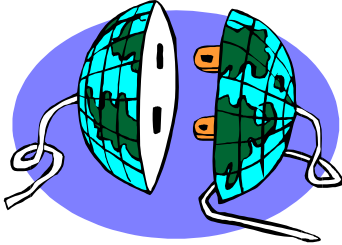


Front Page News and Fingertip Cues

By Art Todras



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I recently surveyed our clients about two AMI CBT (Computer Based Training) modules: System Basics and Clinical Basics. These are separate from the CBT release CDs that we issued with our past two software releases (Version 2000 and Version 6.5). I was mainly interested in finding out how many AMI clients were aware of these CBT modules. I already knew that very few had purchased and worked them into their internal training of the AMI TIME System.

What I found was quite interesting, and, to a degree, surprising. Almost 40 percent of those surveyed had not heard of these CBT modules, even though we had written about them in previous AMI TIME-S newsletters and shown them at past User Steering Committee meetings. Apparently, the news of these supplementary products was not widely circulated.

Now consider this. My co-trainers and I have found, on our visits to client sites, that a significant number of end users are unaware of some basic system functions, including search and navigational features, of AMI TIME. Some do not know about zooming on the Standing Orders Plan Date or the flowsheet date to get a list of prior orders or treatments. The Clear-to-Find function, a most valuable tool for pinpoint searching on zoom screens and on Progress Notes, is also unknown territory, as is the reverse video on Standing Orders wherever there are changes to the patient's dialysis prescription. Nor are TIME-W Clinical Alerts being fully utilized. Knowledge of these system functions has not reached a significant portion of the end users.

Finding the Right Key

As you can guess, there is a parallel between the limited awareness of our CBT products and this incomplete orientation to the AMI TIME System. The relationship of CBTs and system use is crucial, not only to underlining a problem but to identifying a solution. We need only reach into the vault of popular culture for a suitable analogy. Back in 1963, when the Beatles were taking Europe by storm and America waited in the wings, George Harrison told the British press that he and his mates were "on the front pages of everyone's life." The so-called "quiet Beatle" held the key to making a cultural impact: stake out a place at the forefront of popular awareness, day after day, booking upon booking. And so it is with our CBTs and end user knowledge. Our CBT modules are designed to provide sustained, at hand information—knowledge at the fingertips—to promote peak and efficient system use, long after the training class or even as a class substitute. Until they are widely known, they will not be widely distributed, and many of our end users will miss an important opportunity to develop and sharpen their skills.

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From the President

By Elizabeth A. Evans

I have worked in the medical information technology field for 20 years, the last 16 of which have been in the renal medical billing and clinical information sectors. This said, it is not until this last year that I have intimately understood medical informatics concepts in a personal way, a way that has confirmed the initiatives underpinning our company's mission.

Corroborating this new understanding is an article in the February 2002 issue of the *Health Leaders* magazine, which has a profile of Donald Berwick, M.D. Dr. Berwick is the CEO of the Institute for Healthcare Improvement and is well known for his efforts to improve healthcare just as other industries have tried to improve their quality. What struck home while reading his profile is an experience in his life that was almost identical to an experience that I have had. His experience revolved around his wife's medical issues. "Even though she was treated for a rare immunological disorder at some of the nation's premier research hospitals, where doctors and staffers knew her husband was a prominent physician and quality improvement leader, her care was episodic, chaotic and riddled with errors."

This is also what I experienced while being the personal caretaker for my mother, an undertaking that has given a new perspective to my understanding of the medical system and has given flesh to the concepts with which I have worked for the last 20 years. Up to this point I had thought that the less than optimal care issues we encountered would not have occurred or would have been handled differently were we members of the medical system. What the profile article about Dr. Berwick highlights is that the medical system is just a system and nothing more—being a clinician probably would have made little difference in the outcome.

This is not to say that during my tenure as a personal caretaker, a position in which I had no prior experience, I did not meet caring, experienced, and competent medical staff. I did. However, I saw the potentially adverse impact of nurse shortages on patient care and saw the effect of budget shortfalls on the technology being used or not used—technology that would provide the connectivity so necessary to transfer knowledge and leverage the care team's efficiency. I was in the corridors of my life's work and stood in the medical system's shoes. I see things differently now.

About the third week of December I contacted Joseph Herman, the editor of "Dialysis & Transplantation" (*D & T*), a journal that has served the renal com-

munity well as a respected source of clinical information, and proposed a monthly article about my caretaker experiences in the healthcare system. Each article would define an issue and *Think Out Loud* about how technology could have leveraged the scenario to a better outcome. Joe agreed to pilot them starting in January of this year, one article each month. I encourage you to read these articles as they chronicle experiences that can potentially become everyone's experiences at some time in their life.

Now more than ever I am personally committed to the AMI mission: "...to contribute to the quality, appropriateness and cost effectiveness of health care delivery by developing for and providing to our clients the highest quality clinical and financial integrated information systems, training, and ongoing support services."

(*Front Page News*, continued from page 1)

We are taking steps to make our CBT instruction a more integral part of AMI training—for both our clients and AMI staff.

- ◆ Our Project Leader group is meeting regularly to develop a planned integration of the CBTs with AMI training trips. The goal is to have the training continue beyond the classroom, with each CBT module providing reinforcement of the initial learning, a practice area for skills development, and measurement of system knowledge.
- ◆ Our web site will include, by the next newsletter, a CBT demo that you can play on-line to get a feel for how this training will benefit your organization.
- ◆ We are planning to make a network version available to enable concurrent use from a central server.

So, as we face the twin challenge of promoting CBT use and elevating end user efficiency, I hear the confident words of the Fab Four: We can work it out!

Hands On

Robin Dickerson recently joined AMI as an Operations Assistant. Previously, Robin held a Lead Administrative position with Robert Half International and worked as an Executive Administrative Assistant to the Corporate Real Estate Finance and Accounting departments in Capital One. Robin currently performs Receptionist/Front Office and Support duties; acts as Human Resources point of contact for AMI and HMG; and assists the Operations, Accounting and Marketing departments as needed. When not at her day job, Robin is a vocalist with one of the area's top bands and the mother of two girls.

Disaster Recovery Planning

By William Walters

A Disaster Recovery Plan guides your site through a transition period should your primary location be unavailable. This may be something as minor as an extended power outage or a water leak—anything that causes your workplace to be unavailable for its normal function. Just as we must have auto insurance before an accident, we must have an action plan that we can fall back on prior to the crisis.

The plan should address all areas of your business, not just the part involved with data and computers. The data processing capabilities are only a small piece of the total business. Generally, the data processing section is easier to guide if you have been able to plan ahead and lay the groundwork before the crisis occurs. If you wait until a crisis is at hand, you may not have the resources, equipment or procedures needed to make it through the situation.

A sensible backup strategy is the starting point for any data recovery because without an offsite data storage location, it may not be possible to recover any data. A disaster recovery plan should cover the intended backup frequency, transportation issues and retention policies so that a “restorable” copy of your data is available should your site become unavailable. Other issues that may be addressed are the length of down time to plan for, alternate work sites, telephone access and the availability of new office equipment. However, the most important objective of any recovery plan is to have the plan completed before you need it.

A few easy to accomplish tasks that will get you started are:

- ◆ Print a hard copy report of your current suppliers and contacts and store it offsite.
- ◆ Once a month do a full system backup and store it in a bank safety deposit box.
- ◆ Keep an updated employee list offsite.
- ◆ Create an emergency repair disk for each Windows PC system.
- ◆ Keep a small supply of any custom preprinted forms that you may need offsite.
- ◆ Store purchased software program media (CD-ROMs) in a fireproof file cabinet.

Although no disaster recovery plan is absolutely failsafe, having one in place greatly improves the odds for a return to normalcy. Your site’s plan, developed in light of the available physical and human resources, will prove to be a valuable insurance policy.

AMI University News



New AMI University Certifications

ID² Data Warehouse Developer:

Sue Rittenhouse Lancaster General Hospital
From South Nassau Communities Hospital:
John Mahalko Patricia Spencer Myra Nunez
From AMI:
Sese Elmer Christina Yim

Clinical Administrator:

From AMI:
Diane Nivens Drew Reinders Jane Pestick

Financial Administrator:

From AMI:
Lucy Xiao John Greenacre Robin Heath

System Administrator:

From Renal Care Group:
Sherry Perry Jeremy Baker

From AMI:
Steve Swanson John Greenacre



Mark Your Calendars Register Now!

- ◆ Next ID² Training: May 13-15
 August 19-23

For further information, contact Art Todras, Director, AMI University via email (atodras@amihealthcare.com), FAX (804-934-9365) or phone (804-934-9370). Or, check out the Quick Find guide on AMI’s website: www.amihealthcare.com. Follow the Training and Education link to the AMI University course catalogue, with descriptions, schedules, and pricing information on all AMI University courses. Use the on-line course registration form.

AMI Holiday Closings

Memorial Day Monday, May 27
Independence Day Thursday, July 4

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Suite 200
Richmond, Virginia 23294

TIME-ly Tips

By John Greenacre

Deciphering Electronic Transmissions

A sometimes overlooked aspect of electronic insurance batch transmission is the on-screen messaging service that indicates the status of the transfer.

The quickest way to determine if your file was successfully transmitted to your established Fiscal Intermediary (FI) is to look at the last line of the message. If you successfully send the file, it reads: **Files - Sent: 1 Received: 0 Failed: 0**. If you receive a file, then the last line reads: **Files - Sent: 0 Received: 1 Failed: 0**. Here is a sample transmission message.

TRANSMITTING CLAIMS. PLEASE WAIT ...

```
*** Entering XMODEM/CRC Transfer Mode...
***
*** Length Errors Last Action
*** -----
*** 132736      2 Rejected  Sending: eub60s.zip
***
*** Files - Sent: 1 Received: 0 Failed: 0
```

The error messages in the **Last** column show the status of the file as it is being transmitted or received. If an error is detected while sending a part of the file, the message will be displayed in the **Last** column. When an error occurs, then that part of the file is re-sent and the transfer continues. Normally when that part is sent again, it is received with no problems. All of this is controlled by the communications transfer mode (in this example, XMODEM/CRC).

When a file is not transmitted successfully, the last line reads:

Files - Sent: 0 Received: 0 Failed: 1.

The error messages in the **Last** column will help identify the problem. If the file was successfully transmitted (or received), the **Last** column is just informational.

Even after a successful transmission, the FI may still reject the batch due to coding problems within it or problems on the FI side. Please refer to your response report if your file is rejected. Coding problems are usually caused by missing or incorrect entries in one of your code tables. For assistance with coding problems, call the AMI support line.