**SIU from Tavoca to GE Centricity Business**

**1.1**

**Prepared By: Stephen Mattei & Lois Whitley**

**Date: 11/17/2016**

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# **Document Control**

## Resources

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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 11/15/2016 | Lois Whitley | Originally Created |
| V1.1 | 11/17/16 | Stephen Mattei | Updated Functional Requirements |
|  |  |  |  |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to outline the Scheduling (SIU) interface requirements for the Tavoca application to GE Centricity Business.

## 1.2 Project Scope

Tavoca is an appointment reminder system. Integration for the Tavoca application includes a Scheduling (SIU) interface from Tavoca to GE Centricity Business. A file extract is sent to Tavoca from GE Centricity Business. Tavoca then returns the patient status back to GE Centricity Business via the Scheduling interface. This interface is a raw feed, which means that the message only passes through Cloverleaf with no modifications (translations, filters, etc.).

Initial implementation of this enterprise solution will allow physician offices to send reminder messages to patients related to scheduled appointments, as well as scheduling a recurring appointment. Future implementations will require integration with Soarian for other locations.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

**SIU** – Scheduling Information Unsolicited; message notifies an auxiliary application of changes to some facet of the filler application’s appointment schedule

### 1.3.2 Glossary

Tavoca – vendor for appointment messaging

## 1.4 Document References

# *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.2016.11.17 | Pass data from Tavoca Smart Source to GE Centricity Business without modification of the data | Click here to enter text. |

## 3.2 Non-Functional Requirements

Provide concise detail for the below non-functional requirements. The below requirements must be evaluated for every project.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| NFR.2016.11.17 | Click here to enter text. | Click here to enter text. |

## 3.3 Messaging Protocols

Below are listed the details for the messaging protocols that will be leveraged for this integration. Please see the reference document located on the Integration SharePoint server: <insert link to document here>

### 3.3.1 Inbound to the BayCare Cloverleaf

* TCP/IP MLLP Socket Connection

### 3.3.2 Outbound from the BayCare Cloverleaf

* TCP/IP MLLP Socket Connection

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

SCH

PID

AIL

AIP

NTE

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*SCH – Schedule Activity Information segment*

*PID – Patient ID segment*

*AIL – Appointment Information-Location Resource segment*

*AIP – Appointment Information-Personnel Resource segment*

*NTE – Notes and Comments 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** |
| S14 | Edit Appointment |
| S15 | Cancel Appointment |
|  |  |
|  |  |
|  |  |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

N/A – Pass through Interface

### 4.1.4 Cloverleaf Site Location

bmg\_1

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| Message Header | MSH |  |  |  |  |
| Sending Application | MSH.3 |  |  |  | TAVOCA |
| Sending Facility | MSH.4 |  |  |  |  |
| Receiving Application | MSH.5 |  |  |  | GE\_CENTRICITY |
| Date/Time of Message | MSH.7 |  |  |  |  |
| Message Type | MSH.9 |  |  |  | SIU^S14 |
| Message Control ID | MSH.10 |  |  |  |  |
| Schedule Activity Info | SCH |  |  |  |  |
| Filler Appointment ID | SCH.2 |  |  |  |  |
| Appointment Reason | SCH.7 |  |  |  |  |
| Appointment Type | SCH.8 |  |  |  |  |
| Appointment Timing Quantity | SCH.11 |  |  |  |  |
| Filler Status Code | SCH.25 |  |  |  |  |
| Patient Identification | PID |  |  |  |  |
| Set ID | PID.1 |  |  |  |  |
| Patient ID | PID.2 |  |  |  |  |
| Patient Name | PID.5 |  |  |  |  |
| Date/Time of Birth | PID.7 |  |  |  |  |
| Appointment Information - Location | AIL |  |  |  |  |
| Set ID | AIL.1 |  |  |  |  |
| Location Resource ID | AIL.3 |  |  |  | Point of Care^Room |
| Appointment Information - Personnel | AIP |  |  |  |  |
| Set ID | AIP.1 |  |  |  |  |
| Personnel Resource ID | AIP.3 |  |  |  | ID Number^Family Name |
| Notes and Comments | NTE |  |  |  |  |
| Set ID | NTE.1 |  |  |  |  |
| Comment | NTE.3 |  |  |  |  |
| Comment Type | NTE.4 |  |  |  |  |
| Entered By | NTE.5 |  |  |  |  |
| Entered Date/Time | NTE.6 |  |  |  |  |

## 4.3 Sample Message

MSH|^~\&|TAVOCA|TAVOCA51|GE\_CENTRICITY|BMG|201611150044||SIU^S14|38087|T|2.4

SCH||2749833|||||WELLNESS EXAM^WWE|15|||201611150900||||||||||||||PEN||

PID|1|2234444|||DOE^JANE||14444444

AIL|1||273^119|||||||||

AIP|1||829^LAMOUTTE MD,CARLOS|||||||||

NTE|1||TAVOCA - Confirmed by Text Msg|Y|20161115003924|

MSH|^~\&|TAVOCA|TAVOCA51|GE\_CENTRICITY|BMG|201611150159||SIU^S15|38088|T|2.4

SCH||2809768|||||NLAB^FLU SHOT PER DR JOHNS|36|||201611151015||||||||||||||PEN||

PID|1|3333333|||DOE^JANE||19888888

AIL|1||383^106|||||||||

AIP|1||7083^NSFAM,TFH|||||||||

NTE|1||TAVOCA - Reschedule Request by Text|Y|20161115015725|TAVOCA - Reschedule Request by Text

# **5. Testing**

## 5.1. Unit Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.2 Integrated Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.3 Testing Approvals

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

### 

## 5.4 Piloting

List the facilities and associated networks in scope for pilot testing.

## 5.5 Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.0 |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 6. Deployment / Implementation Model

Provide the detail as to how to deploy the solution defined in the IDBB from both the BAYCARE and vendor perspective.

## 6.1 Alerts

Are you going to need alerting on this connection?

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

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

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

# Appendix A: Risks and Concerns

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2016.11.17 |  |  | |  | |  |  |  |

# Appendix B: Issues List

This is a dynamic list of the open issues related to the IDBB that remain to be solved, including but not limited to TBDs, pending decisions, information needed, conflict awaiting resolution, and the like.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Issue** | **Comment** | **Fix** | | |  |  |  |
| I.2013.1.0 |  |  | |  | |  |  |  |

* End of document