



The Debut of Maestro

By Stephen Guarnieri

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We are pleased to announce the introduction of a new product feature that will be the start of an entirely new mindset for entering and using medical records. Maestro is part of the Windows progress notes application and will be available in the next release. A Maestro enabled progress note is part of the permanent medical record and allows a single point of entry to review, order, note, and report a patient's care.

Initially, templates are easily created using drop down menus and text. Full function formatting is available to present your information in a manner that suits you best. The user can choose to bold or underline, use different colors, choose bullets to differentiate an area, select different fonts and type size of text, etc. Data elements from the database can be chosen with varying parameters including date ranges. These data elements include med orders, lab results, progress notes, access info, and all practical clinical information. Many of the data elements are stored in "grids" with other data elements often associated together. For example, the Active Med Order grid includes the name of the med along with the start date, dose, method, interval, doctor, employee, and place. With this example, only one Active Med Order grid is chosen; when the Maestro template is activated, all active med orders for the patient will be listed in a table along with the associated fields. You create what you need.

The template only has to be created once. Thereafter, activate your Maestro template to review your patient's care. For example, a physician may have a Maestro template she activates for her monthly rounding. She reviews the Maestro record and determines a need to increase the dose for EPO. A med order button is available from the Maestro record (along with buttons for all orders). She clicks the med order button and makes the change. The Maestro record reflects a note that the med order was changed. Two steps have been reduced to one! Finally, she meets with the patient to discuss the past month. She merely types into the Maestro record that she has met with the patient, electronically signs the Maestro record, prints the report for the patient, and is done with the monthly rounding for that patient. Thus several tasks are simultaneously accomplished: the physician has expanded the unified medical record, regulatory requirements are documented without separate effort, and the patient's education has been furthered and documented. In short, the care team saves time.

With future versions of Maestro, we are considering keeping cumulative Maestro record histories that highlight changes since the last time it was run to view

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From the President

By Elizabeth A. Evans

This is the time of year when AMI takes stock and budgets for next year's plan, a time when we scrutinize our performance to goals and see how well we have done the last year. This last year AMI focused its goals on what technology should and should not do – *infrastructure* issues, issues that speak to the heart of how people relate to technology, issues that are becoming increasingly more important over time, especially as staff costs increase and their numbers decrease.

The reports are in. It's been a productive year. Our project teams applied a full-court press to foundation issues such as:

- *process simplification* – to leverage staff time with the information technology, using information technology as an assistant to help clinical and financial staff make the *right* thing to do the *easy* thing to do
- *interface technology* – to seamlessly and automatically insert more data into the AMI unified medical record, data that is derived from a wider variety of sources, including radiology reports, transcription, and financial applications such as the General Ledger
- *security* – to make certain that our clients' information is protected as much as feasible against intrusion
- *quality assurance* – to validate that programs, documentation, training, and installation routinely meet quality standards
- *disaster recovery* – to establish emergency procedures that help our clients safeguard their digital information
- *staff education* – to inaugurate new and updated training programs – self-paced, computer-based, and instructor-led – that ensure a personal cyber-expertise more compatible with the standards associated with quality initiatives.

In addition to this, our project teams invested a serious amount of time studying and researching the *HIPAA* guidelines, updating internal and external procedures when needed, instituting new ones, eliminating unnecessary ones, and monitoring applications for compliance. AMI is ready. We're ahead of the HIPAA curve and on target for our clients.

Therefore, in this issue of the Newsletter, the last issue of the year, you will read articles about topics that are really not so basic – staff training certification and quality assurance. You will also read about a remarkable new AMI product, Maestro, that is scheduled for beta testing Q1 2002. Maestro is remarkable because it

expands the reach of the Full Text Progress Note into the data recesses of the TIME System, orchestrating data, custom-presenting demographics, test results, medication and problem lists, EKG results – essentially any information associated with the medical record – delivering it quickly and expertly to users the way they want it, both displayed and printed. Maestro is literally a personal palette of data that will change the way we think about digital information.

2001 has been a busy year. It's been productive and we look forward to 2002 with optimism. In this spirit, AMI wishes you and your family a healthy, safe, and comfortable New Year filled with the good things of life.

(Maestro, continued from page 1)

trending in a patient's condition and the effects of courses of action. We may link Maestro to the alerts. And we may further integrate Maestro to problem lists and include additional statistical measures. We are merely scratching the surface of the potential of Maestro.

We want your ideas. Please email marketing@amihealthcare.com with any suggestions, additions, or changes to further our vision for a unified medical record using Maestro. We will provide an example of a completed Maestro template for your review.

Hands On

AMI continues to expand its workforce. Three new employees recently joined our Information Software Services (ISS), System Integration Services (SIS), and Networking and Hardware Services (NAHS) groups.

CHRIS YIM, the newest ISS programmer analyst, has an MS in Computer Science from Virginia Commonwealth University and five years of software development experience with Circuit City and First North American National Bank.

ADELAIDE SESE ELMER is the newest SIS Systems Analyst. Sese spent approximately 15 years providing Technical Support in the Medical, Law, and Financial fields. At Medical Manager, she managed the rollout of Y2K changes and the newly created Network Services Department.

KENNY STOCKMAN, a former middle school band director, comes to NAHS as a Systems Engineer from a local hi-tech consulting firm. He is certified in NT, 2000, and wireless networking products such as Cisco, Breezecom, and WaveWireless.

Delivering a Good Product

By Pam Banning

In the beginning, there was the basic TIME[®] system and it was good. Over time, the TIME[®] system expanded to include Windows[®] components, detailed user documentation and an untold number of interfaces, and they also were good. As the complexity of the AMI products grew to meet client and regulatory demands, the necessity to perform better testing of our products also grew. To continue to ensure client satisfaction with the quality of our products, we have made a number of enhancements to our product testing processes.

First, AMI hired a Product Assurance analyst whose primary purpose is to be a dedicated product tester. In the past, the role of testing was distributed throughout the organization to a variety of staff members. These staff members were assigned testing duties in addition to their other duties, such as development, support and training. Identifying a specific person to be responsible for product testing has freed up the time of the other staff members to concentrate on what they do best.

Second, AMI is working to expand the scope of software testing. As our client base has expanded, we are faced with ever increasing combinations of hardware and software configurations. At this time, we are actively developing a change control plan that should allow us to better test the installation and upgrade process for different Unix operating system environments.

Third, AMI clients joined the AMI testing team on-site in Richmond to test and evaluate the software release in advance of its publication.

The good news is that our expanded quality initiatives have produced positive outcomes. One example of this is a flat line in client service subsequent to the last product release. This is a re-affirmation of the client partnerships in producing the AMI product, a collaboration we treasure.

AMI products will continue to evolve as will our testing of them to ensure that they meet client quality expectations. It is our goal to deliver a product that more than meets client expectations. Our goal is to exceed client expectations—and so the quality beat marches on.

AMI Holiday Closings

Christmas Eve (at noon)	Monday, December 24
Christmas Day	Tuesday, December 25
New Years Eve (at noon)	Monday, December 31
New Years Day	Tuesday, January 1

AMI University News



New AMI University Certifications

ID² Advanced Developer:

From Renal Care Group:

Dena Boggan	Careen Wilson	Bob Norman
Bob Johnson	Wendy Padilla	James Thomas
Erik Murdell	Michael Manning	Emily Martens

From AMI:

Jean Korol	Drew Reindeers
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Clinical Administrator:

From AMI:

Pam Banning	John Greenacre	Anne Webber
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System Administrator:

Robin Heath (AMI)



Mark Your Calendars Register Now!

- ◆ Next ID² Training: February 18-22
May 13-15

For further information on this and other courses, 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.

TIME-ly Tips

By Art Todras

Fast Find Feature

Ever wish there was a fast way to find the code or other data you are searching for? One of the unsung features of the AMI TIME-D System is the function key sequence known as Clear-to-Find. Clear-to-Find is a data filter that lets you dictate your search to find the desired code or data fast. To use this feature, zoom to any code table or on an entry screen with a list of items like medication orders or progress notes:

1. Press F13 (Shift+F3) to *clear* the screen of data field entries.
2. Enter the information for which to search. If you are looking for a similar rather than exact match, use the wildcard character (*).
3. Press F3 to *find* the matching data field entries.

So, to look for all Progress Notes that address a patient's low blood pressure, you could:

- ◆ Press F13 on the Progress Notes screen to clear it.
- ◆ Press Enter to move to the Comments area.
- ◆ Enter **low bp** or **low blood pressure** or *low*

*BP** (according to how you record this).

- ◆ Press F3 to find the comments containing the search phrase.

Clear-to-Find is an important time-saver, one that gathers and pinpoints information in just a few easy keystrokes.

Serial Ticklers

Helpful in generating a “to-do” list, the Tickler System is an especially effective tool for managing the administration of medications in a series. Multi-dose hepatitis vaccines are a good example of ticker use. We will use the three-dose series in this example. The first dose is given today (11/15/01 in our example), the second is due a month from now and the final dose is due six months from now. The ticker reminders for the second and third dose would look like:

Date: 12/15/01. Patient needs 2nd Hepatitis vaccine, status R.

Date: 5/15/02. Patient needs 3rd Hepatitis vaccine, status R.

The R status means that a reply is requested. On each date the vaccine is due, it would be documented as given by pressing F2 and entering a reply in the message box. The tickler message would be marked as completed and responded to—C*—and the clinic would have a record that the expected follow-up action has been taken.