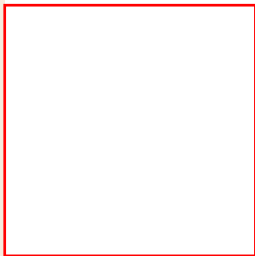




Updates!

e-Newsletter by IATRIC Systems, Inc.



Happy Holidays

December 2004

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1 Messages from Senior Management

The Strength of an Integration Partner

Ken Hoffman, Vice President - Interfaces & Integration



Over the years, I have worked in a variety of IS roles at a number of different hospitals. Many times, I faced situations where a software system had been purchased that didn't integrate with Meditech™ and I was invited to help determine how the two systems could work together. I think many of you might be able to relate to that scenario.

How do you accomplish this goal? You might start off by checking with Meditech to see if they have an interface to the vendor's system, or talk with the other vendor to see if they have interfaced to Meditech at any other hospitals. You could start calling around to different interface companies to find out if they offer a solution. You may even have the opportunity to do all of these things. However, having worked as an integration and interfacing professional for 13 years I offer this - why not start by calling

your integration partner?

An integration partner is someone you can trust, that has the technical expertise as well as the ability to offer ideas and suggestions for creative solutions, and the ability to deliver those solutions. Furthermore, the strength of an integration partner is having a reliable source that will offer viable solutions for your integration needs *even if that solution is not provided by them*. As the Vice President of the Integration and Interfacing Division of Iatric Systems, I spend many hours every day speaking with CIO's, directors, analysts, clinicians, and other vendors about interfacing to the Meditech HCIS.

As an integration partner for several hundred Meditech hospitals and vendors, Iatric Systems has the experience and dedication you need in an integration partner. Iatric Systems offers many applications and hundreds of interfaces to complement the Meditech HCIS. Give Iatric Systems a chance to be an extended part of your Information Systems staff by turning to us as your integration partner.

Wishing you all a Merry Christmas and Happy Holiday season...Ho...Ho...Ho

Contact Ken Hoffman directly via e-mail at KenH@iatric.com.

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2 Customer Spotlight: Stanly Memorial Hospital Implements Robust ED System



Stanly Memorial Hospital, a private, not-for-profit facility located in Albemarle, NC, recently experienced success implementing the [MedHost ED Management System](#) and seamlessly integrating the system with their Meditech™ HCIS. "The system has performed well and we recommend it over any other electronic ED product," said Brian Freeman, Vice President of Diagnostics & Information Technology at Stanly. The hospital, which handles

approximately 30,000 ED visits per year, implemented the system within just 90 days (from contract signing to go-live).

The hospital considered software functionality as well as the ability to integrate with Meditech during their selection process. About MedHost software functionality, Brian indicates, "You need a system that is very intuitive but easy for all skill sets to master - MedHost is that system. The documentation in MedHost is far superior to the old T-Sheet method we used. MedHost has built-in triggers that require the nurses and physicians to follow best practices that can sometimes be overlooked using the manual paper record process (e.g., vitals at discharge). The chart cannot be closed until these actions are performed. The ultimate result is better patient care - which is why we are here."

Integration of MedHost with Meditech was provided by Iatric Systems. Key integration points included order entry, test results, billing, and reports. In connection with the integration component of the project, Brian states, "I think one of the strongest assets is

MedHost's interface partner, Iatric Systems. Meditech is our hospital information system and MedHost/Iatric Systems provide us with very reliable interfaces for order entry, test results, charges, and report summaries. The data that the MedHost system collects and produces is outstanding."

Craig Herrod, President and CEO of MedHost, added, "MedHost is proud and excited that we have successfully partnered with Stanly Memorial and Iatric Systems to fully integrate our entire EDMS product suite...with Meditech."

For more information, e-mail us at info@iatric.com, visit the [MedHost website](#), or review the MedHost [press release](#) regarding Stanly's implementation.

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3 Prevent Duplicate Medical Records

Tired of duplicate medical records invading your MPI, even after a complete MPI clean-up effort? Iatric Systems is introducing a new product...[MRI Guard](#), which can help your organization prevent duplicate medical records at the point where they occur - the front end.

MRI Guard prevents duplicate medical records from being created by identifying potential duplicates during the registration process, *before* another medical record number is assigned to the patient.



Some of the key advantages of **MRI Guard** include:

- Prompting the user for patient SSN at the beginning of the registration process (optional)
- Checking the MPI to see if any patients might match current patient's data
- Allowing hospitals to define the criteria that determine what patient(s) will be presented to the user
- Providing a narrower, more refined set of patients than Meditech's™ standard unit number lookup
- Providing an audit trail of any duplicates created, with user and reason for creation

Whether your organization currently has a serious duplicate medical records issue, or you've already cleaned up the MPI and simply want to avoid creation of duplicate records in the future, **MRI Guard** can help.

If your organization needs assistance identifying and merging *already existing* duplicate medical records, you may also want to check out [MRI MergeMate](#). MRI MergeMate is a flexible and powerful system that effectively identifies duplicate medical records in the MPI and gives users the information they need to merge records appropriately. **MRI Guard** and **MRI MergeMate** are currently available in Magic version.

For more information, e-mail us at info@iatric.com, or visit the [MRI Guard](#) and [MRI MergeMate](#) pages of our website.

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4 Spam I Am...NOT!



Spam is no doubt one of the most annoying issues for anyone with an e-mail address (isn't that everyone?). We thought it would be valuable to explain a few ways technology is making a counter-attack against "spammers" and how the Iatric Systems Updates newsletter may sometimes get caught in the crossfire. In such a short article, we cannot provide in-depth details, but we can provide our readers with a simple explanation.

On the technology front, there are several methods used to identify spam. One is spam "filters". Filters typically use keywords to determine if an incoming e-mail is friend or foe. When the number of keywords in an e-mail reaches the filter threshold, it can trigger an action, such as block it or trash it. We review common keywords and the content of our newsletter to ensure this issue is minimized for our subscribers.

However, another method involves e-mail publishing services, and this issue continues to prevent some subscribers from receiving their Iatric Updates issues. E-mail publishing companies provide a valuable service to businesses who want to deliver an attractive newsletter via e-mail. Unfortunately, "spammers" can also use the same companies. This complicates things for honest businesses when publishing companies are put on "spammer" lists and all incoming e-mail from that publisher is blocked.

What can Updates subscribers do to ensure they receive our newsletter? 1) Accept messages from our publishing service, which is currently bCentral, 2) [go to our website to retrieve the .pdf version of our newsletter](#), and 3) work with your IS team to understand what other factors could cause you to stop receiving an electronic newsletter you opted into.

Only a small percentage of our subscribers seem to have problems. However, as anti-spam technology becomes more sophisticated, more of you may not receive the newsletter issues you asked us to e-mail to you. Let us know if you stop receiving your newsletter and we'll work with you to resolve the issue.

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5 Medical Necessity OrderMate Announcement

An announcement for Medical Necessity Ordermate customers - With 2005 close at hand, MNO dictionaries need to be updated as you update your Meditech™ Abstracting CPT and ICD9 code dictionaries. Keep in mind that Medicare no longer provides a 90 day grace period for using discontinued HCPCS codes for services provided on or after January 1, 2005. HCPCS codes must be valid at the time the service is rendered. HCPCS and keyword dictionaries do not automatically update when Meditech is updated.

For a copy of dictionary maintenance procedures or any other medical necessity assistance, please contact Carrie Walton (978-805-4174; carriew@iatric.com) or Barbara Roberts (978-805-4113; barbarar@iatric.com).

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6 NPR Report Writing Tips

NPR Tips: Snapshot Census (Magic or C/S)

Recently, there was some interest on the Meditech-L mailing list in recreating the census for some date in the past, beyond the ADM purge.

In a magic system, both the ABS **abs.pat.adm.locations.and.scus** segment and the PHA.PAT transfer index provide the data you need to recreate the location of patients as of some date (or date/time) in the past. In C/S, you just have the transfer index.

At the one magic (4.9) site I tested, the **abs.pat.adm.locations.and.scus** segment was incomplete and could not be relied upon to produce an accurate census reconstruction.

The PHA.PAT transfer index did prove accurate and would match the "Nursing Unit Census" report from ADM. (Except that patients were also listed on their date of discharge in my custom report and would not be included in the Nursing Unit Census for the discharge date).

The first step in writing such a report is to gather the patients who were in the hospital during the selected date. You cannot use the discharge index alone for such a report, as you would omit patients who are still in the hospital. You will need to use a start macro to loop on both the discharge index and on the index of current patients in ABS, checking the admit and discharge date of each patient to see if they were in the hospital on the selected date.

You should use a macro attached "AL START" with code (magic or c/s) as follows:

```

Enter/Edit Macro Logic: ABS.PAT.zcus.is.snapshot.census.demo.M.start (A:)
""→pt.status,
DO(@Next(pt.status,@dis.date.x) 1,
    IF(pt.status$2="IN" 1,
c.xx.date→dis.date,
@Prev(dis.date,@dis.date.x)→dis.date,
DO(@Next(dis.date,@dis.date.x) 1,
DO(@Next(account.number,@dis.date.x) 1,
@dis.date.x→urn,@CHECK}})),
""→urn,
DO(@Next(urn,@not.dis.x) @CHECK),
""→urn

CHECK
IF(@Hot(@room);
@adm.date>c.xx.date;
@dis.date<c.xx.date;
I→/URN[urn])

```

Your report will have NO index. Just an LI select on urn. The "start" macro builds the list of patients in /URN.

Next you will need to use a macro created as a program that will provide the location of a patient on the selected date. You pass in the ABS urn as A, and the selected date as B.

The code processes the transfers of the patient and picks out:

- A) For all transfers prior to or on the selected date, save the room and bed (in variable ROOM)
- B) For the first transfer after the selected date, save the OLD (the "transferred from") room and bed in the variable NEXT
- C) Also save the patient's current (most recent) location in the variable CLOC.

When you have processed the transfers, use A (most recent transfer prior to date) if you have it, otherwise use B (the old location on the first transfer after the date), otherwise use the patients current location.

The macro (magic version):

Howard Regional Health System HCIS

Enter/Edit Macro Logic: ABS.PAT.zcus.is.snapshot.census.demo.M.loc (A:)

```

A>urn,
@adm.urn>PHA.PAT.urn,
B>DATE,
@MIS.ROOM.DICT.location[@room]>CLOC,
C(:S),
"PHA."_(@.db#"1.")>DB,
%Z.link(":", "PHA", "%..PHA.data", DB),
DO(@next(PHA.PAT.transfer.date, @PHA.PAT.transfer.x) 1,
DO(@next(PHA.PAT.transfer.time, @PHA.PAT.transfer.x) 1,
DO(@next(PHA.PAT.event.date, @PHA.PAT.transfer.x) 1,
DO(@next(PHA.PAT.event.seq.no, @PHA.PAT.transfer.x) 1,
IF(PHA.PAT.transfer.date'>DATE @PHA.PAT.event.new.val>ROOM;
'NEXT @PHA.PAT.event.old.val>NEXT))))),
C(:U),
IF(ROOM @MIS.ROOM.DICT.location[ROOM#"0-"];
NEXT @MIS.ROOM.DICT.location[NEXT#"0-"];
CLOC);

```

Most recent transfer up to DATE

Get first "transferred from" room-bed, for transfers after DATE

Use ROOM else NEXT else CLOC

The C/S code is the same, except no Z.link code and the MIS.ROOM.DICT dictionary is MIS.ROOM.

You can test the report against the Nursing Unit Census for dates not yet purged from ADM. Note that your numbers will be higher because you will include patients for the date of discharge. The Nursing Unit Census is a midnight snapshot and therefore omits all patients discharged on the selected date.

An example report: ABS.PAT.zcus.is.snapshot.census.demo has been uploaded to our report library in three formats:

- 1) Magic, pre 4.9 SR3
- 2) Magic, post 4.9 SR3 a/k/a "the new format"
- 3) Client Server

Please note that our new website has information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#). You will find additional NPR tips located at <http://www.iatric.com/information/npr-tips.asp>.

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7 Subscribing / Contact Us

Subscribe to the **Updates! newsletter** [here](#), or simply visit the lower right hand section of our homepage at www.IATRIC.com.

You may always reply to this Newsletter with questions or comments. However, if you would like to contact someone directly, please feel free to contact one of the names listed below. You may also be removed from our mailing list by sending us an email request at INFO@iatric.com.

Joel Berman, President, JoelB@iatric.com, 978-805-4101

John Danahey, VP, Sales and Support, JohnD@iatric.com, 978-805-4153

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Physician e-signatures on patient reports

- Patient e-signatures on any type of patient form (consent forms, HIPAA notification, etc.)
- Employee e-signatures on any type of personnel document

'margin:0; text-autospace:none; '> Physician e-signatures on patient reports

- -size: 12.0pt'>