



## Updates!

e-Newsletter by IATRIC Systems, Inc.

**October 2004**

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## Messages from Senior Management

Joel Berman, President and founder of Iatric Systems, commonly shares his thoughts on various topics via this newsletter. However, we understand customers may be interested in hearing periodically from Iatric Systems' Vice Presidents as well. So, each monthly issue of our newsletter will now feature thoughts from an individual on our Senior Management Team. Have no fear - you'll still see Joel's MUSEings in future issues of Updates! Today, we'll be hearing thoughts from John Danahey, Vice President of Sales and Support...

### **Message from John Danahey, VP - Sales Should be a Service**



When I joined Iatric Systems over 7 years ago, my role was to write NPR reports, teach NPR classes and to start a customer service group for a couple of our new software products. My customer service role also included answering questions or maybe demonstrating our software to interested customers. At the time, I would have never thought I was acting in a "Sales" capacity. In fact, I probably would have been offended at the notion.

As a young company, we soon learned that just because we were creating neat stuff, it didn't mean that people would beat down our doors to buy it. After all, people cannot consider a solution if they don't know it exists. Welcome to sales and marketing.

Sales and marketing obviously plays an important role for the merchant. However, it also plays an important role for the consumer. When a consumer is aware of multiple options, they create competition which will typically lead to lower prices and better quality products. In this regard, sales can be a service.

At Iatric Systems, we continue to work to achieve the goal of "Sales is a Service." We want to provide you with the information you need to make an educated decision. This is not always easy, as every person has a different threshold for marketing information. The same e-mail can be viewed as highly informative by one person, while labeled as intrusive by another. We understand that our customers have varying preferences, and we will continue to make every effort to find the appropriate balance. I would encourage you to provide feedback to our [Account Managers](#) and [Senior Management](#). Your input allows us to search for new technologies and develop new procedures aimed at improving our goal of "Sales is a Service."

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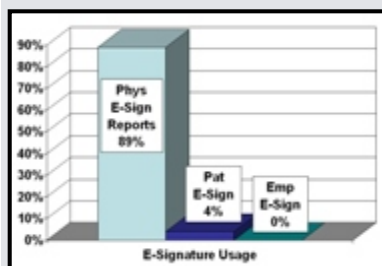
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## E-Signature Education - Part II

In our [July issue](#), we informed readers that Iatric Systems presented an e-signature educational session at this year's International MUSE Conference, and we provided some of the content of that session in the body of the article. We also invited subscribers to participate in an e-signature survey. This month, we'd like to share with you the results of that survey.

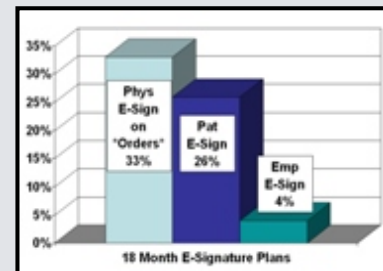
The survey grouped e-signature types into three categories:

- Physician e-signatures on patient reports
- Patient e-signatures on any type of patient form (consent forms, HIPAA notification, etc.)
- Employee e-signatures on any type of personnel document



How are hospitals currently using e-signatures? Not surprisingly, 89% of the survey responders indicated their organization had implemented physician e-signatures on patient reports. Only 4%, however, indicated patient signatures are being captured electronically on documents patients are required to sign. None of the survey responders indicated employee use of e-signature in connection with any type of personnel documents. Some hospitals indicated that they use standard Meditech electronic signature capabilities to have other types of clinicians (therapists, etc.) sign off on patient reports, and one hospital indicated managers sign off electronically in connection with employee payroll.

What do hospitals that responded to the survey have planned for the next 18 months? The largest percentage of survey responders (33%) indicated they plan on implementing physician e-signatures on patient \*orders\*. Many sites indicated they also plan to continue proliferation of physician e-signatures on patient reports. 26% indicated they plan to implement some method of capturing patient signatures electronically. Only 4% indicated plans to implement e-signature for employees.



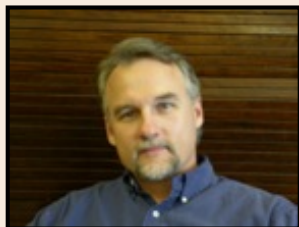
Less than half of survey responders indicated having investigated technology available for capturing patient signatures electronically. Our International MUSE educational session focused primarily on technology available to capture patient e-signatures. Since it appears a majority of hospitals may still be investigating options to accomplish this goal, and since many sites plan to implement some method of patient e-signature in the near future, next month's newsletter will feature more on capturing patient e-signature.

So, keep your eye out for our "Capturing Patient E-Signatures" article in next month's newsletter, and thanks again to all who participated in our e-signature survey!

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## PACS Interfaces - An Interview with Ken Hoffman, VP



PACS implementations have become a hot topic at many hospitals in the Meditech marketplace. This month, we asked Ken Hoffman, VP of Interfaces and Integration, to give some insight into the PACS Interface Suite from Iatric Systems, and Ken's responses are below.

**Q: How long has Iatric Systems been interfacing to PACS systems?** A: We've been integrating PACS systems to Meditech for four years.

**Q: Do you have experience interfacing in the Client/Server environment in addition to Magic?** A: Yes. In fact, we are the leading third party vendor not only for Client/Server interfaces in general, but for C/S PACS system interfaces specifically.

**Q: What PACS systems can you interface with?** A: We've never found a PACS vendor we couldn't interface with. Some of the more popular vendors our customers have chosen have been GE, Fuji, Phillips, Amicas, McKesson, Siemens and the

Mitra PACS broker.

**Q: How will clinicians be able to view PACS images through Meditech if we use Iatric Systems to interface to our PACS vendor?** A: At Magic sites, clinicians will use PCI to launch into PACS vendor image viewing software. Hospitals should keep in mind that some PACS vendors allow patient ID and user authentication to be passed into their image viewing software, so the patient doesn't need to be re-identified nor does the user need to type in another password. However, some vendors require patient ID and user authentication to be entered again. I would recommend hospitals challenge their PACS vendors to streamline workflow processes in as many ways as possible. At C/S sites, we're currently working on an EMR link to PACS image viewing software. However, most PACS vendors have a URL-based viewing system, and this type of system can be used today to view PACS images at C/S sites, either directly via a browser or via PCS.

**Q: What's the average implementation turnaround time for a PACS interface?** A: A PACS interface implementation is typically 2-4 weeks once the software's installed, although the entire PACS project implementation itself may be longer.

**Q: How much time is my IS staff going to have to spend on the interface piece of our PACS project?** A: IS staff involvement over the 2-4 weeks will be about 20-30 hours. We work directly with the PACS vendor, which minimizes IS staff's time commitment, but testing still must be done by IS staff.

**Q: What are hospitals doing with historical patient data?** A: Orders, reports and actual images can all be backloaded into a PACS system depending on the PACS vendor's capability. We've backloaded historical data at a number of sites.

**Q: Are there any other reasons why I should consider Iatric Systems' PACS interfaces?** A: We are the most cost-effective solution available, and we offer shorter turn-around times as well as more custom integration than any other vendor - bar none - in the Meditech marketplace. For more information on the PACS Interface Suite from Iatric Systems, check out our website ([MAGIC version](#) or [C/S version](#)), or e-mail us at [info@iatric.com](mailto:info@iatric.com).

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## 5 NPR Report Writing Tips

### NPR Tips - Three Across Labels with Bar Codes

#### (Magic or C/S)

Over the years, we have presented a variety of methods to print three across laser labels. The most common approach is to load the patients into an /MV array in the detail sections, then print the array out in a report trailer. The problem with this approach is that you cannot apply different formatting to parts of the label, such as bolding, different font sizes, or bar coding. This is how the picture looks with the usual approach:

```
Editing Regions - <ESC> for Picture or Fields:
REG A  0-----1-----2-----3-----4-----5-----6-----7-----8-----
TR  *  xx, mv.array_____xx, mv.arrayb_____xx, mv.arrayc_____
TR    xx, mv.array_____xx, mv.arrayb_____xx, mv.arrayc_____
```

The alternative approach is to use a computed field for each line of the label data

```

Editing Picture - <ESC> for Fields or Regions      <Insert Mode>      [0->82]
REG A  0-----1-----2-----3-----4-----5-----6-----7-----8-----
TR *   |
TR    |  xx,label,one,a_____  xx,label,two,a_____  xx,label,three,a_____
TR    |  xx,label,one,b_____  xx,label,two,b_____  xx,label,three,b_____
TR    |  xx,label,one,c_____  xx,label,two,c_____  xx,label,three,c_____
TR    |  +xx,label,one,e_____  xx,label,two,e_____  xx,label,three,e_____
TR *   |
    
```

We "wrap" the TR section with a DO loop using an ECB "Extra Code Beginning" attribute on the first TR line, and an ECE "Extra Code End" attribute on the last TR line.

On the first line in the TR section:

(The printer codes set up a top margin of three lines and a line height of 6 lpi)

```

Edit Line Attributes
ECB=D(27)_"&13E">|,D(27)_"&16D">|,"->SET,DO(+/DATA[SET ]+SET 1,
    
```

On the last line in the TR section, we end the DO loop.

We also set up some code so that we get a carriage return on the line unless we are on line 60.

```

Edit Line Attributes
ECE=IF(W,LL>1|C"")>N|}|}|}
NL=N
    
```

Our computed fields are set up as follows:

```

E
[AT=FREE
JFY=L
LEN=30
VAL=/DATA[SET,1]10
    
```

The "SET" variable defines the SET of the labels. SET 1-10 will make up page 1, SET 11-20 will make up page 2, etc. The second subscript is hardcoded as 1, 2, or 3 to provide the column. The |0 is used for the first line of the label, |1 is the second etc.

Notice that the TR section is 6 lines. Once we set the lines per inch to 6, with a 60 line page size, we will get a new page every 30 labels. One glitch is that we need to include a line attribute to suppress the carriage return from the last TR line when we are on line 60, otherwise that "extra" CR will produce a blank page between pages of labels.

The report has no detail lines, but in a detail macro we load our address or account number information:

```
Enter/Edit Macro Logic: ADM.PAT.zcus
```

```
COL+1→COL,  
IF(COL>3 1→COL, 1+SET→SET),  
@name→/DATA[SET, COL]10,  
@patient.streets.out→/DATA[SET, COL]11,  
@patient.city.state.zip.a→/DATA[SET, COL]12,  
@acct.number→/DATA[SET, COL]14
```

The footnotes on the report are as follows:

```
AL 0 detail  
AL START 0→SET  
RL 92
```

An example magic report in both the old (pre 4.9 SR3) and new (post 4.9 SR3) file format has been placed in our report library ADM.PAT.zcus.is.three.across.labels. The sample report illustrates use of a CODE.128 bar code with the label.

An example client server report has also been placed in the Client Server section of our report (ADM.PAT.zcus.is.three.across.labels).

Note that the Client Server version uses a different technique to set the line height and to get the labels to print 30 to each page, properly aligned.

Please note that our new website has information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#). You will find additional NPR tips located at <http://www.iatric.com/information/npr-tips.asp>.

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Joel Berman, President, [JoelB@iatric.com](mailto:JoelB@iatric.com), 978-805-4101

John Danahey, VP, Sales and Support, [JohnD@iatric.com](mailto:JohnD@iatric.com), 978-805-4153

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**27 Great Pond Drive, Boxford, MA 01921, USA**

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