



Updates!

e-Newsletter from Iatric Systems, Inc.

February, 2008

In this issue:

(click title to jump directly to article)

[Message from Senior Management](#)

[Good Samaritan Uses Cost Data to Support Strategy](#)

[Pain Management Survey Results](#)

[Revenue Cycle Improvement Tips](#)

[NPR Report Writing Tips](#)

[Newsletter Sign-up/Contact Us](#)

1. Message from Senior Management



It's Showtime!

Joel Berman, President

It's Showtime!

If you think this is a quiet time of year for trade shows, you couldn't be more wrong. Our marketing department is busy working on preparations for a number of shows.

The first is [HIMSS](#) coming up at the end of February. We're finding that more and more CIOs, IS Directors and their staff are attending HIMSS. One reason is the huge vendor hall. At HIMSS, the vendor hall is so large they actually have a trolley that runs up and down the vendor floor. If you are shopping for solutions, you can do a month's worth of research in just a couple of days at HIMSS. Although we've attended HIMSS for several years, Iatric Systems will be exhibiting in the vendor hall for the first time at HIMSS this year. Stop by booth #2936 and say hello if you're attending the conference. In addition, we've joined together with several vendors to create MUNCH (the MEDITECH Users Networking Connection at HIMSS). The event will be held at the renowned Morton's Steakhouse and will include a social hour and plated meal for our guests.

Other events coming up this spring for us include [CLMA](#) in late March (we'll be located at booth #139) and [NAHAM](#) in early May (we'll be located at booth #706). Oh yes! Don't forget that big event in Dallas called [International MUSE](#). But that's not all. Iatric Systems is planning to expand our Corporate Events schedule, with topics such as Physician Office Integration, Medication Reconciliation and Revenue Cycle Improvement. We are planning a large Physician Office Integration Event in Las Vegas for April, so stay tuned for more details. We plan on expanding this event to two days and inviting several EMR vendors for CIOs to evaluate and compare.

In the "electronic age," we feel that these shows are one of the best ways for us to provide education and stay in touch with our customers. We want to meet and talk with as many of you as possible. If you have the opportunity to attend any of these shows, please take the time to stop by and talk with us. We want to know how we are doing and how we can help you meet your future goals.

[Back to Top](#)

2. Good Samaritan Uses Cost Data to Support Strategy



How many hospitals can truly say they use cost data to support strategic direction? Good Samaritan Hospital in Puyallup, WA, can!

Good Sam recently implemented [PowerHealth Solutions'](#) performance management software, with Iatric Systems providing background links to the hospital's MEDITECH data. The implementation allowed Good Sam to accurately align financial, utilization and cost information, effectively providing the hospital with a comprehensive picture of the organization's operations and

its bottom line. As part of the team that selected the PowerHealth / Iatric combined solution, Kimberly Lintott, VP of Finance at Good Sam, explained, "You can't run your hospital successfully and efficiently without knowing your costs so that they can be monitored and controlled."

The hospital began its paradigm shift by examining its orthopedic service line. Using the system's embedded analytical functions, Good Samaritan looked at profitability and cost of care over time by:

- Payor
- Procedure
- Physician

Early in their analysis, they realized that costs for certain supplies were inconsistent across both cases and physicians. They found that physicians had discrete supply preferences for particular items, but different vendors' prices varied widely. By using thorough and consistent analytical reports, Good Samaritan was able to standardize prices from all vendors for these items. The result has been more predictable cost of high volume and high cost cases, and more consistent overall cost of care.

This type of in-depth analysis was previously unattainable using standard MEDITECH tools. Dennis Keating, Senior Financial Analyst in Decision Support, shared his thoughts on the improvement. "Performance analysis with cost accounting data aligned brings the general ledger and patient information into a single view of day-to-day operations. This brings both clinical and financial folks to the table to review activities, which improves the overall impact on business."

The success of the orthopedic project resulted in Good Sam's decision to use the system to support other strategic initiatives as well. Key service areas' profitability over time will serve as a guide for senior management in planning the hospital's strategic operations. Keating added, "We're going to be part of future planning at this hospital because of our ability to get to the information quickly and answer the challenging questions that come up as part of the strategic process. Iatric Systems and PowerHealth Solutions offer a way to combine the best of both worlds – the reality of our MEDITECH data and the ability to examine it from an analytical perspective."

Congratulations to Good Samaritan, Puyallup, WA!

For more information on Good Sam's experience, or to learn more about PowerHealth Solutions, please contact Kristy Gillmann via phone at (404) 816-9927 or via e-mail at kristy.gillmann@powerhealthsolutions.com.

[Back to Top](#)

3. Pain Management Survey Results



In last month's issue of Updates, we asked readers to take a survey so we could ascertain how nurses remember to reassess patients' pain. We'd like to share the results of that survey with you.

Interestingly, 67% of respondents indicated that there is no cue whatsoever and nurses must rely on their memory to reassess patients' pain. Others cited a variety of cues ranging from running reports to flags that appear on status boards, flowsheets and eMARs. Unfortunately, respondents noted that cues are used sporadically at best. All respondents who reported using cues indicated that they are either not happy with the current method or that the process could use improvement. Results to other questions can be found

below:

Question: How soon after a pain medication is administered does your hospital require reassessment?

Responses:

- 52% - 60 minutes after admin
- 37% - 30 minutes after admin
- 9% - >60 minutes after admin
- 2% - 45 minutes after admin

Question: Can you currently prove that pain reassessment is being documented within the timeframe set by your facility?

Responses:

- 48% - Yes, electronically, but it has flaws
- 26% - No
- 20% - Yes, but only manually
- 6% - Yes, and we're pleased with our method

In last month's issue, we also announced we have developed a solution that addresses pain management and pain reassessment. If you would like to see our pain management solution in action via webcast, please contact Michelle Schneider, RN, Clinical Marketing Manager, at MichelleS@iatric.com.

[Back to Top](#)

4. Revenue Cycle Improvement Tips



Present on Admission (POA) Deadline Nears

Kay Jackson
Financial Marketing Manager

Beginning **April 1, 2008**, claims will be returned if hospitals do not report a valid POA code for each diagnosis. The Centers for Medicare and Medicaid Services (CMS) expects to save at least \$20M a year by instituting the use of POA indicators.

The [CMS web site](#) provides all the information necessary for hospitals to begin reporting hospital-acquired conditions and POA indicators. CMS outlines the background of the new POA regulation and explains what information hospitals need to submit, including the appropriate codes.

NOTE: Two codes that still need clarification are U and W. The first, U, stands for "Unknown because documentation is insufficient to determine if condition is present at time of inpatient admission." W stands for "Provider is unable to clinically determine whether or not condition was present at time of inpatient admission." CMS has not yet announced if there will be a cap on the frequency with which hospitals can use these two codes. U and W have been labeled "never" events. Increasing the potential negative financial impact of POA, some commercial plans have announced "never" events will not be reimbursed, and that list of payors is growing. In fact, Massachusetts hospitals will adopt a no-charge policy for certain adverse inpatient events beginning this year.

MEDITECH has created a POA indicator field in the ABS module. Coding professionals will be essential to the POA process, working closely with staff to create complete and accurate documentation. However, collection of the data which will be necessary for reporting should be a team endeavor, backed by strong leadership at the senior management level. The POA team should include nurses, physicians, quality improvement staff, HIM professionals and the organization's compliance officer.

To learn more about POA, please join us during one of the following educational webcasts on this important topic:

Webcast Date	Day	Time
March 18th	Tuesday	2:00pm Eastern
March 19th	Wednesday	2:00pm Eastern

The webcast will provide background on POA, teach you how to assemble a core team within your facility, ensure reporting is accurate, and create a happy marriage between clinical risk management of POA incidents and the financial well being of your facility. 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.

Additional Resources:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5499.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R1240CP.pdf>

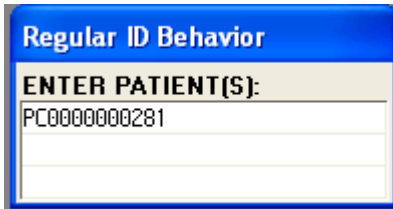
Present on Admission, by Gail Garrett, RHIT – this workbook is published by [AHIMA](#)

[Back to Top](#)

5. NPR Report Writing Tips

Better ID behavior (Magic and C/S)

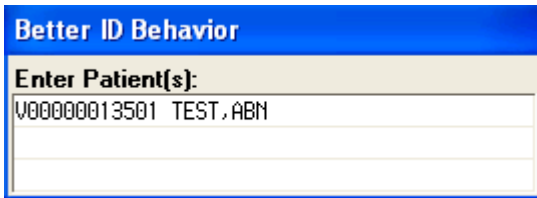
In our 2006 Magic Tips and Tricks session, we showed how to improve patient ID behavior and change from this:



Regular ID Behavior

ENTER PATIENT(S):
PC0000000281

To this:



Better ID Behavior

Enter Patient(s):
W00000013501 TEST,ABN

We did not show examples from Client Server, although in our C/S Tips and Tricks session we showed other methods to use the ID= attribute (or to sneak a lookup into the default section of a report to get a lookup triggered in C/S 5.4). (And in an EUpdates issue in May 2006 we showed a NUR example for C/S and Magic that did an EQ type selection)

This month we will show how to get improved lookup functionality in ADM, PHA, and NUR for both platforms, and we have placed example reports for both C/S and Magic into our report library.

The key to getting better behavior is the EDIT ELEMENTS option:


Process Reports (GHS.NEW.TEST55)

DPM?

Name?

Report:
 1. Enter/Edit
 2. List Source Code
 3. List Object Code
 4. Translate
 5. Run
 6. Copy

Macro: 7. Enter/Edit

Screen: 8. Edit Picture
 9. Edit Elements 

Procedure: 10. Edit Data

Select?

This option allows you to add an ID attribute to a field, and call your own lookup program. In our example reports we have the lookup program return a string which is the account number concatenated with the name, separated by a single space.

IMPORTANT! If you look sideways at a C/S report, the translator will delete your ID attribute. If your lookup stops working, you can be sure that the translator decided to rebuild the screen without telling you and your ID= attribute has been deleted. Just put the ID= call back in via Edit Elements. The magic report translator is smarter about hanging onto custom attributes and you rarely lose them (although if you delete or add select fields they sometimes get mixed up).

We use the LI operator against a computed select field (xx.id) and attach our own custom ID program to this field. We make the field 43 characters long, free text, so we have room for an account number and name plus one space (12 + 1 + 30 = 43).

Report Name ADM.PAT.zcus.is.eupdate.better.id

Sort Field	Header Tr
1 urn	NONE
2	
3	
4	
5	

Select Field/Prompt or Value	Oper/Defa
1 urn /URN	LI
2 c.xx.id Enter Patient(s):	LI
3	
4	

Select Relationship
C2!'C2

Because there is no "IGL" (Ignore List) operator, we use the select relationship expression to force C2 (Condition 2) to always be true.

The line C2!'C2 (Condition Two or NOT Condition Two) is always true, so the c.xx.id field works like an IG, except we have a list.

The ID attribute is attached using the Edit Elements routine:

#	Field Element	A	Edit?
2	c.xx.id	*	A

Enter/Edit Field Attributes - c.xx.id

DAT=FREE
ID=%ADM.PAT.zcus.is.eupdate.better.id.M.id(A)
 ID.ARG=AR
 IFE=1
 LEN=43
 REQ=N
 REQI=N

For C/S, our ADM, PHA, and NUR reports all use the same standard ADM patient id routine: %ADM.PAT.id(A,"","ALL"), which returns the account number of the patient. Since reports in ADM, PHA, and NUR (and LAB and OE and RAD) are open to ADM data and programs, the ADM program can be called from a report in any of these applications.

The code for C/S looks like this:

```
M NPR Database - Iatric Test User
Program Editor
Editing: ADM.PAT.zcus.is.eupdate.better.id.M.id Mode: NPR CUSTRW SRC
/ADM.PAT.id(A,"","","ALL")>acct.number,
@acct.index>urn,
@acct.number_" "_@name;
```

Once you have selected some patients, you will have an array that looks like this:

```
c.xx.id[V1234567 SMITH,JOE]
```

```
c.xx.id[V1234568 JONES,HARRY]
```

To work back from the account number stored as the 0th space piece in the array, we have a start macro that loops on the string, extracts the account number, and uses the account number index to get the admission urn to put in a list /URN[adm.urn].

```
Program Editor
Editing: ADM.PAT.zcus.is.eupdate.better.id.M.start Mode: NPR CUSTRW SRC
DO{+c.xx.id[STR]>STR STR#"0 ">acct.number,
1>/URN[@acct.index]},
"">urn
```

In Magic, the ADM report uses %ADM.PAT.id.color(A,"","","ALL"), the NUR report uses %NUR.PAT.id.color(A,"URN","BR"), and the PHA report uses %PHA.PAT.id.color(A,"","ALL") Even though PHA and NUR are open the the ADM data file, they do not have % open to the ADM directory and therefore you need to use application specific ID programs.

We have uploaded example reports to our C/S and Magic report libraries:

C/S: ADM.PAT.zcus.is.eupdate.better.id

NUR.PC.WORK.zcus.is.eupdate.better.id

PHA.RX.zcus.is.eupdate.better.id

Magic: ADM.PAT.zcus.is.muse2006.better.id

NUR.PC.WORK.zcus.is.muse2006.better.id

PHA.RX.zcus.is.muse2006.better.id

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](#).

6. Newsletter Sign-Up/Contact 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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[Back to Top](#)

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