



Updates!

e-Newsletter from Iatric Systems, Inc.

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1. Message from Senior Management

Iatric at 100

Joel Berman, President



The number 100 seems to be a milestone in many areas. Years are measured in centuries. Tracks have the 100 yard dash (or 100 meter dash). The dollar is made up of 100 pennies.

Last month, we reached the 100 mark here at Iatric Systems. We hired our 100th staff member, and as of today, we're up to 103. I'm as amazed as anyone. Many of you might remember asking me a few years back how big I thought Iatric would grow. I remember saying 25-30 employees would be the max. Guess I was wrong.

We have never had a goal to grow the company to X employees by the year Y. We've always believed that if we produce good products and give customers good service, growth of the business will naturally occur. So far that seems to be working.

Besides maintaining the great products and services that have allowed us to grow, the challenge for us is to maintain our level of responsiveness. Despite our size, we want to continue to be quick to respond to the needs of our clients. The initial version of Medical Necessity Ordermate (MNO) was conceived and written in a month. Secondly, everyone in the company is as accessible as we've always been. Have an idea or topic you want to discuss with me? Feel free to call me, or any of us (978-805-4100).

Will we ever have 200 employees? I have no idea nor do I care. Are you happy with our products and services? That I care about, so let me know. Thank you for your support.

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2. Freeman Automates Dialysis Unit with VFS



Is your hospital's Dialysis Unit automated? Completely automated? The most common response to this question is unfortunately "No". The biggest obstacle to automation is figuring out a way for clinicians to view important patient information over multiple recurring visits.

This obstacle was no match, however, for the folks at [Freeman Health System](#)! Freeman is a 347-bed, 3-hospital health system providing comprehensive healthcare services, including a 16-chair Dialysis Center, to more than 400,000 area residents in Missouri, Arkansas, Oklahoma and Kansas.

Linda Smith, Senior Clinical Coordinator at Freeman, and Sue Knaust, Freeman's Dialysis Center Manager, led the charge. Their determination to provide users with a tool that would ensure success led to the implementation of Visual Flowsheet Suite (VFS) in the Dialysis Center. Linda indicates, "The dialysis flowsheet was designed to incorporate all outpatient and inpatient visits, and it's used by nurses, nephrologists and social services. Clinical dieticians will be using it soon, too."

VFS enables clinicians to view on one screen all the patient information they need to see, over multiple recurring visits. Sue says, "It's a great advantage to be able to capture all the aspects of a patient's dialysis history over multiple visits." Linda adds, "The greatest benefits to the users are the time savings, as well as the confidence they feel in knowing that they have all of the information they need right in front of them."

To learn more, and see examples of Freeman's dialysis flowsheet, attend one of our upcoming VFS webcasts:

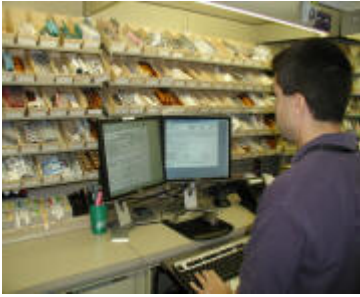
VFS Webcast Date	Day	Time	MAGIC or C/S
12/05/06	Tuesday	2:00pm Eastern	MAGIC
12/18/06	Monday	2:00pm Eastern	C/S

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. Our webcasts are online, real-time interactive sessions you can attend from the comfort of your own office. They are open to any hospital operating the Meditech HCIS, and they are provided at no charge.

VFS Suite is available in [MAGIC](#) and [Client/Server](#) versions.

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3. Paperless Pharmacy Goes Live at Elk Regional



Paperless Pharmacy – what is it, you may ask? It's a brand new solution from Iatric Systems, and simply put, Paperless Pharmacy:

- Eliminates the need for faxing medication orders to a hospital's pharmacy, and
- Provides pharmacy staff with the ability to view outstanding medication orders online and process them in a highly streamlined fashion.

Paperless Pharmacy recently went live at [Elk Regional Health Center](#), a not-for-profit acute care institution and extended care facility that serves the health care needs of PA residents in and around Elk and Cameron Counties. Derrick Goode and Beth Slaughaupt of Information Technology led the implementation team.

Missing medication orders were a problem at Elk. "Prior to going live with the system, nurses faxed medication order sheets to the pharmacy," reported Derrick. "It was really easy for a problem with the faxing process to go undetected. Unfortunately, when that occurred, medications went unfilled until someone realized there was a problem, and then a lot of time was spent trying to locate the missing fax. In the meantime, the patient hadn't received the med."

Patient safety has been improved by eliminating the medication order faxing issues. With Paperless Pharmacy, unit secretaries and nurses scan order sheets directly into Meditech without leaving Order Entry or moving away from their computers. As soon as the order is filed, pharmacy staff can easily see which user placed the order and which orders are missing a scanned image, so "missing" order sheets are identified and corrected immediately.

In addition to improving patient safety, pharmacy staff workflow processes have been streamlined with the implementation of Paperless Pharmacy. "Perhaps the most significant improvement for the pharmacy staff is the Paperless Pharmacy dashboard they use now," stated Beth. "On one screen, they can quickly see all of the medication orders that currently need to be filled, together with all of the important information that's associated with each order." The hospital can choose what fields of information appear on the dashboard, and staff can sort by any column – by priority, for example, so all stat orders appear at the top, or by location, or by patient name, etc. "The system is very flexible," added Derrick. "It's basically an online worklist that conforms to our pharmacy staff's workflow."

Derrick concluded by saying, "We thought we would meet with resistance to change, but the secretaries and the pharmacy love it, and nurses definitely appreciate how it prevents order sheets from falling through the cracks."

[View a screenshot](#) of the Paperless Pharmacy dashboard Elk Regional's pharmacy staff utilizes, or please e-mail us at info@iatric.com to learn more.

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4. New Stark Law Ruling May Open Door to EMRs, Portals



Exciting news for hospitals and physician offices occurred last month when updated Stark law “safe harbors” and anti-kickback rulings went into effect on October 10, 2006. Hospitals may now, within the confines of specific boundaries set by the law, assist physician offices in obtaining Electronic Health Record (EHR) systems and other “software necessary and used predominantly to create, maintain, transmit, or receive electronic health records.” The [final ruling](#) was initially published in the Federal Register on August 8, 2006.

On October 5th, HIMSS hosted a webinar aimed at helping hospitals and providers better understand the new statute ([obtain a .pdf summary of that webinar](#)). EHR-related items that hospitals may now provide to physician offices were outlined as being covered under the new ruling and include Electronic Medical Record (EMR) software licenses, interfaces, connectivity, training, software maintenance and help desk assistance. Hardware remains excluded.

There are numerous caveats outlined in the ruling. For example, in connection with the provision of any EHR-related item by a hospital to a physician office, there must be a written agreement between the hospital (referred to as the “donor” in the statute) and the physician office (referred to as the “recipient” in the statute). Furthermore, the hospital’s cost must be documented, and the cost the hospital covers must not exceed 85% of the cost of the technology. Furthermore, and perhaps most importantly, physician offices may not be selected based on dollar value or volume of patient referrals to the hospital.

Clearly, the ruling is intended to support physician adoption of electronic health records, and the Federal Register states, “We believe the final rule strikes the appropriate balance between protecting the adoption of health information technology and protecting against fraud and abuse.” There are also a number of foundations and federal agencies that may provide grants to hospitals for EHR-related projects. So, it’s good news all around for physician adoption of electronic health records.

Iatric Systems provides a number of EHR-related solutions for the physician office. Please e-mail us at info@iatric.com to learn more.

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6. Calling All Medical Necessity Ordermate Clients



We’re calling on all of our Medical Necessity Ordermate (MNO) users. Iatric Systems wants to help you get ready for the New Year! Come listen and learn how to update MNO dictionaries with the newest CMS changes. If you’ve had turnover at your facility or you’ve never updated MNO dictionaries with annual CMS changes, you’ll want to attend this training session.

Join us in one of the educational Webcasts we are providing for our current Medical Necessity Ordermate (MNO) clients only, where we’ll review MNO maintenance procedures and dictionaries. These sessions are provided at no charge, and you are welcome to attend one or both dates:

Webcast Date	Day	Time
12/07/2006	Thursday	11:00 am Eastern
12/13/2006	Wednesday	11:00 am 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.

Invitations to the MNO Training sessions have already been sent to all of our MNO customers. If you missed your invitation, or if you need more information, please contact Barbara Roberts (978-805-4113; BarbaraR@iatric.com) or Valerie Barnhart (978-805-4152; ValerieB@iatric.com).

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6. NPR Report Writing Tips

Make prompts options for a report with flexible selections. Also cross applications without fragments.

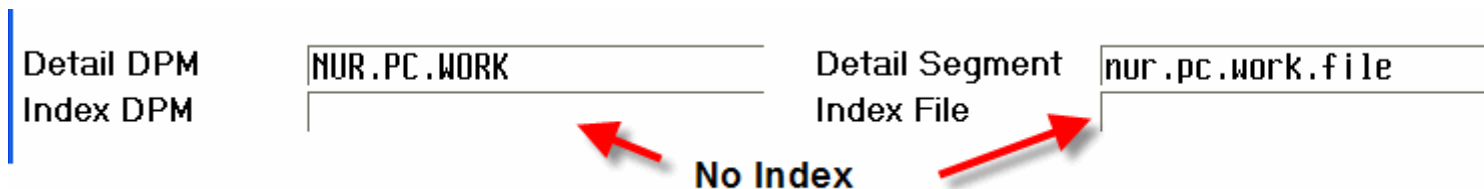
At a recent MUSE workshop on NUR report writing, I promised to make this report a tip in the next E-Updates issue for both Magic and C/S.

If you make selection prompts optional, you can have one report that can be run different ways. Here we will show how to write one NUR report that can be run for:

- A discharge date range of patients (using the Abstracting Discharge Index)
- All current patients (using the room and bed index) or
- Selected patients

It is a good technique to use the Abstracting discharge index as you can have a longer purge in NUR than in ADM. Using the ADM discharge index is handier, but you could omit patients who have purged from ADM.

First: create an NUR.PC.WORK report with no index:



Next: create two "IG" date selections and an LI selection on patient. We are going to use our own code to load a list of patient urn's so that we can use either the room and bed index or the ABS discharge index. Therefore the report should have no index, as we will have our list of @patient values loaded via a macro.

	Select Field/Prompt or Value	Oper/Default or Keyword
1	xx.from From Discharge Date	IG
2	xx.to Thru Discharge Date	IG
3	patient Or Enter Patients	LI
4		

In Magic use the "Edit Attributes" option to make the two date prompts optional. An LI is already optional and can be left empty by the user.


#	Field Element
1	c.xx.from
2	c.xx.to
3	c.patient

Screen:	7. Edit Picture
	<u>8. Edit Elements</u>
Procedure:	9. Edit Data
Select?	8

A)tributes	D)escription?	A
[DAT=DATE		
ID.ARG=BR		
IFE=1		
LEN=8		
REQ=""		

In C/S, the IG operator gets an REQ=N which makes the field optional, so this step is not necessary in Client Server.

You can use the EDIT PICTURE routine to add a comment to the selection screen to make the report selection options clear:


Discharged or Current Patients 

From Discharge Date

Thru Discharge Date

Or Enter Patients

**Use EDIT
PICTURE to add
this comment**



Leave all selections blank to run for all current inpatients

Finally, create a "start" macro which will use the Abstracting discharge index if the user has entered a from and to date range, or the room and bed index if the user has entered no dates and has also not selected a list of patients.

The c.patient structure is loaded with the @adm.urn's of the discharged patients (from Abstracting) or the @adm.urn's of all current patients (from ADM), or we do nothing, if we detect that the user has entered a list of patients already.

Here is the magic code used in a macro called AL START to load the list of patient urn's depending on the selections entered by the user at run time.

Enter/Edit Macro Logic: NUR.PC.WORK.zcus.is.dis.or.current.M.start (A:)

```
IF{c.xx.from&c.xx.to 1,
@ABS.DISCHARGE.INDEX;
+c.patient[""];
@ROOM.BED.INDEX}
```

```
ABS.DISCHARGE.INDEX
"ABS."_(@.db#"1.")>DB,
```

Build DB name from @.db

```
C(:S,?S),
```

Close and stack the prefixes we will open to ABS

```
%Z.link(":", "ABS", "%ABS.data", DB),
```

Look MA no fragments!

```
ZZ%O(?, :),
```

Z.link opened :, then we open ? to :

```
"IN">ABS.PAT.pt.status,
```

```
c.xx.from>ABS.PAT.dis.date,
```

```
@Prev(ABS.PAT.dis.date,@ABS.PAT.dis.date.x),
```

```
DO{@Next(ABS.PAT.dis.date,@ABS.PAT.dis.date.x)'>c.xx.to 1,
```

```
DO{@Next.get(ABS.PAT.account.number,@ABS.PAT.dis.date.x,ABS.PAT.urn) 1,
```

```
1>c.patient[@ABS.PAT.adm.urn]}},
```

```
C(?U, :U)
```

Loop and make list of adm.urns

NUR.PAT has
@adm.pat.room.bed.index which is
just the ADM room bed index but
with * as the prefix.

```
ROOM.BED.INDEX
```

```
@.facility>NUR.PAT.facility,
```

NUR has * open to ADM

```
DO{@Next(NUR.PAT.room,@NUR.PAT.adm.room.bed.index) 1,
```

```
DO{@Next.get(NUR.PAT.bed,@NUR.PAT.adm.room.bed.index,patient) 1,
```

```
1>c.patient[patient]}}
```

The C/S code is similar, except we will use the %Z.link.db program to open ABS

```

Program Editor
Editing: NUR.PC.WORK.zcus.is.dis.or.current.M.start Mode: NPR CUSTRW SRC
IF{c.xx.from&c.xx.to @ABS.DISCHARGE.INDEX;
+c.patient[""];
@ROOM.BED.INDEX)
ABS.DISCHARGE.INDEX
"ABS."_(@.db#"1.")>DB,
/Z.link.db(Q(DB),Q("O","B",1)),
c.xx.from>ABS.PAT.dis.date,
@Prev(ABS.PAT.dis.date,ABS.PAT.dis.date.x),
"IN">ABS.PAT.pt.status,
DO{@Next(ABS.PAT.dis.date,@ABS.PAT.dis.date.x)'>c.xx.to 1,
DO{@Next.get(ABS.PAT.account.number,@ABS.PAT.dis.date.x,ABS.PAT.urn) 1,
1>c.patient[@ABS.PAT.adm.urn]},
/Z.link.db(Q(DB),Q("C","B",1))
ROOM.BED.INDEX
DO{@Next(ADM.PAT.facility,@ADM.PAT.room.bed.index) 1,
DO{@Next(ADM.PAT.room,@ADM.PAT.room.bed.index) 1,
DO{@Next.get(ADM.PAT.bed,@ADM.PAT.room.bed.index,patient) 1,
1>c.patient[patient]}}}

```

Build ABS db name from @.db (points to @.db in the code)

Open ABS with Z.link.db (points to /Z.link.db(Q(DB),Q("O","B",1)) in the code)

Close ABS (points to /Z.link.db(Q(DB),Q("C","B",1)) in the code)

C/S NUR does not have NUR.PAT.room.bed.index (points to DO{@Next(ADM.PAT.bed,@ADM.PAT.room.bed.index,patient) 1, in the code)

Attach the macro with a footnote:

```

Edit Footnotes
AL START start

```

Both the Magic and C/S reports have been posted to our report library, and the reports will work for hospitals unless your ABS database does not follow the typical pattern. If you have an atypical ABS database code, such as ABS.LIVE or ABS.XYZ.N, you can modify the start macro accordingly to hardcode your database instead of using a string operator on @.db.

The C/S and Magic reports are called:

NUR.PC.WORK.zcus.is.dis.or.current.

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](#).

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

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