



Updates!

e-Newsletter from Iatric Systems, Inc.

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1. Message from Senior Management

Not Me!

Ken Hoffman, Vice President
Interfaces and Integration



Recently, I had the privilege of attending a wedding in Chattanooga, TN. During the reception, while everyone was eating and greeting the bride and groom, the room was rocked by a loud crash. As you can imagine, everyone stopped and looked around the room full of more than 100 people to see find the source of the explosive noise.

As I scanned the room in the direction of this distraction, I saw two boys kneeling on chairs with that look of shock mixed with guilt that I think we can all picture. Through the silence we heard a man's voice say, "It's probably my boy..." Then, as if in cadence, one of the boys said, "Not me!" and quickly pointed to the other boy. The sequence of events caused a chain of laughter throughout the entire hall.

What's not so funny is when this type of "finger pointing" occurs while implementing interfaces with vendors.

The Interface Division at Iatric Systems implements over 600 interfaces per year. As you can imagine and may have possibly experienced, inevitably these types of finger pointing situations arise. With two vendors pointing fingers and saying "not me!" the victim is always the hospital. At Iatric Systems, we don't accept or condone the finger pointing game, whether it's our problem or the other vendor's issue. We have an obligation to work with the other vendor until we find the problem and fix it, despite whoever might be "to blame." That is our commitment to you, our customers and friends – to work together with the other vendor to fix problems and not point a finger. We all make mistakes and when it's ours, we take ownership and fix it.

It turned out the boys at the wedding were playing with a 5' x 7' cubicle divider which fell over, crashed into a wall and hit the floor. Both were involved in the accident and both worked together to clean it up. No one was hurt and nothing was damaged, but the look on their faces was... well, priceless!

By the way, the bride at the wedding was one of our very own – Bonnie McAllister (formerly Bonnie Allin). Congratulations, Bonnie!

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2. Medication Reconciliation Success at Columbia



JCAHO National Patient Safety Goal 8 requires US hospitals to “accurately and completely reconcile medications across the continuum of care.” [Columbus Regional Healthcare System](#), a 154-bed hospital in Whiteville, NC utilizes Iatric Systems' **Patient Discharge Instructions (PDI)** solution to effectively comply with this requirement and streamline workflow processes related to reconciling medications.

The Medication Usage Team at Columbus chose PDI to help accomplish their strategic goal, but also because they were impressed with the integration the system offered to their existing MEDITECH HCIS. “Our physicians and nurses like using your product because they don’t have to waste time going in and out of numerous screens. The solution is seamlessly integrated with MEDITECH,” stated Lisa Ward, IS Director at Columbus.

Duplicate as well as missed medications were an issue prior to the implementation of PDI. Nursing could record a patient’s home medications in the computer, but nowhere in the computer could nurses, pharmacists and/or physicians see home medications *and* active inpatient medication orders all on one screen, so reconciling meds was no easy task. **PDI** displays home meds and active meds on one screen all at the same time, thereby making identification of missed meds and duplicate meds very obvious. “PDI has helped us improve medication safety,” indicated Lisa.

PDI clearly highlights therapeutic substitutions, and allows users to easily add home medications not given during a patient’s inpatient stay (coumadin, for example) back onto the patient’s list of discharge meds during the discharge process. “The [discharge] process is faster for staff now, yet safer for patients,” Lisa said.

PDI is available in [MAGIC](#) and [Client/Server](#) versions. If you would like to attend a webcast on “Using PDI for Med Reconciliation” please visit the [Upcoming Webcast Schedule](#) on our website to register to attend, or [email us](#) for additional information.

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3. Revenue Cycle Improvement with Scanning



We are pleased to announce Kay Jackson recently joined the Iatric Systems Team! Kay is well known in the Meditech marketplace for her **Revenue Cycle Improvement** workshops and seminars, and in November, she’ll be co-hosting webcasts focused on Revenue Cycle Improvement using Scanning Technology (see table below for webcast dates).

A number of major changes impacting the Revenue Cycle will occur in the months and years to come (severity adjusted DRGs, the UB02, higher CMS scrutiny of claims to protect against fraud, etc.). The financial staff at your hospital will become very busy with these changes, and the entire revenue process could suffer. How can you help avoid adverse impact on the revenue cycle? Automate as many existing functions as possible **now** so staff are well positioned to respond to future changes.

Scanning technology can streamline Revenue Cycle processes, decrease AR days, improve communications between departments, and lower costs. Please join Kay Jackson and Ed Alford for a free and informative webcast that will include a short Revenue Cycle Improvement educational introduction as well as a demonstration showing how scanning using [IatriScan](#) can become a competitive advantage for your facility!

Webcast dates and times are as follows:

Webcast Date	Day	Time
November 7, 2006	Tuesday	2:00pm Eastern
November 9, 2006	Thursday	1:00pm Eastern

To register, simply select the 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, and we'll look forward to seeing you online!

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4. RFID, the Emergency Department & Passive Patient Tracking



Every month, our [home page](#) poses a question, or "poll". This past month, it asked, "Is your hospital using or planning to use passive patient tracking in the Emergency Department?" A significant number of voters responded by asking, "What is passive patient tracking?" This article is for anyone who would like an answer to that question.

Simply put, passive patient tracking is the ability to locate a patient **automatically, without the need for human intervention, anywhere in the hospital**. Think of it as LoJack for patients; a veritable GPS for patients!

Until recently, patient tracking in an Emergency Department required staff to log onto a computer and manually update the patient's location every time the patient was moved. Unfortunately, with the high level of activity normally found in the ED, this type of human intervention was often left undone, thereby rendering the "tracking" component of some systems virtually useless, and the need for passive patient tracking was born.

So, how does it work? There are a number of methods (infrared, for example), but most solutions today use some form of **RFID (Radio Frequency Identification)** to automatically locate patients. For some basic information on RFID, see ["Technology Update" in the July, 2005, issue](#). In a nutshell, RFID tags can transmit radio waves that contain information necessary to locate patients. Furthermore, unlike barcode or infrared technology, another benefit of RFID is that many RFID tags do not require an unobstructed line of sight from the tag (located on the patient), to the receiver (mounted in areas like door jams or ceilings). RFID tags can also hold significantly more data than barcodes, and some RFID tags can transmit on their own rather than needing to be energized (or scanned) by a human being or a machine.

Passive patient tracking in the ED can result in many benefits. Since staffs no longer need to walk through the ED to locate patients, they save time. Customer satisfaction increases because staff can immediately (and accurately!) inform family members where a patient is located. Process improvement efforts can be focused in all the right areas, and consequently patient wait times and overall ED turnaround times decrease. ED's are also able to accommodate higher volumes of patients and avoid diversions more often.

We'll keep our passive patient tracking poll active through November 10th. If you've voted already, thank you – we appreciate your participation! If you haven't voted, now that you know what passive patient tracking is, perhaps you can take a moment to check in with your ED to find out how they feel about it, and [vote](#) on the subject yourself.

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5. NPR Report Writing Tips

NPR Tip, Listing records "edited since" or "older than". (Magic or C/S)

You may not be aware that Meditech stamps dictionaries and some other data structures with a date/time stamp which holds a value equal to the number of seconds since March 1, 1980. This data field does not appear in the data definition, but it can be used in a report via a computed field to select records.

You can obtain this value for the current system time with a computed field as follows:

```
VAL=@.sd
```

The actual magic command to get the number of seconds is S(0). You get a translator error message if you use this directly in a computed field or macro, as Meditech added some time zone offset features to NPR, and created the field @.sd which will adjust for time zone offset values when calling for the system time in seconds. They did this to allow hospitals with machines in different time zones to avoid confusion about things like the "midnight run". The translator checks for the older syntax and annoys you with a "WARNING" if you use S(0).

You can convert this "S(0)" time back to a date in YYMMDD format as follows

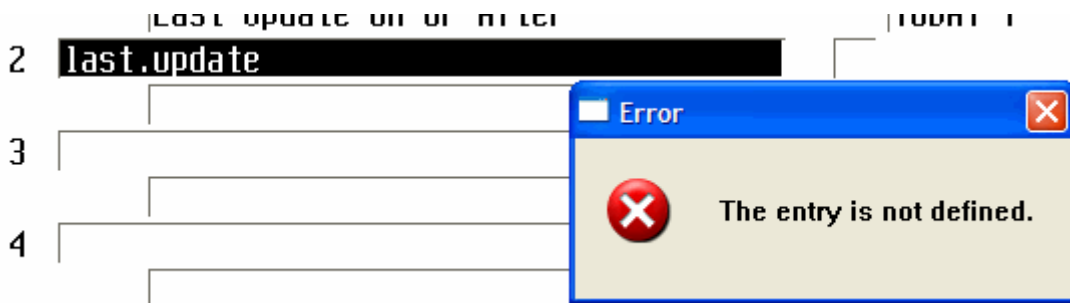
```
VAL=%Z.date.in.magic(@.sd)
```

You can get the HHMM time as follows

```
VAL=%Z.time.out(@.sd)
```

Sometimes the last edit date and time of a record is useful within a report. A typical example is a dictionary export, where you wish to send an initial file of all records, followed by a periodic update file of just the records edited since the last run.

The "last update" value is usually stored in a field @last.update. It is usually not available to the field lookup in the report writer on page two (sort/selects) or page three (field list).



It will often be available in the field lookup from the VAL of a computed field:

Element, Segment, DPM Lookup

Element Lookup
 Select

 MIS.DOC.DICT Element:
 ↑
 1 last.name
 2 last.update
 3 last.update.user
 4 license.number
 5 mnemonic
 6 name
 7 number
 8 office.manager

Enter: Element, "S\"Segment or "D\"DPM
Append "/" for information.
e.g., S\MIS.DOC.DICT.ca/I

Edit Field Attributes: xx.last.update

DAT=DATE
 JFY=L
 LEN=8
 VAL=%Z.date.in.magic(@last.update)

This is because Meditech usually sets the Customer Report Writer flag of the data segment which holds the time stamp to N or nil, or because they add an attribute to the field itself in the data definition ZSUP=Y. In the Magic MIS.DOC.DICT DPM they take a belt and suspenders approach:

Enter/Edit Data Definition Segments Page 1
✖

DPM	MIS.DOC.DICT		
Segment	last.updated	Rename?	<input type="checkbox"/>
Active?	<input checked="" type="checkbox"/>		
Cust R/W Access?	<input type="checkbox"/>	DR Access?	<input type="checkbox"/>

Enter/Edit Data Definition Element

Segment	last.updated
Name	Pointer
last.update	
last.update.user	MIS.USER

Enter/Edit Field Attributes

Why? Apparently you might hurt yourself if you could more easily access the time stamp information.

If we use the computed field that converts @last.update to a date in our selections, we will have a report that will send "records updated since".

	Select Field/Prompt or Value	Oper/Default c
1	xx.last.update Last Update On or After	GE
2		

Edit Field Attributes: xx.last.update

```
DAT=DATE
JFY=L
LEN=8
VAL=%Z.date.in.magic(@last.update)
```

This report example has been uploaded to our NPR report library in both Magic and Client Server versions as MIS.DOC.DICT.zcus.is.last.update (magic) and MIS.DOC.zcus.is.last.update (C/S). The magic version is a tab delimited download file and the C/S is comma delimited since only the latest versions of print manager in C/S will allow tab delimiters.

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/Contacting Us

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You may also request to discontinue receiving our newsletter by sending an e-mail at 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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