**Cerner Transcribed Documents to Medicity**

**Version 1.4**

**Prepared By: Tiffany Bohall & Rich Allison**

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# **Document Control**

## Resources: (include Project Team Members, Liaisons, Vendor Contacts, etc.)

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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 2/13/2018 | Tiffany Bohall | Originally Created |
| V1.1 | 3/7/2018 | Rich Allison | Updated some TCL sections |
| V1.2 | 10/3/18 | Jerome Starke | Added FSI filtering/Suppression |
| V1.3 | 7/29/19 | Levy Lazarre | Changes after Cerner Model Implementation |
| V1.4 | 7/31/19 | Yitzhak Magoon | Changes for Cerner Model |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the interface requirements between Cerner and Medicity HIE specifically for transcribed documents. The intended audience includes anyone wishing to know more about this communication.

## 1.2 Project Scope

The scope of the integration that is defined in this Integration Development Build Book (IDBB), includes only the transcribed results from Cerner to Medicity HIE. No other interface are discussed.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

HIE – Health Information Exchange

### 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

Additional documents specific to Medicity HIE can be found on the Enterprise Integration team’s Sharepoint website: EIT Site Documents > Medicity HIE.

# 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.2018.2.13 | tpsAdvHL7Filter | There is a TPS pre-proc which routes messages for certain locations to a specific nexus server. PV1.39 passes SJN, SJW, SJH, SFB and SJS to nexus 1. MPH, MCS, MDU, BAH, NBY, SAH, WHH, WHW and BRM are routed to nexus 2 server. |
| FR.2018.2.13.2  FR.2019.7.8  FR.2019.7.8.2 | Cerner\_pad\_leading\_zeros  tpsAdvHl7Filter  tpsCernerCommonCode | TCL proc which pads the social security number with leading 0 from Cerner, if the length is less than 9  Prevent certain messages from going to Medicity:   * Messages with BMG FIN num (PID.18.4.1 == “BMGFN”) * Messages with OBR.25 (Result Status ID) == “P” or “TR” or “INERROR” * Messages designed for HealthGrid (OBR.4 == \*zzzFormbuilder\*, OBR.4.1 == “ED Patient Summary” or “Discharge Summary of Care” * Messages with OBX.5.1 == “OTG” (Scanned images)   Perform certain formatting functions on the message:   * If the SSN == “999999999”, blank it out * If the patient address in PID.11 has an email address, remove the email and only send the street (or mailing) address |
| **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 | The HIE logic in the global suppression script has to be executed again to determine whether to route the result to HIE because the cascading logic. Any document that goes to Optum or HealthGrid will pass suppression, but they don’t necessary go to HIE.  We check to see if it’s one of the following documents and if it is route it to HIE:  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 document types we parse the CQM Refnum to find the contributor\_system\_cd. If the contributor\_system\_cd matches “MUSE”, “MUSE BOI” or “PHILIPS” then we send the document to HIE |

## 3.2 Non-Functional Requirements –N/A

Provide concise detail for the below non-functional requirements. This would include external table ownership, hours of support, etc. 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. This includes: TCP/IP, FTP, Web Services, etc.

### 3.3.1 Inbound to BayCare’s Cloverleaf

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

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

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.3 Inbound to the Vendor –N/A

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.4 Outbound to the Vendor

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

# 4. HL7 Messaging

## 4.1 Messaging Format

HL7 2.3, Medicity ORU\_R01

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

[PV1]

[ORC]

OBR

[{NTE}]

[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** |
| ORU\_R01 | Result |
|  |  |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

Cloverleaf Configuration Files:

* xlate: cerner\_medicity\_trans.xlt
* HL7 variant: v2.3 Medicity

### 4.1.4 Cloverleaf Site Location

Cloverleaf site location: Medicity\_15\_p

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Notes** |
| --- | --- | --- | --- |
| Message Header | MSH | Y | Pathcopy entire segment |
| Receiving Application | MSH.5 | Y | Copy from PV1.39 |
| Patient Identification | PID | Y | Pathcopy entire segment |
| Patient ID –external | PID.2 | Y | Null the field, then iterate through PID.3.3 to find “BayCare CMRN”, if found, copy from contents of subfield 0. |
| Patient ID –internal | PID.3 | Y | Null the field, then copy from PID.2 |
| Alternate Patient ID | PID.4 | Y | Null the field |
| Patient Account/Fin Nbr Assign Auth | PID18.4 | Y | Cerner suppresses message if BMGFN (BMG encounter) is the value in this field. |
| Patient primary care provider Name & ID no | PD1.4 | Y | Copy |
| Patient Visit | PV1 |  | Pathcopy entire segment |
| Attending Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.7 | Y | Iterate through PV1.7.8 to find “NPI Number”, if found, copy PV1.7.0, PV1.7.1, PV1.7.2, PV1.7.3, PV1.7.4 and PV1.7.8.  If the output of PV1.7.0 is null, copy PV1.7.1, PV1.7.2, PV1.7.3 and PV1.7.4. |
| Consulting Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.9 | Y | Iterate through PV1.9.8 to find “NPI Number”, if found, copy PV1.9.0, PV1.9.1, PV1.9.2, PV1.9.3, PV1.9.4 and PV1.9.8.  If the output of PV1.9.0 is null, copy PV1.9.1, PV1.9.2, PV1.9.3 and PV1.9.4. |
| Admitting Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.17 | Y | Iterate through PV1.17.8 to find “NPI Number”, if found, copy PV1.17.0, PV1.17.1, PV1.17.2, PV1.17.3, PV1.17.4 and PV1.17.8.  If the output of PV1.17.0 is null, copy PV1.17.1, PV1.17.2, PV1.17.3 and PV1.17.4. |
| Common Order | ORC | Y | Pathcopy entire segment |
| Entered By –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | ORC.10 | Y | Null the field, then iterate through ORC.10.8 to find “NPI Number”, if found, copy ORC.10.0, ORC.10.1, ORC.10.2, ORC.10.3, ORC.10.4 and ORC.10.8.  If the output of ORC.10.0 is null, copy ORC.10.1, ORC.10.2, ORC.10.3 and ORC.10.4. |
| Observation Request | OBR | Y | If OBR.4.1 (Universal Service Identifier.Identifier) == “EDPN” Set OBR.4.1 (Universal Service Identifier.Identifier) = “DIS”  Set OBR.4.2 (Universal Identifier.Text) = “Discharge Summary”  Endif |
| Universal Service Identifier.Identifier | OBR.4.1 | Y | Pathcopy entire segment |
| Document Name | OBR:4.2 | Y | Cerner filters out documents that don’t have the following Document name: Discharge Summary, Consultation, Operative Reports, Cardiology Consultation, Wound Care Consultation, Oncology Consultation, Tele Neurology Consultation, OB Procedure Note, ED Physician Notes, GI Endoscopy Reports  In addition to those, there’s also coding to allow Cardiology activity\_type documents to go outbound unless their activity\_subtype is CardioNoHIE or CardiologyNoHIE. |
| Principal Result Interpreter | OBR.32 | Y | Null the field, then iterate through OBR.32.8 to find “NPI Number”, if found, replace & with ^ in OBR.32.0 and copy. Hard code “NPI Number” in OBR.32.8. |
| Technician | OBR.34 | Y | Null the field, then iterate through OBR.34.8 to find “NPI Number”, if found, replace & with ^ in OBR.34.0 and copy. Hard code “NPI Number” in OBR.34.8. |
| Set ID  Observation Value  Responsible Observer | OBX.1  OBX.5  OBX.16 | Y  Y  Y | Hard code an “N” to variable @skipOBX, @NTE, @vitals, @landO and @Age. Hard code “90” to @linelen and “1” to @TXsetid.  Start test for fishbone: add OBX.5.0 to multiple variables; @fishstart (with TCL string range to 13 characters), @fishstop (with TCL string range to 11 characters), @startIO (with TCL string range to 7 characters), @stop IO (with TCL string range to 6 characters), @Age (with TCL proc if label =”Age:”, set list to “Y”, else set list to “N”).  If OBX.5.= “startfishbone”, hard code a “Y” to @skipOBX variable.  If @shartIO = “startIO”, hard code “Y” to @landO variable.  If @stopIO = “stopIO”, hard code “N” to @landO variable.  Send @first12chars through a table, cerner\_trans\_vitals\_signs and send the output to @vitals variable.  First pass headings: If @skipOBX = “N”, pathcopy OBX segment. Null OBX.16. Copy @TXsetid to OBX.1. Send PV1.3.3 through a table, cerner\_medicity\_trans\_hdr, send output to variable @fachdr. Copy @fachdr, @linelen outbound to OBX.5.0. There is a TCL proc that sets OBX.5 for facility header length with trimming the output right. Math add “1” with group iterate variable to outbound group iterate and math add “1” to outbound @TXsetid. Null next instance of OBX.16. Copy @TXsetid to OBX.1. Copy OBR.25 and @linelen to iterated instance of OBX.5.0. There is a TCL proc that sets OBR.25 with OBX.5 line length and if OBR.25 = P, F or C, OBX.5 header and length is set with either \* Preliminary Report \*, \* Final Report \* or “Corrected Report \* based on source value. Math add “1” with group iterate variable to outbound group iterate and math add “1” to outbound @TXsetid.  End first pass headings: If @vitals = Y”, pathcopy OBX segment. Null OBX.16 and copy @TXsetid to OBX.1. Copy OBX.5 with TCL proc that formats vital signs: remove the vitals tag from the vitals record, find the difference between the last charted vital sign and the max default length and add any difference to the column spaces default and create second column of spaces. Then, find the difference between the minimum vital sign and the max default length, add any difference to the column spaces default and create the third column of spaces.  Else, if @landO = “Y”, pathcopy OBX segment. Null OBX.16, copy @TXsetID to OBX.1. Copy OBX.5.0 outbound with TCL proc that gets the value in OBX.5 and if landO = “Y”, if OBX.5 is null or contains “Intake and Output Details, send OBX.5. If OBX.5 contains “startIO, null OBX.5. If OBX.5 contains “8 Hrs”, trim whitespace from both sides of heading and get the string length. Replace OBX.5 with new heading and trim right blanks. Search for {mL} in OBX.5 and get the index. If not found, send OBX.5 outbound. Split index, set iodatadesc into OBX.5 and trim both sides of the field, set iodataamt into OBX.5 and trim both sides of the field. Set iodata filler (40) the string length of iodatadesc, set column1 replicated with iodatafill and concatenate all data amd sent in a list outbound.  Else, pathcopy OBX segment. Null OBX.16, copy @TXsetID to OBX.1.  Add additional heading to new heading line: If @Age = “Y”, math add 1 to group variable and @TXsetID, pathcopy OBX segment. Null OBX.16, copy @TXsetID to OBX.1. Copy PV1.2, PV1.44 and OBR.4.1 to OBX.5.0 with TCL proc that concatenates “Patient Class: ”, “Admit D/T: ” (with clock formatting), and “Report Name: “ outbound.  If @stopIO = “stopIO”, null OBX.5.0, math add 1to group variable and @TXsetid.  End test for fish bone: If @fishstop = “endfishbone”, hard code an “N” to @skipOBX variable, pathcopy OBX segment. Null OBX.16, copy @TXsetID to OBX.1. Hard code “{Fishbone Diagram Removed}” to OBX.5.0. Math add “1” with group iterate variable to outbound group iterate and math add “1” to outbound @TXsetid. |
| Notes | NTE | Y | If NTE.2 is null, pathcopy the entire NTE segment and hard code “Y” to @NTE variable. |

## 4.3 Sample Message

**INBOUND:**

MSH|^~\&|HNAM|CERNER|INVISION|BAYCARE|20180221132653||ORU^R01|Q3719872912T4763126308||2.3||||||8859/1

PID|1|7000017128^^^BayCare MRN^MRN^SOARIAN|7000017128^^^BayCare MRN^MRN^SOARIAN~810017018^^^BayCare CMRN^Community Medical Record Number^SOARIAN|810017018^^^BayCare EAD CPI^Historical CMRN^SOARIAN|FIVE^TEST^^^^^Current||19411111|F||W|8452 118TH AVE N^^Largo^FL^33773^^Home||||ENG|M|Catholic|6000036790^^^BayCare FIN^FIN NBR^SOARIAN||||HIS|||0

NTE|1|CD:726952201|Patient Employer: \.br\Patient Employer Number: \.br\Guarantor Employer:

PD1||||1518960905^Figueroa^Debra^^^^^^NPI Number^Personnel^^^National Provider Identifier

PV1|1|E|ERDAH^^^SAH^^Ambulatory(s)^SAH|X|||66666^YAZMMQCAJK^JN KUTRUN^^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR~MS666666^YAZMMQCAJK^JN KUTRUN^^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR|||ERD||||RP||N|66666^YAZMMQCAJK^JN KUTRUN^^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR~66666^YAZMMQCAJK^JN KUTRUN^^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR~MS666666^YAZMMQCAJK^JN KUTRUN^^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR|E||N|||||||||||||||||||SAH||Active|||20180212095200

ORC|RE||{ECC96A3B-E3DA-41B4-AE68-7A0374D14EF6}^HNAM\_CEREF~14038650084^HNAM\_EVENTID||||||20180221132643|^Bartlett^Jessica^^^^^^^Personnel

OBR|1||{ECC96A3B-E3DA-41B4-AE68-7A0374D14EF6}^HNAM\_CEREF~14038650084^HNAM\_EVENTID|DIS^Discharge Summary^^^Cellulitis|||20180221132300|20180221132300||||||||||||||20180221132643||DOC|F|||||||&Bartlett&Jessica||&Bartlett&Jessica

ZDS|PERFORM|^Bartlett^Jessica^^^^^^^Personnel|20180221132643|Com

ZDS|SIGN|^Bartlett^Jessica^^^^^^^Personnel|20180221132643|Com

ZDS|VERIFY|^Bartlett^Jessica^^^^^^^Personnel|20180221132643|Com

OBX|1|FT|EDPN^ED Physician Notes||||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|2|FT|EDPN^ED Physician Notes||Patient: FIVE, TEST MRN: 7000017128 FIN: 6000036790||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|3|FT|EDPN^ED Physician Notes||Age: 76 years Sex: Female DOB: 11/11/1941||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|4|FT|EDPN^ED Physician Notes||Associated Diagnoses: None||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|5|FT|EDPN^ED Physician Notes||Author: Bartlett , Jessica||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|6|FT|EDPN^ED Physician Notes||||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|7|FT|EDPN^ED Physician Notes||Medical Decision Making||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|8|FT|EDPN^ED Physician Notes||Orders Launch Orders||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|9|FT|EDPN^ED Physician Notes||Radiology:||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|10|FT|EDPN^ED Physician Notes||DX Abdomen 1 View KUB (Order): 02/21/2018 13:25 EST Stat, Transport Mode: Stretcher, Reason: abdominal pain.||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|11|FT|EDPN^ED Physician Notes||||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|12|FT|EDPN^ED Physician Notes||Impression and Plan||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|13|FT|EDPN^ED Physician Notes||Plan||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|14|FT|EDPN^ED Physician Notes||Prescriptions: Prescription Writer||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|15|FT|EDPN^ED Physician Notes||Pharmacy:||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

OBX|16|FT|EDPN^ED Physician Notes||lisinopril 10 mg oral tablet (Prescribe): 10 mg = 1 tab(s), PO, 1xDaily, 30 tab(s), 0 Refill(s).||||||F|||20180221132643||^Bartlett^Jessica^^^^^^^Personnel

NTE|1|Signature Line|Electronically Signed By:

NTE|2|Signature Line| Bartlett , Jessica, on 02.21.2018 01:26 PM

NTE|3|Signature Line|Electronically Signed By:

**OUTBOUND:**

MSH|^~\&|HNAM|CERNER|SAH|BAYCARE|20180221132653||ORU^R01|Q3719872912T47631263|P|2.3||||||8859/1

PID|1|810017018|7000017128||FIVE^TEST^^^^^Current||19411111|F||W|8452 118TH AVE N^^Largo^FL^33773^^Home||||ENG|M|Cat|6000036790^^^BayCare FIN^FIN NBR^SOARIAN||||HIS|||0

PD1||||1518960905^Figueroa^Debra^^^^^^NPI Number^Personnel^^^National Provider Identifier

PV1|1|E|ERDAH^^^SAH^^Ambulatory(s)^SAH|X|||^YAZMMQCAJK^JN KUTRUN|||ERD||||RP||N|^YAZMMQCAJK^JN KUTRUN|E||N|||||||||||||||||||SAH||Active|||20180212095200

ORC|RE||{ECC96A3B-E3DA-41B4-AE68-7A0374D14EF6}^HNAM\_CEREF~14038650084^HNAM\_EVENTID||||||20180221132643|^Bartlett^Jessica

OBR|1||{ECC96A3B-E3DA-41B4-AE68-7A0374D14EF6}^HNAM\_CEREF~14038650084^HNAM\_EVENTID|DIS^Discharge Summary^^^Cellulitis|||20180221132300|20180221132300||||||||||||||20180221132643||DOC|F

OBX|1|FT|EDPN^ED Physician Notes|| St. Anthony's Hospital||||||F|||20180221132643

OBX|2|FT|EDPN^ED Physician Notes|| \* Final Report \*||||||F|||20180221132643

OBX|3|FT|EDPN^ED Physician Notes||||||||F|||20180221132643

OBX|4|FT|EDPN^ED Physician Notes||Patient: FIVE, TEST MRN: 7000017128 FIN: 6000036790||||||F|||20180221132643

OBX|5|FT|EDPN^ED Physician Notes||Age: 76 years Sex: Female DOB: 11/11/1941||||||F|||20180221132643

OBX|6|FT|EDPN^ED Physician Notes||Patient Class: E Admit D/T: 02/12/18 09:52 Report Name: Discharge Summary||||||F|||20180221132643

OBX|7|FT|EDPN^ED Physician Notes||Associated Diagnoses: None||||||F|||20180221132643

OBX|8|FT|EDPN^ED Physician Notes||Author: Bartlett , Jessica||||||F|||20180221132643

OBX|9|FT|EDPN^ED Physician Notes||||||||F|||20180221132643

OBX|10|FT|EDPN^ED Physician Notes||Medical Decision Making||||||F|||20180221132643

OBX|11|FT|EDPN^ED Physician Notes||Orders Launch Orders||||||F|||20180221132643

OBX|12|FT|EDPN^ED Physician Notes||Radiology:||||||F|||20180221132643

OBX|13|FT|EDPN^ED Physician Notes||DX Abdomen 1 View KUB (Order): 02/21/2018 13:25 EST Stat, Transport Mode: Stretcher, Reason: abdominal pain.||||||F|||20180221132643

OBX|14|FT|EDPN^ED Physician Notes||||||||F|||20180221132643

OBX|15|FT|EDPN^ED Physician Notes||Impression and Plan||||||F|||20180221132643

OBX|16|FT|EDPN^ED Physician Notes||Plan||||||F|||20180221132643

OBX|17|FT|EDPN^ED Physician Notes||Prescriptions: Prescription Writer||||||F|||20180221132643

OBX|18|FT|EDPN^ED Physician Notes||Pharmacy:||||||F|||20180221132643

OBX|19|FT|EDPN^ED Physician Notes||lisinopril 10 mg oral tablet (Prescribe): 10 mg = 1 tab(s), PO, 1xDaily, 30 tab(s), 0 Refill(s).||||||F|||20180221132643

NTE|1|Signatur|Electronically Signed By:

NTE|2|Signatur| Bartlett , Jessica, on 02.21.2018 01:26 PM

NTE|3|Signatur|Electronically Signed By:

# 5. 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** |
|  |  |  |  |
| Medicity\_15\_p | 0600 - 2000 | [HIE-Team@baycare.org](mailto:HIE-Team@baycare.org) and [ISEnterpriseIntegrationServices@baycare.org](mailto:ISEnterpriseIntegrationServices@baycare.org) | If the backlog is greater than 50, alert the Integration and HIE teams. |

# Appendix A: Risks and Concerns –N/A

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

# Appendix B: Issues List –N/A

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