



Updates!

e-Newsletter from Iatric Systems, Inc.

March, 2007

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1. Message from Senior Management

Living in the House You've Built

Frank Fortner, Senior Vice President
Application Development



Recently, a friend sent me a story that immediately resonated with our corporate philosophy at Iatric Systems. It goes something like this...

A man who built quality homes was finally ready to retire. His employer of 20 years agreed with the decision, but asked him as a personal favor if he would build just one final home for him. The aged builder reluctantly agreed and he indeed built the house. Unfortunately, his heart was not in the work and he cut several corners, producing a

less than quality home.

When the work was finished, the employer met the builder at the house. The employer handed the builder the keys, and told the builder the house was a gift to him as thanks for all the great work he had done in the past. The retiring builder was shocked! He had no idea he had been building the house in which he would live.

In the past 16 years that Iatric Systems has been helping MEDITECH clients leverage their HCIS investment, we've seen many software vendors come and go. With some, it was sharply evident they had no intention of ever living in the house they were building. Conversely, Iatric Systems has always planned to be around for the long term. We cannot afford to provide less than quality products or services because we live here! Many reading this article know first-hand what I'm talking about because you've been working with us since the 1990s and we still have your trust.

For example, one CIO with a 10+ year relationship with Iatric Systems recently accepted a position at a non-MEDITECH best-of-breed hospital that was undergoing a new HCIS selection process. MEDITECH won the business, but in part (I was told) because the CIO convinced the selection team that Iatric Systems would provide the interfaces, applications and services they would need to augment their core system. That CIO knew what we want all of our customers to know – we intend to live in the house we've built for many years to come.

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2. Tuomey's Med Reconciliation Receives Kudos from Joint Commission



[Tuomey Regional Medical Center](#) is a 266-bed healthcare facility located in Sumter, SC, and is part of the Tuomey Healthcare System. The organization recently underwent an intense Joint Commission survey, and their medication reconciliation processes passed with flying colors!

Mark Johnson, Clinical Informatics Administrator at Tuomey, wrote to Iatric Systems to express how pleased the organization was with Iatric Systems' PDI Medication Reconciliation routines. Below please find Mark's message:

"Dear Iatric Systems – Your PDI Medication Reconciliation routines have really helped "close the loop" for medication reconciliation here at Tuomey. In fact, Joint Commission was very impressed with our processes. Here is a brief overview of what we do:

- We give customized PHA profiles from Meditech to physicians to reconcile medications. The profile include NPR fragments that pull each patient's list of current medications, home medications and some free text fields.*
- The nurses take the reconciled PHA profiles and enter the information into PDI to create the patient's complete medication list and discharge instructions.*
- We use PDI to print discharge instructions and the Universal Med Form (UMF), which is a form created and adopted by the South Carolina Hospital Association to standardize the many different types of home med lists patient use in the community.*

So, the patient ends up getting their complete list of medications with tons of extra information AND the Universal Med Form at discharge. The UMF is given with a plastic protector sleeve donated by Tuomey Foundation, so patients can store an insurance card or Medicare/Medicaid card in it and carry it with them at all times along with the UMF. Patients and families now understand the importance of having the UMF, and they are impressed with the amount of customized instructions they receive. Internally, our nurses are pleased with the ease at which PDI creates and prints the information.

Without Iatric System's PDI routines, our Medication Reconciliation process would not be at the stage we are today. PDI has made it so much easier to reconcile and organize our processes. Joint Commission was impressed with our processes and the ease at which the nurses went through the PDI system during our recent survey. The surveyors had very positive compliments to offer regarding PDI and our processes.

Thanks, Iatric Systems, for successfully helping us through a very intense survey and making us look good in the process!!!

*Sincerely,
Mark Johnson"*

Congratulations on your Joint Commission survey results, Tuomey!

If you haven't seen Iatric Systems' Medication Reconciliation routines in action yet, or if you'd like to learn more, please join us from the comfort of your own office in April as we demonstrate the system via webcast. We've scheduled two convenient dates to choose from:

MAGIC or C/S	Webcast Date	Day	Time
MAGIC	April 12th	Thursday	2:00pm Eastern
C/S	April 10th	Tuesday	2:00pm 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. Webcasts are open to staff at any hospital operating the Meditech HCIS.

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3. Medicare Surprises Hospitals with First HIPAA Audit



Get ready. This month in the US, Medicare officially began cracking down on HIPAA regulations and Protected Health Information (PHI).

The Office of the Inspector General (OIG) performs a variety of audits to ensure US hospitals comply with the ever-increasing number of new Medicare requirements. On March 5th, the OIG launched its first official HIPAA audit of a covered provider entity on Piedmont Hospital in Atlanta, GA ([see related article in AISHealth.com](#)).

Some experts expected the commencement of audits this year. [Page 45 of the OIG Fiscal 2007 Work Plan](#) hinted at the potential of audits by indicating, "The wider use of electronic medical records and personal health records raises concerns over privacy and security of patient data."

Requirements set forth in the final HIPAA rule are organized into three core categories – administrative, technical and physical requirements. The AISHealth article indicates Piedmont's audit will include review of all three areas. In addition to reviewing hospitals' HIPAA-related policies and procedures, OIG will also look at how hospitals are monitoring systems, including how they are "preventing, detecting, containing and correcting security violations."

It appears that Piedmont had relatively short notice from the OIG auditors of the upcoming security audit. Is your organization prepared?

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4. Proactively Monitor PHI with SAM



"Security Audit Manager (SAM) identifies who accessed a patient record and is easy to use. Hopefully, we won't have to access it very often to investigate suspected violations, but if we do, we have everything we need."

Sheryl Johnson, Deputy CIO
Swedish American Hospital, Rockford, IL

With the recent commencement of OIG audits of hospitals' compliance with HIPAA regulations, now more than ever hospitals need to proactively monitor Patient Health Information (PHI) security in order to detect and correct violations.

Thankfully, **Security Audit Manager (SAM)** enables hospitals to do exactly that, today! SAM is a mature, proven solution in use at numerous hospitals across the US and Canada, and it is available in [MAGIC](#) and [Client/Server](#) versions.

We've recently added a significant number of enhancements to SAM, and now it's better than ever! So, whether you're familiar with SAM or you've never seen it before, attend an upcoming webcast demonstration of the system to see it in action.

Upcoming webcasts will be held on:

Webcast Date	Day	Time
April 25th	Wednesday	2:00pm Eastern
May 1st	Tuesday	2:00pm Eastern
May 3rd	Thursday	2:00pm Eastern

Webcasts are open to staff at all hospitals operating the Meditech HCIS, and they are provided by Iatric Systems at no charge. To register for any of the webcasts listed above, simply select the appropriate Webcast 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.

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5. Medical Necessity – CMS to Combine General and Lab ABNs



If you're involved in Medical Necessity at your organization, or if you know someone who is, please take note of the information in this article.

For many years, Centers for Medicare & Medicaid Services (CMS) has maintained two versions of Advance Beneficiary Notices (ABNs) – a general version, and a lab-test specific version. On February 23, 2007, a notice was published in the Federal Register announcing a revised version of the general ABN ([CMS-R-131](#)). With this revision, CMS proposes to combine the two versions of ABNs into a single notice. Other proposed changes are described on the CMS website.

Iatric Systems' [Medical Necessity Ordermate \(MNO\)](#) system generates ABNs after procedures are evaluated for medical necessity during the scheduling, registration or order entry process. Once CMS has published the final version of the revised ABN, the new version will be provided to all MNO customers at no charge as part of standard MNO maintenance. Information on the new format and its availability will be announced on the Iatric Systems website, in our newsletter and via email which will be sent to each MNO customer's main site contact.

If you have any questions, please contact Barbara Roberts at 978-805-4113 or via e-mail at BarbaraR@iatric.com.

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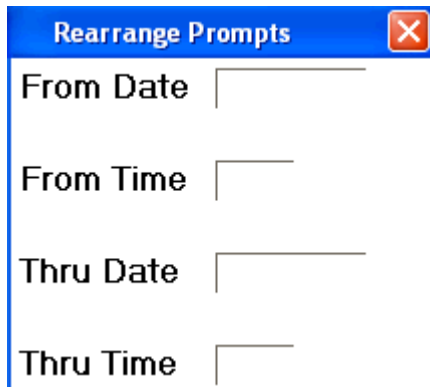
6. NPR Report Writing Tips

"Echo Name" functionality on NPR Report selection Screen

Magic and C/S 5.5 have two routines on the Process Reports menu that are relatively new:

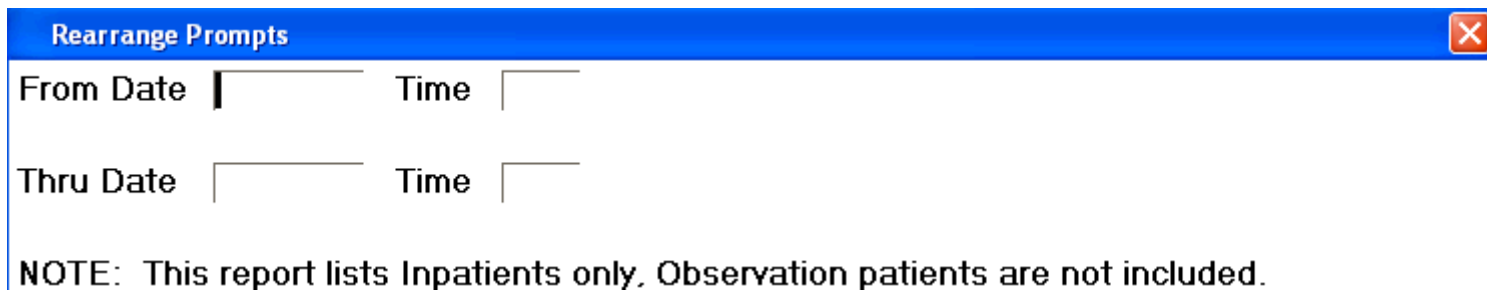
- Edit Picture
- Edit Elements

The most common use of Edit Picture is to add additional information to the Report selection screen or to rearrange prompts and responses. For example from this:



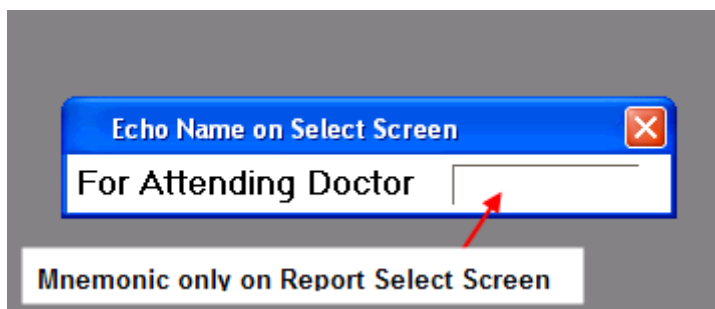
A dialog box titled "Rearrange Prompts" with a close button (X) in the top right corner. It contains four vertically stacked input fields, each with a label to its left: "From Date", "From Time", "Thru Date", and "Thru Time".

To this:



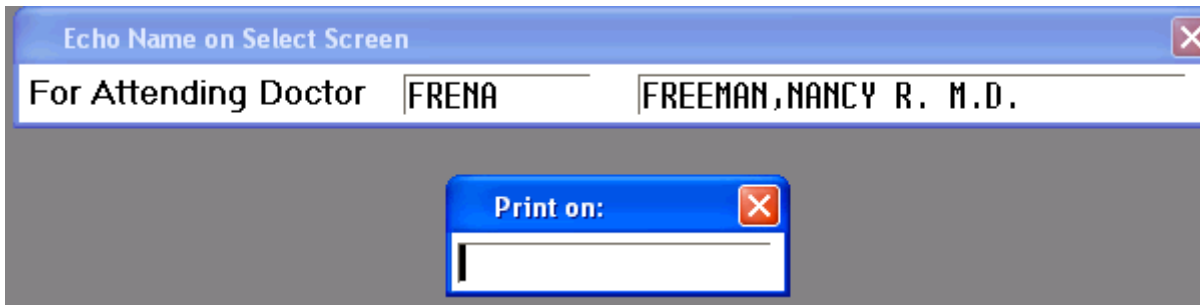
A dialog box titled "Rearrange Prompts" with a close button (X) in the top right corner. It contains four input fields arranged in two rows. The first row has "From Date" and "Time" fields, and the second row has "Thru Date" and "Time" fields. Below the fields is a text box containing the note: "NOTE: This report lists Inpatients only. Observation patients are not included."

You can use both Edit Picture and Edit Elements to provide a report with an "echo name" feature, so that a name is displayed on the screen instead of just the selected mnemonic:



Two screenshots are shown side-by-side. The top one is titled "Echo Name on Select Screen" and shows a dialog box with the text "For Attending Doctor" followed by an input field. A red arrow points to the input field. The bottom one is titled "Mnemonic only on Report Select Screen" and shows a similar dialog box but without the input field.

With the additional changes, the name will "echo" as the user hits <Enter> after entering a mnemonic or selecting one from the lookup. In the small example, the echo field is the last field on the report select screen, so the print on prompt comes up after the name is displayed.



You can do this in three relatively easy steps:

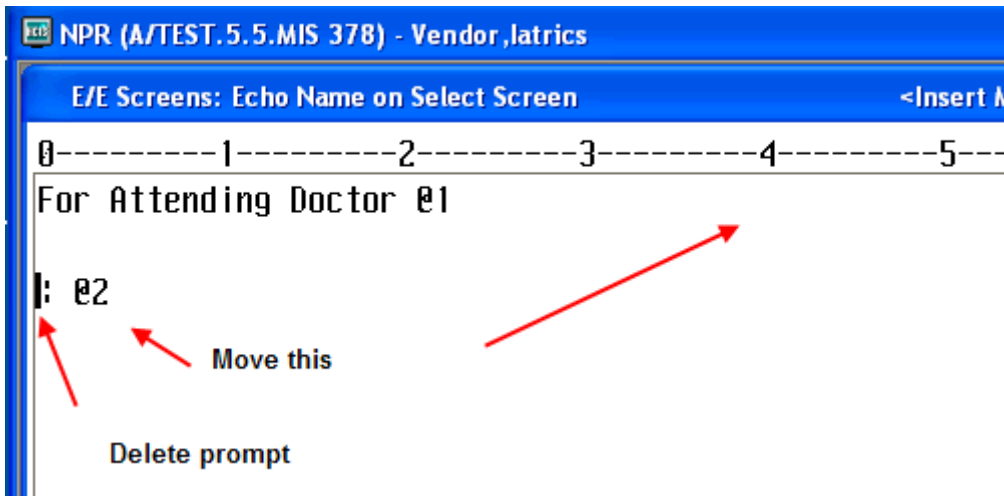
1) Create a 30 character computed free text field and add it to the selections with the "IG" (Ignore) select attribute.

The VAL= of the computed field is irrelevant, you can just enter a 1 or . or nil.

	Select Field/Prompt or Value	Oper/Default or Keyword
1	attend.doctor For Attending Doctor	EQ
2	xx.echo.name :	IG
3		

← Add 30 character IG select field

2) Use Edit Picture to remove the prompt of this extra selection field and move the marker beside the mnemonic field.



3) Use EDIT Elements to add code to display the name of the field entered, and skip to the next field. You do this with an IFE in the same way that you might have a "display only" field on a CDS.

7. Newsletter Sign-Up/Contact Us

[Sign up for our Updates! newsletter](#), or do so by visiting the lower right section of our website's [homepage](#).

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.

Joel Berman, President, 978-805-4101, JoelB@iatric.com

John Danahey, Vice President, Customer Services, 978-805-4153, JohnD@iatric.com

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27 Great Pond Drive, Boxford, MA 01921

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