



Listening Is Hard Work Taking the Millennium in Full Stride

By Steve Michaels

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Since the last newsletter, AMI has remained busy. Although we had already finished our Y2K programming, testing, and upgrades well in advance of the year 2000, we still had many staff members waiting on call during New Year's Eve weekend. As Beth Evans, President of AMI, had predicted in her article "Y2K (or, The Logic of Fear)" in the November issue of *Dialysis & Transplantation*, everything went smoothly. AMI provided after-hours support over the entire weekend, yet not a single Y2K support call was received!

Once our Y2K push was over, AMI kept very busy with the release of v6.5, the newest version of the TIME[®] System. AMI completely overhauled the Peritoneal and Hemodialysis flowsheets and standing orders to better organize and streamline their use.

AMI listened to client feedback requesting more than just functionality improvements like the new flowsheet and standing orders. AMI listened to the concerns our clients had about training and re-training. Although we have an excellent client training program, the reality is that turnover is high in units. The staff that was originally trained may not be around next year. As a result, our clients asked for help in ongoing training and in training of new employees. AMI is giving each client a copy of the computer based training (CBT) courses for the v6.5 flowsheet and standing orders. The course is an interactive program, run on a PC, that teaches how to use the applications and reinforces the learning with quizzes along the way.

Furthermore, upon request, AMI will convert existing learn databases to Inservice Databases. The Inservice Database will be populated with code tables and data from a live database. The Inservice Database will be updated with each future release so that training of employees will be easier.

We are very proud of our responses to our clients' concerns about training, and we will continue to work on new CBT courses to further help our clients use the TIME[®] System more effectively!

From the President

By Elizabeth A. Evans

I can almost *not* remember the world without the Internet. At times I feel that it has always been here despite its relative newness. How this has happened so quickly I am unsure. But of one thing I am sure. The Internet represents a fundamental change in the way we communicate and in the way we conduct business. Its ability to ubiquitously broker information so directly is seductively simple and is literally the medium by which we will reinvent our communication processes.

There are a few concepts about the Internet that are important. The first is that the Internet is a public entity – it uses phone lines and/or cable technology – and is open to the subscribing public. The next concept relates to an intranet. An intranet is a private entity and is a subset of the Internet. It is a secure type of Internet that a company typically has for its exclusive use, generally to share company information and computing resources among employees. The third concept is a virtual private network (VPN). A VPN is a secure electronic tunnel to an organization that is further secured by encryption and firewall technologies. The last concept is an extranet, a private network that outside users such as suppliers, customers, etc. may use. Essentially an extranet is part of a company's intranet. The last three concepts, intranet, VPN, and extranet, are subset concepts of the Internet and somewhat like variations on the security theme, a theme that is growing in importance as the Internet itself grows.

To say that security, privacy, and confidentiality will gain in importance, as the Internet technologies embed themselves in our growing communication networks, is to almost state the obvious. Surely the Health Insurance Portability and Accountability Act (HIPAA) of 1996 focuses squarely on security and where security goes, there also go privacy and confidentiality. This is said with high seriousness because this legislation will have a strong and deep-seated impact on the operations of health plans and health organizations nationwide. I assure you that AMI is keeping abreast of HIPAA.

This said, we have a broad understanding of the Internet technologies. Our own Intranet and VPN provide the test benches for experimentation, quality measurement, and planning. Our plan in this regard is to use due diligence as we incorporate the Internet technologies into our product offering. At this time, we have embedded them in our daily operations for communication with our clients. We are also testing TIME-Web in a modified format. This will be the basis for the imple-

mentation of an AMI clinical Web product by the end of the year, secured to the extent that firewall and encryption technologies permit. When the clinical component of the TIME System is completely on the web, we will have proliferated information in such a way that content and communication are merged in a process unmediated by location. This will become the future in the present tense – and the intermediate step to virtual patient and provider relationships – a fundamental change in our communication processes.



Employee Profile

Jane Pestick has joined the AMI Healthcare Systems Group as a Support Analyst. Jane comes to AMI with 17 years of experience in Information Systems.

Jane spent her last 10 years before joining AMI working as the Director of Information Systems for Children's Hospital. She was responsible for the implementation, maintenance and support of all computer hardware and software throughout the organization.

During Jane's tenure at Children's Hospital, she:

- ⊕ implemented a computer network infrastructure
- ⊕ networked two satellite offices
- ⊕ supported clinical and financial application software (appointment scheduling, admissions, medical records, billing, general ledger, accts. payable and payroll)
- ⊕ created specialized reports for users
- ⊕ tested and implemented annual software enhancements
- ⊕ held software application training classes for all levels of personnel
- ⊕ developed an in-house system user group to improve system processes within the organization.

You will soon be discussing your support requests with Jane.

Version 6.5 Update

By Anne Webber

AMI released the newest version of its TIME[®] product in December 1999. Feedback from our beta test sites was carefully reviewed and enhancements have already been added to this robust release. AMI is pleased that you will now be able to take advantage of the new efficiency features the Version 6.5 release provides.

Recently, your site was sent a packet containing replacement pages to AMI's hardcopy documentation and an inaugural copy of the Computer Based Training (CBT) compact disk. This is the first time that AMI has provided training in the CBT media, a media designed for interactive, personal, and replicable training. The CBT is designed for experienced AMI clinical users to quickly train themselves to use the new Peritoneal and Hemodialysis standing orders and flowsheets. You may load the CBT on multiple personal computers or on your network server.

The V6.5 release includes significant improvements to the Windows component of TIME[®]. Two new modules are currently being beta tested: Chart History and Dialysis Access.

The Chart History module allows the user to see a chronological history of clinical activity for any selected patient in a singular view or in multiple views, each view specific to a viewpoint such as disease management or preventive care. By combining data from all of the tabs of TIME-W in a chronological order, the clinician will be able to quickly see the progression of medical care. One criticism of a problem-oriented medical record is that it is difficult to retrieve and review all clinical events including EKG's, Admission, Discharge, and Treatment notes, etc. The Chart History tab solves this limitation and provides an advanced filtering system that gives the user greater filter customization ability as well as the ability to store these filters for future use.

The Access module allows users to efficiently enter access data, quickly retrieve and review the current status and history of each access. Access complications and interventions can be documented and tracked. Entry screens are available to document, track and graph monitoring data such as that gathered by Transonic equipment. The user can select from over 20 pictures of graphs and fistulas to show the anatomy of an access site. After selecting a pictorial representation of an access, the user can also use MS Draw to add text or other information to the picture. AMI is already planning enhancements to the Access module including

automated clinical alerts, standard reports, and interfaces to non-invasive monitoring devices.



New AMI University Certifications

System Administrator:

Elaine Diemer

Cadillac Mercy Hospital



Mark Your Calendars Register Now!

- ◆ Next Financial Administrator Course: March
- ◆ Next Master Trainer Course: March
- ◆ Next Clinical Administrator Course: April
- ◆ Next System Administrator Core Course: May
- ◆ Next ID² Training: May 15-19

For further information, contact Art Todras, Director, AMI University via email (atodras@amihealthcare.com), FAX (804-934-9365) or phone (804-934-9370).

AMI Holiday Closings

Memorial Day

Monday, May 29

Independence Day

Tuesday, July 4

TIME-ly Tips

Urea Kinetic Model Now Saves Staff Time

By Sandy McCleaf

TIME's Urea Kinetic Model component, Daugirdas method, has been enhanced to provide features to save staff time. The model can now be used to calculate a model for all patients for a specified model date. This makes it no longer necessary to manually trigger the calculation of one patient model at a time.

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To activate this feature, enter *ALL* for the chart number on the modeling screen. You will then be taken to a different screen that will ask you to confirm that you do want to calculate for all patients. Once you confirm, you will have the option to recalculate existing models as well as new models or only to calculate new models. Finally you may choose to run the process directly from your screen or request that it run in the background. Any patient's model that cannot be calculated will appear on an exception report that prints automatically at the completion of the calculation process.

Lab Results Table Updating

An additional efficiency improvement now allows for the automatic insertion of the calculated KT/V, URR and PCR values into the lab results table. This makes it no longer necessary for someone to manually enter this information using the lab results entry screen.

If you wish to have either of these features activated, simply place a request to AMI's support line.

New Services Search Capability

By Ron Wilson

Do you ever search a patient record for immunizations? Version 6.5 recently released provides new functionality to search for prior services. From the flow-sheet application, select the "View All Services Administered" from the Mini Menu. You will see a list of all services rendered to the patient in ascending date/time order. Use the Clear-to-Find key (F13 or Shift+F1) to clear the current list. Press Enter twice to move the cursor to the Service Code (SVC) field. Enter the service code for the immunization you are checking and press the Find key, F3. All immunizations given to your patient that match the service code entered are displayed.

Ron Wilson is an AMI Master Trainer with Renal Care Group, an AMI client.

Information Please...

Got any suggestions for the next newsletter? Send them to our mailing address (attention Art Todras), fax them (804-934-9365), or visit our client page at www.amihealthcare.com. Thanks for letting us share your news with the AMI community.