Message from Senior Management

Celebrating 25 Years

Joel Berman
CEO

25 years
Serving the **MEDITECH** Community

Tuesday Trainings and Education Workshops

Our Customers Tell the Best Stories
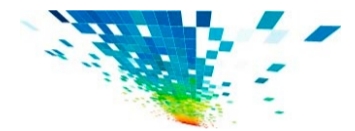
Wear It & Win!

Wear It & Win!

Compliance Corner	Report Writing Tips	Newsletter Sign-up/ Contact Us

---

Message from Senior Management

INTERNATIONAL **MUSE** CONFERENCE
Booth 810 · Nashville · May 26-29

Call 978.539.0734 or email
Support@iatric.com
24/7, 365 days a year.

Celebrating 25 Years

Joel Berman, CEO

Joel Berman
Founder & CEO

0:03

0:01 / 2:49

Iatric Systems gives you three ways to celebrate with us at International MUSE 2015.

1. Register to win TWO Apple Watches — one for you and one to share.
2. Enjoy a piece of anniversary cake.
3. Wear It and Win! Be seen wearing an Iatric Systems button for a chance to win gift cards.

Get ready to celebrate!

Discover proven solutions and services that help you successfully complete your projects:

- Protect patient privacy
- Connect your community
- Enhance patients' experience
- Integrate your healthcare IT systems
- Automate vital signs documentation
- Reduce errors and adverse events

Our knowledgeable, experienced professional services team can step in and supplement your IT team on any project, large or small.

We look forward to seeing you at International MUSE 2015 Booth #810. Join the celebration!

Back to Top

MUSE Education

Join us for some great training and education in a wide range of topics, from NPR and Data Repository to FHIR and Meaningful Use Stage 3; we have something for everyone. Take a look at our sessions and click the session name to add it to your calendar. We're looking forward to learning with you!

Tuesday Trainings		
Session Type and Name *(Please click the title to add the session to your calendar)*		
Morning Workshops, 9:30 - 12:00		
MEDITECH Data Repository: What is it, and How do I use it? Part 1 (SQL)	Myles Britten Iatric Systems	702
MAGIC Syntax for NPR Report Writers (MAGIC and C/S)	Joe Cocuzzo Iatric Systems	704
Afternoon Workshops, 1:00 - 3:30		
MEDITECH Data Repository: What is it, and How do I use it? Part 2 (SSRS)	Myles Britten Iatric Systems	802

Crossing Applications without Fragments (MAGIC and C/S)	Joe Cocuzzo Iatric Systems	804

MUSE Education Sessions

| Education Sessions				
Session Type and Name *(Please click the title to add the session to your calendar))*	Presenter	#	Day	Time
NPR Tips 'n' Tricks: Plug 'n' Play NPR Utilities	Joe Cocuzzo Iatric Systems	1044	Wed	11:00a
Critical Elements of an Information Security Program in Healthcare	Chris Baldwin and Bruce Hall, CSB IT Security	1103	Wed	2:30p
FHIR - What's all the FHUSS?	Jeff McGeath Iatric Systems	1085	Thurs	9:15a
Meaningful Use Stage 3 - How You Can Succeed	Kay Jackson Iatric Systems	1084	Thurs	10:15a
Successfully Navigate a System Migration	Joe Sainz Iatric Systems	1115	Thurs	10:15a
DR/SQL Tips 'n' Tricks: Z meets SQL	Thomas Harlan Iatric Systems	1082	Thurs	2:30p
Henry Mayo and the Pursuit of the IT Holy Grail (Medical Device Integration)	Ulla Lindsey and Ryan Molina, Henry Mayo Newhall Hospital, California	1060	Thurs	2:30p
Geographic Data Visualization from the DR	Thomas Harlan Iatric Systems	1083	Fri	9:30a
Best Practices in Joining an HIE: How to Make Your Connection Work for You	Rob Inglish Iatric Systems	1126	Fri	9:30a
Beyond Meaningful Use: Enhancing the Patient Experience with HIT	Mike Elvin Iatric Systems	1097	Fri	10:30a

Understanding HL7 version 2.5.1 and Meaningful Use Data Considerations	Rich Murphy Iatric Systems	1101	Fri	10:30a

Product Demonstration

Education Sessions				
(Please click the title to add the session to your calendar)	**Presenter**	**#**	**Day**	**Time**
Children's Specialized Hospital – Tablet and Kiosk Based Registration – Automating a Complex, High-Volume Pediatric Rehab Facility	Darlene Carr Children's Specialized Hospital, New Jersey	504	Wed	11:00a

Back to Top
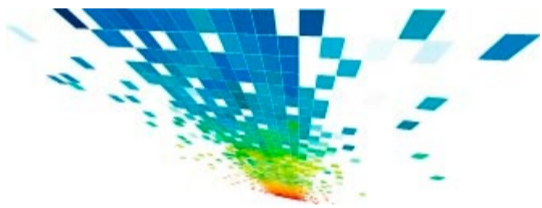
Our Customers Tell the Best Stories

To learn how hospitals engage patients, comply with Meaningful Use, reduce errors, and streamline clinical workflow:

Sturgis Hospital engages patients with their portal to comply with Meaningful Use.

Stillwater Medical Center sends vital signs to MEDITECH from the ICU, ED, and Day Surgery, reducing errors and saving nurses time.

Southern Maine Medical Center eliminates mislabeled specimens in their Emergency Department.

Saratoga Hospital reduces 30-Day readmissions using Visual SmartBoard.

Lima Memorial Hospital enables physicians to see both PACS and EKG images using the MEDITECH 6.x camera icon.

Ephraim McDowell Health saves nurses and physicians time by transmitting cardiac monitor results and maternal/fetal records to MEDITECH.

Back to Top

Wear It & Win!

Win one of ten $25 Visa Gift Cards awarded every day by wearing an Iatric Systems 25 year celebration button at MUSE.

Pick up your button early at **Booth #810.**

Plus —

- Register to win TWO Apple Watches — one for you, one to share
- Enjoy a piece of anniversary cake

Back to Top

Compliance Corner

Kay Jackson, Education and Advisory Manager

The 2015 Proposed NPRM: What is CMS Thinking?

As of last September, I've been watching for CMS to officially announce the switch to a shorter EHR reporting period for 2015. At that time, Congress first introduced Bill H.R. 270, designed to allow for a 90-day Meaningful Use reporting period, and the bill was supported by 33 co-sponsors.

Now, nearly eight months into reporting for 2015, CMS recently issued a notice of proposed rulemaking (NPRM), a complete game-changer for 2015. While this includes the reporting period change we were all hoping to see, I'm confused as to why CMS is changing the measures mid-reporting year.

We know that you have enough difficulties around Meaningful Use, so to have measures dropped mid-year has increased the stress and challenges. Of course, to add to the confusion, these are just *proposed* changes, and CMS must wait for comments before finalizing in August.

Adding to the confusion is the change for Core 6.2; dropping from a required >5% of patients accessing the portal to the requirement of only a single patient to access the portal. While this may seem like a relief, here's the worry: for now, there's a lack of focus on Patient Engagement; but then hospitals have to face Stage 3, where the proposed requirement for patients who access the portal jumps to **greater than 25% of patients,** along with the requirement to provide electronic access to educational resources to **more than 35% of patients**. An additional proposed change for 2015 is to remove the ability to include paper TOC for Core 12.1.

All of these changes seem to be *Meaningful Use Madness,* and leave me scratching my head. The Comment period ends June 15, 2015 so be sure to have your voice heard, and send your comments to CMS.

Back to Top

Report Writing Tips

Joe Cocuzzo, Senior Vice President – Report Writing Services

NPR Tip: "Echo Name" feature for Customer Report Screens (MAGIC Only)

You may have noticed that MEDITECH standard NPR report screens can have "display only" fields, but in customer reports, there is no attribute or standard method to provide the same feature. In a CDS, you could just set the "Echo Name" flag to Y when building the screen.

This month we will show you how to add a "name echo" feature to a MAGIC NPR report. Our example will be a simple doctor dictionary report where we will show the name on the selection screen after a doctor is selected:
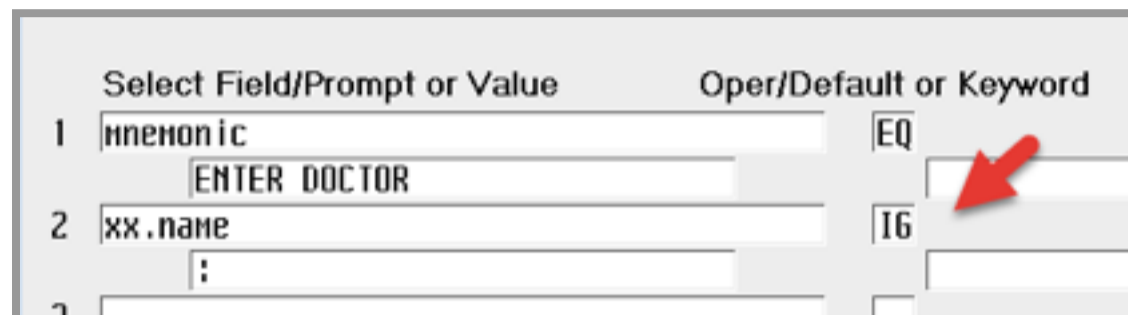
Instead of this:

We want to have the selected doctor's name display like this:

Here is how to add a "display only" field to your MAGIC report:

Step 1
Add a computed field where the name will display, make it the appropriate length (for doctor name this is 30 characters) and use the "IG" (Ignore) selection operator.


In Process Reports you have two options that allow you to modify the screen generated by the screen built automatically by the report translator. The "Edit Picture" option allows you to move or edit prompts, to add additional text, or to increase the number of entries that show for an LI or RL field. The "Edit Elements" option allows you to add or modify FCL, REQ, DFT, and IFE attributes for the screen fields.

First we want to move the 2nd "xx.name" field to the right of the doctor mnemonic field, we can remove the ":" prompt entirely.

In the Edit Picture routine do this:
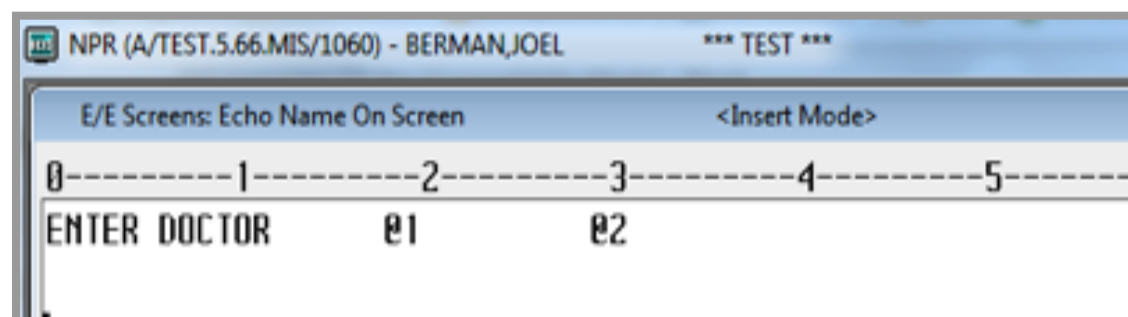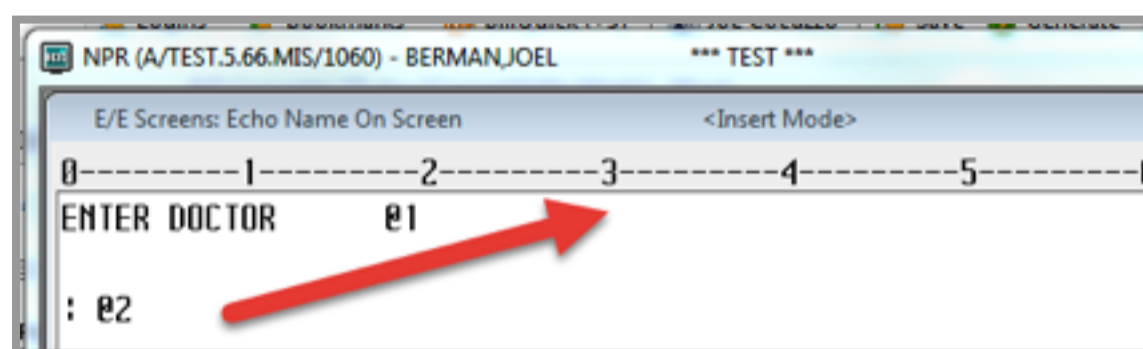
Then we use the Edit Elements routine to add an IFE="" expression that shows the doctor name in 30 characters at the correct row and column and has the cursor skip the field.

The attributes that default for the "xx.name" field with the IG selection operator look like this:

```
        2        c.xx.name



A)ttributes D)escription?     A          <esc> - to exit editor
DAT=FREE
ID.ARG=BR
IFE=1
LEN=30
REQ=1
```

We need to make two changes. We need to change the REQ=1 to REQ="" so the field is not required, and we need to add code to the IFE so that the field is skipped but the doctor name is displayed in the spot where me moved the field (to the right on the mnemonic).

It would be nice if the Report Screen program kept the row and column in some nice "R" and "C" variables for us to use in the IFE, but then we do not have that luxury. We could hardcode values and experiment, but we'd need to adjust for the 3.x vs the 4.x workstation and code like this:

```
A)ttributes D)escription?     A          <esc> - to exit editor
DAT=FREE
ID.ARG=BR
IFE=P(IF{@.gui 0;2},29,@name[c.mnemonic]:30TL)→#,""
LEN=30          ←        If in the GUI, then Row = 0 otherwise
REQ=""                            top row is 2.
```
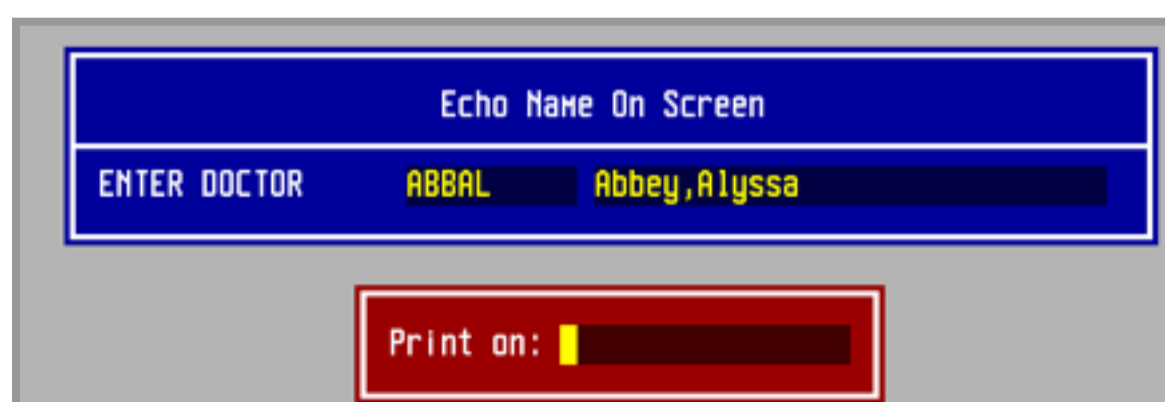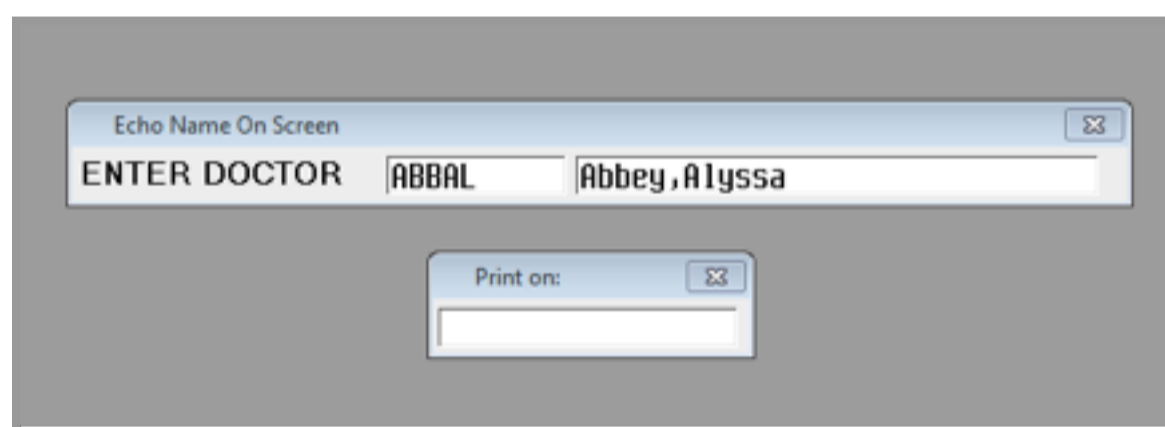
This code uses the P() command to print the name in 30 characters truncated, left justified to row 0 (if 4.x Workstation) or 2 (if 3.x Workstation) and column 29.

Since you have a ruler line in the "Edit Screen" routine, it isn't too difficult to figure out the row and column to use, you just need to check the @.gui flag to figure out if the screen starts on row 0 or row 2. 3.x screens use up two lines for the title and the horizontal line, and in the 4.0 workstation the title moves up to the Windows menu bar so your screen starts at line 0.

With this code, we have a report that works for both versions of the Workstation:

```
Echo Name On Screen                                    [⊠]
ENTER DOCTOR     ABBAL          Abbey,Alyssa


                    Print on:          [⊠]
```

```
                Echo Name On Screen

ENTER DOCTOR     ABBAL          Abbey,Alyssa


            Print on: |
```

For extra credit, you could invert the name and display the doctor group mnemonic and name as well, like this: Try your own variation as appropriate to add relevant information to your NPR Report selection screens.
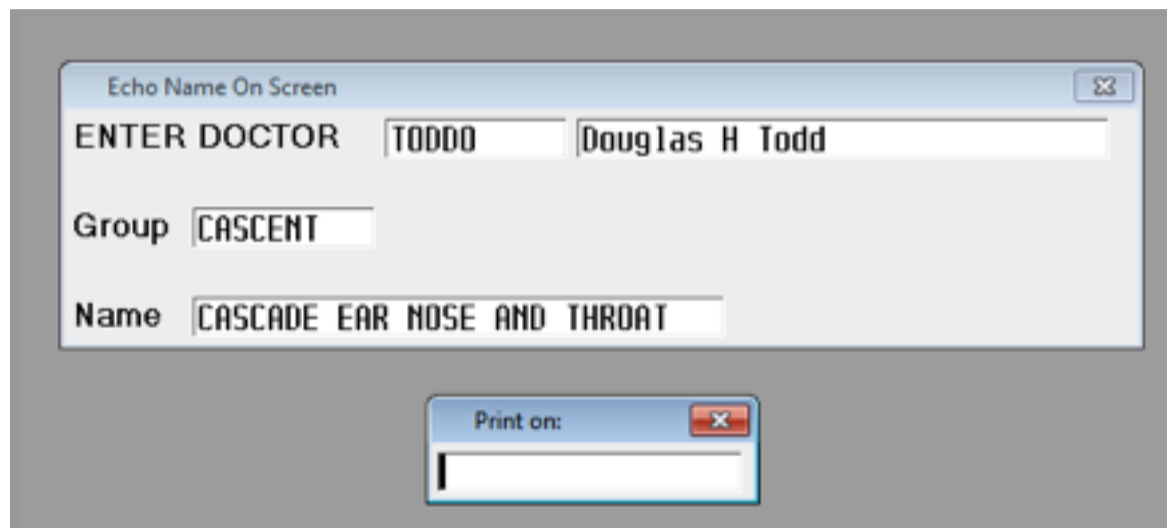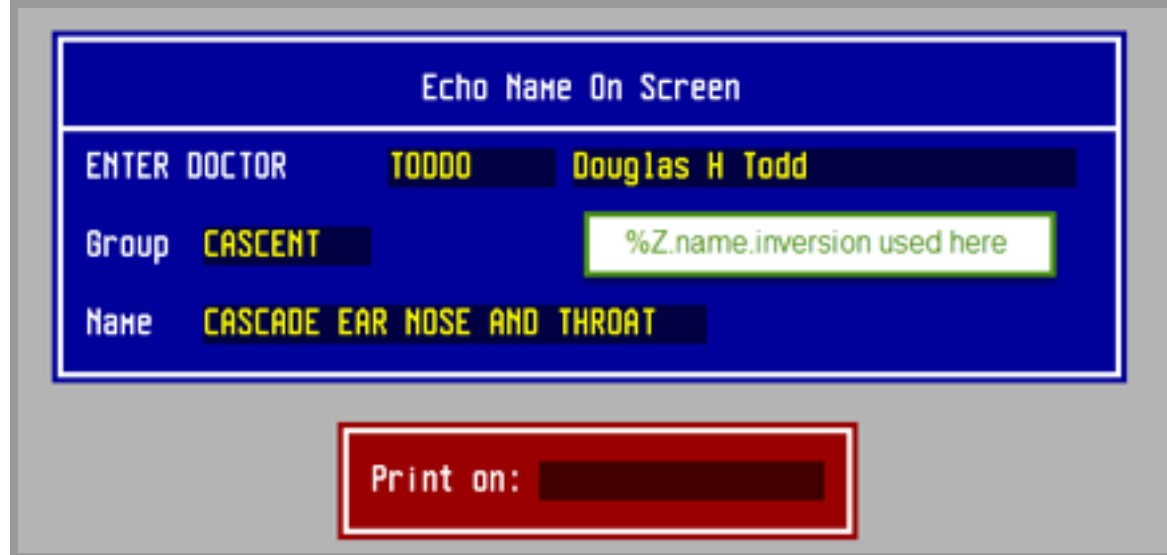
But what about C/S sites?

Unfortunately this trick won't work in C/S because starting in version 5.6 all screen output is handled by a set of NPR.UI programs and calling them is blocked by the syntax checker. If MEDITECH added a DIS=N attribute feature to the C/S screen builder, you could do this the same way they do in Programmers NPR. Don't hold your breath.

The MAGIC version of this report MIS.DOC.DICT.zcus.is.echo.name has been uploaded to our report library:

http://new.iatric.com/report-library-search

DR+SQL Tip: Using UNION to Best Effect

by Thomas Harlan, Iatric Reporting Services Team

MEDITECH migrations platform bring many challenges; one of them being that you may find yourself with a new LIVExDB in the picture and once you're past the go-live you find that data is flowing only into the new LIVExDB and not into the old one anymore.

This is particularly noticeable when you have a migration from (for example) **MAGIC** to **MT 6.1.** This gets you a database scenario like:

        livemdb   (the old MAGIC environment data)
        livefdb   (data from the new MAT modules, post go-live)
        livendb   (data from the new C/S NPR modules, post go-live)

If you have DR-based reports in play already, when this change occurs (say on June 1st, 2015, as an example), then they are going to stop having new data in them on the magical migration day.

Then you need to update your reports – but how?

You could build completely new reports pointing at the new livefdb and livendb databases, but then your end-users will have to run two separate reports to get data

about any patients admitted before the go-live and discharged after… and any kind of historical record-of-service reports will also have to be run separately.

Not so very convenient for your end-users!

SQL provides two solutions, however, and we will look at one of them here: using the UNION ALL keyword.

All In One

UNION ALL lets us run two (or more) separate queries against the DR server and combine the results; if and only if, the *number* of columns in the two queries matches and the *datatypes* of each column match. This lets us do something like:

```sql
-- First from Magic
SELECT  MAV.UnitNumber
     ,MAV.VisitID
     ,MAV.AccountNumber
     ,COALESCE(MAV.ServiceDateTime,MAD.AdmitDateTime) AS ArrivalDateTime
     ,MAV.Status
FROM    livemdb.dbo.AdmVisits MAV
     LEFT JOIN livemdb.dbo.AdmittingData MAD ON ( MAD.VisitID = MAV.VisitID AND MAD.SourceID = MAV.SourceID )
WHERE   COALESCE(MAV.ServiceDateTime,MAD.AdmitDateTime)
     BETWEEN CONVERT(DATETIME,'2015-01-01 00:00:00',120)
     AND CONVERT(DATETIME,'2015-12-31',120)
UNION ALL
-- Then from C/S
SELECT  CAV.UnitNumber
     ,CAV.VisitID
     ,CAV.AccountNumber
     ,COALESCE(CAV.ServiceDateTime,CAD.AdmitDateTime) AS ArrivalDateTime
     ,CAV.Status
FROM    livendb.dbo.AdmVisits CAV
     LEFT JOIN livendb.dbo.AdmittingData CAD ON ( CAD.VisitID = CAV.VisitID AND CAD.SourceID = CAV.SourceID )
WHERE   COALESCE(CAV.ServiceDateTime,CAD.AdmitDateTime)
     BETWEEN CONVERT(DATETIME,'2015-01-01 00:00:00',120)
     AND CONVERT(DATETIME,'2015-12-31',120)
```

When we launch this query the SQL engine splits the work into two parallel queries and executes them simultaneously. So performance can be quite good. MEDITECH's data structure is challenging to speed, however, because we have to look at two (or more) different fields in different tables to get the ArrivalDateTime.

However, this will get us visits on either side of the gap at go-live and since the fields line up in number and type, the report we build on top of this won't know the difference. And neither will the user!

Dangers of Union

One gotcha to watch out for with UNION, however, is that since each section runs in parallel with one another; if each part is hitting the *same tables in the same database*, sometimes they block each other – and then performance falls off a cliff while each waits for the other to release database page locks. And this is bad.

So our rule of thumb is to avoid using UNION with queries accessing the same tables in the same database. In our example, we don't have this issue – the table names may be the same, but they are in entirely different databases.

In the version of UNION that we've looked at so far, we have the "ALL" keyword added – this just combines the results of the two queries into a single result-set.

Union to Unique

But there is also just plain old UNION, which *compares* the two result-sets and discards any duplicates, producing a single set of unique rows. That is sometimes useful, but that requires more overhead to compare two sets and produce a third to return to you.

Alternatives

If you find that you need to run two or more sets of queries against the *same sets of tables* and combine the results; you don't want a UNION at all. That will get you the performance issues we've just mentioned. In this scenario you:

1. Create a temp table with a common structure.
2. Run each query in sequence, INSERT-ing the results into the temp table.
3. Return the whole contents of the temp table to your report or extract.

(end)

Visit our report library at
http://www.iatric.com/Information/NPRReportLibrarySearch.aspx.

You can find additional Report Writing Tips on our website at
http://www.iatric.com/Information/NPRTips.aspx, as well as information
about our **on-site Report Writer Training** and **Report Writing Services**.

Read Joe and Thomas's blog posts at **MEDI-Talk**.

To subscribe for email notifications for new Report Writing classes, please follow this
link:
http://www.iatric.com/Information/Classes.aspx.

For more information, please contact Karen Roemer at 978.805.3142 or email
karen.roemer@iatric.com.

Back to Top

Follow us on:

Achievements:

**2014 Healthcare
Informatics
Top 100**

**2014 Best Places to
Work in Healthcare IT**

Inc. 5000

Newsletter Sign-up/Contact Us

Sign up for our Updates! newsletter, or do so by visiting the lower section
of our website's **homepage**.

You can unsubscribe from this newsletter using the SafeUnsubscribe link at the
bottom of this email or by sending us a request at **info@iatric.com**.

If you received this newsletter via email, you may give us feedback by simply
replying to the email. However, if you would like to reach someone directly,
please feel free to contact one of the individuals listed below.

Joel Berman, CEO, **Joel.Berman@iatric.com**, 978.805.4101
John Danahey, Executive Vice President of Customer Services,
John.Danahey@iatric.com, 978.805.4153

Follow us on our **MEDI-Talk** blog.

Upcoming Events:

International MUSE 2015
May 26 - 29, 2015
Nashville, Tennessee

AAMI 2015 Annual Conference
June 5 - 8, 2015
Denver, Colorado

NCHICA AMC 2015
June 22 - 24, 2015
Chapel Hill, North Carolina

Back to Top

27 Great Pond Drive, Boxford, MA 01921, USA - 978.805.4100