**GE Centricity IDX Results to Medicity**

**Version 1.0**

**Prepared By: Tiffany Bohall**

**Date: 3/8/2018**

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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

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the interface requirements between GE Centricity IDX and Medicity HIE specifically for radiology results. 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 radiology results from GE Centricity IDX to Medicity HIE. No other interface are discussed.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

HIE – Health Information Exchange

### 1.3.2 Glossary –N/A

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.2018.3.06.1 | tpsAdvHL7Filter | There is a TPS pre-proc which routes messages for certain locations to a specific nexus server. MSH.3 passes SFBH, SFB, SJS, BIC, SAC, SAPC, MPCIC, MPICC, SJDHL, SJDHP, SJD, SCNBC, SJDBB, SAOIC, TIC, SJDV, SJH, SJHN, SJN, SJNT, SJWH, SJW to nexus 1 server.  MPNBH, NBY, MCH, MCS, MDH, MDU, BAH, MPBED, MPH, MPREH, SAH, MOI, WHH, WHW, BRM are routed to nexus 2 server.  Suppress any transactions where PID.18.0 is null. |
| FR.2018.3.08. | filterMshObxCompare | Suppress any transactions where message date (MSH.6)  and the observation date in OBX.14 are different and the difference in time is greater than 4 days, all others are continued. |

## 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

[PD1]

[PV1]

[ORC]

OBR

[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: idxrad\_medicity\_oru\_soar
* 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 |
| Patient Identification | PID | Y | Pathcopy entire segment |
| Patient ID –internal | PID.3 | Y | Null the field. Copy PID.3.0 outbound. |
| Patient Primary Care Provider | PD1.4 | Y | Pathcopy entire field |
| Patient Visit | PV1 | Y | Pathcopy entire segment |
| Patient Class | PV1.2 |  | Copy from PV1.18 |
| Attending Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4), source table (.7) | PV1.7 | Y | If PV1.7.7 is not null, pathcopy null to the entire source field. Copy PV1.7.7 to PV1.7.0, PV1.7.1 to 7.1, PV1.7.2 to 7.2, PV1.7.3 to 7.3, and PV1.7.4 to 7.4. |
| Common Order | ORC | Y | Pathcopy entire segment |
| Ordering Provider –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4), source table (.7) | ORC.12 | Y | If ORC.12.7 is not null, pathcopy null to the entire source field. Copy ORC.12.7 to ORC.12.0, ORC.12.1 to 12.1, ORC.12.2 to 12.2, ORC.12.3 to 12.3, and ORC.12.4 to 12.4. |
| Observation Request | OBR | Y | Pathcopy entire segment |
| Requested Date/Time | OBR.6 |  | If OBR.6 is null, copy from OBR.7 outbound |
| Ordering Provider –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4), source table (.7) | OBR.16 | Y | If OBR.16.7 is not null, pathcopy null to the entire source field. Copy OBR.16.7 to OBR.16.0, OBR.16.1 to 16.1, OBR.16.2 to 16.2, OBR.16.3 to 16.3, and OBR.16.4 to 16.4. |
| Result Copies To –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4), source table (.7) | OBR.28 | Y | If OBR.28.7 is not null, pathcopy null to the entire source field. Iterate on field OBR.28 and if OBR.28.7 is not null, copy OBR.28.7 to OBR.28.0, OBR.28.1 ro 28.1, OBR.28.2 to 28.2, OBR.28.3 to 28.3 and OBR.28.4 to 28.4. |
| None | N/A |  | Hard coding a “1” to @TXsetid variable since new OBX segments will be added. |
| Value Type | OBX.2 |  | If OBX.2 = “RP”, pathcopy the entire OBX segment.  If OBX.2 = “FT”, copy “N” to @blank\_flag variable, copy null to @heading variable, copy OBX.5 to @ heading variable with TCL proc that checks OBX.5 for a colon and gets the location fo the colon, extracts the heading from OBX.5 up to the colon, split the heading into a list and verify all words are in CAPS. If all test pass, send out the heading, otherwise send “NOHEAD”. Send @heading variable through table, idxrad\_medicity\_headings.tbl for validation and if valid, a “Y” is returned, else “N” to @blank\_flag variable.  If @blank\_flag variable = “Y”, pathcopy the entire OBX segment, copy @TXsetid to OBX.1, math add “1” to @TXsetid, pathcopy the entire OBX segment, copy @TXsetid to OBX.1 and math add “1” to @TXsetid. |
| Set ID | OBX.1 |  | **For Footers:** copy @TXsetid outbound |
| Value Type | OBX.2 |  | Hard code “FT” |
| Observation Identifier | OBX.3 |  | Copy the output from OBR.4.0 |
| Observ Result Status | OBX.11 |  | Copy from OBR.25 |
| Date/Time of the Observation | OBX.14 |  | Copy from OBR.22. |
| None | N/A |  | Math add “1” to @TXsetid |
| Set ID | OBX.1 |  | **Thank you line:** copy @TXsetid outbound |
| Value Type | OBX.2 |  | Hard code “FT” |
| Observation Identifier | OBX.3 |  | Copy the output from OBR.4.0 |
| Observation Value | OBX.5 |  | Hard code “Thank you for this referral.” |
| Observ Result Status | OBX.11 |  | Copy from OBR.25 |
| Date/Time of the Observation | OBX.14 |  | Copy from OBR.22. |
| None | N/A |  | Math add “1” to @TXsetid |
| Set ID | OBX.1 |  | **Interpreted By:** copy @TXsetid outbound |
| Value Type | OBX.2 |  | Hard code “FT” |
| Observation Identifier | OBX.3 |  | Copy the output from OBR.4.0 |
| Observation Value | OBX.5 |  | Concatenating hard coding of “Interpreted By:” with OBR.32.2, OBR.32.3, OBR32.1 and OBR.32.6 outbound |
| Observ Result Status | OBX.11 |  | Copy from OBR.25 |
| Date/Time of the Observation | OBX.14 |  | Copy from OBR.22. |
| None | N/A |  | Math add “1” to @TXsetid |
| Set ID | OBX.1 |  | **Transcribed By:** copy @TXsetid outbound |
| Value Type | OBX.2 |  | Hard code “FT” |
| Observation Identifier | OBX.3 |  | Copy the output from OBR.4.0 |
| Observation Value | OBX.5 |  | Copy OBR.35.2, OBR.35.3 and OBR.35.1 to @ initials variable with TCL proc that sets first, middle and last names. If string equals middle, concatenate first, middle and last initials, else concatenate just first and last initials. Copy OBR.18 to @transdate variable with TCL proc that reformats date for display. Concatenate “Transcribed By:” with @initials and @transdate outbound. |
| Observ Result Status | OBX.11 |  | Copy from OBR.25 |
| Date/Time of the Observation | OBX.14 |  | Copy from OBR.22. |
| None | N/A |  | Math add “1” to @TXsetid |
| Set ID | OBX.1 |  | **Electronically Signed By:** copy @TXsetid outbound |
| Value Type | OBX.2 |  | Hard code “FT” |
| Observation Identifier | OBX.3 |  | Copy the output from OBR.4.0 |
| Observation Value | OBX.5 |  | Copy OBR.22 to @signdate variable with TCL proc that reformats the date/time for display. Concatenate hard coding of “Electronically Signed By:” with ZRI.1.2, ZRI.1.3, ZRI.1.1, ZRI.1.6 and @signdate variable outbound. |
| Observ Result Status | OBX.11 |  | Copy from OBR.25 |
| Date/Time of the Observation | OBX.14 |  | Copy from OBR.22. |
| None | N/A |  | Math add “1” to @TXsetid |

## 4.3 Sample Message

**INBOUND:**

MSH|^~\&|IDX|SCNBC|||20180308135657||ORU^R01|150055|P|2.3

PID||810017253|7000017222^4^5^^^BOISCNBC||MAGVIEW^ONE^^^^||19700318000000|F|||||(727) 444-5555|||||6000037046^^^

PD1||||^NO PRIMARY CARE PROV^PER^PT

PV1|1|O|MRISI^MRI||||MS006716^Beattie^Martin^Chandler^^^^1992772230|||||||||||O||||||||||||||||||||||||||20180308110000

ORC|RE|13352729393|29001818|||||||||MS006716^Beattie^Martin^Chandler^^^^1992772230^813^757^8421^

OBR|1|13352729393|29001818|MBREASTIB^MRI BREAST IMPLANTS BILATERAL WITHOUT CONTRAST SCREENING||20180308104500|20180308104500||||||test|||MS006716^Beattie^Martin^Chandler^^^^1992772230||||||20180308105900|||F||^^35^20180308110000^^|^~^~^~^~^||||MS004667^Krop^Daniel^Steven^^^M.D. RADIOLOGIST|~|NE81569^MONROE^EVE^^^^Contractor|^ADT^INT^^^^

OBX|1|FT|MBREASTIB&ADN||Addendum Begins||||||F|||20180308105900

OBX|2|FT|MBREASTIB&ADN||Test||||||F|||20180308105900

OBX|3|FT|MBREASTIB&ADN|| ||||||F|||20180308105900

OBX|4|FT|MBREASTIB&ADN||Electronically signed by Daniel S. Krop, M.D. RADIOLOGIST on 3/8/2018 ||||||F|||20180308105900

OBX|5|FT|MBREASTIB&ADN||10:57 AM||||||F|||20180308105900

OBX|6|FT|MBREASTIB&ADN|| ||||||F|||20180308105900

OBX|7|FT|MBREASTIB&ADN||BI-RADS CATEGORY 1: NEGATIVE||||||F|||20180308105900

OBX|8|FT|MBREASTIB&ADN||||||||F|||20180308105900

OBX|9|FT|MBREASTIB&ADN||Addendum Ends||||||F|||20180308105900

OBX|10|FT|MBREASTIB&GDT||MRI BREAST IMPLANTS BILATERAL WITHOUT CONTRAST SCREENING||||||F|||20180308105900

OBX|11|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|12|FT|MBREASTIB&GDT||CLINICAL INDICATION: MagView Test||||||F|||20180308105900

OBX|13|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|14|FT|MBREASTIB&GDT||COMPARISON: BayCare Outpatient Imaging exam(s) dated ||||||F|||20180308105900

OBX|15|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|16|FT|MBREASTIB&GDT||TECHNIQUE: Bilateral axial T2, and sagittal STIR and silicone ||||||F|||20180308105900

OBX|17|FT|MBREASTIB&GDT||sensitive sequences were obtained per implant evaluation protocol ||||||F|||20180308105900

OBX|18|FT|MBREASTIB&GDT||without contrast administration. As contrast material was not ||||||F|||20180308105900

OBX|19|FT|MBREASTIB&GDT||administered, this examination is not sensitive for malignancy ||||||F|||20180308105900

OBX|20|FT|MBREASTIB&GDT||evaluation.||||||F|||20180308105900

OBX|21|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|22|FT|MBREASTIB&GDT||FIBROGLANDULAR TISSUE:||||||F|||20180308105900

OBX|23|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|24|FT|MBREASTIB&GDT||LEFT BREAST FINDINGS: The implant is in expected position, without ||||||F|||20180308105900

OBX|25|FT|MBREASTIB&GDT||evidence of leakage or herniation.||||||F|||20180308105900

OBX|26|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|27|FT|MBREASTIB&GDT||RIGHT BREAST FINDINGS: The implant is in expected position, without ||||||F|||20180308105900

OBX|28|FT|MBREASTIB&GDT||evidence of leakage or herniation.||||||F|||20180308105900

OBX|29|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|30|FT|MBREASTIB&IMP||IMPRESSION:||||||F|||20180308105900

OBX|31|FT|MBREASTIB&IMP||1.||||||F|||20180308105900

OBX|32|FT|MBREASTIB&IMP||2. As noted above, this examination was performed without IV contrast ||||||F|||20180308105900

OBX|33|FT|MBREASTIB&IMP||and is therefore not sensitive or reliable for malignancy evaluation, ||||||F|||20180308105900

OBX|34|FT|MBREASTIB&IMP||and does not substitute for or preclude the need for routine ||||||F|||20180308105900

OBX|35|FT|MBREASTIB&IMP||screening mammography. ||||||F|||20180308105900

OBX|36|FT|MBREASTIB&IMP|| ||||||F|||20180308105900

OBX|37|FT|MBREASTIB&IMP||RECOMMENDATION:||||||F|||20180308105900

OBX|38|FT|MBREASTIB&IMP|| ||||||F|||20180308105900

OBX|39|FT|MBREASTIB&IMP||Electronically signed by Daniel S. Krop, M.D. RADIOLOGIST on 3/8/2018 ||||||F|||20180308105900

OBX|40|FT|MBREASTIB&IMP||10:48 AM||||||F|||20180308105900

ZRI|MS004667^Krop^Daniel^Steven^^^M.D. RADIOLOGIST

**OUTBOUND:**

MSH|^~\&|IDX|SCNBC|||20180308135657||ORU^R01|150055|P|2.3

PID||810017253|7000017222||MAGVIEW^ONE||19700318000000|F|||||(727) 444-5555|||||6000037046

PD1||||^NO PRIMARY CARE PROV^PER^PT

PV1|1|O|MRISI^MRI||||1992772230^Beattie^Martin^Chandler|||||||||||O||||||||||||||||||||||||||20180308110000

ORC|RE|13352729393|29001818|||||||||1992772230^Beattie^Martin^Chandler

OBR|1|13352729393|29001818|MBREASTIB^MRI BREAST IMPLANTS BILATERAL WITHOUT CONTRAST SCREENING||20180308104500|20180308104500||||||test|||1992772230^Beattie^Martin^Chandler||||||20180308105900|||F||^^35^20180308110000|||||MS004667^Krop^Daniel^Steven^^^M.D. RADIOLOGIST||NE81569^MONROE^EVE^^^^Contractor|^ADT^INT

OBX|1|FT|MBREASTIB&ADN||Addendum Begins||||||F|||20180308105900

OBX|2|FT|MBREASTIB&ADN||Test||||||F|||20180308105900

OBX|3|FT|MBREASTIB&ADN|| ||||||F|||20180308105900

OBX|4|FT|MBREASTIB&ADN||Electronically signed by Daniel S. Krop, M.D. RADIOLOGIST on 3/8/2018 ||||||F|||20180308105900

OBX|5|FT|MBREASTIB&ADN||10:57 AM||||||F|||20180308105900

OBX|6|FT|MBREASTIB&ADN|| ||||||F|||20180308105900

OBX|7|FT|MBREASTIB&ADN||BI-RADS CATEGORY 1: NEGATIVE||||||F|||20180308105900

OBX|8|FT|MBREASTIB&ADN||||||||F|||20180308105900

OBX|9|FT|MBREASTIB&ADN||Addendum Ends||||||F|||20180308105900

OBX|10|FT|MBREASTIB&GDT||MRI BREAST IMPLANTS BILATERAL WITHOUT CONTRAST SCREENING||||||F|||20180308105900

OBX|11|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|12|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|13|FT|MBREASTIB&GDT||CLINICAL INDICATION: MagView Test||||||F|||20180308105900

OBX|14|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|15|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|16|FT|MBREASTIB&GDT||COMPARISON: BayCare Outpatient Imaging exam(s) dated ||||||F|||20180308105900

OBX|17|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|18|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|19|FT|MBREASTIB&GDT||TECHNIQUE: Bilateral axial T2, and sagittal STIR and silicone ||||||F|||20180308105900

OBX|20|FT|MBREASTIB&GDT||sensitive sequences were obtained per implant evaluation protocol ||||||F|||20180308105900

OBX|21|FT|MBREASTIB&GDT||without contrast administration. As contrast material was not ||||||F|||20180308105900

OBX|22|FT|MBREASTIB&GDT||administered, this examination is not sensitive for malignancy ||||||F|||20180308105900

OBX|23|FT|MBREASTIB&GDT||evaluation.||||||F|||20180308105900

OBX|24|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|25|FT|MBREASTIB&GDT||FIBROGLANDULAR TISSUE:||||||F|||20180308105900

OBX|26|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|27|FT|MBREASTIB&GDT||LEFT BREAST FINDINGS: The implant is in expected position, without ||||||F|||20180308105900

OBX|28|FT|MBREASTIB&GDT||evidence of leakage or herniation.||||||F|||20180308105900

OBX|29|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|30|FT|MBREASTIB&GDT||RIGHT BREAST FINDINGS: The implant is in expected position, without ||||||F|||20180308105900

OBX|31|FT|MBREASTIB&GDT||evidence of leakage or herniation.||||||F|||20180308105900

OBX|32|FT|MBREASTIB&GDT|| ||||||F|||20180308105900

OBX|33|FT|MBREASTIB&IMP||IMPRESSION:||||||F|||20180308105900

OBX|34|FT|MBREASTIB&IMP||1.||||||F|||20180308105900

OBX|35|FT|MBREASTIB&IMP||2. As noted above, this examination was performed without IV contrast ||||||F|||20180308105900

OBX|36|FT|MBREASTIB&IMP||and is therefore not sensitive or reliable for malignancy evaluation, ||||||F|||20180308105900

OBX|37|FT|MBREASTIB&IMP||and does not substitute for or preclude the need for routine ||||||F|||20180308105900

OBX|38|FT|MBREASTIB&IMP||screening mammography. ||||||F|||20180308105900

OBX|39|FT|MBREASTIB&IMP|| ||||||F|||20180308105900

OBX|40|FT|MBREASTIB&IMP||RECOMMENDATION:||||||F|||20180308105900

OBX|41|FT|MBREASTIB&IMP|| ||||||F|||20180308105900

OBX|42|FT|MBREASTIB&IMP||Electronically signed by Daniel S. Krop, M.D. RADIOLOGIST on 3/8/2018 ||||||F|||20180308105900

OBX|43|FT|MBREASTIB&IMP||10:48 AM||||||F|||20180308105900

OBX|44|FT|MBREASTIB|| ||||||F|||20180308105900

OBX|45|FT|MBREASTIB||Thank you for this referral.||||||F|||20180308105900

OBX|46|FT|MBREASTIB||Interpreted By: Daniel Steven Krop, M.D. RADIOLOGIST||||||F|||20180308105900

OBX|47|FT|MBREASTIB||Transcribed By: IA 03/08/2018||||||F|||20180308105900

OBX|48|FT|MBREASTIB||Electronically Signed By: Daniel Steven Krop, M.D. RADIOLOGIST 03/08/2018 10:59:00 am||||||F|||20180308105900

# 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 150 for more than 10 minutes, alert the Integration and HIE teams. Repeat once. |
| Medicity\_15\_p | Monday through Friday, 0700 - 2000 | [HIE-Team@baycare.org](mailto:HIE-Team@baycare.org) [ISEnterpriseIntegrationServices@baycare.org](mailto:ISEnterpriseIntegrationServices@baycare.org)  [baycarerissupport@baycare.org](mailto:baycarerissupport@baycare.org) | If the outbound Medicity Radiology connections go into an opening status for more than 60 minutes, alert the IDX, HIE and Integration teams. Repeat up to 3 times, in 30 minute increments. |

# 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