**ORU\_Cerner Discharge Summaries\_BayCare Community App Requirements**

**Version 1.1**

**Prepared By: Rich Allison & Lois Whitley & Dan Olszewski**

**Date: 5/18/2017**

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# **Document Control**

## Resources

|  |  |  |
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| Olszewski, Dan | IS Integration Analyst, - Cerner | [Daniel.Olszewski@baycare.org](http://bcspapp01:48601/sites/SecurityDataIntegrity/EnterpriseIntegration/team/Shared%20Documents/Applications%20and%20Systems/01-EIT%20Requirements/Drafts/Daniel.Olszewski@baycare.org) |

## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 4/17/2017 | Lois Whitley | Originally Created |
| V1.1 | 5/18/2017 | Dan Olszewski | Added in Healthgrid Req Doc link for Reference |
|  |  |  |  |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the Results (ORU) interface from Cerner for Discharge Summaries to the BayCare Community Application (also known as Uniphy, Practice Unite, Futura and Physician Mobility).

## 1.2 Project Scope

The scope of this project is to develop an interface between Cerner for Discharge Summaries to the BayCare Community Application. The ORU feed is a raw feed from the cerner\_results site in Cloverleaf to the healthgrid site for all facilities, and then a raw feed from the healthgrid site to the Community Application (Uniphy).

## 1.3 Terminology Standards

### 1.3.1 Acronyms

ORU – Observation Result

### 1.3.2 Glossary

Uniphy Health – vendor

Practice Unite – software

BayCare Community Application – application name used in Apple Store and Google Play

BayCare Community App – SFB Pilot – full project name in Clarity

## 1.4 Document References

[**HealthGrid ORU Requirements**](http://bcspapp01:48601/sites/SecurityDataIntegrity/EnterpriseIntegration/team/Shared%20Documents/Applications%20and%20Systems/01-EIT%20Requirements/ORU_Cerner_HealthGrid%20Reqs.docx)

[*http://bcspapp01:48601/sites/SecurityDataIntegrity/EnterpriseIntegration/team/Shared%20Documents/Applications%20and%20Systems/01-EIT%20Requirements/ORU\_Cerner\_HealthGrid%20Reqs.docx*](http://bcspapp01:48601/sites/SecurityDataIntegrity/EnterpriseIntegration/team/Shared%20Documents/Applications%20and%20Systems/01-EIT%20Requirements/ORU_Cerner_HealthGrid%20Reqs.docx)

# 2. Diagram

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.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 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.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 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 the BayCare Cloverleaf

* Click here to enter text.

### 3.3.2 Outbound to the BayCare Cloverleaf

* Click here to enter text.

### 3.3.3 Inbound to the Vendor

* Click here to enter text.

### 3.3.4 Outbound to the Vendor

* Click here to enter text.

### 3.3.5 Inbound to the BayCare Cerner

Test

Port Number: Click here to enter text.

IP Address: Click here to enter text.

Prod

Port Number: Click here to enter text.

IP Address: Click here to enter text.

### 3.3.6 Outbound to the BayCare Cerner

Test

Port Number: Click here to enter text.

IP Address: Click here to enter text.

Prod

Port Number: Click here to enter text.

IP Address: Click here to enter text.

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

PV1

ORC

OBR

OBX

ZDS

*Message Construction Notes:*

*MSH – Message Header*

*PID – Patient ID segment*

*PV1 – Patient Visit segment*

*ORC – Common Order segment*

*OBR – Observation Request segment*

*OBX – Observation segment*

*ZDS – Document Endorsement segment*

### 4.1*.2* Messaging Event Types

Below are the messages types necessary for this integration

| **Event Type** | **Description** |
| --- | --- |
| R01 | ORU/ACK - Unsolicited transmission of an observation |

### 4.1*.*3 Cloverleaf Configuration Files

Discharge Summaries from Cerner (ORU\_R01).

Raw feed from the cerner\_results\_7\_p site (all facilities).

Raw feed outbound from the hlthgrid\_27\_p site to Uniphy.

Filters: None.

### 4.1.4 Cloverleaf Site Location

hlthgrid\_27\_p

## 4.2 Data Transformation Requirements – N/A – raw feed

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| Message Header Segment | MSH |  |  |  |  |
| Sending Application | MSH.3 |  |  |  |  |
| Sending Facility | MSH.4 |  |  |  | CERNER |
| Receiving Application | MSH.5 |  |  |  |  |
| Receiving Facility | MSH.6 |  |  |  |  |
| Date/Time of Message | MSH.7 |  |  |  |  |
| Message Type | MSH.9 |  |  |  | ORU^R01 |
| Patient ID | PID |  |  |  |  |
| Patient ID (External) | PID.2 |  |  |  | BayCare Patient ID - MRN |
| Patient ID (Internal) | PID.3 |  |  |  | CMRN |
| Alternate Patient ID | PID.4 |  |  |  | CPI |
| Patient Name | PID.5 |  |  |  | 5.1 – Last Name; 5.2 – First Name |
| Mother’s Maiden Name | PID.6 |  |  |  |  |
| Date of Birth | PID.7 |  |  |  | YYYYMMDD |
| Gender | PID.8 |  |  |  |  |
| Patient Alias | PID.9 |  |  |  |  |
| Race | PID.10 |  |  |  |  |
| Patient Address | PID.11 |  |  |  |  |
| Phone Number – Home | PID.13 |  |  |  |  |
| Primary Language | PID.15 |  |  |  |  |
| Marital Status | PID.16 |  |  |  |  |
| Religion | PID.17 |  |  |  |  |
| Patient Account Number | PID.18 |  |  |  |  |
| Social Security Number | PID.19 |  |  |  |  |
| Ethnic Group | PID.22 |  |  |  |  |
| Birth Order | PID.25 |  |  |  |  |
| Patient Visit | PV1 |  |  |  |  |
| Set ID | PV1.1 |  |  |  |  |
| Patient Class | PV1.2 |  |  |  |  |
| Assigned Patient Location | PV1.3 |  |  |  | Current Assigned Bed Location |
| Attending Doctor | PV1.7 |  |  |  | <ID Number>^<Family name>^<Given Name>; repetitions separated by ‘~’ |
| Hospital Service | PV1.10 |  |  |  |  |
| VIP Indicator | PV1.16 |  |  |  |  |
| Admitting Doctor | PV1.17 |  |  |  |  |
| Patient Type | PV1.18 |  |  |  |  |
| Financial Class | PV1.20 |  |  |  |  |
| Discharge Disposition | PV1.36 |  |  |  |  |
| Servicing Facility | PV1.39 |  |  |  |  |
| Account Status | PV1.41 |  |  |  | Discharged |
| Admit Date/Time | PV1.44 |  |  |  |  |
| Discharge Date/Time | PV1.45 |  |  |  |  |
| Order Segment | ORC |  |  |  |  |
| Order Control | ORC.1 |  |  |  |  |
| Filler Order Number | ORC.3 |  |  |  |  |
| Date/Time of Transaction | ORC.9 |  |  |  |  |
| Entered By | ORC.10 |  |  |  |  |
| Observation Request | OBR |  |  |  |  |
| Set ID | OBR.1 |  |  |  |  |
| Filler Order Number | OBR.3 |  |  |  |  |
| Universal Service Identifier | OBR.4 |  |  |  |  |
| Observation Date/Time | OBR.7 |  |  |  |  |
| Observation End Date/Time | OBR.8 |  |  |  |  |
| Relevant Clinical Information | OBR.13 |  |  |  |  |
| Results Report/Status Change – Date/Time | OBR.22 |  |  |  |  |
| Diagnostic Service Section ID | OBR.24 |  |  |  | MDOC |
| Result Status | OBR.25 |  |  |  | F = Final |
| Principal Result Interpreter | OBR.32 |  |  |  |  |
| Technician | OBR.34 |  |  |  |  |
| Document Endorsements | ZDS |  |  |  | Document version tracking: |
| Action Code | ZDS.1 |  |  |  | Indicates action that is completed:  PERFORM  SIGN  VERIFY |
| Clinical Staff | ZDS.2 |  |  |  | Code name of person responsible for performing the action |
| Action Date/Time | ZDS.3 |  |  |  |  |
| Action Status | ZDS.4 |  |  |  | Com=Completed |
| Observation | OBX |  |  |  | May repeat for multipart, single answer results |
| Set ID | OBX.1 |  |  |  |  |
| Value Type | OBX.2 |  |  |  |  |
| Observation Identifier | OBX.3 |  |  |  | ED Patient Summary |
| Observation Value | OBX.5 |  |  |  |  |
| Observation Result Status | OBX.11 |  |  |  | F=Final |
| Date/Time of Observation | OBX.14 |  |  |  |  |
| Responsible Observer | OBX.16 |  |  |  |  |

## 4.3 Sample Message

MSH|^~\&|HNAM|CERNER|INVISION|BAYCARE|20170421084834||ORU^R01|Q3607809625T4598077291||2.3||||||8859/1

PID|1|4462742245^^^BayCare MRN^MRN^SOARIAN|558386^^^SFB^MRN^SFB~6681288^^^SJH^MRN^SJH~374644487^^^BayCare CMRN^Community Medical Record Number^SOARIAN~362233^^^BMGMRN^MRN^CD:7777777777~4462742245^^^BayCare MRN^MRN^SOARIAN|374644487^^^BayCare EAD CPI^Historical CMRN^SOARIAN|DOLDO^LEOMA^^^^^Current|BUSK |19060613|F|MCALEXANDER^^^^^^Maiden|W|6695 O ST APT 3^^MOFFETT FIELD^AZ^20887^^Home~5801 EL CAMINO AVE^^^^^^e-mail||(916)-537-4139|(911)-585-5772|ENG|M|BAP|5776717145^^^BayCare FIN^FIN NBR^SOARIAN|248-14-5841|||NOH|||0

PV1|1|E|ERDFH^^^SFB^^Ambulatory(s)^SFB||||71727^REINART^JERE^DENVER^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~6280301266^REINART^JERE^DENVER^^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~71727^REINART^JERE^DENVER^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR^CACTUS~KVG724^REINART^JERE^DENVER^^^^^UPIN^Personnel^^^DOCUPIN~71727^REINART^JERE^DENVER^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~YJ2344456^REINART^JERE^DENVER^^^^^DEA No^Personnel^^^DOCDEA^CACTUS~XA218884^REINART^JERE^DENVER^^^^^Username^Personnel^^^Username^CACTUS~IB782078^REINART^JERE^DENVER^^^^^Doctor License Number^Personnel^^^LICENSENBR^CACTUS~XA218884^REINART^JERE^DENVER^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS|||ERD||||||N||E||||||||||||||||||AWW|||SFB||Discharged|||20170421072103|20170421084803

ORC|RE||55555555555^HNAM\_CEREF~33333333333^HNAM\_EVENTID||||||20170421084835|I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBR|1||55555555555^HNAM\_CEREF~33333333333^HNAM\_EVENTID|ED Patient Summary^ED Patient Summary^^^ED Patient Summary|||20170421084835|20170421084835||||||||||||||20170421084835||MDOC|F|||||||I426660&GROWELL&MERRY&KAROLYN&&&&&External Id&&External Identifier||I426660&GROWELL&MERRY&KAROLYN&&&&&External Id&&External Identifier

ZDS|PERFORM|I426660^GROWELL^MERRY^W^^^^^External Id^Personnel^^^External Identifier|20170421084835|Com

ZDS|SIGN|I426660^GROWELL^MERRY^W^^^^^External Id^Personnel^^^External Identifier|20170421084835|Com

ZDS|VERIFY|I426660^GROWELL^MERRY^W^^^^^External Id^Personnel^^^External Identifier|20170421084835|Com

OBX|1|FT|ED Patient Summary^ED Patient Summary||PATIENT EDUCATION INSTRUCTIONS||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|2|FT|ED Patient Summary^ED Patient Summary||South Florida Baptist Hospital||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|3|FT|ED Patient Summary^ED Patient Summary||Emergency Department- First Care||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|4|FT|ED Patient Summary^ED Patient Summary||301 N. Alexander St. Plant City, FL 33563||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|5|FT|ED Patient Summary^ED Patient Summary||(813) 757-1200||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|6|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|7|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|8|FT|ED Patient Summary^ED Patient Summary||For a copy of medical records contact: Health Information Management @ (813) 757-1235||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|9|FT|ED Patient Summary^ED Patient Summary||For a copy of radiology films or a CD contact: Diagnostic Imaging @ (813) 757-1260 (24 hour advance notice required)||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|10|FT|ED Patient Summary^ED Patient Summary||For billing questions contact: Central Business Office @ (813) 852-3504 #1 or (727) 851-9627 #1||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|11|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|12|FT|ED Patient Summary^ED Patient Summary||Name: DOLDO, LEOMA||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|13|FT|ED Patient Summary^ED Patient Summary||DOB: 5/11/1949 12:00 AM||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|14|FT|ED Patient Summary^ED Patient Summary||FIN: 0041487535||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|15|FT|ED Patient Summary^ED Patient Summary||Visit Date: 4/18/2017 10:26 PM||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|16|FT|ED Patient Summary^ED Patient Summary||Emergency Department Care Providers:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|17|FT|ED Patient Summary^ED Patient Summary||Attending Practitioner: Primary Provider:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|18|FT|ED Patient Summary^ED Patient Summary||,||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|19|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|20|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|21|FT|ED Patient Summary^ED Patient Summary||\*\*\*It is important for you to understand the extent of your health insurance coverage and the responsibilities you have as part of that coverage. We encourage you to review your coverage prior to your visit with the referral physician.\*\*\*||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|22|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|23|FT|ED Patient Summary^ED Patient Summary||The South Florida Baptist Emergency Department would like to thank you for allowing us to assist you with your healthcare needs. Please note: The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only. It is not intended to be a substitute for, or an effort to provide complete medical care. Your follow-up doctor can request a copy of your records and test results. It is important that you be checked again and that you report any new or remaining problems. It is impossible to recognize and treat all potential medical problems or injuries in a single emergency department visit and it is important that you follow up as directed. The following includes patient education materials and information regarding your injury/illness.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|24|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|25|FT|ED Patient Summary^ED Patient Summary||I understand that the emergency care which I have received is not intended to be complete or definitive care or treatment. I acknowledge that I have been instructed to contact the referral physician provided below and/or clinic for continued care and further evaluation and treatment. X-rays, EKG's and incomplete lab studies will be reviewed by the appropriate specialists and that the patient will be notified of any significant discrepancies. A copy of your current medications and prescriptions given to you while in the ED has been given to you to take to the next provider of service. If you received medication today for a procedure, it could affect your performance and ability to concentrate. Therefore, avoid the following for 24 hours: alcoholic beverages, un-prescribed medication, driving, operating hazardous equipment/appliances or making important decisions.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|26|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|27|FT|ED Patient Summary^ED Patient Summary||CALL YOUR PRIVATE PHYSICIAN OR RETURN TO THE EMERGENCY ROOM IF YOUR SYMPTOMS WORSEN OR IF NO IMPROVEMENT IS NOTED.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|28|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|29|FT|ED Patient Summary^ED Patient Summary||PRESCRIPTIONS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|30|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|31|FT|ED Patient Summary^ED Patient Summary||FOLLOW-UP INSTRUCTIONS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|32|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|33|FT|ED Patient Summary^ED Patient Summary||ORDERS INFORMATION:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|34|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|35|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|36|FT|ED Patient Summary^ED Patient Summary||PATIENT EDUCATION MATERIALS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|37|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|38|FT|ED Patient Summary^ED Patient Summary||DOLDO, LEOMA has been given the following patient education materials:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|39|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|40|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|41|FT|ED Patient Summary^ED Patient Summary||No follow up information was provided.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|42|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|43|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|44|FT|ED Patient Summary^ED Patient Summary||Financial Assistance Policy Summary||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|45|FT|ED Patient Summary^ED Patient Summary||BayCare hospitals are committed to meeting the health care needs of the communities we serve. Emergency medical care is provided to everyone, regardless of ability to pay or lack of insurance.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|46|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|47|FT|ED Patient Summary^ED Patient Summary||We realize that paying for medical bills may be difficult. If you are unable to pay yours, apply for financial assistance by completing an application with all required information. Get an application and the full Financial Assistance Policy, in English or Spanish, at any BayCare hospital, at BayCare.org/Financial-Assistance or by calling 855-233-1555.We may use your application to identify available health insurance including Medicaid, disability, victims of crime, COBRA, etc. It is important for the hospital and the patient to work together to solve payment issues.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|48|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|49|FT|ED Patient Summary^ED Patient Summary||Once we review your completed Financial Assistance Application, your obligations to us ends if your annual household income is less than 250% of the current federal poverty level and no additional insurance payments are expected. This does not include flat rate pricing packages and cosmetic procedures. If you qualify for financial assistance, all collection efforts will stop.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|50|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|51|FT|ED Patient Summary^ED Patient Summary||For more information contact the Financial Assistance team: (855) 233-1555||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|52|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|53|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|54|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|55|FT|ED Patient Summary^ED Patient Summary||PATIENT VISIT SUMMARY FIN: 0041487535 Current Date: 4/18/2017 23:53:32||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|56|FT|ED Patient Summary^ED Patient Summary||DOLDO, LEOMA, has been given the following list of patient education materials, prescriptions and follow-up instructions:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|57|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|58|FT|ED Patient Summary^ED Patient Summary||LIST OF PATIENT EDUCATION MATERIALS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|59|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|60|FT|ED Patient Summary^ED Patient Summary||PRESCRIPTIONS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|61|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|62|FT|ED Patient Summary^ED Patient Summary||FOLLOW-UP INSTRUCTIONS:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|63|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|64|FT|ED Patient Summary^ED Patient Summary||We are referring you to the above physician. If this referral cannot provide your follow up care, please check with your insurance provider for an approved physician. For further assistance call 1-877-692-2922.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|65|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|66|FT|ED Patient Summary^ED Patient Summary||\*\*\*It is important for you to understand the extent of your health insurance coverage and the responsibilities you have as part of that coverage. We encourage you to review your coverage prior to your visit with the referral physician.\*\*\*||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|67|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|68|FT|ED Patient Summary^ED Patient Summary||CALL YOUR PRIVATE PHYSICIAN OR RETURN TO THE EMERGENCY ROOM IF YOUR SYMPTOMS WORSEN OR IF NO IMPROVEMENT IS NOTED.||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|69|FT|ED Patient Summary^ED Patient Summary||I, DOLDO, LEOMA, have received patient education materials/instructions and have verbalized understanding, listed below:||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|70|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|71|FT|ED Patient Summary^ED Patient Summary||\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|72|FT|ED Patient Summary^ED Patient Summary||Patient Signature Date Provider Signature Time||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|73|FT|ED Patient Summary^ED Patient Summary||||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

OBX|74|FT|ED Patient Summary^ED Patient Summary||Name: DOLDO, LEOMA FIN: 0041487535||||||F|||20170421084835||I426660^GROWELL^MERRY^KAROLYN^^^^^External Id^Personnel^^^External Identifier

# **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.

## 6.1 Alerts

Are you going to need alerting on this connection?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If the answer is yes, please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Name** | **Hours of Support** | **Distribution Group** | **Comments** |
|  |  |  |  |
|  |  |  |  |

# 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