**HealthGrid ORU Discharge Summary from Cerner Requirements**

**2.5**

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[Document Control 3](#_Toc16509099)

[Resources 3](#_Toc16509100)

[Project Distribution List 3](#_Toc16509101)

[Document Version Control 3](#_Toc16509102)

[1. Introduction 4](#_Toc16509103)

[1.1 Purpose 4](#_Toc16509104)

[1.2 Project Scope 4](#_Toc16509105)

[1.3 Terminology Standards 4](#_Toc16509106)

[1.3.1 Acronyms 4](#_Toc16509107)

[1.3.2 Glossary 4](#_Toc16509108)

[1.4 Document References 4](#_Toc16509109)

[2. Diagram 5](#_Toc16509110)

[3. Requirements 6](#_Toc16509111)

[3.1.1 Functional Cerner Requirements 6](#_Toc16509112)

[3.1.2 Non-Functional Cerner Requirements –N/A 7](#_Toc16509113)

[3.2 Messaging Protocols 8](#_Toc16509114)

[3.2.1 Inbound to the BayCare Cloverleaf –N/A 8](#_Toc16509115)

[3.2.2 Outbound from the BayCare Cloverleaf 8](#_Toc16509116)

[3.2.3 Inbound to the Vendor –N/A 8](#_Toc16509117)

[3.2.4 Inbound from Cerner to Cloverleaf 8](#_Toc16509118)

[3.2.5 Outbound from BayCare Cerner –N/A 8](#_Toc16509119)

[4. HL7 Messaging 9](#_Toc16509120)

[4.1 Messaging Format 9](#_Toc16509121)

[4.1.1 Segments 9](#_Toc16509122)

[4.1.2 Messaging Event Types 10](#_Toc16509123)

[4.1*.*3 Cloverleaf Configuration Files 10](#_Toc16509124)

[4.1.4 Cloverleaf Site Location 10](#_Toc16509125)

[4.2 Data Transformation Requirements -ORU 11](#_Toc16509126)

[4.3 Sample Message 11](#_Toc16509127)

[4.3.1 ORU 11](#_Toc16509128)

[5. Testing 21](#_Toc16509129)

[5.1 Unit Testing Scenarios 21](#_Toc16509130)

[5.2 Integrated Testing Scenarios 21](#_Toc16509131)

[5.3 Testing Approvals 22](#_Toc16509132)

[5.4 Piloting 22](#_Toc16509133)

[5.5 Approvals 22](#_Toc16509134)

[6. Deployment / Implementation Model 22](#_Toc16509135)

[Appendix A: Risks and Concerns 23](#_Toc16509136)

[Appendix B: Issues List 23](#_Toc16509137)

# **Document Control**

## Resources

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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 05/20/2015 | Tony McArtor | Originally Created |
| V2.0 | 07/06/2015 | Tiffany Bohall | Updated to include what was taking place in Cloverleaf |
| V2.1 | 1/03/17 | Tiffany Bohall | Separated ADT from the ORU requirements |
| V2.2 | 03/05/2019 | Tiffany Bohall | Modified Behavioral Health filter for ISU and SIP to allow these locations |
| V2.3 | 07/31/2019 | Levy Lazarre | Minor modifications related to Cerner Model implementation |
| V2.4 | 7/31/2019 | Yitzhak Magoon | Cerner Model changes |
| V2.5 | 8/12/2019 | Tiffany Bohall | Updated to include subfield filter modification as part of Cerner Model documentation naming standardizations |

# 1. Introduction

## 1.1 Purpose

This document outlines BayCare’s Healthgrids interfaces. All functional requirements needed to support this solution post implementation will be detailed.

## 1.2 Project Scope

The HealthGrid application interface enables secure transmission of patient information to their chosen cell devices. This is a device-agnostic mobile solution that updates patients and families with real-time information about their important clinical events. Patients are given access to their discharge instructions in real-time on their mobile device.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

MLLP – Minimum Lower Layer Protocol for messaging framing a HL7 message.

### 1.3.2 Glossary

## 1.4 Document References

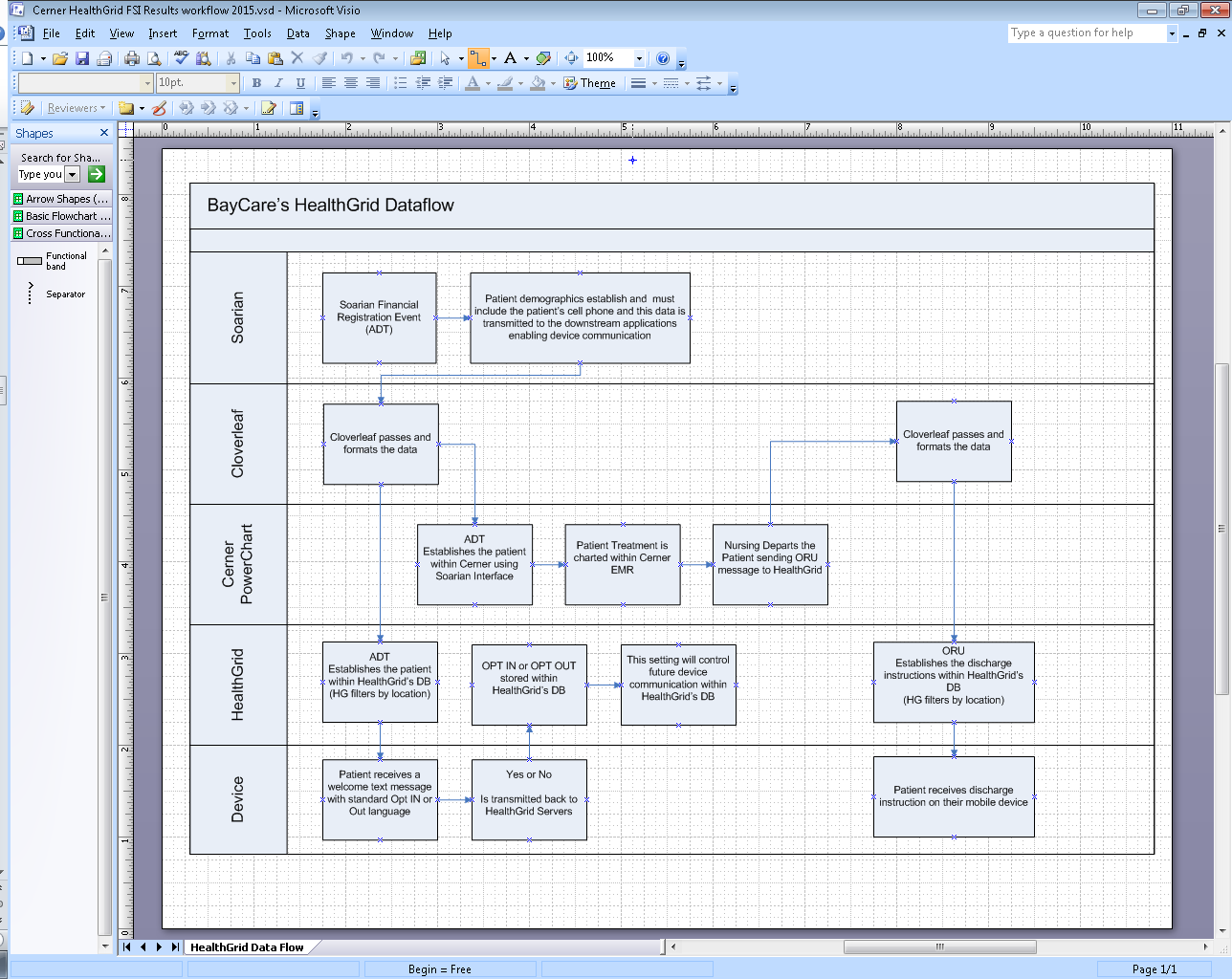
List all documents or Web addresses to which this IDBB refers; provide enough information so that the reader can access a copy of each reference. Include the title, author, version number, date, and source or location.

**Cerner Specifications:** Cerner Unit+10o+-+Result Spec.pdf

**HealthGrid Specifications:** HealthGrid\_InterfaceSpecificatioDocument.pdf

# 2. Diagram

The solution diagram that depicts the integration of components specified in this IDBB is below. This diagram includes two interfaces ADT and ORU datafows. The red box illustrated the ADT interface and the blue box represents the ORU interface.



# 3. Requirements

## 3.1.1 Functional Cerner Requirements

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.2015.07.06 | Document Filter  (tpsAdvHL7Filter.tcl) | This interface filters on two discharge documents: the expected documents are "ED Patient Summary" and "Discharge Summary of Care" in OBR.4.0. The trigger for this document is the depart process within powerchart. The filter also suppresses messages that only contain a reference to a scanned document (OBX.5.1 == “OTG”) |
| FR.2015.07.06 | Expired patients | Patient’s encounters listed with a discharge disposition that defines the patient as expired, is filtered from HealthGrid. |
| FR.2019.03.05  FR.2019.07.08 | Behavioral Health patients  tpsCernerCommonCode in Cloverleaf | Patient’s encounters located at Behavioral Health locations of ISU and SIP have been allowed to pass outbound to HealthGrid.  This Tcl proc performs certain reformatting changes to the report. For example, if the patient’s SSN == “999999999”, it will blank it out. If there is an email address in the patient street address field, it will remove the email. It also places some values in the MSH header of the message. |
| **Cerner** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.2019.7.31.1 | Global Suppression:  eso\_get\_ce\_selection | If the result subtype is DOC, MDOC or POWERFORMS we check to determine whether the result event has an action\_type\_cd associated to “Reviewed.” If it does, we suppress the document from going outbound. If not, we execute cascading logic that determines whether to continue processing the result.  If the document is an ED Patient Summary or Discharge Summary of Care, we automatically allow the document through suppression.  If the document is not listed above, we look at the alias for the event\_cd on the Optum contributor system. If it exists, we automatically allow the document through suppression.  If the document doesn’t qualify to Optum, we check to see if it’s one of the following documents and allow the document through suppression:  History and Physicals  Discharge Summary  Consultation  Operative Reports  Cardiology Consult  Would Consult  Oncology Consult  Tele Neuro Consult  OB Procedure Note  ED Physician Note  GI Endo Report  If the result isn’t one of these documents, we determine the activity type and subactivity type of the order associated to the result. If the subactivity type matches “CARDIOLOGYNOHIE” or “CARDIONOHIE” then we suppress the document.  If the activity type matches one the following activity types then we allow the document through suppression:  Cardiac Cath Lab  Cardiac TX Procedures  PEDI Cardiology Services  BOI Cardiology  BOI Cardiovascular  OP DX Card  Ambulatory ECHO  Cardiovascular  Ambulatory Cardiovascular |
| FR.2019.7.31.2 | Route Script:  route\_out | Since Healthgrid from Cerner was combined with HIE, we send all documents out to Cloverleaf and they filter the correct documents. |

## 3.1.2 Non-Functional Cerner Requirements –N/A

|  |  |  |
| --- | --- | --- |
| **Cerner** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
|  |  |  |
|  |  |  |

## 3.2 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>

### 3.2.1 Inbound to the BayCare Cloverleaf –N/A

### 3.2.2 Outbound from the BayCare Cloverleaf

**Test**

Port Number: 4072

IP Address: 10.44.142.186

**Prod**

Port Number: 4072

IP Address: 10.44.99.190

### 3.2.3 Inbound to the Vendor –N/A

### 3.2.4 Inbound from Cerner to Cloverleaf

**Cert Test**

Port Number: 23128

IP Address: 10.100.128.66

**Mock Test**

Port Number: 23016

IP Address: 10.100.128.66

**Prod**

Port Number: 23027

IP Address: 10.100.128.64

### 3.2.5 Outbound from BayCare Cerner –N/A

# 4. HL7 Messaging

## 4.1 Messaging Format

The formatting of these messages from an ORU perspective are sent from Cerner to Cloverlear, then outbound to HealthGrid raw with no additional modifications specific to HealthGrid.

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

{

[

PID

[PD1]

[{NTE}]

[

PV1

[PV2]

]

]

{

[ORC]

OBR

[{ZDS}]

[{NTE}]

{

[OBX]

[{NTE}]

}

[{CTI}]

}

}

[DSC]

[ZPD]

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*PID – Patient ID segment*

*PV1 – Patient Visit segment*

*ORC – Common Order 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** |
| ORU\_R01 | Result |
|  |  |
|  |  |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

**ORU**

* HL7 Variants: None used; messages are sent raw.
* TCL Scripts:

tpsAdvHL7Filter.tcl - used to filter out certain reports, as mentioned in the Functional Requirements section.

tpsCernerCommonCode.tcl - used to perform some formatting changes in the report.

* Xlates: None used; messages are sent raw.

### 4.1.4 Cloverleaf Site Location

Cloverleaf site locations for HealthGrid ORU: hlthgrid\_27 (test), hlthgrid\_27\_p (prod)

## 

## 4.2 Data Transformation Requirements -ORU

There is no interface manipulation being done within Cloverleaf. These transactions are passed RAW, from Cerner outbound to HealthGrid.

## 4.3 Sample Message

### 4.3.1 ORU

MSH|^~\&|HNAM|CERNER|INVISION|BAYCARE|20150706144737||ORU^R01|Q2239727927T2667567161||2.3||||||8859/1

PID|1|2104711133^^^BayCare MRN^MRN^SOARIAN|2104711133^^^BayCare MRN^MRN^SOARIAN~300139997^^^BayCare CMRN^Community Medical Record Number^SOARIAN~2104711133^^^BayCare MRN^MRN^SOARIAN|300139997^^^BayCare EAD CPI^Historical CMRN^SOARIAN|SAHMPMITRONE^PSYCHONE^^^^^Current||19600728|F||B|2660 ORANGEWOOD CT^^Winter Haven^FL^33881^^Home~zczp^^^^^^e-mail||(863)712-7026^PRN||ENG|S|CD:738203351|6000000253^^^BayCare FIN^FIN NBR^SOARIAN||||NOH|||0

PV1|1|E|ERDAH^^^SAH^^Ambulatory(s)^SAH|X|||66666^DZQUUJIZPM^PO MCHTCO^^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR~MS666666^DZQUUJIZPM^PO MCHTCO^^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR|||ERD||||EO||Y|66666^DZQUUJIZPM^PO MCHTCO^^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR~66666^DZQUUJIZPM^PO MCHTCO^^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR~MS666666^DZQUUJIZPM^PO MCHTCO^^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR|E||D||||||||||||||||APP|||SAH||Active|||20150706092100

ORC|RE||8413362051^HNAM\_CEREF~8413362051^HNAM\_EVENTID||||||20150706144737|^TEST3^3EDRN^^^^^^^Personnel

OBR|1||8413362051^HNAM\_CEREF~8413362051^HNAM\_EVENTID|ED Patient Summary^ED Patient Summary^^^ED Patient Summary|||20150706144737|20150706144737||||||||||||||20150706144737||MDOC|F|||||||&TEST3&3EDRN||&TEST3&3EDRN

ZDS|PERFORM|^TEST3^3EDRN^^^^^^^Personnel|20150706144737|Com

ZDS|SIGN|^TEST3^3EDRN^^^^^^^Personnel|20150706144737|Com

ZDS|VERIFY|^TEST3^3EDRN^^^^^^^Personnel|20150706144737|Com

OBX|1|FT|ED Patient Summary^ED Patient Summary||PATIENT EDUCATION INSTRUCTIONS||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|2|FT|ED Patient Summary^ED Patient Summary||St. Anthony�s Hospital, Emergency Department||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|3|FT|ED Patient Summary^ED Patient Summary||1200 Seventh Ave. North St Petersburg, FL 33705||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|4|FT|ED Patient Summary^ED Patient Summary|| (727) 825-1100||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|5|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|6|FT|ED Patient Summary^ED Patient Summary||Name: SAHMPMITRONE, PSYCHONE||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|7|FT|ED Patient Summary^ED Patient Summary||DOB: 7/28/1960 12:00 AM||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|8|FT|ED Patient Summary^ED Patient Summary||FIN: 6000000253||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|9|FT|ED Patient Summary^ED Patient Summary||Visit Date: 7/06/2015 9:21 AM||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|10|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|11|FT|ED Patient Summary^ED Patient Summary||Address: 2660 ORANGEWOOD CT Winter Haven FL 33881||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|12|FT|ED Patient Summary^ED Patient Summary||Phone: (863)712-7026||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|13|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|14|FT|ED Patient Summary^ED Patient Summary||Emergency Department Care Providers:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|15|FT|ED Patient Summary^ED Patient Summary||Attending Practitioner: Primary Provider:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|16|FT|ED Patient Summary^ED Patient Summary||Beattie , Martin C MD||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|17|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|18|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|19|FT|ED Patient Summary^ED Patient Summary||Comment:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|20|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|21|FT|ED Patient Summary^ED Patient Summary||The St. Anthony�s Emergency Center 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 Center 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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|22|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|23|FT|ED Patient Summary^ED Patient Summary||Comment:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|24|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|26|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|28|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|29|FT|ED Patient Summary^ED Patient Summary||PRESCRIPTIONS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|30|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|31|FT|ED Patient Summary^ED Patient Summary||Prescription||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|32|FT|ED Patient Summary^ED Patient Summary||acetaminophen-codeine (acetaminophen-codeine 300 mg-15 mg oral tablet) 1 tab(s) By Mouth every 4 hours as needed for for pain||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|33|FT|ED Patient Summary^ED Patient Summary||ampicillin (ampicillin 250 mg oral capsule) 250 mg By Mouth Four times a day 10 day(s)||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|34|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|35|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|36|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|37|FT|ED Patient Summary^ED Patient Summary|| FOLLOW-UP INSTRUCTIONS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|38|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|39|FT|ED Patient Summary^ED Patient Summary||With: Address: When:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|40|FT|ED Patient Summary^ED Patient Summary||Follow up with primary care provider Within 3 - 5 Days||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|41|FT|ED Patient Summary^ED Patient Summary||Comments:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|42|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|43|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|44|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|45|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|46|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|47|FT|ED Patient Summary^ED Patient Summary|| ORDERS INFORMATION:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|48|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|49|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|50|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|51|FT|ED Patient Summary^ED Patient Summary||PATIENT EDUCATION MATERIALS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|52|FT|ED Patient Summary^ED Patient Summary||SAHMPMITRONE, PSYCHONE has been given the following patient education materials:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|53|FT|ED Patient Summary^ED Patient Summary||Ambulatory||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|54|FT|ED Patient Summary^ED Patient Summary||116247en||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|55|FT|ED Patient Summary^ED Patient Summary||LACERATION, EXTREMITY [sutures, staples or tape]||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|56|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|57|FT|ED Patient Summary^ED Patient Summary||A LACERATION is a cut through the skin. This will usually require stitches (sutures) or staples if it is deep. Minor cuts may be treated with surgical tape closures (�Steri-Strips�).||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|58|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|59|FT|ED Patient Summary^ED Patient Summary||HOME CARE:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|60|FT|ED Patient Summary^ED Patient Summary||� Keep the wound clean and dry. If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours, then change it once a day or as directed.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|61|FT|ED Patient Summary^ED Patient Summary||� If stitches or staples were used, clean the wound daily:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|62|FT|ED Patient Summary^ED Patient Summary||o After removing the bandage, wash the area with soap and water. Use a wet cotton swab (Q tip) to loosen and remove any blood or crust that forms.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|63|FT|ED Patient Summary^ED Patient Summary||o After cleaning, apply a thin layer of Polysporin or Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches or staples. Reapply the bandage.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|64|FT|ED Patient Summary^ED Patient Summary||o You may remove the bandage to shower as usual after the first 24 hours, but do not soak the area in water (no swimming) until the stitches or staples are removed.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|65|FT|ED Patient Summary^ED Patient Summary||� If Steri-Strips were used, keep the area clean and dry. If it becomes wet, blot it dry with a towel.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|66|FT|ED Patient Summary^ED Patient Summary||� You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|67|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|68|FT|ED Patient Summary^ED Patient Summary||FOLLOW UP:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|69|FT|ED Patient Summary^ED Patient Summary||Most skin wounds heal within ten days. However, an infection may sometimes occur despite proper treatment. Therefore, check the wound daily for the signs of infection listed below. Stitches and staples should be removed within 7-14 days. If Steri-Strips were used, you may remove them after 10 days, if they have not fallen off by then. Notify your doctor if you notice persistent numbness or weakness in the injured extremity.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|70|FT|ED Patient Summary^ED Patient Summary||[NOTE: A radiologist will review any X-rays that were taken. We will notify you of any new findings that may affect your care.]||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|71|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|72|FT|ED Patient Summary^ED Patient Summary||GET PROMPT MEDICAL ATTENTION if any of the following occur:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|73|FT|ED Patient Summary^ED Patient Summary||� Increasing pain in the wound||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|74|FT|ED Patient Summary^ED Patient Summary||� Redness, swelling or pus coming from the wound||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|75|FT|ED Patient Summary^ED Patient Summary||� Fever of 100.4�F (38�C) or higher, or as directed by your healthcare provider||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|76|FT|ED Patient Summary^ED Patient Summary||� If stitches or staples come apart or fall out before your next appointment||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|77|FT|ED Patient Summary^ED Patient Summary||� If the Steri-Strips fall off within seven days, or the wound edges re-open||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|78|FT|ED Patient Summary^ED Patient Summary||Bleeding not controlled by direct pressure||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|79|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|80|FT|ED Patient Summary^ED Patient Summary||� 2000-2012 Krames StayWell, 780 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|81|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|82|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|83|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|84|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|85|FT|ED Patient Summary^ED Patient Summary|| Comment:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|86|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|87|FT|ED Patient Summary^ED Patient Summary||Financial Assistance Policy Summary||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|88|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|89|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|90|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|91|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|92|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|93|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|94|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|95|FT|ED Patient Summary^ED Patient Summary||For more information contact the Financial Assistance team: (855) 233-1555||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|96|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|97|FT|ED Patient Summary^ED Patient Summary||PLEASE NOTE: Physician fees are billed separately from hospital bills and are not covered under this policy. Please work directly with the physician(s) that treated you to resolve any payment issues||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|98|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|99|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|100|FT|ED Patient Summary^ED Patient Summary||PATIENT VISIT SUMMARY FIN: 6000000253 Current Date: 7/6/2015 14:47:37||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|101|FT|ED Patient Summary^ED Patient Summary||SAHMPMITRONE, PSYCHONE, has been given the following list of patient education materials, prescriptions and follow-up instructions:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|102|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|103|FT|ED Patient Summary^ED Patient Summary||LIST OF PATIENT EDUCATION MATERIALS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|104|FT|ED Patient Summary^ED Patient Summary||LACERATION, Extrem (suture, staple or tape)||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|105|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|106|FT|ED Patient Summary^ED Patient Summary||PRESCRIPTIONS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|107|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|108|FT|ED Patient Summary^ED Patient Summary||Prescription||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|109|FT|ED Patient Summary^ED Patient Summary||acetaminophen-codeine (acetaminophen-codeine 300 mg-15 mg oral tablet) 1 tab(s) By Mouth every 4 hours as needed for for pain||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|110|FT|ED Patient Summary^ED Patient Summary||ampicillin (ampicillin 250 mg oral capsule) 250 mg By Mouth Four times a day 10 day(s)||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|111|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|112|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|113|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|114|FT|ED Patient Summary^ED Patient Summary||FOLLOW-UP INSTRUCTIONS:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|115|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|116|FT|ED Patient Summary^ED Patient Summary||With: Address: When:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|117|FT|ED Patient Summary^ED Patient Summary||Follow up with primary care provider Within 3 - 5 Days||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|118|FT|ED Patient Summary^ED Patient Summary||Comments:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|119|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|120|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|121|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|122|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|123|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|124|FT|ED Patient Summary^ED Patient Summary||Comment:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|125|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|126|FT|ED Patient Summary^ED Patient Summary||Financial Assistance Policy Summary||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|127|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|128|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|129|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|130|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|131|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|132|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|133|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|134|FT|ED Patient Summary^ED Patient Summary||For more information contact the Financial Assistance team: (855) 233-1555||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|135|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|136|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|137|FT|ED Patient Summary^ED Patient Summary||PLEASE NOTE: Physician fees are billed separately from hospital bills and are not covered under this policy. Please work directly with the physician(s) that treated you to resolve any payment issues.||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|138|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|139|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|140|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|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|141|FT|ED Patient Summary^ED Patient Summary||I, SAHMPMITRONE, PSYCHONE, have received patient education materials/instructions and have verbalized understanding, listed below:||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|142|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|143|FT|ED Patient Summary^ED Patient Summary||\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|144|FT|ED Patient Summary^ED Patient Summary||Patient Signature Date Provider Signature Time||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|145|FT|ED Patient Summary^ED Patient Summary||||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

OBX|146|FT|ED Patient Summary^ED Patient Summary||Name: SAHMPMITRONE, PSYCHONE FIN: 6000000253||||||F|||20150706144737||^TEST3^3EDRN^^^^^^^Personnel

# **5. Testing**

## 5.1 Unit Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
| ORU message sent to HealthGRid | Text messages sent to customers phones |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.2 Integrated Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
| ORU message sent to HealthGRid for all facilities | Text messages sent to customers phones |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.3 Testing Approvals

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

### 

## 5.4 Piloting

The first piloted location was three nursing floors at St Joseph’s Children’s Hospital. Once this was completed filters were removed and all of Joseph’s Hospital were included. The project is now moving toward adding all hospital facilties located in hillsbourough county.

All Soarian facilities are sending data though, so when more facilities are brought online, there is no need to interface modifications

## 5.5 Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.0 | 07/15/2015 | PowerChart | Heather Morrison |
| PH1.0 | 07/15/2015 | PowerChart | Edward Holden |
| PH1.0 | 07/15/2015 | RMS (Soarian) | Carmen LaBrecque |

# **6. Deployment / Implementation Model**

The deployment of the healthgrid application will be by adding the inclusive filter to Healthgrid’s interface engine. BayCare is sending all facility messages (ADT & ORU) as of the 08/30/15.

## Appendix A: Risks and Concerns

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2015.1.0 |  |  | |  | |  |  |  |

## 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.2015.7.6 | The interface stops receiving transactions | This has happened twice already, so far and we have been live since 6/24/15 | | We have changed port numbers and are using a new one now. Will continue to monitor. | |  |  |  |

* End of document