



## Updates!

e-Newsletter from Iatric Systems, Inc.

## September 2008

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### 1. Message from Senior Management

#### Healthcare IT - Art or Science

John Danahey, Vice President  
Sales and Marketing



In the medical world, there is an age old question, "Is medicine art or science?" A Google search quickly demonstrates the complexities that exist when art and science merge. It's also clear that few experts dare commit to one ideology over another.

What happens when we apply this same question to the development of healthcare IT solutions?

Since most technological development originates from programmers, it would be easy to sway towards science. After all, programmers think systematically, take a problem and formulate solutions. Yet we all know that the creativity involved in the intricacies of user interface design, product implementation and customer support can make or break a solution.

For example, an HL7 interface is based on a technical specification (science). Yet we have learned from experience that every HL7 implementation varies from the next. Predicting, understanding, and adapting to these variations have been the hallmark of Iatric Systems' teams. The resulting interfaces reflect the perfect blend of art and science designed and developed to ensure customer satisfaction. In essence, a team of managers, programmers, project managers and support staff work together - embracing their diverse approach to problem solving and transforming solutions into a piece of art.

Art is always open to interpretation, but as each software solution goes live, we get to see the power of the science that lies underneath. As a senior manager at Iatric Systems, there was a time when I felt that my background and tendencies were more scientific. However, I find that it is a joy for me to browse our art gallery of the thousands of implementations in more than 800 hospitals and health systems. The debate of "art or science" will go on but I am proud to be a part of a company where art *and* science co-exist in harmony.

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## 2. FOCUS on 6.0 – Free Seminar



This session is filling up fast! Don't miss the opportunity to attend our free one-day seminar regarding migration to FOCUS 6.0.

**Date:** October 15, 2008  
**Time:** 10:00am – 3:30pm  
**Location:** Hilton Baltimore BWI

We've gathered resources from across the nation to share their FOCUS experiences and strategies for success.

Sessions include:

### **MAGIC to FOCUS - What's the Scoop?**

Doylestown Hospital went live with FOCUS on May 1, 2008. Carol Muhlbauer will update her International MUSE presentation with the latest.

### **The Wayne Memorial Hospital Experience**

Wayne Memorial is a MAGIC site in the midst of their FOCUS migration. Lori Cole will review why the hospital chose to migrate, how they are overcoming challenges and what they are discovering along the way.

### **CIO Panel and Open Discussion**

Bring your thoughts, concerns and all of your questions to this session – we'll be prepared for audience participation! CIO panelists from three additional sites will facilitate this lively session and provide an overview of each hospital's perspective on migration to FOCUS.

### **Hocus, Pocus, More MAGIC Behind FOCUS**

Iatric Systems has had an opportunity to work on FOCUS at several sites. This session will give attendees a basic technical understanding of MEDITECH's newest proprietary platform.

Complimentary continental breakfast and lunch will be served.

For more information, please contact Pamela Brock via e-mail at [PamelaB@iatric.com](mailto:PamelaB@iatric.com) or via phone at 978-805-3170, or simply [Register Now](#).

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## 3. PSM – Alerting Clinicians



**altruism** [(al-trooh-iz-uhm)] A selfless concern for others.

Most clinicians can remember a time when the dream of becoming a nurse, a physician or a therapist was accompanied by thoughts of helping people - helping them

walk better, talk better, breathe better, *feel* better. Never did we dream of sending patients home with a broken bone, an infection or an adverse drug event that they didn't have on arrival! Unfortunately, clinician workload and inadequate patient safety management can make this altruistic goal hard to attain. Iatric Systems designed our [Patient Safety Management](#) solution to alert clinicians *before* something goes wrong. Pain reassessments, critical lab results, fall risk and restraint documentation are easily managed from one place.

We are especially excited about the many ways that this tool can help you meet your patient safety goals. Whether you choose to take advantage of the changing colors, flashing details or audible alerts, this solution helps meet the diverse needs of your clinicians. Our goal is to make patient safety attainable by providing solutions that are realistic and manageable.

Please join us via webcast, from the comfort of your own office, as Michelle Schneider presents Patient Reassessment. To register, select a webcast date below.

Webcast Date	Day	Time
<a href="#">October 21st</a>	Tuesday	2:00pm Eastern
<a href="#">October 23rd</a>	Thursday	2:00pm Eastern
<a href="#">October 29th</a>	Wednesday	2:00pm Eastern

Please be sure to include your **name, phone number** and **hospital name**. We'll send you registration confirmation and participation instructions. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

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#### 4. Mercy Baltimore Summit



Interested in reducing medication errors? [Mercy Medical Center in Baltimore, MD](#), is hosting an afternoon site visit on November 19, 2008, to showcase its medication safety systems and demonstrate its teamwork in action. Mercy's site visit will kick off the [Medication Management Error Elimination Summit](#) scheduled November 20-21, 2008 in Baltimore, MD at the Marriott Inner Harbor Hotel. The Medication Management Error Elimination Summit was designed to create a culture of medication safety throughout healthcare organizations and ensure correct policies and procedures are in place to eliminate all medication errors.

During the site visit, you'll be able to speak directly with Mercy's medication safety team members and tour the departments involved. You'll see how the hospital's medication reconciliation process works along the continuum of care. You'll learn about its bedside bar code medication verification process and view its electronic medication administration record. Mercy created an integrated computerized patient record that saves staff time and helps eliminate medication errors.

During the Summit, speakers from hospitals across the nation (many of them MEDITECH sites) will present eleven educational sessions on a variety of medication safety subjects:

- Medication Safety Strategic Planning
- Medication Reconciliation
- High-Risk Medications and Look-Alike/Sound-Alike Drugs
- Communication Errors

- Medication Administration Equipment

Additionally, former Joint Commission Executive Director Kurt Patton will give the keynote presentation on “Medication Safety as Part of Your Hospital’s Culture” and discuss the “Clinical Rationale Behind Joint Commission Medication Reconciliation Goals”.

To register or learn more, please visit [www.decisionhealth.com/mmee2009](http://www.decisionhealth.com/mmee2009). Iatric Systems customers may use code IATR08 at any time to receive a \$150 discount off the cost of each full conference registration. Please note there are a limited number of Mercy Baltimore site visit registrations available.

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## 5. Revenue Cycle Improvement Tips

### RAC and AHA Advocacy

Kay Jackson

Financial Marketing Manager



The American Hospital Association (AHA) is developing a survey soliciting data regarding hospitals RAC experience and results. This information will help your facility gather information from hospitals and correlate patterns of contractors during labor intensive audits - *saving you time and money*. Read more about this survey at the [AHA website](#).

Do you need help tracking RAC audits? We can help! Iatric Systems created Visual SmartBoard (VSB) to assist your facility with the RAC audit process. VSB monitors RAC audits real-time so users are able to extract or display MEDITECH data including payment totals and other elements. You can also track all events surrounding ongoing appeals and follow-up.

Please join us for a free online webcast. To register, select a webcast date below.

Webcast Date	Day	Platform	Time
<a href="#">October 9th</a>	Thursday	MAGIC	2:00pm Eastern
<a href="#">October 15th</a>	Wednesday	Client Server	2:00pm Eastern

Please be sure to include your **name**, **phone number** and **hospital name**. We’ll send you registration confirmation and participation instructions. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

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## 6. NPR Report Writing Tips

### Report Writing Tips for the Nursing Module

Judging from our experience teaching NPR classes, and questions posed regularly on the MEDITECH-L mailing list, the NUR module poses particular difficulties for report writing. This month we provide some techniques to make your NUR report writing easier.

In most NUR reports, you are trying to either present data from each time documented (perhaps for a range of time) or from the most recent time documented. The programming challenge is to exclude "undos" and present data "post-edit" if the user has edited the documentation. If you were printing vital signs, for example, you might want to present 24 hours of values "post-edit/skip undo". If you were printing data from an admission assessment, you would want to present the "most recent, post-edit, skip undo".

Report writing in NUR would be much easier if MEDITECH added three fields to each record in the "nur.int.documented.activity" (times.done) segment.

```
@undone Y/N
@edited Y/N
@most.recent Y/N
```

We could then use some simple selection logic on our reports to get the data we need. Since we can't wait for a (MIX?) enhancement to NUR, we can use some computed fields or a macro to achieve the same selection logic.

### Undos and Edits

When you edit documentation, MEDITECH increments the @act.ctr and @td.act.ctr subscripts with a tie breaking value. If the initial time documented as @act.ctr = 1, the first edit has @act.ctr = 1.01 and the second has @act.ctr = 1.02 so on.

When you undo documentation, MEDITECH adds a ".99" to the @act.ctr (and makes an entry in the @activity segment only, no entry is made in the @times.done segment).

NUR.MWM (C/TEST.5.62.MIS/187) - MEDITECH



```
Node(s): :NPCW"Z1000000227" ]I[9999999]O[1 ]TD
```

```
: [NPCW,Z1000000227,I,9999999,0,1,TD,20080908,0100,1 ] = →9999999→IAT.DEMO→2B→→→→→Y
```

```
: [NPCW,Z1000000227,I,9999999,0,1,TD,20080908,0100,1,Q,IAT.DEMO] = →First entry
```

```
: [NPCW,Z1000000227,I,9999999,0,1,TD,20080908,0100,1.01,Q,IAT.DEMO] = →First entry - Edited  
← Edit
```

```
: [NPCW,Z1000000227,I,9999999,0,1,TD,20080908,0605,1,Q,IAT.DEMO] = →This one undone
```

```

R1C→→IHT.DENU→→→VIP→VIP→9999999
: [NPCW,Z1000000227,I,9999999,0,1,A,20080908,0605,1.99] = →U→→IATRIC→20080908→0605→IATRICUM.3
IATRIC→→IAT.DEMO→→→VIP→VIP→9999999
<RETURN>

```

Undo in @activity segment

### Side Note - what about 99 edits?

For the past several years, we have challenged students in our NPR classes to find out what happens if you do 99 edits to an intervention or assessment. Recently at a MAGIC site, an intrepid user keyed 99 edits to find out. What happens? There is no special warning on the 99th edit, but after that you cannot edit further, you just get a warning message that the documentation has been undone. There is no "undo" transaction in activity.

### Excluding Undos

A typical NUR report is written in the @nur.int.documented.activity (@times.done) segment so that it loops thru each time documented or edited, and you print query responses using computed fields @td.value[QUERY] and multiple responses by looping thru @td.query.seq.no to load an MV array or with an ECB-ECE DO loop wrapped around a field. For C/S, you've got additional child segments to deal with for "repeat" type queries and "repeat multiple queries".

To exclude undone documentation, you can use a computed field that takes the value of @td.act.ctr, cuts the integer piece off, adds a ".99" and tests whether there is an entry with the special ".99" act.ctr. If there is such an entry, the instance of documentation was undone, and should be excluded from your report.

The code looks like this:

```

Add select to your report xx.ck.undo EQ 1
xx.ck.undo
DAT=FREE
LEN=1
VAL=IF{@activity[@patient,@int.base,@int.urn,@act.date,@act.time,@td.act.ctr#"0."_".99] "";1}

```

You can use a translator trick and use commas to hold a spot for each subscript and save some typing like this:

```

VAL=IF{@activity[,,,,,@td.act.ctr#"0."_".99] "";1}

```

This code handles the freakish possibility that a user documents twice in the same minute, then undo one of the times documented (but not the other).

### Excluding edits

To exclude entries with a subsequent edit, you can look ahead to the next "td.act.ctr" for the special ".01", ".02" flag.

```

Add select to your report xx.ck.edit EQ 1
xx.ck.edit
DAT=FREE
LEN=1

```

```
VAL=IF{@td.act.ctr^SAVE,@Next(td.act.ctr),td.act.ctr#"0."=(SAVE#"0.") SAVE^td.act.ctr,"";  
VAL=SAVE^td.act.ctr,1}
```

### **Most Recent, Post Edit, Skip Undo**

For "most recent" reports, we usually create a macro to which we pass all the subscripts of the current record. The macro contains code to loop thru all the documentation for that patient and intervention to determine if the current record is indeed the most recent.

For such reports, you can create a computed select field as follows:

```
xx.ck EQ  
1
```

And create a computed field

```
xx.ck  
DAT=FREE  
LEN=1  
VAL=%NUR.PC.WORK.zcus.is.nur.util.M.last(@patient,@int.base,@int.urn,@td.act.date,@td.act.time,@td.act.ctr)
```

This creates some duplicate processing, but since you loop through a relatively small number of records, there isn't a significant performance issue.

The code to pick the most recent, not undone, post edit entry is shown below. You can upload the sample report from our library and use the macro in any of your NUR reports that need to select only:

```

A->patient,
B->int.base,
DO{@Next(int.urn) ""->td.act.date,
DO{@Next(td.act.date) ""->td.act.time,
DO{@Next(td.act.time) ""->td.act.ctr,
DO{@Next(td.act.ctr) 1,
IF{@activity[,,,,,td.act.ctr#"0."_".99"];
td.act.date...td.act.time<STAMP;
td.act.date...td.act.time>STAMP,
int.urn->URN,
td.act.date->DATE,
td.act.time->TIME,
td.act.ctr->CTR}}},
IF{URN'=C;
DATE'=D;
TIME'=E;
CTR'=F;
I->OK},
""->A->B->C->D->E->F->STAMP,
OK:

```

- Check undo (points to IF{@activity[,,,,,td.act.ctr#"0."\_".99"];
- Keep most recent, not undone entry (points to td.act.date...td.act.time>STAMP,)
- Compare current entry passed in to selection macro with the most recent that was found. (points to IF{URN'=C;
- Clean up variables (points to ""->A->B->C->D->E->F->STAMP,)
- Return a 1 here if most recent post edit skip undo (points to OK:

We placed Client Server and MAGIC versions of: **NUR.PC.WORK.zcus.is.nur.util** in our report library. If you upload this report to your TEST and LIVE directories, you can call the %NUR.PC.WORK.zcus.is.nur.util.M.last macro from a computed selection field for your "most recent, post-edit, skip undo" report writing needs. To do an "each/post-edit" report, just use the two computed fields described above.

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

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## 7. Newsletter Sign-Up/Contact Us

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

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