UPDATES!

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IATRIC systems

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Message from Senior Management

Leading Healthcare IT From The Inside Out

Frank Fortner, Senior Vice President

With the recent passing of Steve Jobs, the subject of his unique brand of leadership has been discussed at length in various blogs, biographies and news articles. I'll let you Google those in your spare time, but I thought it would be timely to write about the topic of leadership itself, one which is represented by numerous and vastly different styles, disciplines and opinions. Just take a grande non-fat vanilla latte for a stroll through Barnes & Noble's business book section and you'll see exactly what I mean.

While there are many excellent books on leadership (for example, *Good To Great* by Jim Collins is a must read) my favorite author on this subject is John C. Maxwell, who has penned over 40 books. As an example of his teaching, I've heard Maxwell describe an "inside out" type of leader as someone who is much bigger and better on the inside than they are on the outside. This is a leader whose inner qualities (integrity, character, trustworthiness, etc.) over time greatly expand the leader's ability to connect, influence and inspire others. He lists six traits of inside out leaders:

- They value people rather than a position
- They allow themselves to be inspired by others
- They are secure enough to give credit to those around them
- They never abuse power

- They extend grace and forgiveness to others
- They acknowledge, apologize for and correct their mistakes

While that may sound good on paper, you may be wondering what does this type of leader look like in the real world? According to Maxwell, it looks a lot like Nelson Mandela, the first black president of South Africa, who modeled those traits while leading his country through the process of ending apartheid (racial segregation). His winsome leadership style and ability to influence and inspire others is recognized all over the world, and he will be remembered in history as one of the greatest leaders of the 20th century. Mandela's accomplishments were enormous, but they were only made possible by inspiring and influencing others to action. There it is... leadership in a word. Influence.

In all likelihood, very few of us will ever reach the same kind of leadership effectiveness as Steve Jobs or Nelson Mandela, but we all have a circle of influence within which we too can become effective leaders. Anyone working in healthcare IT is part of an elite team that is leading the healthcare industry through its most challenging transition to date. History is literally being made on the job, and we all have daily opportunities to influence and inspire those around us. It's good to remember that on the days we're pulling our hair out while dealing with Meaningful Use, ACOs, ICD-10, HIPAA, RAC and more. Ultimately, we should all take pride in the fact that we're members of the team that is leading our industry from the inside out!

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The Joint Commission Names the 2010 Top Performers

The Joint Commission recognized 405 hospitals and critical-access facilities as top performers based on nearly two dozen measures related to cardiac, pneumonia, surgical and pediatric asthma care.

The top-performers list reflects 14% of Joint Commission-accredited hospitals and critical-access facilities that report core measurement performance data. This is the first time The Joint Commission has created this list, which it released with the commission's annual report on quality and safety. Top-performing hospitals scored 95% for every individual care measure, according to

the report. Overall, quality measures for 3,000 hospitals included in the annual report improved, according to a news release from The Joint Commission. The 2010 data shows performance gains for heart-attack, pneumonia, surgical and children's asthma care. But hospitals continued to lag on performance measures of fibrinolytic therapy for heart-attack patients and antibiotic treatment for pneumonia patients.

Iatric Systems would like to recognize all of our customers who made this inaugural list from The Joint Commission. We are proud to partner with you to provide excellent patient care!

Alabama

- Helen Keller Hospital in Sheffield, Alabama

Alaska

- Central Peninsula Hospital in Soldotna, Alaska

Arizona

- Chandler Regional Medical Center in Chandler, Arizona

California

- Alameda County Medical Center in Oakland, California
- Bakersfield Memorial Hospital in Bakersfield, California
- Encino Hospital Medical Center in Encino, California
- Garden Grove Hospital Medical Center in Garden Grove, California
- Good Samaritan Hospital LP in San Jose, California
- La Palma Intercommunity Hospital in La Palma, California
- Montclair Hospital Medical Center in Montclair, California
- Petaluma Valley Hospital in Petaluma, California
- Prime Healthcare Paradise Valley LLC in National City, California
- Prime Healthcare Services - Shasta, LLC in Redding, California

- Saint John's Health Center in Santa Monica, California
- San Dimas Community Hospital in San Dimas, California
- The Huntington Beach Hospital in Huntington Beach, California
- West Anaheim Medical Center in Anaheim, California

Colorado

- North Suburban Medical Center in Thornton, Colorado
- Rose Medical Center in Denver, Colorado
- Swedish Medical Center in Englewood, Colorado

Connecticut

- Griffin Hospital in Derby, Connecticut

Florida

- Aventura Hospital and Medical Center in Aventura, Florida
- Capital Regional Medical Center in Tallahassee, Florida
- Central Florida Regional Hospital in Sanford, Florida

- Columbia Hospital in West Palm Beach, Florida
- Community Hospital in New Port Richey, Florida
- Doctors Hospital of Sarasota in Sarasota, Florida
- Edward White Hospital in Saint Petersburg, Florida
- Fawcett Memorial Hospital in Port Charlotte, Florida
- Fort Walton Beach Medical Center, Inc. in Fort Walton Beach, Florida
- Gulf Coast Medical Center in Panama City, Florida
- JFK Medical Center Limited Partnership in Atlantis, Florida
- Kendall Regional Medical Center in Miami, Florida
- Lake City Medical Center in Lake City, Florida
- Largo Medical Center in Largo, Florida
- Lawnwood Regional Medical Center & Heart Institute in Fort Pierce, Florida
- Martin Memorial Medical Center, Inc. in Stuart, Florida
- Memorial Hospital Jacksonville in Jacksonville, Florida
- North Florida Regional Medical Center in Gainesville, Florida
- Northwest Medical Center in Margate, Florida
- Oak Hill Hospital in Brooksville, Florida
- Ocala Regional Medical Center in Ocala, Florida
- Orange Park Medical Center in Orange Park, Florida
- Plantation General Hospital in Plantation, Florida
- Raulerson Hospital in Okeechobee, Florida
- Regional Medical Center Bayonet Point in Hudson, Florida
- South Bay Hospital in Sun City Center, Florida
- St. Lucie Medical Center in Port Saint Lucie, Florida
- Twin Cities Hospital in Niceville, Florida
- University Hospital Ltd. in Tamarac, Florida
- West Florida Regional Medical Center, Inc. in Pensacola, Florida
- Westside Regional Medical Center in Plantation, Florida

Georgia

- Cartersville Medical Center in Cartersville, Georgia
- Doctors Hospital of Augusta in Augusta, Georgia
- Hughston Hospital in Columbus, Georgia
- Polk Medical Center in Cedartown, Georgia
- Tanner Medical Center/Villa Rica in Villa Rica, Georgia

Idaho

- St. Luke's Magic Valley Medical Center in Twin Falls, Idaho

Illinois

- Delnor - Community Hospital in Geneva, Illinois
- Little Company of Mary Hospital & Health Care Centers in Evergreen Park, Illinois

Indiana

- Bluffton Regional Medical Center in Bluffton, Indiana
- Terre Haute Regional Hospital in Terre Haute, Indiana

Kansas

- Overland Park Regional Medical Center in Overland Park, Kansas

Kentucky

- Frankfort Regional Medical Center in Frankfort, Kentucky
- Greenview Regional Hospital in Bowling Green, Kentucky

Louisiana

- Dauterive Hospital Corporation in New Iberia, Louisiana
- Lakeview Medical Center, LLC in Covington, Louisiana
- Rapides Regional Medical Center in Alexandria, Louisiana

Massachusetts

- Faulkner Hospital, Inc. in Boston, Massachusetts
- New England Baptist Hospital in Boston, Massachusetts
- Wing Memorial Hospital and Medical Centers in Palmer, Massachusetts

Mississippi

- Anderson Regional Medical Center South Campus in Meridian, Mississippi
- Garden Park Medical Center in Gulfport, Mississippi

Missouri

- Lafayette Regional Health Center in Lexington, Missouri
- Lee's Summit Medical Center in Lee's Summit, Missouri
- Research Belton Hospital in Belton, Missouri

Nevada

- Southern Hills Medical Center, LLC in Las Vegas, Nevada
- Sunrise MountainView Hospital in Las Vegas, Nevada

New Hampshire

- Parkland Medical Center in Derry, New Hampshire
- Portsmouth Regional Hospital in Portsmouth, New Hampshire

North Carolina

- Carolinas Medical Center - Mercy & Carolinas Medical Center - Pineville in Charlotte, North Carolina
- Columbus Regional Healthcare System in Whiteville, North Carolina
- Transylvania Regional Hospital in Brevard, North Carolina

Oklahoma

- Ponca City Medical Center in Ponca City, Oklahoma

Pennsylvania

- Grand View Hospital in Sellersville, Pennsylvania
- Holy Spirit Hospital in Camp Hill, Pennsylvania

South Carolina

- AnMed Health Medical Center in Anderson, South Carolina
- Avera Queen of Peace Hospital in Mitchell, South Dakota
- Marlboro Park Hospital in Bennettsville, South Carolina
- Springs Memorial Hospital in Lancaster, South Carolina

Tennessee

- Grandview Medical Center in Jasper, Tennessee

- Parkridge Medical Center, Inc. in Chattanooga in Tennessee
- StoneCrest Medical Center in Smyrna, Tennessee
- Summit Medical Center in Hermitage, Tennessee

Texas

- Huntsville Memorial Hospital in Huntsville, Texas
- Mainland Medical Center (acquired by Clear Lake Regional in April 2011) Texas City, Texas
- Methodist Charlton Medical Center in Dallas, Texas
- Las Palmas Del Sol Healthcare in El Paso, Texas
- St. David's North Austin Medical Center in Austin, Texas
- St. David's Round Rock Medical Center in Round Rock, Texas
- Texas Orthopedic Hospital Ltd. in Houston, Texas
- West Houston Medical Center in Houston, Texas

Utah

- Mountain View Hospital Payson, Utah

Virginia

- Augusta Health in Fishersville, Virginia
- John Randolph Medical Center in Hopewell, Virginia
- LewisGale Hospital Alleghany in Low Moor, Virginia
- LewisGale Medical Center, LLC in Salem, Virginia
- LewisGale Hospital Montgomery in Blacksburg, Virginia
- Pulaski Community Hospital in Pulaski, Virginia

Washington

- Valley Hospital and Medical Center in Spokane Valley, Washington

West Virginia

- Fairmont General Hospital, Inc. in Fairmont, West Virginia

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Introducing EasyConnect Jaguar

Iatric Systems is pleased to announce its newest product, the EasyConnect Jaguar, an advanced healthcare interface engine. This new software product is designed to help solve hospitals' interoperability challenges by eliminating data connection barriers between Hospital Information Systems (HIS), physician EMR systems, patient care devices, Emergency Department Systems and many more applications. EasyConnect Jaguar also helps support the achievement of Meaningful Use by providing a cost-effective way for healthcare facilities to share clinical data with regional Health Information Exchanges (HIEs).

Joel Berman, Founder and President of Iatric Systems, explains how this product supports his company's philosophy. "Like every one of our many healthcare technology solutions and services, EasyConnect Jaguar was developed based on direct feedback from our customers. They asked for a way to simplify the creation of new interfaces in all different healthcare data formats. We responded with EasyConnect Jaguar, an interface engine so intuitive that new interfaces can easily be created and managed by non-programmers."

With the EasyConnect Jaguar interface engine, a hospital's IT staff can quickly and easily create, manage and monitor interfaces. EasyConnect Jaguar supports all of the major messaging and protocol standards used in healthcare, such as HL7, XML, Fixed Length, Delimited, Database (ODBC, OLE DB, Oracle, and SQL) and also supports transfer types such as MLLP, TCP/IP, FTP, FTPS, SFTP and SOAP.

Because EasyConnect Jaguar is based on a scalable client-server architecture, once the server hardware is in place, the interface engine can be ready for use in as little as a single day. It also incorporates the Iatric Systems iAlert monitoring function that detects and solves interface issues

even before they are reported by end users.

For a demonstration of EasyConnect Jaguar or to order a free software trial, contact info@iatric.com. To learn more about EasyConnect Jaguar capabilities, visit www.easyconnectjaguar.com

Best Places to Work in Healthcare 2011

We are delighted to be #19 on *Modern Healthcare's* 2011 Best Places to Work in Healthcare. This list indicates national recognition as an outstanding employer in the healthcare industry.

"We are pleased that *Modern Healthcare* has recognized what we already know, that Iatric Systems is a great place to work," said Iatric Systems President Joel Berman. "I believe that if our staff works on things they are interested in, they will do a better job and will make our customers happy. Treating customers fairly gives us all great pride in our products, our services and ourselves." This is our third consecutive year to be named to the list.

We would like to congratulate some of our customers for making the Top 100 Best Places to Work in Healthcare IT list:

- Doctors Hospital of Sarasota – Sarasota, Florida #5
- The Woman's Hospital – Newburgh, Indiana #8
- Kootenai Health – Coeur d'Alene, Idaho #17
- Sutter Davis Hospital – Davis, California #34
- Hancock Regional Hospital – Greenfield, Indiana #56
- Poudre Valley Health System – Fort Collins, Colorado #72
- HaysMed – Hays, Kansas #74

Revenue Cycle Improvement Tips

Kay Jackson, Manager, Software Certification, Compliance and Financial

2012 Is Just Around the Corner

Where has 2011 gone? Wow, what a year for changes! While many hospital teams are busy with their Meaningful Use projects or ICD-10 upgrade, the teams are also looking to the future needs of the hospital for 2012, 2013 and 2014. The incredible need for analytics and dashboard views for the daily operations of the hospital is just beginning.

Having the data necessary to lower costs and improve quality is a need that has been overlooked in healthcare. The government is now forcing changes in how data is viewed and acted on. The Clinical Quality Measures of Meaningful Use is a good example of one change targeting performance monitoring. Moving forward in healthcare requires data to be totally electronic and reportable. With the upcoming changes for Core Measures, the ability to mine and access data easily in real time will be paramount.

Penalties based on qualities such as preventable readmissions tied to health conditions, performance scores for patient satisfaction and care quality will all be linked to reimbursements. Caregivers and the hospital will need to be united for a common goal of financial and clinical success. Beginning in the December Revenue Cycle Improvement tips section of this newsletter, watch for a four part series on Accountable Care Organizations (ACOs) and how to prepare for this change.

Plan on attending the December 6th webcast to view the power of Meaningful Use Manager, which supplies your team with a control center to monitor compliance both pre and post attestation and take away many of the reporting headaches associated with tracking compliance.

Date	Day	Time
December 6, 2011	Tuesday	2:00 pm ET

For more information on these webinars, please contact Amanda Howell at Amanda.Howell@iatric.com or 978-674-8121.

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NPR Report Writing Tips

Joe Cocuzzo, Vice President – NPR Services

NPR Tip: American Recovery and Reinvestment Act (ARRA) Changes to Log Patient Inclusion on Custom Reports (MAGIC and Client/Server)

The ARRA changes to MAGIC and Client/Server introduce a "Patient Audit" feature for custom (and standard) NPR reports. This month we will describe how the auditing feature works and tell you how you can set a flag in a report to suppress the auditing feature. References to spooling apply to MAGIC sites only.

For more details on the Patient Audit, you should refer to KB article 39339 (MAGIC) or 39865 (Client/Server). These articles describe the default audit settings that log any CREATE, EDIT, EXPORT or VIEW activity, but suppress logging of PRINT activity. This article is based on testing at sites that used the MEDITECH default setting.
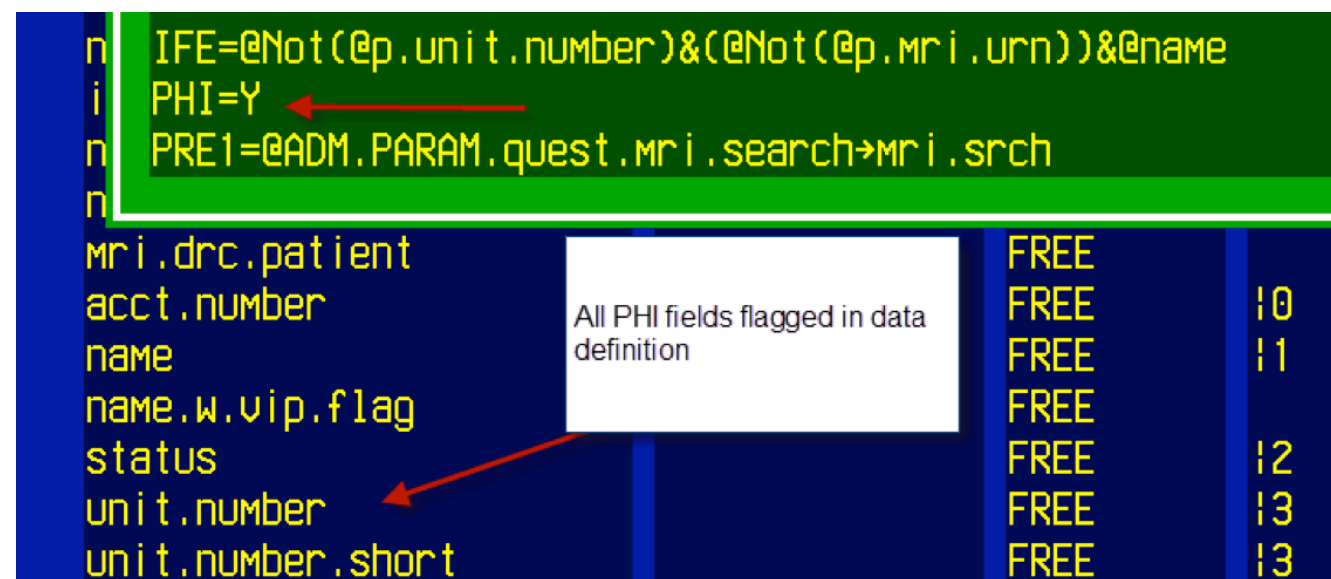
With the default settings, if you run an NPR report that contains protected health information (PHI) fields, MEDITECH saves the user, date, time, and report title in a Patient Audit Report if the report is printed to DOWNLOAD. It does not track activity if the report is spooled and transferred to a PC. It does not track activity if the report is spooled and exported to an FTP remote host. If your report was written pre-ARRA and not re-translated, no logging from the report will occur.

I assume that if you added tracking of "PRINT" activity, MEDITECH would log printing to paper or preview and viewing of spool file pages.

How does this work?

To support this feature, MEDITECH created a new PHI attribute and added PHI=Y flag to all PHI fields in the data definition. If you use such fields in your report (and sometimes even if you do not) a call to %Z.patient.activity is added to your report when you translate. This program creates entries in a temporary structure /..PTACT per page of output. The Z.rw.new.page program and the Z.download programs handle logging to the spool file and writing to a patient audit log as the MIS parameters indicate.

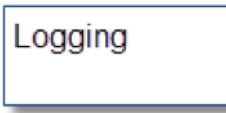Here is an example of the new flags in the data definition:

Here is the call to the new %Z.patient.activity program in the report object code:

Since MEDITECH did not, as far as I can tell, do any mass translation of reports as part of delivery of the 5.64 ARRA updates, your hospital will have a mix of old reports that do not have the Z.patient.activity call inserted by the translator, and new or more recently translated reports that do have it.

Post ARRA, if you translate a report and it slows down when downloaded, suspect logging as the cause. Even if you are printing or are going to export via FTP (and therefore not logging), the report still builds a /..PTACT structure for each patient on the page and kills the structure after each page, and you'd expect this would slow down report compiles to some extent.

Setting Lines Per Page to 999 and Page Size to 999 might influence the impact of logging as you

would increase the size of the /..PTACT structure, but reduce the frequency of the logging calls. If you built the report to do all output in a macro, but the translator includes a call to %Z.patient.activity (say in a detail region used to send just a CR/LF) you might have a report that sets off high buffer use alarms (magic) or effectively hangs a client machine (C/S).

Here is the section of the Patient Audit Log, showing an "EXPORT"

Date	Time	Database	User	Action	Description
	Output Device				
11/15/11	0117	ABS.MWM	ABS MIDRUN	Modified	ABS Patient File
11/15/11	0517	ADM.MWM	IATRIC	Exported	ARRA Logging
	C:\aaatempdownloads\encrypted.zip				
11/15/11	0518	MIS	IATRIC	Viewed	Print Patient Audit

Report Title → *File*

We can see proof that standard reports also include logging when exported:

11/15/11	0101	LAB.MWM	MISAUDIT	Exported	LAB PATIENT MASTER LOG
	\\svr-fs\Departments\LAB\MasterLogs\lab\1114111.txt				
11/15/11	0102	LAB.MWM	OATES	Viewed	Process LAB Analyzer Batch

Note that the log also stores activity by background jobs and midnight runs, which is rather a waste of space.

MEDITECH standard reports have two new fields to control logging "Contains PHI" and "Suppress Patient Auditing". Customer NPR reports do not have such fields. What can we do if an NPR report that is printed or sent via FTP (and will not have any logging anyway) becomes too slow post-ARRA? Or what if we have a report that is downloaded and the hospital feels that ARRA logging per patient is not required and not worth the space and extra compile time?

Fortunately if you set the /MRM.JOB flag in your report, the Z.patient.activity job does not build a temp file in /..PTACT, and therefore no logging will occur. I do not recommend setting the flag routinely in reports, but it is useful to know that if you need to improve the performance of certain reports post-ARRA, having a method to defeat logging is useful.

To set the flag, add code to a start macro or use an AL START footnote like this:
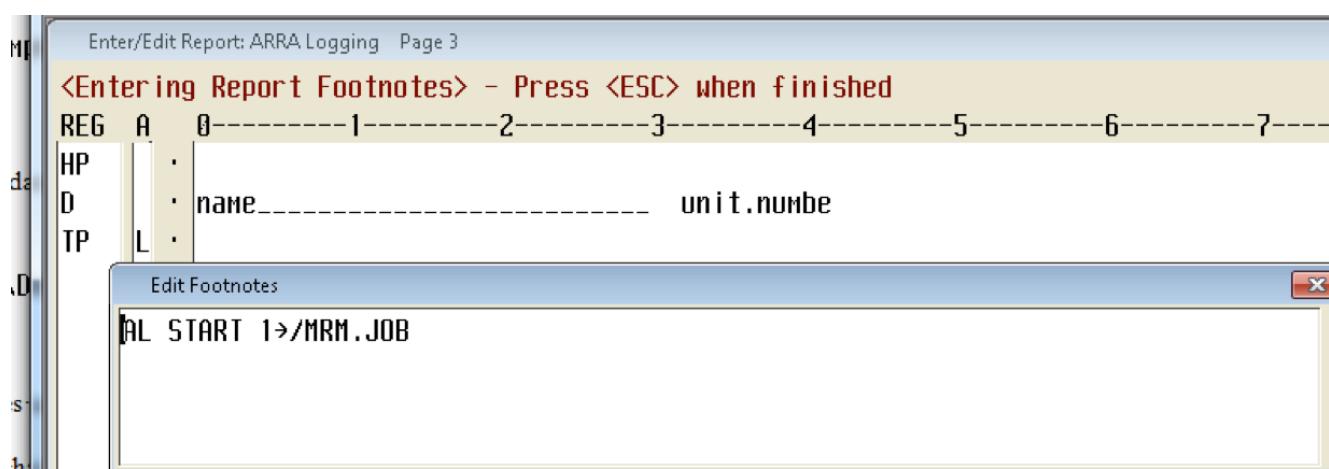
If we look at the source code of Z.patient.activity, we can see that the program does nothing if this flag is set:

```
;
IF{@NO.LOGGING;
    @SETUP,
    IF{A="S" @SAVE.TMP.OPTIONALS,
             {B,C,D,E,F,G,H}@FILE.ONE.ENTRY,
             @AFTER.IMAGE.FOR.REPOSITORY,
             @RESTORE.TMP.OPTIONALS;
        A="M" @SAVE.TMP.OPTIONALS,
             @FILE.BATCH,
             @AFTER.IMAGE.FOR.REPOSITORY,
             @RESTORE.TMP.OPTIONALS;
        A="Q" @ADD.TO.BATCH},
    @CLEANUP},
END;

NO.LOGGING
IF{/MRM.JOB;
    ""}
```

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

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

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

For more information or to reserve a seat, please contact Karen Roemer at 978-805-3142 or email karen.roemer@iatric.com.

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Upcoming Events:

ASHP Midyear Conference 2011
December 4-8, 2011
New Orleans Ernest N. Morial Convention Center
(New Orleans, Louisiana)

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