

## Time Nipping at Our Heels The Fall '99 User Steering Committee Meeting

*By Elizabeth A. Evans*



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The most pressing message voiced at the Fall User Steering Committee (USC) Meeting this year is time—the need to have more of it. To a person, each USC member stated this emphatically. Each said directly that they need more time. With the aid of information technology AMI will do everything it can to make this happen. This is a report to the AMI Community of Users of TIME<sup>®</sup> about saving time.

#### **Interactive Training**

The USC has recommended that for new releases AMI offer training on an electronic media such as interactive training via Computer Based Training (CBT) and standard videotape technology. The training would include specific directions and demonstrations about how to use the features incorporated with the new release. The benefit of this kind of training is that electronic media may be re-used to train staff in the use of new release features without having someone on your staff such as an Education Manager do so. The good news is that AMI will offer interactive training via Computer Based Training (CBT) that can be loaded onto a PC for the new hemodialysis and peritoneal flowsheets and standing orders that are part of Version 6.5. For later releases we are considering training on videotape in addition to interactive training via CBT.

The USC has also recommended that AMI develop basic CBT modules for keyboarding and certain billing functions in addition to clinical CBT modules that embed Continuing Medical Education (CME) credits into its subjects. The topic of video cassette recorder (VCR) tapes to teach computer basics was also discussed and is being considered. In the past, their lack of interactivity has made VCR tapes of limited usefulness when compared with CBT. AMI is exploring making CBT and VCR tapes available separately or in combination.

#### **Data-Driven, Data-Enabled Document Scanning**

Last presented as a project at the Spring '99 USC Meeting, it is scheduled for beta testing in January 2000 at Healthcare Management Group (HMG), a back office billing service that is also an AMI sister organization. Succinctly stated, document scanning when integrated with the data function is a cost-saving application, one that saves staff time, supplies, and filing cabinets. Introduced at this USC Meeting as a work-in-progress, the USC warmed to its very obvious benefits. In fact, one of the members committed on the spot to implementing it after beta testing.

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## From the President

By Elizabeth A. Evans

### Network Security

This topic, Network Security, is important in controlling unauthorized access to on-line information. It is very important to control access when AMI's new support software, planned for use on the Internet, is implemented. As a method to improve AMI's client support with careful attention to security, AMI and one of our clients are developing a Virtual Private Network (VPN) to be completed by the end of December 1999.

### Dialysis Access Module

One of the purposes of the Dialysis Access Module is to save clinical time by providing clinicians up-to-date information about the patient's access and a history about it that is available at the point of need, anytime, anywhere. It is a full-blown structured application that provides day-to-day information about the patient's access and furnishes discrete data for analysis. It has links to all clinical Windows functions in the TIME<sup>®</sup> System so that the Dialysis Access Module becomes another foundation for the electronic medical record. It is scheduled for beta testing in January 2000.

### Is That All?

Of course not – the blue sky is the limit, spanned only by our imaginations. Having said this, the USC, as does AMI, sees the future in today. AMI plans to take care of today and, at the same time, prepare for tomorrow, in order to secure our position in time.



I have an important announcement. It is the AMI TIME<sup>®</sup> Release 2000, its future releases—their timing and scope. This announcement is the result of a truly unique and long-standing client-AMI partnership, one that has endured and is most valuable to us all. I believe that our mutual support of each other has acted as an infusion of energy that has guided and supported our efforts over the years, one that has extended our results far more effectively than we understand.

### Why a TIME Release 2000?

As you know from your own experience, the TIME<sup>®</sup> System has been regularly improved each year with new releases, and carefully planned and implemented new components. At first these components were standalone products and, in fact, they can still operate independently of the other unless specifically integrated with another component. In practice, however, and over time, they have become part of the entire product. The TIME<sup>®</sup> System now includes three major components:

- 4 TIME-D, the UNIX component
- 4 ID<sup>2</sup>, the data warehouse component, and
- 4 TIME-W, the Windows component.

These components are available to our clients as *additions* to their TIME<sup>®</sup> System. New sales of the product, however, include all three components integrated into a single and dynamic fabric—the TIME Release 2000.

### How Much Change with Each Release?

#### How Often?

In the light of viewing TIME<sup>®</sup> as a single product, our planning and that of the AMI User Steering Committee (USC) must necessarily encompass all three components—including the goals of timing across-the-board development and upgrades. And there's the rub—how much change in a release is too much change? How often is too frequently?

To answer these questions and achieve the goals stated above, we conducted structured interviews with our clients over the last four months and literally grilled USC members at the last USC meeting (October 21–22, 1999) about them. While the interviews were structured and the grilling friendly, the questions were open-ended to facilitate candid feedback. In truth, these questions did not necessarily solicit answers that are consistent over time because needs vary from one client to the next. As a result, we plan to periodically re-ask them within the scenarios just described. This said,

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here is what our clients have told us at this time.

First, they let us know that it appears to take too long to implement small types of changes that would result in efficiency improvements for them. Second, they emphasized that projects of larger scope are desirable. This is what AMI plans to do.

It is our intent in 2000 to improve our product more than one time per year. The first release (Version 2000A) would include projects that do not require significant re-training by our clients. Instead, the changes would focus on those enhancements that would require simple training and yet result in improved operational efficiencies and/or improved patient care. The second release in 2000 (Version 2000B) will focus on projects that are of larger scope and may require database changes such as adding new fields, or activating new tables.

### **An Acknowledgement**

Were you looking for information about our Intranet/Internet Solutions, an article that was scheduled for this Newsletter and pre-empted by the TIME<sup>®</sup> Release 2000 announcement? If you were, I guarantee that the next issue will include an article about them. If you need information about our Intranet/Internet Solutions before the next issue, contact me by e-mail, [bevans@amihealthcare.com](mailto:bevans@amihealthcare.com), or by phone, 804-934-9370, and we will get it to you.

### **In Conclusion**

Before the holiday parties begin and the new millennium arrives, I extend to you, on behalf of AMI, our wishes for a healthy, happy, and prosperous New Year. As we go into the new century, we go with vigor and an even stronger commitment to our shared vision of information technology and all it can be. I can't wait to get there. See you in 2000!

## **Version 6.5 Release Bulletin**

On December 1, 1999, AMI will release the 1999 upgrade to Total Information for Managing Effectively (TIME<sup>®</sup>), our medical records and billing product. TIME-D V6.5, the UNIX-based component, and TIME-W V1.3, the Windows NT-based component, will be ready for 'prime time'. These two components plus our data warehouse, ID<sup>2</sup> V1.2 (Inter Data, Information Direct) combine into the full TIME<sup>®</sup> product.

Several previous newsletter articles described some of the new features and enhancements contained within this release. In addition to significant revisions and enhancements to the hemodialysis and peritoneal dialysis

standing orders and flowsheets in both the TIME-D and TIME-W component, significant enhancements are in the TIME-W component. These include:

**Clinical Problem List**—The Problem List has been enhanced to allow tracking of the severity of a problem over time and user "ranking" of each problem. The severity levels are *mild, moderate, severe* and *grave*. The rank of each problem has no clinical significance, but is provided as a mechanism to sort problems in a desired order. In addition, all problems are categorized by Major Diagnostic Category (MDC). MDC is a diagnosis categorization system established within ICD-9-CM. Each MDC represents a body system. TIME<sup>®</sup> will now allow filtering of problems by MDC.

**Alerts**—An alert tracking system has been added to facilitate review and documentation of clinical decisions made as a result of system alerts. The clinician has the option to document when he/she determines no action is necessary as a result of a single or a combination of alerts. If an action is necessary, the system automatically moves to the document generation tab and allows the user to enter orders with automatic progress notations.

**Lab Results**—Users can now create laboratory categories to quickly review logical groupings of test results. Individual laboratory tests can be included in multiple categories.

AMI will send each client complete documentation with the release notes in late November. To schedule a time to upgrade to V6.5, contact Susan Jensen, Manager of Systems and Integration Services.

## **Employee Profile**

Diane Nivens has joined the AMI Healthcare Systems Group as a Project Leader. A newcomer to the Richmond area, she has 20 years of experience in an ambulatory care environment at the University of Chicago Hospitals. Diane has spent the last five years of her career focused on training and supporting healthcare software applications. As Senior Trainer at the U of C she was involved with the implementation and ongoing training and support of the hospitals' physician scheduling and registration systems. She also trained and supported the hospitals' electronic medical record and order entry applications.

Diane spent the last year before joining AMI working as an Implementation Specialist with the First Consulting Group, creating system documentation and training healthcare organizations in a classroom setting. Soon, you will be meeting her as she learns our system and begins to provide support to AMI clients.

## While Sitting in One's Chair AMI Unveils CBT Training By Art Todras

Many stories have been told of Hillel, the early Biblical scholar who was able to teach the essence of Mosaic law while standing on one foot. In our very different time, the prospect of being trained while on the job—the current equivalent of standing on one foot—seems too good to be true. Training staff usually entails removing them to a classroom and away from their work for hours, sometimes days—a necessary yet costly interruption.

AMI is already deploying a viable alternative to classroom training (see “Time Nipping at Our Heels: A Report of the Fall '99 User Steering Committee Meeting” in this issue). Called Computer Based Training (CBT), it has, in the past 15 years, revolutionized the way that training is provided in business and medical organizations. Unlike classroom training, which is tightly scheduled, instructor-led, and held away from the work place, CBT is self-paced, programmed, and available at one's desktop or as close as the nearest personal computer.

Although CBT does not replace the human interaction of the classroom, it does hold clear advantages over both classroom training and written correspondence courses. CBT is interactive, allows the student to navigate rapidly through the material using menus or text or image hyperlinks, has on-line glossaries, includes self-evaluation of the learning through tests that provide instant feedback and scoring, and is available on different platforms (CD-ROM, LAN server, the Internet). Moreover, it stimulates learning through multi-media devices: voice-over instruction and audio feedback, animation, and even timed video sequences.

Progress through the training—the completion of tests, test scores, the frequency with which the training is accessed—is monitored in a log file whose results can be reported.

All of these advanced features are part and parcel of AMI's Version 6.5 CBT modules on the Hemodialysis Standing Orders, Hemodialysis Flowsheet, Peritoneal Standing Orders, and Peritoneal Flowsheet. All are available at a reasonable price; contact your account executive for details. As we head into the new millennium, look for more CBT programs to meet your needs. Although training may not be possible while standing on one foot, through CBT it is eminently achievable while sitting in a chair.



## New AMI University Certifications

### Master Trainer:

Barbara O'Beirne	Renal Care Group
Angela Parker	Renal Care Group
Ron Wilson	Renal Care Group

### System Administrator:

Aubrie Washington	Nephrology Incorporated
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### ID<sup>2</sup> Data Warehouse Developer:

Paula Cuellar	University of Chicago
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### ID<sup>2</sup> Advanced Data Warehouse Developer:

Jan Brown	Alabama Dialysis Services
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## Mark Your Calendars Register Now!

- ◆ Next Financial Administrator Course: December
- ◆ Next Clinical Administrator Course: January
- ◆ Next System Administrator Courses: February
- ◆ Next ID<sup>2</sup> Training: February 14-18
- ◆ Next Master Trainer Course: March

## AMI's Y2K Support Plan

The AMI office will remain open at certain times when we normally close for end of the year holidays. We will also provide pager after hours support on days when it is normally unavailable. Here is our schedule of holiday “openings” and extra after hours support:

December 23	Office open all day
December 24	After hours support available
December 30	Office open all day
December 31	Office open all day
January 1	After hours support available
January 2	After hours support available

### AMI Holiday Closings

Thanksgiving	November 25-26
Christmas Eve	December 24



# TIME Pieces

An AMI News Digest

# TIME-ly Tips

## ASN Meeting Brief

On November 5-7, the American Society of Nephrology along with the 1999 Renal Week held simultaneous meetings. AMI participated as both an exhibitor and an attendee at many of the educational sessions.

The Access Module (which will be beta tested at multiple client sites in early 2000) and the patient profile (disease management) software were particularly well received. Comments from attendees confirmed that AMI's TIME® System is the information system of choice for both facilities and nephrologists.

An increased focus on nutrition was an underlying theme of this year's educational meeting. Nutritional status is a strong predictor of mortality risk in new dialysis patients. Patients who are malnourished at the time of dialysis initiation have a higher mortality risk in the first year of dialysis. Another underlying theme of this year's educational meeting was the impact of inflammation and its relationship to malnutrition. While additional research is still needed, a unifying hypothesis was that inflammation might be a causative factor in renal failure patients' malnutrition.

The TIME® System's patient profile feature allows AMI clients to compile disease oriented evidence in graphical and data views to show laboratory test results, vital signs, and medications and thus becomes a disease management must. This is especially useful in analyzing nutritional status and markers for inflammation. Tracking clinical data relationships with the TIME® System and, when a threshold is reached, using the system to present on-line alerts and protocols to clinicians, is pivotal to long term quality patient care. Locating all of the necessary data in typical medial records to detect subtle condition changes is a time-consuming task without TIME®.

We believe that our clients are well equipped with the TIME® System to easily keep pace with the quality initiatives presented at the ASN Meeting. We know that you can use the information on your TIME® System to make informed clinical decisions that are up-to-date with the findings that were presented at the ASN this year.

This issue's TIME-ly Tips consists of helpful tidbits that will come in handy when you run reports. These tips are based on improvements in the last three versions of AMI TIME®. We encourage you to take advantage of them.

### Aging Format 4 Saves Time

To improve the speed at which users receive aging reports, AMI has created a new format for aging accounts. Format 4 reconciles aging on the claim (rather than the service) level. It ages from the end of the month derived from the transaction date of the last non-Z, posted, non-offset service. Clients who have elected to use this new format have reported the time to age accounts is reduced at least 50%.

The services, payments, and adjustments totals (of posted transactions only) per claim which are kept in the claim (problem) summary table are used to compute the aging total. These same totals are used in the "quick" and "claim" screens.

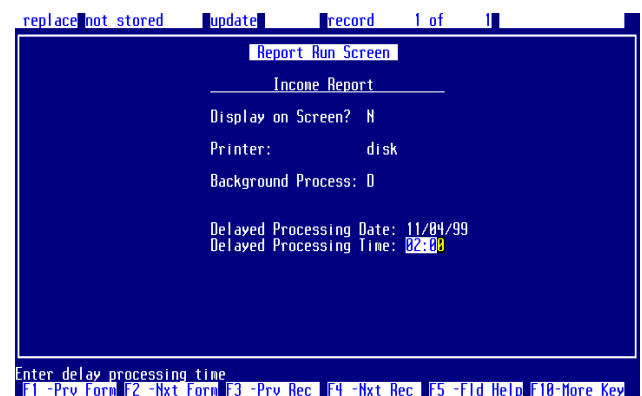
The aging buckets may be slightly different in format 4, if compared to an A/R Aging Report run using format 3 for the same time period and constraints. This is because the entire claim balance is included the same bucket in format 4 whereas format 3 was on a service level.

Please call AMI if you would like Aging Format 4 on your system.

### Generate Long-Running Reports Overnight

Longer running reports tend to slow down the system for everybody until they are complete. Why not generate these reports overnight or on a weekend day when the system is not being used?

Here is an example of how to delay the processing of a report. In this case, the information was actually entered on 11/03/99 at 9:45 AM.



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2810 N. Parham Road  
Suite 200  
Richmond, Virginia 23294

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Putting *N* in Display on Screen and *D* in the Background Process prompt cause the screen to display the prompts for Delayed Processing Date and Delayed Processing Time. Use these prompts to generate the report at any future date and time. Either send it to a printer or to the disk and reprint it when you are ready.

### **Batch Reporting**

Are you tired of running the same reports over and over every day, or week, or month? As of version 6.3 of the AMI TIME<sup>®</sup> System, these routine reports can be grouped together and automatically generated for a specific date and time. Unlike the delayed reporting feature, batching reports lets you schedule them to run on an hourly, daily, weekly, or monthly basis. This will save you the time of having to request the same reports day after day.

You will find the Batch Reporting option on the AMI Report Menu. The instructions are located in the Reports chapter of the AMI TIME<sup>®</sup> Medical Records User Manual. Currently, batch reporting is available only for a selected group of clinical reports and for As You Like It reports. Financial reports will be available for batch reporting in version 6.5 of AMI TIME<sup>®</sup>.

## **AMI TIME-S On Line**

By the time you receive this printed newsletter in the mail, it will be available on our website. To access it, please follow these directions:

- ⌚ Call Paula Akers at AMI—804-934-9370—to receive a login and password.
- ⌚ Connect to the Internet.
- ⌚ Type *amihealthcare.com* in the URL box of your browser and press Enter.
- ⌚ Click on the AMI logo.
- ⌚ Click on the Clients button in the upper right corner of the screen.
- ⌚ Enter your login and password.
- ⌚ Click on the Newsletter hyperlink.

Happy browsing!

## **Information Pleeze...**

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](http://www.amihealthcare.com). Thanks for letting us share your news with the AMI community.