



**Iatric Systems**  
Innovative Healthcare Solutions

## Updates!

An Electronic Newsletter from Iatric Systems

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### Industry Trends - Florida's "Legible Prescription" Law

The state of Florida has possibly broken new ground. Although somewhat vague, a new law went into effect on July 1, 2003, and is aimed at reducing prescription errors. The law establishes some basic regulations regarding prescriptions, which include the following. The prescription must be legibly printed or typed. The prescription must be dated with the month written in "textual letters." Other details must be in both textual letters and numerical formats (when applicable).

[http://www.doh.state.fl.us/mqa/Publications/pr\\_LegiblePrescriptions.pdf](http://www.doh.state.fl.us/mqa/Publications/pr_LegiblePrescriptions.pdf)

Although the real objective is to protect the residents of Florida from prescription errors, a crucial byproduct will be the increased efficiency of the pharmacies to fill prescriptions. Historically, the onus has been on the pharmacy to "call-back" the physician when clarification is required. According to the non-profit ISPM (Institute for Safe Medication Practices), "indecipherable or unclear prescriptions result in **more than 150 MILLION calls** from pharmacists to physicians, asking for clarification, a time-consuming process that **could cost the healthcare system billions of dollars a year in wasted time.**" This assumes that the pharmacist identifies an unidentifiable word instead of misinterpreting it as another drug, which can have serious (if not fatal) results.

Again, citing the ISPM; "Prescription writing is perhaps the most important paper transaction remaining in our increasingly digital society; it seems simplistic to note that electronic prescribing tools could minimize medication errors related to handwriting." Iatric Systems has developed a practical solution, which makes huge improvements in the areas of reducing call-backs, minimizing medication errors, and improving discharge times. Our "*Physician Discharge Prescriptions*" (PDRx) application uses patient demographics, physician information, and drug information already in Meditech, so transcription errors are effectively

eliminated. By compiling this information electronically, the prescription becomes a simple printout initiated by the physician, which takes poor handwriting out of the mix. All prescription information is then captured electronically for historical value.

We anticipate other states will follow Florida's lead. To read one of our Physician Discharge Prescription Success Stories, please visit us at <http://iatrixsys.com/success/pdrx1.htm>. As always, if you have any other questions, please reply to this email, or contact us at [info@iatrixsys.com](mailto:info@iatrixsys.com).

## **Additional Congratulations to "Most Wired" Meditech Hospitals**

In last month's newsletter, Iatric Systems congratulated the "Most Wired" and "Most Wired – Small and Rural" Meditech Hospitals awarded by *Hospitals and Health Networks (H&HN)* Magazine. We did not include the "Most Improved, Most Wired" or "Most Wireless" Meditech hospitals, but we do acknowledge their great accomplishments. Recently, we discovered that Meditech is running a similar article on their website regarding the same H&HN article. In addition, they include a brief description of each hospital's technology initiatives. Please find it here: <http://www.meditech.com/PublicRelations/pages/mostwired03home.htm>.

We hope you find this information useful.

Again, we congratulate all the Meditech hospitals that made it to any of the four "Most Wired" categories. Especially those facilities making a return visit.

## **Practical vs. Elaborate**

Sometimes we simply forget. In the pursuit of achieving a goal, it is quite possible to get caught-up in administering a solution, which deviates from practical. Bells and Whistles are fun! According to The American Heritage Dictionary, practical is defined as "intended to serve a purpose without elaboration" and "level-headed, efficient, and unspeculative." Is it possible that we sometimes lose sight of our goal? Let me give you an example. Recently, I purchased a new car. Ten minutes into the sale, I was talked into a GPS navigation system (electronic map). Two years later, I realize that it was a great feature and fun to have, but my "cost per usage" ratio is absurd. The \$2,000 additional cost to the vehicle does not justify my percentage usage (less than 1% - My estimate). This is an example of home finances. However, when considering suppliers/vendors, don't we all need to apply the same sense and rationalization?

At Iatric Systems we take a practical approach to designing our products. We have always provided innovative solutions at an affordable price because of our pursuit of practical solutions.

Over the next few months, we plan to spotlight specific products in a new "A Practical Approach" column of the newsletter. Along the way, we will share some more personal stories from Iatric employees on their most impractical decisions. Hey, we are all human - we might as well all enjoy a quick laugh when we can.

If you would like to share an impractical story, please reply to this email. We just might use it (please specify if you would like to remain anonymous). If your story is chosen as our "favorite" for this month, we'll send you a \$25 Gift Card to BlockBuster(TM) Video. Simply

send your story to [info@iatricsys.com](mailto:info@iatricsys.com). Creativity and humor will score the highest marks!

## **Regional MUSE Conference News**

Iatric Systems is looking forward to this year's Regional MUSE Conferences. It is always interesting to see the progress in the industry, while at the same time, look forward to new developments.

Since the International show, we have developed several exciting new products. Here is a brief overview to encourage you to stop by our booth (hint, hint).

*"Physician/Practice Office Integration"* (POI) is an interface, or series of interfaces, developed to share Meditech data with other vendor's Physician Practice Software. In order to meet the growing demand of Physician Office EMRs and to reduce paper transfer between hospitals and physicians, we have developed a unique approach in that it is scaleable, secure, and affordable. It requires only one primary interface set from Meditech to the POI Server and additional feeds can quickly be set up for each new physician practice.

*"Security Audit Manager"* (SAM) will help you comply with the HIPAA security rule. SAM gathers audit trail information from all Meditech applications. You can monitor dial-up history, patient information access, dictionary changes, and much more. All audit trails are taken from Meditech and stored on a discrete server, preserving space on the Meditech server (our beta site is logging over 100,000 transactions per day.) You may also access audit trail reports via your intranet.

*"SmartList"* - Smart List saves staff time by eliminating paper lists and automating functions associated with lists. Users simply generate an online list, and then jump straight from the list to commonly used routines.

In addition to new products, we continuously add new features to our existing products. We invite you to visit our booth at each of the Regional MUSE Conferences!

For more detail on your region, please click on the URL here:

<http://www.museweb.org/conferences/index.htm>

## **NPR Tip: NUR 4.9 - Identify Purged Patients**

In NUR 4.9, Meditech gives NUR a separate purge parameter. If you use this feature, patients will be de-indexed in ADM when they reach the ADM purge, but their ADM data and their NUR data will remain available.

This will cause difficulties for any report that uses an id by patient field, because that uses ADM programs and ADM indexes to find patients.

One option would be to make the NUR report a fragment to an ABS report, and do the ID in that new main report. This is cumbersome, however, because you will need to build the page header in ABS or fake out the report by putting the frag new page program into /R.NEW.PAGE.PGM. You will also need to give all the users with the NUR report access to ABS. You also will lose any TR totals in the NUR fragment as only parent reports can have a TR region.

Another approach is to attach id attributes to your report and modify it so that you can id an

active patient at one field, or do an MPI search at another field and then select an account after selecting a patient from the MPI.

Enter Patient:

----- OR -----

Name or Unit #:

Select Account:

The "Enter Patient" field is a computed field with an IG operator, and an ID attribute added as follows:

Field element #1 is c.xx.aa; the Attributes are:

DAT=FREE

ID=%NUR.PAT.id.color(A)

ID.ARG=BR

IFE=1

LEN=30

REQ=""

Field element #2 is c.xx.mpi; the Attributes are:

DAT=FREE

ID=%NUR.PAT.id.mri.color(A)

ID.ARG=BR

IFE=@Not(c.xx.aa)

LEN=43

Field element #3 is c.xx.acct; the Attributes are:

DAT=FREE

ID=%NUR.PAT.id.mri.acct.num.color(A)

ID.ARG=BR

IFE=@Not(c.xx.aa)

LEN=15

REQ=IF{'c.xx.aa 1}

The real selection of a patient is done by adding a select as shown:

```
3 xx.acct IG Select Account:
```

```
4 patient EQ (/["aa"])
```

Both the NUR.PAT.id.color and the NUR.PAT.id.mri.acct.num.color put the admissions urn into /["aa"].

NOTE: A sample report NUR.PC.WORK.zcus.is.dual.id.demo has been placed in the NPR report library on our website. (At time of publishing, our NPR Report Library Upload was temporarily unavailable. If you would like a copy of this report, simply reply to this email and we will send the report as an attachment.)

## Subscribing/Contacting Us

If this Newsletter has been forwarded to you and you would like to subscribe to future Iatric Newsletters, please visit our web site at [www.iatricsys.com](http://www.iatricsys.com). Simply click on the "Signup for our Monthly Newsletter" button.

**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.**

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