of this document, identify the Cloverleaf Configuration Files: Variants, TCL Scripts, Xlates, etc.

Variant: HL7 2.3

Xlate: pedia\_cerner\_mdm\_soar.xlt

### 4.1.4 Cloverleaf Site Location

Cloverleaf site location: cerner\_results

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| MSH Segment | MSH | Y | Varies | Varies | Pathcopy the entire segment |
| Sending Application | MSH.3 | Y | HD | 180 | Hard coding “BABYSTEPS” |
| Sending Facility | MSH.4 | Y | HD | 180 | Populating the facility to an @fac\_code variable |
| Receiving Application | MSH.5 | Y | HD | 180 | Hard coding “HNAM” |
| Receiving Facility | MSH.6 | N | HD | 180 | Hard coding “BAYCARE” |
| Date/time of Message | MSH.7 | Y | TS | 26 | Trim the seconds and copy the value outbound |
| Set ID | PID.1 | Y | SI | 4 | Copy |
| Patient ID Internal | PID.3.0 | Y | CX | 25 | Copy |
| Patient ID, ID type code | PID.3.4 | Y | CX | 25 | Hard coding “BCMRN” |
| Patient Name: last, first, middle | PID.5.0  PID.5.1  PID.5.2 | Y | XPN | 48 | Copy |
| Date/Time of Birth | PID.7 | Y | TS | 26 | Trim the seconds and copy the value outbound |
| Sex | PID.8 | Y | IS | 1 | Copy |
| Patient Account Number | PID.18 | Y | CX | 30 | Copy |
| Patient Account Number, ID type code | PID.18.4 | Y | CX | 30 | Hard coding “BCFN” |
| Set ID | PV1.1 | Y | SI | 4 | Hard coding “1” |
| Patient Class | PV1.2 | N | SI | 4 | Copy |
| Attending Doctor: ID, last name, first name | PV1.7.0  PV1.7.1  PV1.7.2 | Y | XCN | 60 | Copy |
| Attending Doctor: assigning authority | PV1.7.8 | Y | XCN | 60 | Hard coding “Username” |
| Servicing Facility | PV1.39 | Y | IS | 5 | Copying the @fac\_code variable |
| Admit date/time | PV1.44 | Y | TS | 26 | Trim the seconds and copy the value outbound |
| Discharge date/time | PV1.45 | Y | TS | 26 | Trim the seconds and copy the value outbound |
| Set ID | TXA.1 | Y | SI | 4 | Hard coding “1” |
| Document Type text | TXA.2.0 | Y | IS | 30 | Copy from OBX.3.1 output of table values from the pedia\_procedure\_id.tbl |
| Document Type text | TXA.2.1 | Y | IS | 30 | Copy from OBX.3.1 |
| Document Content Presentation | TXA.3 | Y | ID | 2 | Hard coding “TX” |
| Activity Date/time | TXA.4 | Y | TS | 26 | Copy from TXA.6, trim the seconds and copy the value outbound |
| Origination Date/time | TXA.6 | Y | TS | 26 | Copy from TXA.6, trim the seconds and copy the value outbound |
| Transcription Date/time | TXA.7 | Y | TS | 26 | Copy from TXA.7, trim the seconds and copy the value outbound |
| Originator Code/Name: ID, last name, first name, assigning authority | TXA.9.0  TXA.9.1  TXA.9.2  TXA.9.8 | Y | XCN | 60 | If PV1.52 is not equal to null, copy PV1.52.0 to TXA.9.0, PV1.52.1 to TXA.9.1, PV1.52.2 to TXA.9.2 and hard code “Username” into TXA.9.8.  Else, copy PV1.7.0 to TXA.9.0, PV1.7.1 to TXA.9.1, PV1.7.2 to TXA.9.2 and hard code “Username” into TXA.9.8. |
| Assigned Document Authenticator: ID, last name, first name, assigning authority | TXA.10.0  TXA.10.1  TXA.10.2  TXA.10.8 | Y | XCN | 60 | Copy PV1.7.0 to TXA.10.0, PV1.7.1 to TXA.10.1, PV1.7.2 to TXA.10.2 and hard code “Username” into TXA.9.8. |
| Unique Document Number | TXA.12 | Y | EI | 30 | Concatenate MSH.4 and MSH.10 and populate the value outbound |
| Placer order number, entity ID | TXA.14.0 | Y | EI | 25 | Copy |
| Placer order number, namespace ID | TXA.14.1 | Y | EI | 25 | Copy |
| Document Completion Status | TXA.17 | Y | ID | 2 | Hard coding “P” |
| Set ID | OBX.1 | Y | SI | 10 | Hard coding “1” |
| Value Type | OBX.2 | Y | ID | 2 | Hard coding “ED” |
| Observation identifier text | OBX.3.0 |  | CE | 590 | Copy from OBX.3.1 output of table values from the pedia\_procedure\_id.tbl |
| Observation identifier text | OBX.3.1 |  | CE | 590 | Copy from OBX.3.1 |
| Observation Value text | OBX.5.2 | Y | ST | -1 | Hard coding “RTF” |
| Observation Value text | OBX.5.4 |  | ST | -1 | Copy from OBX.5 |
| Observ Result Status | OBX.11 | Y | ID | 2 | Hard coding “P” |
| Date/Time of the Observation | OBX.14 |  | TS | 26 | Copy from TXA.6, trim the seconds and copy the value outbound |
| Action Code  Clinical Staff ID  Clinical Staff text  Action Date/Time  Action Status | ZDS.1  ZDS.2.0  ZDS.2.8  ZDS.3  ZDS.4 | Y | ID  CN  CN  TS  ID | 2  60  60  26  1 | If PV1.52.0 is not equal to null, hard code “V” into ZDS.1, copy PV1.52.0 into ZDS.2.0, hard code “Username” into ZDS.2.8, copy TXA.6 to ZDS.3 (after trimming seconds) and hard code “E” into ZDS.4. |

## 4.3 Sample Message

**INBOUND**

MSH|^~\&|BABYSTEPS|MCS||HOSPITALID|20151105102446||MDM^T02|2015110500013574|P|2.2|

EVN|

PID|1||2105572851||Lastname^Firstname Boy of Mom||20151104000000|U||||||||||1111111111|

PV1|1|Pediatrix||Following Delivery|||YC1^Stumpf^Katherine|||||||||||||||||||||||||||||||||||||20151104000000|20151105000000|

TXA||NT||||20151105100632|20151105100632|20151105100632|||||2105572851|||2105572851\_20151105102423|

OBX|1||46208-5^Daily||{\rtf1\ansi\ansicpg1252\deff0\deflang1033\paperw12240\paperh15840{\fonttbl {\f0\fswiss\fcharset0 Arial;}{\f1\froman\fcharset0 Times New Roman;}}\margl0\margr0\margt0\margb0\pard\ulnone\f0\fs24\sb379\tx749\f0\fs36\b Mease Countryside Healthcare\par

\pard\sb237\tqc\tx5580\f0\fs24\ul \ulnone \ul Daily Note\par

\pard\sb150\tx857\tx1588\tqr\tx8865\f0\fs20\ulnone Name: \f0\fs20\b0 Chrisptopher, Teyden Boy of Jozanne \f0\fs20\b Medical Record Number:\f0\fs20\b0 2105572851\par

\pard\sb11\tx857\tx3107\tx5908\tqr\tx9437\tx9598\f0\fs20\b Note Date:\f0\fs20\b0 11/5/2015 \f0\fs20\b \f0\fs20\b0 \f0\fs20\b Date/Time: \f0\fs20\b0 11/05/2015 10:06:00\par

\pard\sb104\tx868 no overnight issues\par

\pard\sb209\tx857\tx2117\tqr\tx4387\tx4817\tx6977\tx9137\tqc\tx10988\f0\fs20\b DOL:\f0\fs20\b0 1 \f0\fs20\b Pos-Mens Age: \f0\fs20\b0 38wk 5d \f0\fs20\b Birth Gest:\f0\fs20\b0 38wk 4d \f0\fs20\b DOB\f0\fs20\b0 11/4/2015 \f0\fs20\b Birth Weight: \f0\fs20\b0 2760 (gms)\par

\pard\sb191\tx857\f0\fs20\b\ul \ulnone \ul Daily Physical Exam\par

\pard\sb101\tx857\tx4817\tx6977\tx8248\f0\fs20\ulnone Today's Weight:\f0\fs20\b0 2740 (gms) \f0\fs20\b Chg 24 hrs:\f0\fs20\b0 -20 \f0\fs20\b Chg 7 days: \f0\fs20\b0 --\par

\pard\sb322\tx868\tx2323\tx3748\tx5368\tx6898\tx8518\tx10138\f0\fs20\b Temperature Heart Rate Resp Rate BP - Sys BP - Dias BP - Mean O2 Sats\par

\pard\tx868\tx2323\tx3748\tx5368\tx6898\tx8518\tx10138\f0\fs20\b0 98.4 158 53 80 51 61 100\par

\pard\sb44\tx912 Intensive cardiac and respiratory monitoring, continuous and/or frequent vital sign monitoring.\par

\pard\sb101\tx947\tx2203\f0\fs20\b Bed Type: \f0\fs20\b0 Open Crib\par

\pard\sb40\tx947\tx2203\f0\fs20\b Head/Neck: \f0\fs20\b0 Anterior fontanelle is soft and flat. No oral lesions. + caput\par

\pard\sb26\tx973\tx2203\f0\fs20\b Chest: \f0\fs20\b0 The chest is normal externally and expands symmetrically. Breath sounds are equal bilaterally, and\par

\pard\tx2203 there are no significant adventitial breath sounds detected.\par

\pard\tx973\tx2192\f0\fs20\b Heart: \f0\fs20\b0 The first and second heart sounds are normal. The second sound is split. No S3, S4, or murmur is\par

\pard\tx2192 detected. The pulses are strong and equal, and the brachial and femoral pulses can be felt\par

\pard\tx2192 simultaneously.\par

\pard\tx973\tx2192\f0\fs20\b Abdomen: \f0\fs20\b0 Soft and flat. No hepatosplenomegaly. Normal bowel sounds.\par

\pard\sb52\tx973\tx2192\f0\fs20\b Genitalia: \f0\fs20\b0 Normal external genitalia are present.\par

\pard\sb87\tx973\tx2192\f0\fs20\b Extremities \f0\fs20\b0 No deformities noted. Normal range of motion for all extremities. Hips show no evidence of instability.\par

\pard\sb57\tx973\tx2192\f0\fs20\b Neurologic: \f0\fs20\b0 Normal tone and activity.\par

\pard\sb29\tx973\tx2192\f0\fs20\b Skin: \f0\fs20\b0 The skin is pink and well perfused. No rashes, vesicles, or other lesions are noted.\par

\pard\sb89\tx839\f0\fs20\b\ul \ulnone \ul Medications\par

\pard\tx947\tx3737\tx4860\tx6828\tx8010\tx8687\f0\fs20\ulnone Active Start Date Start Time Stop Date Dur(d) Comment\par

\pard\sb21\tx987\tx3748\tqc\tx8229\f0\fs20\b0 Ampicillin 11/4/2015 2\par

\pard\tx987\tx3748\tqc\tx8229 Gentamicin 11/4/2015 2\par

\pard\sb149\tx839\f0\fs20\b\ul \ulnone \ul Respiratory Support\par

\pard\tx929\tx3719\tx4860\tx5940\f0\fs20\ulnone Respiratory Support Start Date Stop Date Dur(d) Comment\par

\pard\sb97\tx1030\tx3730\tx5890\f0\fs20\b0 Room Air 11/4/2015 2\par

\pard\sb88\tx749\f0\fs20\b\ul \ulnone \ul Cultures\par

\pard\sb47\tx911\ulnone \ul Active\par

\pard\tx947\tx2610\tx3780\tx4860\f0\fs20\ulnone Type Date Results Organism\par

\pard\sb50\tx958\tx2614\tx3766\f0\fs20\b0 Blood 11/4/2015 Pending\par

\pard\sb17\tx929\tx2020\f0\fs20\b Comment: \f0\fs20\b0 no growth so far, 11/5 AM\par

\pard\sb111\tx749\f0\fs20\b\ul \ulnone \ul Intake/Output\par

\pard\sb461\tx749\tqc\tx5670\tqc\tx6347\tqc\tx8325\ulnone \ul Planned Intake\ulnone \ul\f0\fs20\b0\ulnone Prot Prot feeds/\par

\pard\tx780\tqc\tx4319\tqc\tx4950\tqc\tx5670\tqc\tx6347\tqc\tx7020\tqc\tx7667\tqc\tx8325\tqc\tx8910\tqc\tx9675\tx10260 Fluid Type Cal/oz Dex % g/kg g/100mL Amt mL/feed day mL/hr mL/kg/day Comment\par

\pard\sb2\tx760\tx10039 Breast Milk-Term ad lib on\par

\pard\tx10039 demand\par

\pard\sb94\tx760\tqc\tx4365\tx10039 Similac Advance w/Fe 19 ad lib Q 3\par

\pard\tx10039 hours\par

\par

\pard\sb0\b\tx749\f0\fs20\ul \ulnone \ul Output\par

\pard\sb461\tx764\f0\fs20\b0\ulnone Number of Voids:6\par

\pard\sb431\tx749\f0\fs20\ul \ulnone \ul Total Output:\par

\pard\sb400\tx764\tx1524\f0\fs20\ulnone Stools: 6\par

\pard\sb131\tx760\f0\fs20\b\ul \ulnone \ul GI/Nutrition\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Feeding Status 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term infant admitted for chorio, EBM/Sim advance ad lib on demand\par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 Adequate urine output, breastfeeding plus Sim Adv supplement. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Follow ins and outs, follow weight.\par

\pard\sb118\tx760\f0\fs20\b\ul \ulnone \ul Infectious Disease\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 R/O Sepsis-newborn-suspected 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term male infant admitted for maternal chorioamnionitis and fever. Started on Amp/Gent. CBC and blood culture sent. \par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 CBC benign. Culture no growth so far. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Continue antibiotics, follow blood culture results. \par

\pard\sb119\tx760\f0\fs20\b\ul \ulnone \ul Hematology\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Direct Coombs Positive 11/4/2015\par

\pard\sb65\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Maternal blood type: A neg, Infant blood type AB pos, Coombs Pos\par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 TcB intermediate risk. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Continue to check TcB Q 6 hours, send serum bili for elevated TcB.\par

\pard\sb119\tx760\f0\fs20\b\ul \ulnone \ul Term Infant\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Term Infant 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term male infant admitted for maternal chorioamnionitis. Maternal blood type A negative, infant blood type AB pos. \par

\pard\tx850 Direct Coombs positive. \par

\par

\pard\sb0\b\tx850\f0\fs20 Plan\par

\pard\tx850\f0\fs20\b0 Routine term discharge planning: CCHD screen, hearing screen, and PKU. \par

\pard\sb222\tx749\f0\fs20\b\ul \ulnone \ul Health Maintenance\par

\pard\sb116\tx844\f0\fs20\ulnone Maternal Labs\par

\pard\sb27\tx929\tx3870\tqr\tx6119\tqr\tx8053\tx8109\tqr\tx9824\tx9894 RPR/Serology:\f0\fs20\b0 Non-Reactive \f0\fs20\b HIV:\f0\fs20\b0 Negative \f0\fs20\b Rubella:\f0\fs20\b0 Immune \f0\fs20\b GBS: \f0\fs20\b0 Negative \f0\fs20\b HBsAg: \f0\fs20\b0 Negative\par

\pard\sb26\tx844\f0\fs20\b Newborn Screening\par

\pard\sb11\tx929\tx2819\f0\fs20\b0 Date Comment\par

\pard\sb11\tx940\tx2020 11/4/2015 Ordered\par

\pard\tx844\f0\fs20\b Hearing Screen\par

\pard\sb39\tx929\tx2819\tx4410\tx5310 Date Type Results Comment\par

\pard\sb11\tx2020\f0\fs20\b0 Ordered\par

\pard\tx844\f0\fs20\b Immunization\par

\pard\sb40\tx929\tx3074\tx5220\f0\fs20\b0 Date Type Comment\par

\pard\sb11\tx2035\tx3150 Ordered Hepatitis B\par

\pard\sb360\tx749\f0\fs20\b\ul \ulnone \ul Parental Contact\par

\pard\sb11\tx940\f0\fs20\b0\ulnone 11/5: Parents updated on plan of care, continue antibiotics today and likely discharge tomorrow. Encouraged\par

\pard\tx940 breastfeeding.\par

\pard\tx929 \par

\pard\sb772\tx760 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\par

\pard\tx760 Katherine Stumpf, MD\par

}

||||||F|

**OUTBOUND:**

MSH|^~\&|BABYSTEPS|MCS|HNAM|BAYCARE|20151105102446||MDM^T02|2015110500013574|P|2.2

PID|1||2105572851^^^^BCMRN||Lastname^Firstname of Mom||20151104000000|U||||||||||1111111111^^^^BCFN

PV1|1|P|||||YC1^Stumpf^Katherine^^^^^^Username||||||||||||||||||||||||||||||||MCS|||||20151104000000|20151105000000

TXA|1|BSDAILY^Daily|TX|20151105100632||20151105100632|20151105100632||YC1^Stumpf^Katherine^^^^^^Username|YC1^Stumpf^Katherine^^^^^^Username||MCS2015110500013574|||||P

OBX|1|ED|BSDAILY^Daily||^^RTF^^{\rtf1\ansi\ansicpg1252\deff0\deflang1033\paperw12240\paperh15840{\fonttbl {\f0\fswiss\fcharset0 Arial;}{\f1\froman\fcharset0 Times New Roman;}}\margl0\margr0\margt0\margb0\pard\ulnone\f0\fs24\sb379\tx749\f0\fs36\b Mease Countryside Healthcare\par

\pard\sb237\tqc\tx5580\f0\fs24\ul \ulnone \ul Daily Note\par

\pard\sb150\tx857\tx1588\tqr\tx8865\f0\fs20\ulnone Name: \f0\fs20\b0 Chrisptopher, Teyden Boy of Jozanne \f0\fs20\b Medical Record Number:\f0\fs20\b0 2105572851\par

\pard\sb11\tx857\tx3107\tx5908\tqr\tx9437\tx9598\f0\fs20\b Note Date:\f0\fs20\b0 11/5/2015 \f0\fs20\b \f0\fs20\b0 \f0\fs20\b Date/Time: \f0\fs20\b0 11/05/2015 10:06:00\par

\pard\sb104\tx868 no overnight issues\par

\pard\sb209\tx857\tx2117\tqr\tx4387\tx4817\tx6977\tx9137\tqc\tx10988\f0\fs20\b DOL:\f0\fs20\b0 1 \f0\fs20\b Pos-Mens Age: \f0\fs20\b0 38wk 5d \f0\fs20\b Birth Gest:\f0\fs20\b0 38wk 4d \f0\fs20\b DOB\f0\fs20\b0 11/4/2015 \f0\fs20\b Birth Weight: \f0\fs20\b0 2760 (gms)\par

\pard\sb191\tx857\f0\fs20\b\ul \ulnone \ul Daily Physical Exam\par

\pard\sb101\tx857\tx4817\tx6977\tx8248\f0\fs20\ulnone Today's Weight:\f0\fs20\b0 2740 (gms) \f0\fs20\b Chg 24 hrs:\f0\fs20\b0 -20 \f0\fs20\b Chg 7 days: \f0\fs20\b0 --\par

\pard\sb322\tx868\tx2323\tx3748\tx5368\tx6898\tx8518\tx10138\f0\fs20\b Temperature Heart Rate Resp Rate BP - Sys BP - Dias BP - Mean O2 Sats\par

\pard\tx868\tx2323\tx3748\tx5368\tx6898\tx8518\tx10138\f0\fs20\b0 98.4 158 53 80 51 61 100\par

\pard\sb44\tx912 Intensive cardiac and respiratory monitoring, continuous and/or frequent vital sign monitoring.\par

\pard\sb101\tx947\tx2203\f0\fs20\b Bed Type: \f0\fs20\b0 Open Crib\par

\pard\sb40\tx947\tx2203\f0\fs20\b Head/Neck: \f0\fs20\b0 Anterior fontanelle is soft and flat. No oral lesions. + caput\par

\pard\sb26\tx973\tx2203\f0\fs20\b Chest: \f0\fs20\b0 The chest is normal externally and expands symmetrically. Breath sounds are equal bilaterally, and\par

\pard\tx2203 there are no significant adventitial breath sounds detected.\par

\pard\tx973\tx2192\f0\fs20\b Heart: \f0\fs20\b0 The first and second heart sounds are normal. The second sound is split. No S3, S4, or murmur is\par

\pard\tx2192 detected. The pulses are strong and equal, and the brachial and femoral pulses can be felt\par

\pard\tx2192 simultaneously.\par

\pard\tx973\tx2192\f0\fs20\b Abdomen: \f0\fs20\b0 Soft and flat. No hepatosplenomegaly. Normal bowel sounds.\par

\pard\sb52\tx973\tx2192\f0\fs20\b Genitalia: \f0\fs20\b0 Normal external genitalia are present.\par

\pard\sb87\tx973\tx2192\f0\fs20\b Extremities \f0\fs20\b0 No deformities noted. Normal range of motion for all extremities. Hips show no evidence of instability.\par

\pard\sb57\tx973\tx2192\f0\fs20\b Neurologic: \f0\fs20\b0 Normal tone and activity.\par

\pard\sb29\tx973\tx2192\f0\fs20\b Skin: \f0\fs20\b0 The skin is pink and well perfused. No rashes, vesicles, or other lesions are noted.\par

\pard\sb89\tx839\f0\fs20\b\ul \ulnone \ul Medications\par

\pard\tx947\tx3737\tx4860\tx6828\tx8010\tx8687\f0\fs20\ulnone Active Start Date Start Time Stop Date Dur(d) Comment\par

\pard\sb21\tx987\tx3748\tqc\tx8229\f0\fs20\b0 Ampicillin 11/4/2015 2\par

\pard\tx987\tx3748\tqc\tx8229 Gentamicin 11/4/2015 2\par

\pard\sb149\tx839\f0\fs20\b\ul \ulnone \ul Respiratory Support\par

\pard\tx929\tx3719\tx4860\tx5940\f0\fs20\ulnone Respiratory Support Start Date Stop Date Dur(d) Comment\par

\pard\sb97\tx1030\tx3730\tx5890\f0\fs20\b0 Room Air 11/4/2015 2\par

\pard\sb88\tx749\f0\fs20\b\ul \ulnone \ul Cultures\par

\pard\sb47\tx911\ulnone \ul Active\par

\pard\tx947\tx2610\tx3780\tx4860\f0\fs20\ulnone Type Date Results Organism\par

\pard\sb50\tx958\tx2614\tx3766\f0\fs20\b0 Blood 11/4/2015 Pending\par

\pard\sb17\tx929\tx2020\f0\fs20\b Comment: \f0\fs20\b0 no growth so far, 11/5 AM\par

\pard\sb111\tx749\f0\fs20\b\ul \ulnone \ul Intake/Output\par

\pard\sb461\tx749\tqc\tx5670\tqc\tx6347\tqc\tx8325\ulnone \ul Planned Intake\ulnone \ul\f0\fs20\b0\ulnone Prot Prot feeds/\par

\pard\tx780\tqc\tx4319\tqc\tx4950\tqc\tx5670\tqc\tx6347\tqc\tx7020\tqc\tx7667\tqc\tx8325\tqc\tx8910\tqc\tx9675\tx10260 Fluid Type Cal/oz Dex % g/kg g/100mL Amt mL/feed day mL/hr mL/kg/day Comment\par

\pard\sb2\tx760\tx10039 Breast Milk-Term ad lib on\par

\pard\tx10039 demand\par

\pard\sb94\tx760\tqc\tx4365\tx10039 Similac Advance w/Fe 19 ad lib Q 3\par

\pard\tx10039 hours\par

\par

\pard\sb0\b\tx749\f0\fs20\ul \ulnone \ul Output\par

\pard\sb461\tx764\f0\fs20\b0\ulnone Number of Voids:6\par

\pard\sb431\tx749\f0\fs20\ul \ulnone \ul Total Output:\par

\pard\sb400\tx764\tx1524\f0\fs20\ulnone Stools: 6\par

\pard\sb131\tx760\f0\fs20\b\ul \ulnone \ul GI/Nutrition\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Feeding Status 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term infant admitted for chorio, EBM/Sim advance ad lib on demand\par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 Adequate urine output, breastfeeding plus Sim Adv supplement. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Follow ins and outs, follow weight.\par

\pard\sb118\tx760\f0\fs20\b\ul \ulnone \ul Infectious Disease\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 R/O Sepsis-newborn-suspected 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term male infant admitted for maternal chorioamnionitis and fever. Started on Amp/Gent. CBC and blood culture sent. \par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 CBC benign. Culture no growth so far. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Continue antibiotics, follow blood culture results. \par

\pard\sb119\tx760\f0\fs20\b\ul \ulnone \ul Hematology\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Direct Coombs Positive 11/4/2015\par

\pard\sb65\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Maternal blood type: A neg, Infant blood type AB pos, Coombs Pos\par

\pard\sb134\tx835\f0\fs20\b Assessment\par

\pard\tx835\f0\fs20\b0 TcB intermediate risk. \par

\pard\sb117\tx850\f0\fs20\b Plan\par

\pard\tx850\f0\fs20\b0 Continue to check TcB Q 6 hours, send serum bili for elevated TcB.\par

\pard\sb119\tx760\f0\fs20\b\ul \ulnone \ul Term Infant\par

\pard\sb11\tx929\tx5699\tx6840\f0\fs20\b0\ulnone Diagnosis Start Date End Date\par

\pard\sb29\tx1030\tx5710 Term Infant 11/4/2015\par

\pard\sb66\tx850\f0\fs20\b History\par

\pard\tx850\f0\fs20\b0 Term male infant admitted for maternal chorioamnionitis. Maternal blood type A negative, infant blood type AB pos. \par

\pard\tx850 Direct Coombs positive. \par

\par

\pard\sb0\b\tx850\f0\fs20 Plan\par

\pard\tx850\f0\fs20\b0 Routine term discharge planning: CCHD screen, hearing screen, and PKU. \par

\pard\sb222\tx749\f0\fs20\b\ul \ulnone \ul Health Maintenance\par

\pard\sb116\tx844\f0\fs20\ulnone Maternal Labs\par

\pard\sb27\tx929\tx3870\tqr\tx6119\tqr\tx8053\tx8109\tqr\tx9824\tx9894 RPR/Serology:\f0\fs20\b0 Non-Reactive \f0\fs20\b HIV:\f0\fs20\b0 Negative \f0\fs20\b Rubella:\f0\fs20\b0 Immune \f0\fs20\b GBS: \f0\fs20\b0 Negative \f0\fs20\b HBsAg: \f0\fs20\b0 Negative\par

\pard\sb26\tx844\f0\fs20\b Newborn Screening\par

\pard\sb11\tx929\tx2819\f0\fs20\b0 Date Comment\par

\pard\sb11\tx940\tx2020 11/4/2015 Ordered\par

\pard\tx844\f0\fs20\b Hearing Screen\par

\pard\sb39\tx929\tx2819\tx4410\tx5310 Date Type Results Comment\par

\pard\sb11\tx2020\f0\fs20\b0 Ordered\par

\pard\tx844\f0\fs20\b Immunization\par

\pard\sb40\tx929\tx3074\tx5220\f0\fs20\b0 Date Type Comment\par

\pard\sb11\tx2035\tx3150 Ordered Hepatitis B\par

\pard\sb360\tx749\f0\fs20\b\ul \ulnone \ul Parental Contact\par

\pard\sb11\tx940\f0\fs20\b0\ulnone 11/5: Parents updated on plan of care, continue antibiotics today and likely discharge tomorrow. Encouraged\par

\pard\tx940 breastfeeding.\par

\pard\tx929 \par

\pard\sb772\tx760 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\par

\pard\tx760 Katherine Stumpf, MD\par

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||||||P|||20151105100632

# **5. Testing**

## 5.1. Unit Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.2 Integrated Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.3 Testing Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.UNIT |  |  |  |
| PH1.INTEGRATED |  |  |  |

### 

## 5.4 Piloting

List the facilities and associated networks in scope for pilot testing.

## 5.5 Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.0 |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 6. Deployment / Implementation Model

Provide the detail as to how to deploy the solution defined in the IDBB from both the BAYCARE and vendor perspective.

# Appendix A: Risks and Concerns

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2013.1.0 |  |  | |  | |  |  |  |

# Appendix B: Issues List

This is a dynamic list of the open issues related to the IDBB that remain to be solved, including but not limited to TBDs, pending decisions, information needed, conflict awaiting resolution, and the like.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Issue** | **Comment** | **Fix** | | |  |  |  |
| I.2013.1.0 |  |  | |  | |  |  |  |

* End of document