



Updates!

e-Newsletter from Iatric Systems, Inc.

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1. Messages From Senior Management

The Value of Meditech's HCIS

Joel Berman, President



One of the fastest growing parts of our business over the past year has been interfaces. We provide interfaces to Meditech customers so that they can either add functionality to their systems that Meditech doesn't currently provide, or access a module that the customer feels is superior to what Meditech offers.

One of the hottest areas for integration lately has been portals, which provide web access to data stored in the hospital's Meditech database.

Recently, we have come across portal vendors who are working with some of our competitors on a strategy to use the portal as a way to replace Meditech. The idea is that once you get use to the portal as your user interface for everything, then you can easily replace the core HIS backend. Meditech customers are our customer base. We think this is a foolish strategy for any vendor committed to serving the Meditech customer base. Iatric Systems believes in the value of Meditech as the core HIS. We support the continued use of MAGIC (and most of C/S is written in MAGIC) as the key database technology for our customers.

Iatric Systems will NOT participate in any strategy designed to remove and replace the core Meditech HIS. We are happy to respond to our customers' requests to interface products that increase the functionality of the whole hospital HIS with the Meditech HIS as the cornerstone. I hope you agree with our approach.

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2. Is CPOE Increasing Med Errors?



The *Journal of the American Medical Association (JAMA)* recently cited a leading CPOE (Computerized Physician Order Entry) system at one large, metropolitan teaching hospital as having caused or intensified 22 types of medication error risks. For an abstract or complete text of the article, see <http://jama.ama-assn.org/cgi/content/full/293/10/1197>. The article has proven to be controversial. Experts appear to be at odds as to whether or not the results of the AMA study should deter hospitals from continuing to move toward computerization to help reduce medication errors (see the "Reaction" section of a related story in iHealthBeat.org).

We asked our clinicians on staff here at Iatric Systems for their responses to the article. Michelle Schneider, RN, indicated she believes only 4 of the 22 medication error risks mentioned in the article could be attributed to the hospital's CPOE system. "They didn't have any pre-CPOE data with which to compare their findings. The study seems to have blamed med errors on CPOE, when the majority of the med error types listed in the article were most likely occurring in the paper system they used prior to CPOE."

In terms of benefits gained, Michelle added, "CPOE shouldn't replace the PDR or proper education. Automating poor processes at this hospital has allowed everyone to see problems more easily. I believe one of the major advantages of this hospital's implementation of CPOE is that the hospital now has concrete data it can utilize to better analyze and overcome the risks associated with the med error types the study identified."

Fortunately, using the Meditech HCIS and other software integrated with Meditech can mitigate and possibly eliminate a number of the risks outlined in the study. Michelle commented, "Much of the potential confusion surrounding medication administration can already be avoided by hospitals operating the Meditech HCIS. Seeing stat and PRN orders clearly, as well as seeing a complete list of the patient's meds on one screen with related clinical information can be accomplished easily by giving physicians' access to [VMAR](#)."

Do you have feedback on the JAMA article you'd like to share with us? If so, please feel free to do so at info@iatric.com.

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3. Application Development Part I: Recent, Current and Future



Iatric Systems has always had one main directive; provide customers with quality innovative solutions to complement their Meditech information system. One of the ways we achieve this is through the continual development of various software applications. This month and next, Frank Fortner, Senior VP of Application Development, will share with our readers our recent and current development efforts, as well as provide a sneak peek at future development plans.

Recent Events (Extreme Makeovers and New Faces) – Over the past several months, our development team has invested a great deal of time and effort in order to give some of our existing products extreme makeovers:

- [Visual Flowsheet \(VFS\)](#) received several significant enhancements, including a major performance increase that enables it to efficiently compile ever larger amounts of data.
- [VFS for Client/Server](#) also received many of the same changes as its Magic counterpart, including the new "by-tab" compile method.
- The [Physician Discharge Prescription \(PDRx\)](#) application was "married" to its nursing counterpart, [Patient Discharge Instructions \(PDI\)](#), enabling information to better flow between physicians and nursing staff.
- Our Magic-based SmartList, used to manage workflow in various areas of the hospital, was given a rich-client type of user interface and is now called the **Visual SmartBoard (VSB)**. It displays multiple views in a true Windows GUI, allowing for the display of significantly more data than its Magic predecessor.

Also in the past several months, we have introduced some fresh new faces to our list of application offerings:

- [PDI for Client/Server](#) was developed; beta tested, and is now available for general release.
- A brand new product which has already resulted in a blitz of early excitement is our handheld phlebotomy solution, [MobiLab](#). Several clients approached us in early 2004 with a need for a real-time, wireless mobile phlebotomy application, capable of performing positive patient identification and wireless printing of specimen labels at the bedside. We worked with several sites to formulate what our customers are telling us is a winning design. MobiLab is currently being beta tested, and you can see it in action via [webcast](#) in April, or at International MUSE in June.
- Lastly, we created [MRI Guard](#), the pro-active counterpart to our [MRI MergeMate](#) application. While MRI MergeMate runs through the MPI identifying and fixing duplicate medical records, MRI Guard was created to alert registration clerks of potential MRI errors during the registration process, before a duplicate medical record is created.

Next month, look for Application Development Part II for more information on current developments and future plans.

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4. Partner Spotlight – MercuryMD's MData 4.0



MercuryMD knows Meditech.

In 2001, MercuryMD and Iatric Systems set out to deliver patient results to clinicians' handheld devices at hospitals operating the Meditech HCIS. MercuryMD's [MData® Enterprise](#) now delivers comprehensive patient information, including results, to clinicians where, when and how it is needed. With 53 Meditech hospitals currently utilizing the MData Enterprise, MercuryMD continues to help Meditech hospitals improve their clinical workflow and operational efficiencies.

The latest upgrade to the MercuryMD enterprise - MData 4.0 - focuses on increased data

accessibility, more informed decision-making, and expanded capabilities for outpatient workflows. Major enhancements include:

- **SyncEverywhere™** - allows secure access to clinical information from any location, inside or outside the hospital
- **Lifetime Mobile Record** - provides access to patients' lifetime H&P's and Discharge summaries
- **Outpatient Data** – creates workflow efficiencies by allowing physicians to manage both inpatient and outpatient data
- **Critical Value Alerts** – allows physicians to quickly identify patients with critical lab values
- **Comprehensive Data** – delivers a minimum of seven days of labs and up to 30 days of reports
- **Expanded Demographics** – access to next of kin, caregiver role and insurance information

In addition MercuryMD offers the following add-on modules for MData 4.0:

- **MData CareFocus** – profiles patient populations to identify and treat high-risk groups
- **MData Charge Capture** – simplifies revenue capture with quick code recording and transmittal
- **MData Schedule** – real-time scheduling information for clinic, operating room and practice

Whether you're running C/S or Magic, MercuryMD and Iatric Systems have the experience and expertise to help you maximize your Meditech HCIS investment. Visit the MercuryMD website [demo center](#) for a quick tour of MData 4.0.

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5. Iatric Systems at HIMSS



For the past three years, as part of our Business Development efforts, Iatric Systems has attended the annual HIMSS conference. This year, Ken Hoffman - VP of Integration Services, and Buddy Bergeron – AVP of Business Development, attended the conference in Dallas, TX. Our reasons for attending this conference are primarily twofold - Customer Service and Business Development.

Customer Service - Iatric Systems now does business with over 550 Meditech hospitals and 150 third party vendors. HIMSS affords us the very unique opportunity to do a reality check with both vendors and customers to see how we can better meet their needs. The challenges of melding disparate technologies with Meditech are many. Having both customers and vendors in a single venue greatly enhances the lines of communication.

Business Development - We are approached almost daily by vendors who want to enter the Meditech marketplace and use Iatric Systems as the interface vendor. HIMSS attendance allows us to examine new vendors and meet with existing vendor partners to evaluate products as well as opportunities. Interfaces are one of the fastest growing parts of our business. We want to be sure that we are making the right choices for our customers.

Finally, many smaller vendors consider HIMSS a loss. It can be an enormous expense for a questionable return. The focused approach that Iatric Systems has taken at HIMSS makes attendance a smart investment for us, and a way in which we believe we can better serve our customers in the Meditech space.

Let us know whether or not you attended HIMSS by participating in the [HIMSS poll](#) on our homepage.

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6. NPR Tip: Editing regions to “move” fields.

When developing a report, you sometimes make changes or errors which result in an entire line or set of lines winding up in the wrong region.

For example, you might change the page sort field, so the the “old” HP region gets marked with asterisks and must be deleted.

```
Editing Regions - <ESC> for Picture or Fields
REG A 0-----1-----2-----3-----4-----5-----6-----7-----8-----
HP1   :
*HP   : Very Elaborate Page Header with lots of fields and stuff
*HP   : Even more carefully aligned column headers and computed fields here
D     : name----- unit.numbe acct.number_ admit.da discharg attend.
D     : +
```

One method to fix the issue would be to delete the text and fields in the starred regions and retype the text and repaste the fields in the new (correct) region.

In magic, another method would be to use the F(1)-F(2) block copy option that allows you to copy a section of the picture (fields and text) to another section of the picture (not from one report to another, unfortunately). C/S does not have this feature.

A very easy method that works in both C/S and magic is to edit the regions with a * or the regions that are incorrect, to match the region of the line immediately above or below.

```
Editing Regions - <ESC> for Picture or Fields
REG A 0-----1-----2-----3-----4-----5-----6-----7-----8-----
HP1   :
HP1   : Very Elaborate Page Header with lots of fields and stuff
*HP   : Even more carefully aligned column headers and computed fields here
D     : name----- unit.numbe acct.number_ admit.da discharg attend.
D     : +
```

Change to HP1 from top down

You can use the same technique if you put a bunch of fields in the wrong region:

```
HP1   :
HP1   : name----- unit.numbe acct.number_ admit.da discharg attend.
D     : +
```

```
Enter/Edit Report: Edit Region Page 3
Editing Regions - <ESC> for Picture or Fields
REG A 0-----1-----2-----3-----4-----5-----6-----7-----8-----
HP1   :
D     : name----- unit.numbe acct.number_ admit.da discharg attend.
D     : +
```

Change HP1 to D

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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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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