



Iatric Systems
Innovative Healthcare Solutions

Updates!

An Electronic Newsletter from Iatric Systems

May 2003 - [Post-MUSE Conference Edition](#)

In this issue:

Each year after the International MUSE Conference, Joel Berman has always written a commentary called Joel's MUSEings, that summarized the MUSE conference from the Iatric Systems' perspective. This year, we thought you might find it valuable to hear some different perspectives, so we went out and solicited feedback from 3 additional sources. These sources include: a CIO perspective, an end-user perspective, and a new vendor perspective. The length of the articles is a little longer this month, but we think you will find it to be well worth the read. MUSE is an important organization to us all. Next month we will be right back to short, quick and to-the-point.

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The Iatric Systems' Perspective: Joel Berman, President, Iatric Systems

I went into this year's conference with a number of fears. The first concern was a recurring comment from users that they weren't going because it was in the same location as two years ago. When I walked into the vendor area and didn't see the normally large JJ Wild booth (because they didn't have any booth) it made me wonder. This combined with it being the third year that Meditech has not attended gave me a feeling of impending disaster. I am pleased to tell you that I could not have been more wrong.

Attendance was actually up from last year. People who had skipped the past few shows came back. The frenetic level of people rushing from session to session was at as high a level as ever. The conference was a complete success and I was sorry to see it end.

It seems like over the years, the number of hospitals that sent a whole pack of people,

some of who saw the trip as a vacation, has really stopped. This means that everyone attending the conference is there to do all the things that are great at MUSE, like attend Education sessions and network with people. It is not just marketing hype for the show, it really does work. It works for the users and it works for the vendors too.

The hot topics this year seemed to be POM and electronic MARs. Obviously both are attempts to streamline the administration of medications and prevent medication errors that get your hospital mentioned in the paper for the wrong reason. We saw some of this in our booth where people asked us about scanning handwritten physician medication orders and were interested in sending patients home with the right information.

The show also was well run. The Hilton staff did a great job. The food was great and events happened on time. MUSE Executive Director Alan Sherbinin was in complete control of the conference and it showed. Alan was everywhere and had answers to all my questions (which isn't easy if you know me.) I rarely attend the keynote speaker presentation, but I couldn't resist seeing the presentation by Dr. Jerri Nielson who cured me of my fantasy of wanting to go to the South Pole. I wonder who Alan has lined up for next year?

Believe it or not, we are already working on our plans for next year in Miami and the Summer/Fall regional conference schedule. At the post-show meeting between the MUSE Board and vendors, we also discussed the concept of smaller mini-MUSE one day shows that MUSE President Ron Rutherford mentioned in the last MUSE Matters newsletter, so stay tuned. If you did not attend, then you really missed a great opportunity to see what's new from the vendors and to just network with other users. What everyone sometimes overlooks is that the users who attend MUSE are dedicated professionals who are really interested in improving healthcare. It also doesn't hurt that they are some of the nicest people I know. I can't believe you didn't come!

The CIO Perspective: Chris Baldwin, VP of Corporate MIS, Northeast Health

I was asked by Iatric Systems to reflect upon the four days I spent in Anaheim at the recent MUSE international conference. Giving it some thought I believe the conference is best evaluated from the view of how MUSE adds value to the broader MEDITECH market.

In Anaheim, it was great to reconnect with the many friends I've made through MUSE. But as we all come under increasing pressure to trim expenses the bar keeps getting higher in terms of how I can justify my organization's participation in any activity that takes staff away from the office. The operative word is value - the combination of the cost and the specific benefits my organization gains through participation. I firmly believe MUSE adds great value.

As I look at the healthcare information technology (IT) landscape I see the word value as one of the most important challenge CIO's will face over the next five years. There are many specific challenges, such as CPOE and patient safety initiatives, the constant challenge of new technologies such as speech recognition, the increasing demands of my internal and external customers, HIPAA and the emergence of patients as IT customers in an increasing era of healthcare consumerism.

So why am I so stuck on the word value? Because despite these challenges, revenue streams to health systems continue to be under tremendous pressure. Public and private payers do not want to spend more on healthcare. Yes - perhaps some of these IT initiatives will yield financial benefits - but don't count on it. The potential impact of CPOE on quality is tremendous. But it will take a long time for new software and hardware technologies to

evolve into broadly accepted systems used by most physicians in the average community based hospital. And the cost to transform our organizations to achieve these benefits will be significant.

So despite (or perhaps because of) all the IT imperatives we face, healthcare organizations must focus on results for dollars spent on IT. This does not bode well for best of breed solutions or those vendors that argue you should pay four times the price for a product because it's got all the bells and whistles. And the trend toward outsourcing and service provider models is a reflection of the need for value. IT is critical to all healthcare organizations' survival and organizations that are not satisfied with what they get for their money will look outside to achieve results.

I see MEDITECH as the greatest value in the IT healthcare marketplace today. Their focus on integrated, cost effective information systems puts them way ahead of the pack. MEDITECH is in the enviable position of having very cost effective solutions and because their systems are truly integrated, they are well positioned to deliver on the promise to transform healthcare delivery through IT.

Back to MUSE and the MEDITECH community -

I also see MUSE and the MEDITECH community at large as a solid value. Certainly the niche vendors add value. While MEDITECH is focusing on big picture development initiatives, other vendors make a market in customer specific needs and emerging technologies. In the long run other vendor development helps the MEDITECH community shake out the most important emerging priorities. Certainly the value oriented CIO will prefer an integrated MEDITECH solution given the choice - but other vendor solutions help MEDITECH customers be more responsive to organizational demands.

The greatest value of MUSE is as a forum where users share solutions with other users. I can't tell you how valuable it was for me to listen to numerous organizations talk about the real progress they are making with CPOE. Put the hype aside - what works, what doesn't? You get that at MUSE. The discussion at the CIO Executive Institute in Anaheim with peers who are developing service level agreements with their internal customers was of great value to me. Service level agreements are most often associated with outsourcing. If you outsource you need to be able to define and measure the value you are getting. If CIO's don't want to be part of this outsourcing trend they better be able to provide (and measure) value for the IT dollars spent inside their organizations. Having been a part of MUSE leadership I know that MUSE understands the "value dynamic" and that supporting MEDITECH and its technologies is fundamental to MUSE's mission.

Bottom line - we are fortunate MEDITECH, MUSE and the MEDITECH community at large offers such a rich array of options to meet our software, networking and educational needs - and at such good value.

The User Perspective: Debbie Kelly, BSN, RNC, Clinical Informatics Coordinator, Olympic Medical Center

The 2003 International MUSE meeting can be termed as nothing but a huge success. With more vendors than ever demonstrating their products, the MUSE membership had an opportunity to review solutions to almost any type of Meditech issue. There were demonstrations of medical necessity products, patient data representation in online flowsheets and handheld devices or web browsers as well as automated forms management and bar coded wristbands. As a clinician and informatician I am very appreciative of the continued vendor involvement in our meetings.

Of particular interest at this meeting, I spent a great deal of my time attending the sessions on computerized order entry and medication administration utilizing bedside bar coding verification. I felt the demonstrations and presentations by users of these products particularly useful as our organization begins its path into both of these large informatics initiatives. The International Education Exchange has brought a whole new dimension to our meetings with detailed and sophisticated user presentations.

One of my favorite things to do at MUSE is see how others use Meditech and get ideas for ways I can enhance my usage of Meditech and third party products. I enjoy learning about other user's designs of care plans and customer defined screens which I heard echoed by fellow attendees.

MUSE is truly a place to network, learn and get fresh ideas. The Jam sessions and Show and Tell sessions gave me a place to discuss specific issues and find out how others handle similar problems. MUSE is for everyone, the novice or experienced, be sure you make it to the next regional or international meeting.

The New Vendor Perspective: Dick Kieffe, President, ISSolutions

As a participant in a number of vendor sponsored shows, it has been increasingly difficult to quantify the benefits of attendance. In many cases there is nothing to show from the exercise but lots of bills and travel weary associates. Anyone who has put their personal and business life aside only to sit idly for hours or days waiting for someone to acknowledge their existence understands the frustration with these shows.

The MUSE organizers and member attendees proved that all exhibitions do not have to be a bust for the vendors. For ISSolutions, it was a pleasant surprise to be visited by members who were interested in our work and knowledgeable about where archiving and imaging could have real value in their organizations. A surprising number of people who visited our booth came with agendas that will turn into real business for the vendor that best meets their needs. Even more important is their willingness to hear from us after the show has ended. Because of the positive experience MUSE provided us, we have already budgeted for the international exhibition next year, and even for additional regional shows. Compared to other venues, the MUSE format and participation by members is a real value for our marketing budgets.

We would like to thank the MUSE Board and its many volunteers for allowing us to participate in such a worthwhile event. We look forward to supporting this productive and valuable organization in the future.

Iatric Education Seminar Hand-Outs Now Available on our Web-Site

Were you unable to attend this year's conference, or did you just miss one of our Education Sessions? We have now uploaded all of our Education Session Handouts to our website. Please feel free to download a copy for your own use at <http://www.iatricsys.com>. Click on "MUSE" and then "2003 International Session."

(The Advanced CDS Education Seminar material will be available after June 1st.)

NPR Tips: Printing Customer Defined Screens in an NPR Report

When you need to print all the query prompts and responses from a customer defined screen on an NPR report, one method is to type the prompts into the picture and use a computed field to print each response. This does work, but it is tedious to code each field, and the report will need maintenance any time the screen is changed.

A better method is to use the MIS.SCREEN.print program in a line check or macro. This works for both Client Server and Magic.

The arguments are:

A = user-defined screen mnemonic
B = name of structure where responses are kept
C = nil strip any blank lines
non-nil print blank lines
D = left margin

Figuring out what to use for the B argument can be tricky, here are some helpful examples from ADM, OE and NUR.

Admissions - Standard Customer Defined Screen (don't forget a patient can have multiple screens per account)

```
LC= %MIS.SCREEN.print(@cd.screen, ^ @Root(customer.defined.queries), "", 1)
```

Admissions - insurance cds

Meditech has a field you can use for insurance screens:

Place the field: @ins.print.queries on the picture (or)

Call the program %ADM.PAT.print.ins.screen(urn,insurance,"",0,1) from an LC or macro

OE - the category screen (if any) and the procedure screen (if any) from an order:

Category Screen

```
LC= IF{ @cat.screen %MIS.SCREEN.print(@cat.screen, ^ @Root(@responses), 1,0)}
```

Procedure Screen

```
LC= IF{ @proc.order.screen 1,
```

```
LC= %MIS.SCREEN.print(@proc.order.screen, ^ @Root(@responses), 1,0)}
```

Nursing (Magic Only)

```
LC= %MIS.SCREEN.print(@intervention's.screen, ^ @Root(@td.results), "", 3, 1)
```

Sample reports ADM.PAT.zcus.is.cds.print.std, ADM.PAT.zcus.is.ins.cds.print.std, OE.ORD.zcus.is.cds.print and NUR.PC.WORK.zcus.is.cds.print have been uploaded to the Magic and Client Server NPR Report library. The NUR.PC.WORK example is magic only, as PCS (C/S NUR) does not use Customer Defined Screens.

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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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