



Updates!

e-Newsletter from Iatric Systems, Inc.

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1. Message from Senior Management

Doing the Right Thing – A Tribute to Arthur Marks

Joel Berman, President



On December 1, 2005, I read in the Boston Globe that Arthur Marks had died. Arthur ran a small store that sold knives and fishing equipment, and the company had been in business since 1800.

We can learn something from any business that's been successful for over 200 years. Arthur's obituary talked about a number of reasons for his success. According to Arthur's son, the business was run in a way that "your customer came back because you did the right thing." Customers would come into the store to buy a new knife, and Arthur would tell them that what they really needed was to get the old one sharpened. Two more reasons for his success – he was knowledgeable about the products he was selling, and he was genuinely interested in them. The article described how Arthur traveled the world in search of new merchandise and was thrilled when he found something new. He liked cutlery.

Iatric Systems is built around many of the same ideas. If I could pick one attribute that distinguishes us from much of our competition, it's our passion for what we do. We honestly enjoy building software systems and love it when they solve problems for our customers. We're glad when we get calls from hospitals looking to brainstorm new ideas with us. We want to provide outstanding customer service and always try to do the right thing for our customers. In addition, our products are priced based on their relative value – we don't price products by trying to determine what the market will bear. In fact, a number of years ago at MUSE, a competitor told me that our pricing was killing him.

Arthur's son said about his father, "He wasn't looking at his success by the numbers; he had to feel some sense of integrity was in the process." I hope you feel that way about us.

Now you might ask, how do I know any of what was written about Arthur is true and not just some nice story? Well, almost every knife in our kitchen came from Arthur's store and was purchased directly from him. We will miss him.

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2. Calvert Improves Patient Safety, Receive JCAHO Kudos



"The community should be proud that Calvert Memorial Hospital [CMH] is focusing on the most challenging goal – to continuously raise quality and safety to higher levels," said Russell Massaro, MD and Executive Vice President of JCAHO, after Calvert's recent JCAHO survey in August of 2005.

[CMH](#), a healthcare system consisting of a hospital and three neighborhood medical centers in and around Prince Frederick, MD, earned top marks during its survey, particularly in connection with patient safety goals. "The survey team described CMH as a quality and safety data-driven

organization," said Maggie Eller, RN and Director of Performance Improvement at Calvert. "They complimented our efforts to improve medication safety... particularly how we use information technology to prevent errors."

In a recent interview with Vince Jackson, Calvert's Director of Pharmacy and part of the hospital's Medication Safety Team, we learned that medication transcription errors and dispensing errors were targeted as phase one of an overall plan to improve medication safety. The plan was developed by a closely knit team of Pharmacy, Nursing and IS staff, and was backed by senior administration. Pyxis automated dispensing machines were the technology CMH used to help decrease med dispensing errors, and Vince stated Iatric Systems' eMAR software, [Visual Medication Administration Record \(VMAR\)](#), played the crucial role in eliminating transcription errors. "Medication transcription errors accounted for 38% of all medication errors in 2002," Vince reported. "VMAR was implemented in our TCU at the end of 2004, and since then, transcription errors have been virtually eliminated on the unit. As soon as we implemented VMAR on our L2 Med Telemetry unit at the end of the 3rd quarter of 2005, transcription errors were eliminated there as well, and we fully expect that trend to continue."

In addition to eliminating medication transcription errors, Vince indicated CMH has experienced a number of other benefits as a result of VMAR as well. "VMAR assists clinical care decisions by providing prompts prior to medication administration – lab results, vitals, pain assessments, dose instructions and label comments are all available on the same screen" he said. "We also used to use separate MARs for routine meds vs. PRNs, pain meds, dialysis and respiratory. Now, we have a completely integrated medication profile available at a glance, and quality monitoring and variance reporting are exponentially easier."



Vince indicated that the team had considered other eMAR options, but Vince said that ultimately they concluded, "VMAR provides everything we need to see on one screen. Our nurses are very happy with how it works."

During its survey, JCAHO stated that the CMH Clinical Pharmacy Program was one of the best examples they had seen, and Vince, together with other members of the CMH Medication Safety Team, shared their medication safety improvement experiences with other hospitals at the January 18th [mini-MUSE Patient Safety Summit](#) in Maryland.

VMAR is part of [Visual FlowSheet Suite](#), the smart choice for patient assessment and documentation.

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3. CAP Stresses Positive Patient & Specimen ID Systems



Positive patient identification, accurate labeling of lab specimens, and systems that help accomplish these goals are the topic of a number of recent articles published in the [College of American Pathologists](#) "CAP Today" monthly newsletter.

Improving patient & sample identification at specimen collection, analysis, and resulting is currently the number one CAP national laboratory patient safety goal. [September's CAP Today](#) issue reports that in an effort to address patient safety, a new question, "Does the laboratory address the current CAP national laboratory patient safety goals?" will be added to the quality management plan section of the laboratory CAP inspection general checklist.

October's issue follows up with two related articles, "[Patient ID systems offer smart start](#)" and "[System Review Series: Positive patient identification: more than a double check](#)." The first article discusses using "the power of technology to end an entirely preventable cause of harm; misidentifying patients at the point of care." The second article renders a review of positive patient & specimen ID systems as well as related products such as wristbands, printers and labels.

A number of hospitals in the Meditech marketplace have implemented positive patient and specimen ID systems and are already reporting remarkable improvements. Last year, [Doylestown Hospital](#) and [Doctors Community Hospital](#) implemented Iatric Systems' MobiLab solution, after considering the Becton Dickinson BD.id system that had been installed at and pioneered by [The Valley Hospital](#). The Valley Hospital, located in Ridgewood, NJ, had reduced its patient and specimen misidentification errors by 77 percent during a one year period¹. The phlebotomy team at Doylestown Hospital, a comprehensive healthcare facility serving patients in the northern suburban communities of Philadelphia, reports no mislabeled specimens or patient identification errors since going live with their system in 2005. Similarly, Doctors Community Hospital, an award winning, 185-bed acute care medical and surgical hospital located in Lanham, Maryland, reports zero mislabeling errors since the phlebotomy team and emergency department recently began using their system.

With accreditation agencies stressing the importance of positive patient & specimen identification, and with hospitals already reporting significant improvements after systems implementation, it appears installing a positive patient & specimen ID system may not be a matter of whether, but when.

1. Bologna, V. & Mutter, M., *Life After Phlebotomy Deployment: Reducing Major Patient and Specimen Identification Errors*, HIMSS Journal of Healthcare Information Management, <http://www.himss.org/content/files/jhim/15-4/original02.pdf>

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4. MobiLab Webcast Demos



If you've decided now is the time to investigate positive patient & specimen identification solutions, join us for a special live, online webcast demonstration of [MobiLab](#), Iatric Systems' mobile phlebotomy solution.

MobiLab is proven in the Meditech community, and offers a number of advantages over other patient id systems. It is directly integrated with the MEDITECH system without the need for costly interfaces, and the integration is real-time, so no "docking" or "synching" of information is required. Participate in a webcast demonstration to learn more.

Our webcasts are online, real-time interactive sessions that you can attend from the comfort of your own office, and they are provided at no charge. We will be hosting a special series of MobiLab webcast demonstrations in February:

Webcast Date	Day	Time
02/08/06	Wednesday	2:00 PM Eastern
02/09/06	Thursday	2:00 PM Eastern
02/14/06	Tuesday	2:00 PM Eastern
02/16/06	Thursday	2:00 PM Eastern

To register, simply click 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.

MobiLab is available in [MAGIC](#) and [Client/Server](#).

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5. Park City Solutions Provides Web Portals



Since 1999, [Park City Solutions](#), a leader in the eHealth Solutions marketplace, has provided solutions exclusively to the healthcare community. These eHealth solutions include:

- Physician/Clinical Portals
- Patient and Consumer Portals
- Employee Portals

Park City Solutions was recently the only non-core HIS vendor to qualify for the main body of the inaugural [KLAS](#) Physician/Clinical Portal Study and was ranked overall by KLAS as the #2 vendor.

"I've never seen physicians as enthusiastic as they are about this Web portal. We are excited because we're providing technology that makes them more efficient." – Steve Conrad, IT System Director, Western Maryland Health System.

Join us on [February 7th at 2:00pm Eastern for a special webcast demonstration](#) of these portals and em**POWER**net™ from Park City Solutions. em**POWER**net technology is the sole web operating platform for all of Park City's portal solutions. em**POWER**net extends and leverages your MEDITECH investment and enables organizations such as Western Maryland Health System to access MEDITECH clinical data in a secure, "anytime", "anywhere" web-based environment. Integration with MEDITECH is powered by Iatric Systems. To register for the session, simply click the webcast demonstration link above, or e-mail us at StacyM@iatric.com.

Park City's Physician/Clinician Portals include online referrals, e-signature, secure messaging for consultations between clinical providers, secure communication with patients, laboratory outreach solutions, and access to patient information when hospital information systems are experiencing scheduled or unscheduled downtime. Patient and Consumer Portals include online bill pay, personal health record, and appointment reminders, while Employee Portals provide role-based access to organizational information such as policies and procedures, benefits enrollment, and online forms.

For more information visit www.parkcitysolutions.com or call 1-678-259-2220 to request a private demonstration for your organization.

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6. NPR Report Writing Tips

NPR Tip – “Unbreakable” MV arrays

MV arrays are a technique that allows you to include your own columns of data in an NPR report. You create a structure with three subscripts:

For Magic

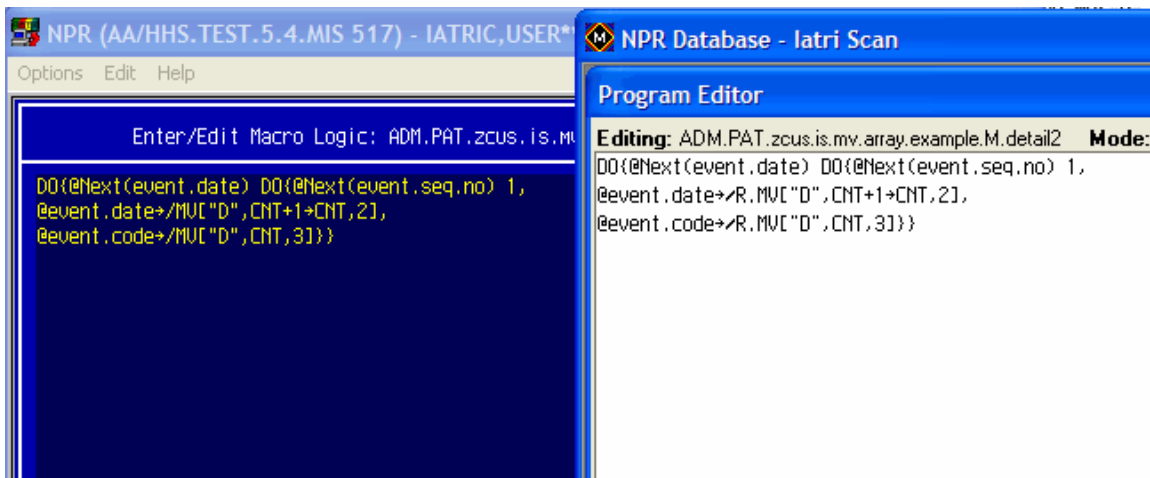
/MV[CODE, SORT VALUE, FIELD NUMBER] = data to print

Example /MV["D",1,1] = 20061301

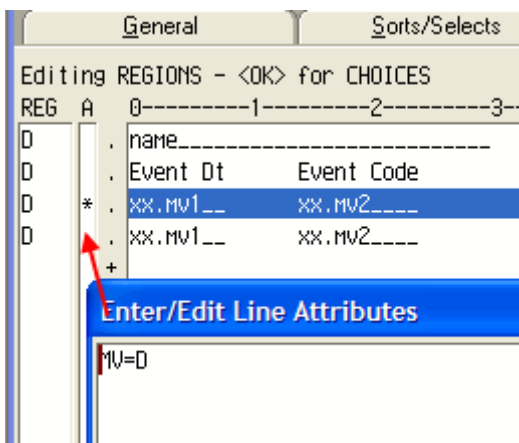
Or for Client Server

/R.MV[CODE, SORT VALUE, FIELD NUMBER] = data to print

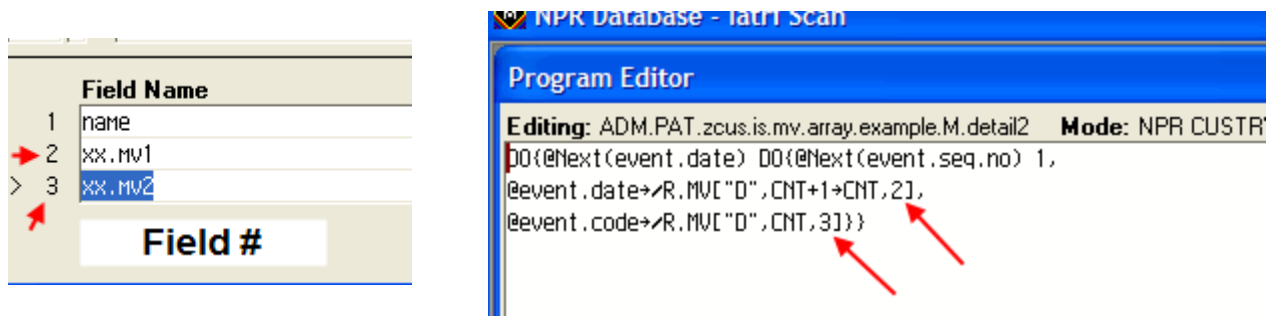
Here is a very simple example where we make a list of event dates and codes to print on an ADM report.



Then you create a line attribute and place a computed field in your report picture as follows:



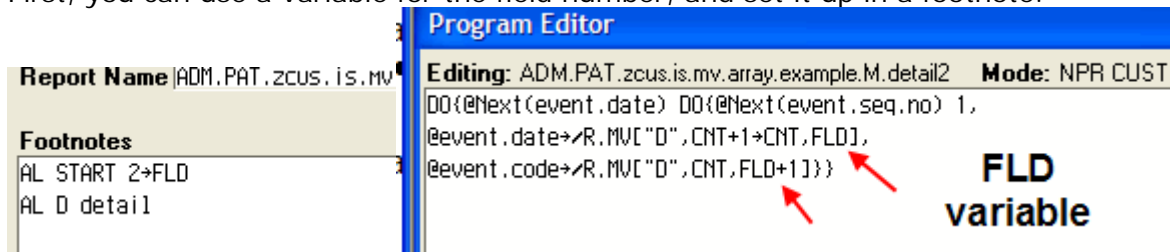
The significant problem with MV arrays is that the third subscript must match the field number of the field on the picture (in the field list after translation) or your data will not print. Therefore, if you "hardcode" the field number, and then add or remove a field from your report, your MV array(s) will "break" and data will move left, move right, or disappear.



When you are using an MV array for something like allergy information on a MAR, this is very bad behavior.

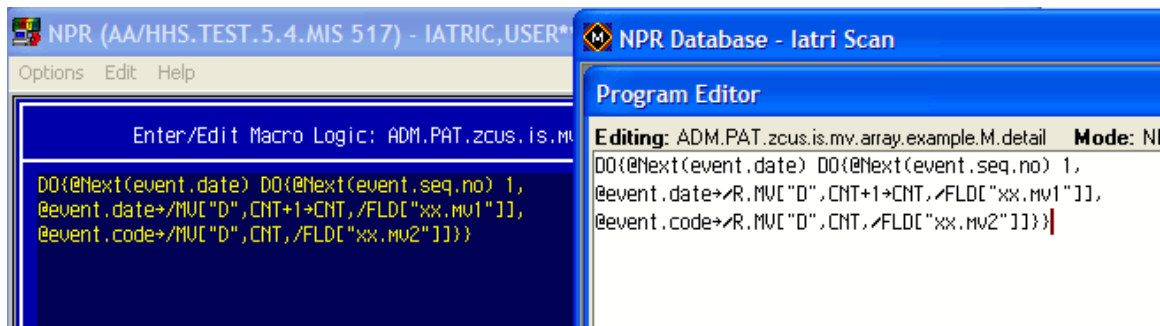
Over the years, we have shown a variety of methods to cope with this shortcoming of MV arrays.

First, you can use a variable for the field number, and set it up in a footnote:



Then if you add or remove a field, you can adjust the footnote and avoid the need to change your macro, retranslate your macro, and then retranslate the report. You can still overlook this when adding or removing a field.

Second, you can use an NPR.REP report as a fragment called from a start macro that makes an array of the field numbers of all computed fields:



This works perfectly, except that anyone who runs the report needs access to the NPR application for the fragment to function properly.

Finally, in our MUSE 2005 tips and tricks session, we showed how you can use a macro attached to a report written in the Z DPM to build the array of fields numbers.

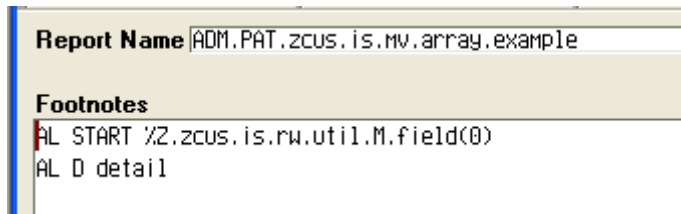
The example Z report distributed would automatically match to your NPR report on the magic platform, but required you to pass the name of the report as argument A in the C/S version.

For this tip, we have enhanced the C/S version to parse the internally formatted /R.NEW.PAGE.PGM so that it is no longer necessary to pass in a report name for either platform.

To use the new utility, just call it from an AL START footnote or from a "start" macro. As you may know, you can write a footnote as:

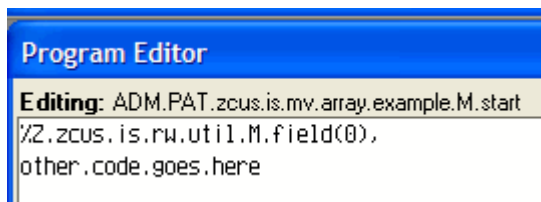
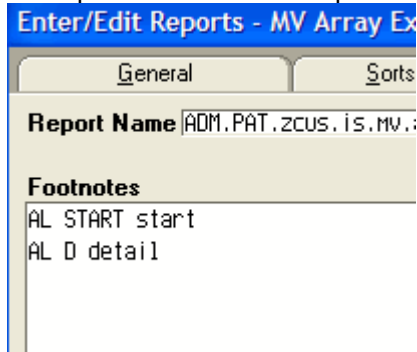
AL<space>KEYWORD<space>code to run

--so do this--



Or

AL<space>KEYWORD<space>name.of.macro



The report Z.zcus.is.rw.util has been uploaded to our NPR report library in Magic and C/S versions. The magic version is identical to that available with our 2005 "Tips and Tricks" session. The C/S version is enhanced to parse the report name.

Note that to MOVE this Z report from one ring/directory to another, enter MIS as the application (not Z).

7. 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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