**Philips XPER Results to Cerner**

**Version 2.4**

**Prepared By: Tiffany Bohall & Sarah Thies**

**Date: 9/30/2019**

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# **Document Control**

## Resources:

Project Distribution List*:* (include Project Team Members, Liaisons, Vendor Contacts, etc.)

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|  |  |  |

## Document Version Control

| **Version** | **Date** | **Modifier** | **Description** |
| --- | --- | --- | --- |
| V1.0 | 4/23/2015 | Tiffany Bohall | Originally created |
| V1.1 | 10/1/2015 | LeAnn Roberts | Updated with diagrams and FSI detail |
| V1.2 | 2/3/2016 | Tiffany Bohall | Added CVIS interface data flow diagram |
| V2.0 | 3/4/2016 | Tiffany Bohall &  Tony McArtor | Updated Xcelera ORU sections to include changes as a result of the Xcelera IBE upgrade |
| V2.1 | 5/19/2016 | Tony McArtor | Updated Philips contrib systems to use BMGFN in PID 18.4 |
| V2.2 | 6/18/19 | Lois Whitley | Updated Diagram |
| V2.3 | 9/19/19 | Lois Whitley | Transfer to new template |
| V2.4 | 9/26/19 | Tiffany Bohall | Updated to separate from Xcelera requirements |
|  |  |  |  |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

This document outlines the changes required to accommodate the requirements of Philips IBE interface engine via an inbound Xper cardiology result message to Cerner for interoperability with Philip’s ISCV solution. All gaps will be identified and mitigated as well as any non-functional requirements needed to support the solution post implementation.

## 1.2 Project Scope

Implementing the foundation for a consolidated ISCV vendor solution. Physician and Clinician satisfaction will be increased and team members will directly benefit as images from Xcelera Echo, Xper Cardiac Cath Labs, Hemodynamics, EKG, Stress and wave form results will become available through an enterprise wide solution known as ISCV. ISCV will encompass patient information, study related data and (clinical) results/reports in one central location.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

CVIS: Cardio Vascular Information Systems

IBE: Intelligent Broker

### 1.3.2 Glossary

Xcelera: Cardiology application that incorporates PDF documents with textual results

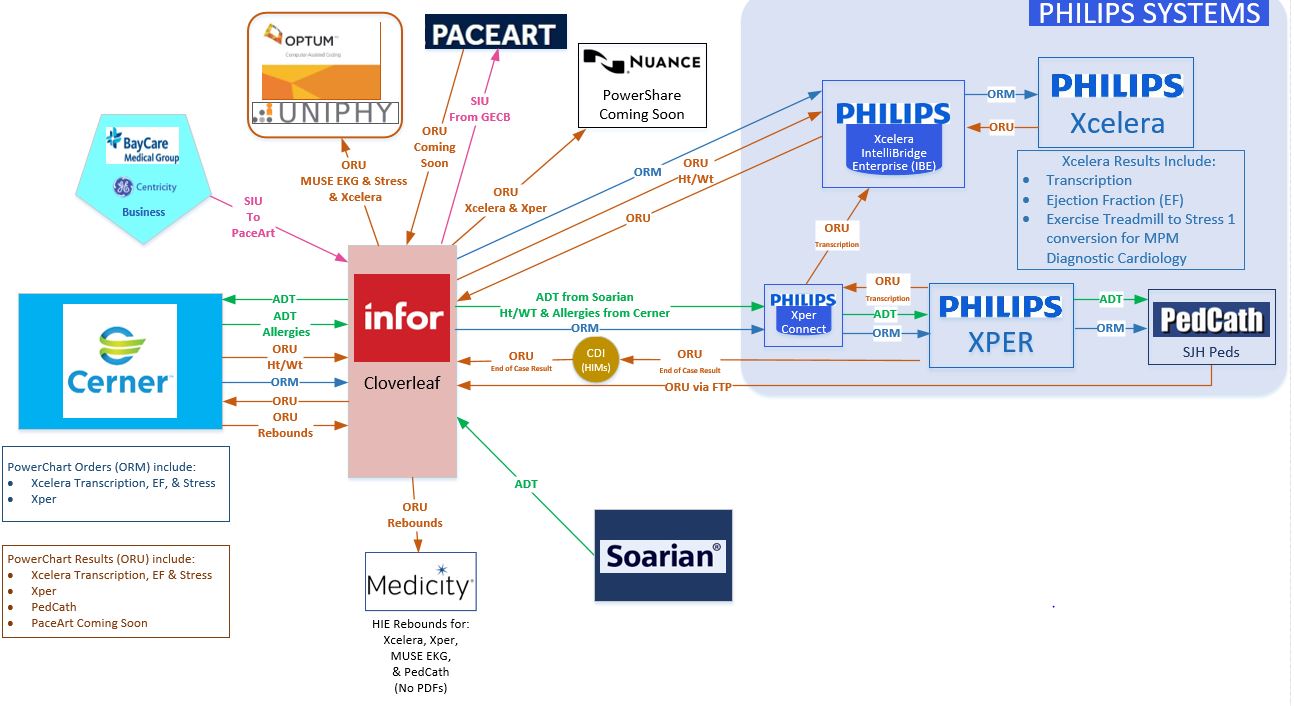
Xper Flex Cardio: Cardiology application

## 1.4 Document References

**Philips Specifications: located on the Integration SharePoint site, under the Philips ISCV folders**

* Xper Connect HL7 Conformance Claim
* Xper Connect Clinical Results Specification 1 5x

# 2. Diagram



# 3. Core Requirements

## 3.1 Cloverleaf 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** | **Description** |
| FR.2016.5.1 | Added BMG processing in PID 18.4 | Added encounter BMGFN to pass to Cerner |
|  |  |  |
|  |  |  |
|  |  |  |

## 3.2 Cerner FSI Functional Requirements

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

## 3.3 Non-Functional Requirements

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.

|  |  |  |
| --- | --- | --- |
| **Number** | **Requirement Name** | **Description** |
| NFR.2015.4.1 | Replacing Mac Lab and Merge Vericis | Various facilities have been using Xcelera, Mac Lab, Merge Vericis to complete cardiology related procedures and reporting. This CVIS project will take all users over to Philips Xcelera or Xper for these procedures. |
|  |  |  |
|  |  |  |
|  |  |  |

## 3.4 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.

**Test Cerner C30 domain**

Port Number: 12107

IP Address: BAYCFLAPP5

**Prod Cerner**

Port Number: 14003

IP Address: 159.140.43.191

### 3.4.1 Protocol From or to Vendor

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

### 3.4.2 FSI Comm Server Names

|  |  |
| --- | --- |
|  |  |
| |  |  |  | | --- | --- | --- | | **Cloverleaf (10.100.128.64)** |  | **Cerner - ORU\_PHILIPS\_IN (P30:14003)** | |  |

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

{

[

PID

[ORC]

OBR

[OBX]

}

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*PID – Patient ID segment*

*ORC – Common Order segment*

*OBR – Observation Request segment*

*OBX – Observation Result segment*

*ZDS – vendor or site defined 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 | Unsolicited Transmission of an observation/result |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

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

* Translation: xper\_cer\_oru\_soarf

### 4.1.4 Cloverleaf Site Location

Cardiology

### 4.1.5 Cerner FSI Impacted Scripts

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required R/O/C** | **Notes** | **Middleware (CL / FSI / Mule)** |
| --- | --- | --- | --- | --- |
| Field Separator | MSH.1 | Y | Copy | CL |
| Encoding Characters | MSH.2 | Y | Hard coding “ ^~\& “ | CL |
| Sending Application | MSH.3 | Y | Hard coding “PHILIPS” | CL |
| Sending Facility | MSH.4 | N | Hard coding “XPER” | CL |
| Receiving Application | MSH.5 | Y | Hard coding “POSTIMAGE” | CL |
| Receiving Facility | MSH.6 | Y | Copy from MSH.5 | CL |
| Date/Time of message | MSH.7 | Y | Copy | CL |
| Message Type | MSH.9 | N | Copy | CL |
| Message Control ID | MSH.10 | Y | Copy | CL |
| Processing ID | MSH.11 | Y | Copy | CL |
| Version ID | MSH.12 | Y | Copy | CL |
| Set ID | PID.1 | N | Hard coding “1” | CL |
| Patient ID (External) | PID.2.0 | Y | Copy MRN | CL |
| Patient ID (Internal) | PID.3.0 | Y | Copy CPI | CL |
| ID type code | PID.3.4 | Y | Hard coding “BCCPI” | CL |
| Patient Name: Last, First, Middle, Suffix | PID.5.0  PID.5.1  PID.5.2  PID.5.3 | Y | Copy | CL |
| Date/Time of Birth | PID.7 | Y | Copy and trim time in TCL pre-proc | CL |
| Sex | PID.8 | Y | Copy | CL |
| Patient Account Number | PID.18.0 | Y | Copy | CL |
| ID Type code | PID.18.4 | Y | Hard coding “BCFN” | CL |
| Order Control | ORC.1 | Y | Hard coding “RE” | CL |
| Date/Time of transaction | ORC.9 | N | Copy | CL |
| Ordering Provider: Number, last name, first name, middle initial | ORC.12.0  ORC.12.1 ORC.12.2  ORC.12.3 | N | If ORC.12.0 does not = null, copy ORC.12.0, ORC.12.1, ORC.12.2 and ORC.12.3. | CL |
| Set ID | OBR.1 | N | Hard coding “1” | CL |
| Placer Order number | OBR.2 | Y | Copy | CL |
| Filler Order number | OBR.3 | Y | Copy and remove the “-nn” from the end of the report identifier number. | CL |
| Universal Service ID text | OBR.4.0  OBR.4.1 | Y | Hard code “CARINT” in subfield 0  Hard code “Cardiac Catheterization” in subfield 1 | CL |
| Observation Date/Time | OBR.7 | N | Copy null | CL |
| Observation End Date/Time | OBR.8 | Y | Copy from OBR.22 post TCL proc that trims seconds | CL |
| Ordering provider | OBR.16 | Y | If OBR.16.0 does not = null, copy OBR.16.0, OBR.16.1, OBR.16.2 and OBR.16.3. | CL |
| Result report status/change | OBR.22 | Y | Copy and trim seconds in TCL pre-proc. Also copy to OBR.8. | CL |
| Diagnostic Serv Sect ID | OBR.24.0 | Y | Hard coding “MDOC” | CL |
| Result status | OBR.25 | Y | Copy and if OBR.25 does not = F, hard coding “F” outbound. | CL |
| Principal Result Interpreter: Number, last name, first name middle initial | OBR.32.0  OBR.32.1  OBR.32.2  OBR.32.3 | Y | If OBR.32.0 does not = null, copy OBR.32.0, OBR.32.1, OBR.32.2 and OBR.32.3. | CL |
| **Observation Identifier** | **OBX.3** | **N** | **If OBX.3.1 does not = FINDINGS…. do the below:** | CL |
| OBX Segment | All OBX’s | Y | Iterate through group OBX segments and pathcopy the repeating segments outbound. | CL |
| Value Type | OBX.2 | Y | Hard coding “TX” |  |
| Observation identifier | OBX.3.0  OBX.3.1 | Y | Hard code “CARINT” in subfield 0  Hard code “Cardiac Catheterization” in subfield 1 | CL |
| Observation Sub-ID | OBX.4 | Y | Hard code “1” | CL |
| Observation Result Status | OBX.11 | Y | Copy the output of OBR.25 source field (always “F”) | CL |
| Date/time of the observation | OBX.14 | Y | Copying from OBR.22 output source field, trim seconds. | CL |
| **Observation Identifier** | **OBX.3** | **N** | **If OBX.3.0 = PDF …. do the below:** | CL |
| Observation Value | OBX.5 | Y | Hard code null to OBX.5.0 outbound.  This was done in July of 2016 to wipe out file paths in the message: example " \\BCXPRSEDMINT02\Xper\_Reports\IS-SAH1\_DOC\_000\_A0.pdf " | CL |
| **Observation Identifier** | **OBX.3** | **N** | **If OBX.3.0 = FINDINGS …. do the below:** | CL |
| Set ID | OBX.1 | Y | Copy | CL |
| Value Type | OBX.2 | Y | Hard coding “ED” | CL |
| Observation identifier | OBX.3.0  OBX.3.1 | Y | Hard code “CARINT” in subfield 0  Hard code “Cardiac Catheterization” in subfield 1 | CL |
| Observation Sub-ID | OBX.4 | Y | Hard code “2” | CL |
| Observation Value: text | OBX.5.0  OBX.5.1  OBX.5.2  OBX.5.3  OBX.5.4 | Y | Hard code null to subfield 0 outbound.  Hard code “APPLICATION” to subfield 1 outbound.  Hard code “PDF” to subfield 2 outbound.  Hard code “BASE64” to subfield 3 outbound.  Copy | CL |
| Observation Result Status | OBX.11 | Y | Copy | CL |
| User Defines Access Checks | OBX.13 | O | Hard coding “Philips\_XPER.prf” | CL |
| Date/time of the observation | OBX.14 | Y | Copying from OBR.22 output source field, trim seconds. | CL |

## 4.3 Sample Message

### 4.3.1 Inbound to Cloverleaf

A majority of the PDF encoding characters have been removed….

MSH|^~\&|SENDAPP|XPER|MCS|RECVFAC|201908291559||ORU^R01|2019082915590904|P|2.2|2019082915590904|

PID||7000110137|810120441||TEST^ACE||19800101|MALE||White|12 TAMPA RD^^TAMPA^FL^33607|||||||6000145061||

OBR||18847994389|RA-MCH9-Cardiac Template-03||||20190828114115|||||||||||||RA-MCH9-Cardiac Template-03||201908291559|||C|||||||11111111^333333333^Test^Test|

ZDS|1.3.46.670589.44.1001.69635.0.810120190828.11111847|

OBX|1|||||

OBX|2||||CATH LAB PROCEDURE1|

OBX|3|||||

OBX|4||||Patient Name: TEST, ACE|

OBX|5|||||

OBX|6||||Account Number: 6000145061 DOB: 1/1/1980|

OBX|7||||Age: 39 Gender: MALE|

OBX|8||||Procedure Date: 8/28/2019 Referring Physician:|

OBX|9||||Cath Attending: Gonzalez-Cano, Jorge MD|

OBX|10|||||

OBX|11||||Indications:TESTING|

OBX|12|||||

OBX|13||||Impressions:TESTING|

OBX|14|||||

OBX|15||||Recommendations:TESTING|

OBX|16|||||

OBX|17|||||

OBX|18|||||

OBX|19|||||

OBX|20|||||

OBX|21|||||

OBX|22|||||

OBX|23|||||

OBX|24|||||

OBX|25|||||

OBX|26|||||

OBX|27|||||

OBX|28||||Description of Procedure:|

OBX|29||||After obtaining an informed consent, the patient was taken emergently to the cardiac catheterization laboratory. 2% lidocaine was administered to the right groin and access was obtained to the right femoral artery|

OBX|30|||||

OBX|31||||Hemodynamics:|

OBX|32||||Time|

OBX|33|||||

OBX|34||||AIR REST|

OBX|35||||ECG 11:44:37|

OBX|36||||ECG 11:44:42|

OBX|37||||ECG 11:44:46|

OBX|38||||ECG 11:44:51|

OBX|39||||ECG 11:44:55|

OBX|40||||ECG 11:44:58|

OBX|41||||ECG 11:45:25|

OBX|42||||ECG 11:45:29|

OBX|43||||ECG 15:08:22|

OBX|44||||ECG 15:10:23|

OBX|45||||ECG 15:30:12|

OBX|46||||ECG 15:30:28|

OBX|47|||||

OBX|48||||Access Site:|

OBX|49||||Local anesthetic to right groin region with Lidocaine 2%|

OBX|50||||- 4 French Micropuncture Sheath inserted into right femoral artery|

OBX|51|||||

OBX|52|||||

OBX|53|||||

OBX|54|||||

OBX|55|||||

OBX|56|||||

OBX|57|||||

OBX|58||||Lidocaine 2%|

OBX|59|||||

OBX|60|||||

OBX|61||||Signed By Test, Test T Philips Admin On 8/29/2019 3:58:45 PM On Behalf Of|

OBX|62||||Signed By Test, Test T Philips Admin On 8/29/2019 3:53:09 PM On Behalf Of|

OBX|63||||Signed By Gonzalez-Cano, Jorge MD On 8/28/2019 11:48:44|

OBX|64||||\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

OBX|65||||Gonzalez-Cano, Jorge MD|

OBX|66||||Referring Physician:|

OBX|67||||Cardiologist:|

OBX|68||PDF||\\BCXPRSEDMINT02\Xper\_Reports\RA-MCH9\_RA\_DOC\_003\_A2.pdf|

OBX|69|ED|FIND^FINDINGS^LB|2|DOC^Application^PDF^Base64^JVBERi0xL

### 4.3.2 Outbound from Cloverleaf to Cerner

A majority of the PDF encoding characters have been removed….

MSH|^~\&|PHILIPS|XPER|POSTIMAGE|MCS|201908291559||ORU^R01|2019082915590904|P|2.2

PID|1|7000110137|810120441^^^^BCCPI||TEST^ACE||19800101|M||||||||||6000145061^^^^BCFN

ORC|RE

OBR|1|18847994389|RA-MCH9-Cardiac Template|CARINT^Cardiac Catheterization||||201908291559||||||||||||||201908291559||MDOC|F|||||||11111111&333333333&Test&Test

OBX|1|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|2|TX|CARINT^Cardiac Catheterization|1|CATH LAB PROCEDURE1||||||F|||201908291559

OBX|3|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|4|TX|CARINT^Cardiac Catheterization|1|Patient Name: TEST, ACE||||||F|||201908291559

OBX|5|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|6|TX|CARINT^Cardiac Catheterization|1|Account Number: 6000145061 DOB: 1/1/1980||||||F|||201908291559

OBX|7|TX|CARINT^Cardiac Catheterization|1|Age: 39 Gender: MALE||||||F|||201908291559

OBX|8|TX|CARINT^Cardiac Catheterization|1|Procedure Date: 8/28/2019 Referring Physician:||||||F|||201908291559

OBX|9|TX|CARINT^Cardiac Catheterization|1|Cath Attending: Gonzalez-Cano, Jorge MD||||||F|||201908291559

OBX|10|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|11|TX|CARINT^Cardiac Catheterization|1|Indications:TESTING||||||F|||201908291559

OBX|12|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|13|TX|CARINT^Cardiac Catheterization|1|Impressions:TESTING||||||F|||201908291559

OBX|14|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|15|TX|CARINT^Cardiac Catheterization|1|Recommendations:TESTING||||||F|||201908291559

OBX|16|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|17|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|18|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|19|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|20|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|21|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|22|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|23|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|24|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|25|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|26|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|27|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|28|TX|CARINT^Cardiac Catheterization|1|Description of Procedure:||||||F|||201908291559

OBX|29|TX|CARINT^Cardiac Catheterization|1|After obtaining an informed consent, the patient was taken emergently to the cardiac catheterization laboratory. 2% lidocaine was administered to the right groin and access was obtained to the right femoral artery||||||F|||201908291559

OBX|30|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|31|TX|CARINT^Cardiac Catheterization|1|Hemodynamics:||||||F|||201908291559

OBX|32|TX|CARINT^Cardiac Catheterization|1|Time||||||F|||201908291559

OBX|33|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|34|TX|CARINT^Cardiac Catheterization|1|AIR REST||||||F|||201908291559

OBX|35|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:37||||||F|||201908291559

OBX|36|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:42||||||F|||201908291559

OBX|37|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:46||||||F|||201908291559

OBX|38|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:51||||||F|||201908291559

OBX|39|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:55||||||F|||201908291559

OBX|40|TX|CARINT^Cardiac Catheterization|1|ECG 11:44:58||||||F|||201908291559

OBX|41|TX|CARINT^Cardiac Catheterization|1|ECG 11:45:25||||||F|||201908291559

OBX|42|TX|CARINT^Cardiac Catheterization|1|ECG 11:45:29||||||F|||201908291559

OBX|43|TX|CARINT^Cardiac Catheterization|1|ECG 15:08:22||||||F|||201908291559

OBX|44|TX|CARINT^Cardiac Catheterization|1|ECG 15:10:23||||||F|||201908291559

OBX|45|TX|CARINT^Cardiac Catheterization|1|ECG 15:30:12||||||F|||201908291559

OBX|46|TX|CARINT^Cardiac Catheterization|1|ECG 15:30:28||||||F|||201908291559

OBX|47|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|48|TX|CARINT^Cardiac Catheterization|1|Access Site:||||||F|||201908291559

OBX|49|TX|CARINT^Cardiac Catheterization|1|Local anesthetic to right groin region with Lidocaine 2%||||||F|||201908291559

OBX|50|TX|CARINT^Cardiac Catheterization|1|- 4 French Micropuncture Sheath inserted into right femoral artery||||||F|||201908291559

OBX|51|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|52|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|53|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|54|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|55|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|56|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|57|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|58|TX|CARINT^Cardiac Catheterization|1|Lidocaine 2%||||||F|||201908291559

OBX|59|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|60|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|61|TX|CARINT^Cardiac Catheterization|1|Signed By Test, Test T Philips Admin On 8/29/2019 3:58:45 PM On Behalf Of||||||F|||201908291559

OBX|62|TX|CARINT^Cardiac Catheterization|1|Signed By Test, Test T Philips Admin On 8/29/2019 3:53:09 PM On Behalf Of||||||F|||201908291559

OBX|63|TX|CARINT^Cardiac Catheterization|1|Signed By Gonzalez-Cano, Jorge MD On 8/28/2019 11:48:44||||||F|||201908291559

OBX|64|TX|CARINT^Cardiac Catheterization|1|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_||||||F|||201908291559

OBX|65|TX|CARINT^Cardiac Catheterization|1|Gonzalez-Cano, Jorge MD||||||F|||201908291559

OBX|66|TX|CARINT^Cardiac Catheterization|1|Referring Physician:||||||F|||201908291559

OBX|67|TX|CARINT^Cardiac Catheterization|1|Cardiologist:||||||F|||201908291559

OBX|68|TX|CARINT^Cardiac Catheterization|1|||||||F|||201908291559

OBX|69|ED|CARINT^Cardiac Catheterization|2|^APPLICATION^PDF^BASE64^JVBERi0xL

# 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** |
|  |  |  |  |
| Cardiology\_3\_p | 24/7/365 | ISEnterpriseIntegrationServices@baycare.org  [DiagnosticClinicalApplications@baycare.org](mailto:DiagnosticClinicalApplications@baycare.org) | If there are no results sent inbound to BayCare in more than 4 hours, trigger an alert.  If there is a high outbound queue depth of 10 message or more, longer than 10 minutes, trigger alert and repeat every 20 minutes up to 3 times. |

# Appendix A: Risks, Concerns & Issues

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | |  | |
| **Number** | **Risk/Concern/Issue** | **Comment** | **Mitigation** |
|  |  |  |  |
| RCI.2019.1.0 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* End of document