



## Updates!

e-Newsletter from Iatric Systems, Inc.

December, 2007

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## 1. Message from Senior Management

### Education is the Key

Ken Hoffman, Vice President  
Interfaces and Integration



We've all dealt with telemarketers interrupting our evenings. Now, even during the holiday season, they call our cell phones. Thankfully, with computer dialing you have a slight delay before a person talks, and that gives me just enough of a clue and time to hang up. Sometimes I stay on the line to see if it's my mother or father having problems with their new phone, but generally as soon as I hear "Hello. Is this Mr. Hoff...?", I hang up. I want to be educated, not sold. Educate me on a challenge I face, and then

I'll listen. To me, and to all of us here at Iatric Systems, education is key.

One challenge I often hear from hospitals is whether to buy an Interface Engine or Point-to-Point Interfaces (what I call IE vs. P2P). My answer to that question is education. I've presented to hundreds of individuals on this topic, at MUSE and via webcasts, reviewing the pros and cons of each approach, enabling hospitals to determine what best meets their specific needs. Iatric Systems offers both solutions (an Interface Engine and P2P Interfaces), so this gives us a unique objectivity that other vendors may not have. IE vendors show the pros of their product (or the product they resell), but rarely discuss the cost of ownership. Vendors that sell P2P Interfaces may discuss their advantages, but may not be so forthcoming in admitting there is a point where an Interface Engine might be a better solution. Each vendor's focus is to sell what they have, but if they don't present the pros and cons of all the options, you could be the one who's left holding the bag.

Making a decision to go P2P or IE is a personal one. It would be my pleasure to share my presentation or discuss the topic at length one-on-one. At Iatric Systems, we believe education and open discussions are beneficial for everyone. Many times each week, I have the pleasure of chatting about interfacing third party vendor software with MEDITECH. Some discussions are purely educational, or hospitals wanting to brainstorm a solution. The MEDITECH community is our focus, today, tomorrow, and years to come. So, consider it an open invitation to contact us if you have an integration project you would like to discuss.

Once in a while, the telemarketers mislead me by identifying themselves as a representative from a service to which I subscribe. The sales pitch is usually strong but rarely ever objective or with full disclosure. If you don't want to get these calls anymore, go to this site and enter your phone

numbers (cell phones, too) to be removed from the telemarketing call list:  
<https://www.donotcall.gov/Register/Reg.aspx>.

As for being misled by Interface Engine or P2P Interface vendors, call Iatric Systems and receive education instead.

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## 2. Medication Order Management Systems (MOMS)



How does your organization handle medication orders? Are prescriptions faxed from nursing units to the pharmacy? Perhaps you're using pneumatic tubes, or dumb waiters?

Unfortunately, there are many issues inherent in these sorts of manual processes... Orders may turn up "missing" when a provider realizes a patient hasn't received a medication that was ordered hours ago. Toner, dust or phone line noise can place mysterious and unwanted decimal places in the doses of faxed orders. Instances of uncertainty require clarification and numerous phone calls from the pharmacy to the floors.

Thankfully, a new generation of software has emerged to address these issues – Medication Order Management Systems (or "MOMS"). MOMS enable nursing to scan orders instead of faxing, tubing or dumb waiting. Scanned images result in higher resolution, improved legibility and subsequently reduce phone calls. Additionally, MOMS can notify staff immediately when an order has been placed but the scanned prescription is missing. These are just two of the many benefits MOMS offer.

In the pharmacy, MOMS provide a dashboard of all pending orders. Stat orders can be queued at the top of the list to be filled first. Individuals can be assigned responsibility for specific orders. Notes can be placed on orders to indicate if the filling process is on hold and what the reason is for the hold. Furthermore, authorized clinical staff across the organization can view this information quickly and easily. The number of phone calls, pages and e-mails is significantly reduced.

There are a number of MOMS available on the market today. None, however, offer the same direct and high level of integration with MEDITECH as Iatric Systems' **Paperless Pharmacy**. Paperless Pharmacy is available to [MAGIC](#) and [Client/Server](#) sites. Paperless Pharmacy:

- Helps ensure orders are filled in a timely manner
- Eliminates missing meds caused by faulty faxing
- Stamps all transactions with user, date and time
- Streamlines workflow and improves communication
- Eliminates the need to file, store and retrieve paper orders

If you haven't seen Paperless Pharmacy in action yet, we invite you do to so via webcast on any of the following dates:

Webcast Date	Day	Time
<a href="#">January 16th</a>	Wednesday	2:00pm Eastern
<a href="#">January 24th</a>	Thursday	2:00pm Eastern
<a href="#">January 29th</a>	Tuesday	2:00pm Eastern

The benefits of MOMS are significant and return on investment is quick. To register to attend and learn more, simply select a session date above, and please be sure to include your **name, phone**

**number and hospital name.** We'll promptly send you registration confirmation and instructions on how to participate. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

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### 3. Archiving & Scanning



Your organization has options when it comes to archiving and scanning systems! Iatric Systems has partnered with ISSolutions, LLC, to provide the MEDITECH community with **Archiving & Scanning**, an enterprise-wide, highly integrated, cost-effective archiving and scanning option.

Why are MAGIC and Client/Server sites across the nation already utilizing Archiving & Scanning?

- Our solution can accept MEDITECH \*and\* non-Meditech data
- We offer advanced data retrieval methods, including full text searches and annotation capabilities
- As always, our solution offers superior functionality for less cost than other systems

Archiving & Scanning includes point-of-service scanning seamlessly integrated with staff's existing MEDITECH routines. It offers rapid batch scanning, effective for use in high-volume areas like HIM / Medical Records. Additionally, it archives system-generated reports, such as Lab results and Discharge Summaries.

To learn more, please join us via webcast as we demonstrate Archiving & Scanning on the following dates:

Webcast Date	System Type	Day	Time
<a href="#">February 13th</a>	MAGIC	Wednesday	2:00pm Eastern
<a href="#">February 14th</a>	Client/Server	Thursday	2:00pm Eastern
<a href="#">February 19th</a>	MAGIC	Tuesday	2:00pm Eastern

To register to attend, simply select a session date, and please be sure to include your **name, phone number and hospital name.** We'll promptly send you registration confirmation and instructions on how to participate. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

Archiving & Scanning is available in [MAGIC](#) & [Client/Server](#) versions.

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## 4. Revenue Cycle Tips in 2008



In addition to monthly NPR Report Writer Tips, Updates! subscribers can look forward to monthly Revenue Cycle Improvement Tips starting next year!

Over the course of 2007, you may have noticed we published numerous newsletter articles related to the Revenue Cycle. Articles have discussed subjects such as Present on Admission, National Provider Identifiers, Medical Necessity, CMS announcements and more.

We've also hosted a number of educational sessions this year related to Revenue Cycle Improvement. Topics have included denials management, how Patient Access can positively impact the bottom line, severity adjusted DRGs, pay for performance, UB02 and much more.

Please forward to financial folks at your organization this link to subscribe to our newsletter, in case they don't already receive it:

<http://www.iatric.com/constants/newsletter.asp>

And remember to keep your eye out for monthly Revenue Cycle Improvement Tips starting in January!

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## 5. NPR Report Writing Tips

### Find your Allergy Reports (Magic only)

Last issue we discussed the new allergy DPM that can replace the free text allergy query scheme used for years on the magic platform. Should you decide to convert to the new method, you will need to track down all reports that refer to the old allergy queries and make sure you convert them.

The "search reports for field" option could serve to identify reports that refer to the old queries, but that routine does not include a way to discriminate between reports that are in use and those that are old and no longer being run.

For this tip, we have written a report in NPR.REP which will search a report's select fields, fields, line attributes, footnotes, and macros for any of a list of query mnemonics selected at run time:

```

Search Reports for Selected Queries

From Report  BEGINNING
Thru Report  END

Restrict to Reports w/Activity Y

Search for Queries
OE,ALLER
OE,FDALL

Include Activity Listing Y

```

The selection is done with a call to a program. The program is passed the report urn as argument A, and it checks for activity (if the user wants to restrict to reports with activity only), then searches for any of the selected macros in select fields values, VAL statements of computed fields, line attributes, footnotes, and in the source code of any macros.

Attach a computed field to the selections of the report:

	Select Field/Prompt or Value	Oper/Defa
3	xx.activity Restrict to Reports w/Activity	IG "Y"
4	MIS.QUERY.mnemonic Search for Queries	LI
5	xx.include.activity Include Act	IG
6	xx.ck 1	EQ

Select program returns 1 if query is found in report

Then call your select macro as a program in the VAL of the xx.ck field

```

Edit Field Attributes: xx.ck

DAT=FREE
JFY=L
LEN=1
VAL=%NPR.REP.zcus.is.eupdate.query.search.M.ck(urn)

```

The basic structure of the xx.ck program is as follows:

```
Enter/Edit Macro Logic: NPR.REP.zcus.is.eupdate.query.search.M.ck
@>urn>NPR.PROC.procedure.urn,
IF{@NPR.PROC.procedure.responsible'="U" "";
  @First(run.time)>RUN,
  c.xx.activity="Y"&(RUN_.,.) "";
  @SELECTS,
  @FIELDS,
  @LINE.ATTRIBUTES,
  @FOOTNOTES,
  @MACROS},
OK;
```

You will notice that the urn passed in the call from the computed field become the variable "A" in the macro, and that the macro has a last line that ends with a variable "OK" and a semicolon.

The way to make a macro a program is to end it with semicolon. The last expression in the program becomes the value returned to the program that calls the macro.

In the @SELECTS, @FIELDS, @LINE.ATTRIBUTES, @FOOTNOTES, and @MACROS sections of the macro, we loop and check the list of queries to see if they can be found in the sections of the code. To save time, the program builds a list of the "hits", which we print out in an MV array on the picture. To check the macros, we need to open a prefix to the macro saf and loop thru that file. See the report itself for the gory details.

The report also builds an index of active report schedules, and uses the index of menus to procedures to show flags to indicate if a report is on the scheduler and if it is on a menu or menus.

When the report builds the MV arrays to show the hits for the query search and also the activity, the lines required are compared to the lines left on the current page and a new page is forced if the listing will not fit. This will avoid splitting the output for a single report across pages, unless you had more than a page worth of data to present. We've shown this before as a tip called "smart page breaks".

Here is some sample output from one hospital:

**ADM.PAT.zcus.is.diet.list**

Current Inpatients w/ Appetite

On Scheduler:            On Menu(s): Y

Field # 15 Field xx.food.allergies

@ccdqr.response["OE.FDALL"]

Line # 11 Attr LC

@ccdqr.response["OE.FDALL"]

Macro ADM.PAT.zcus.is.diet.list.M.detail Line# 1

IF{@ccdqr.response["OE.FDALL"] 1+LINES^LINES},

Report Activity

IATRIC	01/08/03	1817
IATRIC	01/08/03	1820
ARNOJA	01/09/03	1331
ARNOJA	01/20/03	1440
ARNOJA	01/24/03	1142
ARNOJA	02/07/03	1439
LACOH	03/23/04	1141
LACOH	03/26/04	1120
WOODCH	11/02/06	1034

The report NPR.REP.zcus.is.eupdate.query.search has been placed in our magic report library.

You can find additional NPR Tips on our website at <http://www.iatric.com/information/npr-tips.asp>, as well as information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#).

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## 6. Newsletter Sign-Up/Contact Us

[Sign up for our Updates! newsletter](#), or do so by visiting the lower right section of our website's [homepage](#).

You may also request to discontinue receiving our newsletter by sending an e-mail at [info@iatric.com](mailto:info@iatric.com).

If you've received this newsletter via e-mail, you may give us feedback by simply replying to the e-mail. However, if you would like to reach someone directly, please feel free to contact one of the individuals listed below.

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