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Dave Raffel  
Partner

## The Best Laid Plans...

Our very thorough planning had been in process for many months for our first company-wide meeting of our ICG colleagues. The location was New Orleans. The theme was "Bonding on the Bayou." The date was the end of September. Mother Nature, however, had a different plan - first Hurricane Katrina, and then Hurricane Rita

We were aware that the end of September was hurricane season; however, the allure of the Crescent City is strong and ultimately overcame our concerns. Our decision was made in the spring and the planning ensued. There were contingencies built into our contracts for man-made disasters (i.e. acts of terror) or "acts of God" but we never anticipated the rare chance of encountering one of those situations.

Sadly, Hurricanes Katrina and Rita delivered disastrous blows to the entire Gulf Coast region, including the home of our ill-fated meeting - New Orleans. In addition to the devastation in the entire region, the loss of human life, and the dislocation of hundreds-of-thousands of persons, the healthcare system sustained a cataclysmic blow. Of the 16 hospitals within New Orleans after Hurricane Katrina, only 3 were operational. In a USA Today article, Joe Cappeillo of the Joint Commission on Accreditation of Healthcare Organizations (JCHAO) was quoted as saying: "Essentially the healthcare infrastructure of New Orleans is gone - it no longer exists." It was well known that New Orleans was particularly prone to a potential disaster, given its proximity to sea-level. The healthcare facilities have done an abundance of disaster planning for all types of situations, including that very circumstance, but sometimes *the best laid plans of mice and men often fall asunder*.

These are some of the lessons from this particular disaster for Disaster Recovery Planning:

- 1) **System Redundancy** - offsite geographically diverse location back-up of data storage, and intra-organization communication vehicles.
- 2) **Strategic Positioning** of computer systems and networks away from potentially dangerous locations within the hospital and the community.
- 3) Better positioning of, as well as increased **Power Back-Up** supplies for long-term computer hardware operation.
- 4) **Back-up communication plan.**
- 5) **Electronic Health Records** (paperless medical records) and RHIOs would provide patients access to their records in a disaster.
- 6) Maintain multiple copies of **Documentation** for all hardware and software configurations.
- 7) Have an **identified Emergency official** that can make all decisions, lead the team, and improvise effectively.
- 8) Most Importantly - **Test your Disaster Recovery Plan** on an ongoing basis for the worst case scenarios and revise as necessary.

No matter how much planning went into our ICG event in New Orleans - or the amount of preparation of the Gulf Coast region for the eventuality of a direct hurricane strike - we can not predict or account for every variable within a plan.

The people of New Orleans have vowed to overcome this disaster, learn the lessons of this experience, and grow even stronger than before. The weeks, months, and years ahead will write the epilogue of Hurricanes Katrina and Rita for the people of New Orleans. Their teamwork will ultimately tell the story of their future.

We believe their team will be successful and the city will have a bright future. We look forward to a future ICG meeting in the city of New Orleans as well as the 2007 HIMSS Convention!



*Kathi Driver*

Kathi Driver, Vice President and Senior Consultant, is our featured Consultant Spotlight this quarter. Kathi has been with Innovative Consulting Group since July 2004 and is enjoying what she considers ‘the best of both worlds’ – as an ICG VP, she acts in a key management role of a growing company. As a Senior Consultant, she is able to use her project management skills and systems knowledge to provide high level project support while ensuring end user satisfaction.

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***“The best of both worlds...”***

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Kathi has more than 20 years of healthcare information technology experience and Project Management. She was the founder and former CEO of techSERV solutions, inc. for 7 years and Adjunct Professor of Potomac College in Washington, DC. Her systems expertise includes but is not limited to Siemens Patient Management, Orders and Patient Accounting, and has she been very involved with the implementation of Physician Order Entry (POE) systems. When she is not traveling to provide services to healthcare facilities, Kathi resides in Mitchellville, Maryland. She has served on the Board of Women Business Owners of Prince George’s County for 4 years, and is in the process of completing two publications to be released in 2006.

Kathi has most recently been a part of the Newark Beth Israel Kiosk Project that is the Client Profile feature in this newsletter (p. 5). Her role as Project Manager was to facilitate the objectives of streamlining the registration process, implementing the SCI Solutions™ Scheduling.com application, and interface the Galvanon Customer Value Manager (CVM) Enterprise Server software to Siemens INVISION® ADT to allow patients to “Self Check-in.”

This is a two-way interface where ADTs cross between INVISION, Schedule.com and CVM. When patients use the wireless Kiosk to check in, changes appear on the registrar’s workstations. The registrars then enter the correct information into INVISION. Future goals include expansion of the bi-directional interface which would allow real-time updates to INVISION after review and approval by the Registrar.

## ***Consultant Spotlight:***

# ***Kathi Driver***

The project pilot placed 8 registration Kiosks – 4 in Same Day Surgery, 2 in Cardiac Cath and 2 in Invasive Cardiac procedure areas. A Schedule is available in these areas listing patients to be seen that day. A patient will present and if they are on the schedule, the registrar will give the patient the wireless E-clip board to confirm their information. Registration Forms (consent forms, MSP, AD, etc) will print and patient identification data (Driver License, Insurance card, Medicare/Medicaid card) is scanned and stored in a document imaging system. Registrations are now managed by exceptions – if all information is correct, patients continue to their procedure areas. New information is quickly entered by the registrars. Traditional registrations take an average of 15 minutes; Kiosk registrations an average of 3 minutes.

Kathi has worked with NBI to plan the continued roll-out of the Kiosk to other hospital services to include the Family Health Center which services 220,000 Outpatients annually, and other outpatient service areas that have scheduled patients. ICG is also partnering with Galvanon to facilitate Kiosk implementations in Virginia, Pennsylvania, Texas and Indiana with Kathi in a lead role.

Thanks, Kathi, for your hard work and dedication to both your clients and ICG!

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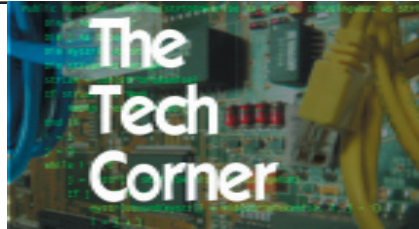
\* To read more about the Self-Check-in Kiosk, visit this link to Healthleaders Magazine:

<http://www.healthleaders.com/magazine/feature1.php?contentid=73263&categoryid=155>

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tips, tools,  
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you can use!*

## *Saving Time and Money with Siemens SQL Echo System*

*by Lisa Grimm*

**Custom Report Writing** is an important way for Healthcare Managers to extract detail from systems, and Siemens products offer several ways to extract data to maximize searches for system efficiency and a broader range of information. Periodic reviews of reports in use can result in better system efficiency and reduce costs associated with reports that are no longer in use.

One of the products that Siemens Direct Line Services offers is the **SQL Echo System**. This PC based reporting tool is a Standard Query Language (SQL) database containing information found in the PA Billing Master Files. The files include Patient Demographics, NAD Information, Insurance Information, Miscellaneous Information, Detail Information, User Defined, Account Comments, Unitized, and UB92 Information which are loaded daily for the previous day through Siemens software called Echo Data Loader.

Siemens INVISION® offers a tool commonly used by hospitals - Adhoc reporting. This application is used to create and run customized reports against the application data files. Each hospital has a quota for the number of adhoc reports they are allowed to generate. Any thing above this quota will be an additional charge to the hospital. This can be costly when you have people hospital wide writing adhocs on a daily basis.



Deaconess Hospital in Evansville, IN is currently working on a project that reviews each Adhoc Report. We are finding adhocs that were written for numerous reasons and are no longer being used, - but the hospital is still paying for them! A review process has been developed and we are asking the following questions:

- 1. Does the user still use the report?*
- 2. Is the report still a benefit to the user?*
- 3. Most importantly, can we write this adhoc using the SQL Echo System database?*

By using the **SQL Echo System**, the hospital no longer has to pay for each time a report is processed. We mimic the report using the SQL database, set it up on the scheduler, and the end user still gets the report they need. This has really saved time and money for the hospital!

**Do you have a time-saving tip that you would like to share?**

Please submit articles for publication to  
[Innovator@InnovativeCG.com](mailto:Innovator@InnovativeCG.com).  
Together we can make healthcare better!

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you can use!



## Writing a Rounds Report.....by Gary Houghtalin, BSRN, MSCIS

Someone recently asked me “Does anyone have documentation on creating customized rounds reports to print on demand? I would like to create some customized rounds reports but don't really know where to start. A template would be great as well.” I put together a document a number of years ago giving some guidance in building/working with Rounds Reports - it should help you get started.

The Rounds Report works like a puzzle that multiple programs put together. The Target Document is the *table* the puzzle is put together on. It begins as a blank document (typically) that has links or hooks for the source lines to attach to. These are defined on the document as %lines. Source lines are the actual data lines created by the programs and placed together based on how you defined the %fields. These are also defined as %lines but within them the data components are defined. The interesting part of the Rounds Report is that if it there is no data that applies, it goes to the next source line that has data. It does not create blank lines.

Important things to do prior to building:

1. Print all the TCL's that you will be modifying. Look up each percent field to determine what it is for and if you need to change it to achieve your goals.
2. Print the profile PRGPR (Rounds Report Printing Profile). You may need to create a document to do this.
3. Review documentation in **Bookmanager** in *Books Physician's View - COR Chapter - Print Rounds Report & Nurses View* in the *Observations/Results-Print Rounds Report*. Both of them use old-READY model TCLS but the information is put together best in these chapters than anywhere else.
4. Other information that may help is the first few pages of CHPP0477. This is the ORDER DISPLAY/PRINT PROGRAM that does most of the work. The information in the first few pages identifies all the %fields and data components involved. If you will be printing COR Data, also look at first few pages of CHPPRE00/CHPPREFS.

For a detailed description with example report, please visit our website: [www.InnovativeCG.com/news/](http://www.InnovativeCG.com/news/)

## Good Practices for Good Code.....by John M. Golding Siemens INVISION (A2K/SMS) Applications Manager, Seton Medical Center

It only takes a few good practices within the INVISION system to manage the code properly and to establish the building blocks for the future:



1. Always find the root cause and fix it.
2. When building in a 'test' environment, always copy the most current 'production' version of the code into the 'test' environment .
3. To the extent allowable within INVISION OAS, document who, what and why .
4. Never – ever copy an INVISION OAS item into a revisable status unless you truly need to make revisions to it!
5. Always look at the 'model' when in doubt as to how something was designed to work (great when heavy customization has occurred).
6. Be extremely careful when VSAM'ing (copying) between 'test' and 'production' environments (not everything can be VSAM'd).



## Client Profile:

# Fernanda Santana

Site Director



Fernanda Santana  
Site Director

## Newark Beth Israel Medical Center

Newark, New Jersey

Innovative Consulting Group is happy to share the successful efforts of Fernanda Santana and Newark Beth Israel Medical Center in their innovative implementation of the Galvanon MediKiosk™ Check-in. Patients who have scheduled procedures can fast-track through registration and take control of their visits by using the Kiosk to check themselves in. Registration time has decreased an amazing 80% and patient satisfaction surveys returned 100% approval.

Newark Beth Israel Medical Center (NBIMC), an affiliate of the Saint Barnabas Health Care System, is a 673-bed regional care, teaching hospital providing comprehensive health care services to its local communities and is a major referral and treatment center for patients throughout the northern New Jersey metropolitan area. The Family Health Center located on the NBIMC campus provides outpatient services ranging from Pediatrics to Geriatrics.

Fernanda Santana, Site Director, is responsible for Patient Access. Her direct reports include Admitting, Pre-registration, Scheduling, Insurance verification and Patient Financial Services for NBIMC. She has had hands-on experience from registration to end patient billing, and acts as a liaison between Admitting/Registration and the Business Office. Fernanda has been the driving force behind the Kiosk Project and credits the success of the project to the vision of CFO Veronica Zeichner. Fernanda has established criteria for using the Kiosk: 1) the patient must be pre-registered for a same-day procedure and 2) there must be an appointment.

Systems in place at the NBIMC Northern sites include Siemens INVISION® for Admitting and Registration, SCI Solutions™ Scheduling.com for appointment scheduling, and Galvanon MediKiosk™ Customer Value Manager (CVM) Enterprise Server. The patient is pre-registered by phone and an appointment is made. When the patient presents on the day of the scheduled procedure, s/he is now able to quickly check her/himself in using a wireless E-Clip board to verify information and electronically sign forms. The 4 to 8 pages of information are completed by the patient in about 3 minutes. There is a printer in the registration area that will print the documents, and information verified by the patient is reviewed by a registrar by exception – incorrect data will display a red flag. Registrars can quickly see that all information is correct or make any edits needed, and will approve the record giving the patient an “active” status. Patients will then continue directly to the procedure room.

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*“The patients love it!”*

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“The patients love it!” according to Fernanda. Patients are able to take the clip board to a seat and review the information privately. The patient’s account is accessed by swiping any identification card (credit card, driver’s license) or by typing in his or her name and date of birth using a stylus. The patient can easily detect any errors, responding YES or NO when asked if the information is correct. Patients control the verification of their information at their own pace which makes them feel like they are contributing. This helps reduce anxiety about scheduled procedures because they are participating in the process. For patients who have recurring treatments, it is like being a “frequent flyer” – they know where the clip boards are and check themselves in immediately without having to sign in and wait for an available registrar. The registrars feel like they have an extra registrar taking care of demographic verification.

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*“... an integral part of the implementation”*

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Fernanda describes Kathi Driver of Innovative Consulting Group, as the Kiosk Project “Facilitator”. Kathi assisted with the implementation and trained the staff on using the systems. Fernanda says that “Kathi has been our bridge – an integral part of the implementation” serving as an interpreter between the technical staff and the registration staff. Kathi attended the implementation meetings, answering questions and carefully explaining how the system worked and how NBIMC processes work with the systems. Now that the system is up and running, NBIMC is continuing to use ICG resources moving forward. ICG Project Manager Betty Heeter (Spring 2005 Consultant Spotlight, The Innovator) is continuing with software development and providing application support and training. Betty will be assisting with the rollout of the Kiosk to other outpatient areas.

NBIMC will be rolling out the Kiosk to the Family Health Center clinics, Radiology, Non-invasive Cardiac Laboratory, Oncology and any other areas that would have recurring outpatient visits (PT, OT, ST etc.). Other ways to improve Kiosk registration are in the works - a “frequent flier” card specific to NBIMC for those patients who have numerous treatments and a document imaging feature that would allow patients to scan in their Drivers License, Insurance cards or other pertinent documents during the check in process.

Fernanda feels that NBIMC got “everything they wanted” from the implementation, and measures NBIMC’s success by the positive feedback from patients and the significant reduction in registration time using the Kiosk. Congratulations to Fernanda Santana and the NBIMC staff for their success in providing better healthcare using information systems and innovation!

## Innovative Consulting Group

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### UPCOMING EVENTS

RSNA  
Radiological Society of North America  
Chicago, IL  
11/27/05 - 12/2/05

ASHP  
American Society of Health System Pharmacists  
Las Vegas, NV  
12/5/05 - 12/8/05

HIMSS Annual Conference and Exhibition  
San Diego, CA  
2/12/06 - 2/16/06

### How did we do?

“Kathi [Driver, ICG] has been our bridge –  
an integral part of the implementation  
serving as an interpreter between  
the technical staff and the registration staff.”

Fernanda Santana, Site Director  
Newark Beth Israel  
Newark, New Jersey



Read more about Kathi Driver in our 'Consultant Spotlight' feature on page 2

### ICG Continues to Grow

Innovative Consulting Group is pleased to introduce our newest members, Clarence Rivers and Kathy Owen-Gorgey. Clarence lives in Louisville, KY, and is currently working at Columbia St. Mary's in Milwaukee. He specializes in integrations, has taught Computer Science courses for 10 years, is a Marine Corp veteran and a long time member of Big Brothers and Big Sisters. Kathy lives in Ft. Myers, FL and is assisting Loma Linda University Medical Center on an MPI project. She has extensive Meditech Project Management experience and was a Cerner Solution Architect.

*Welcome to the ICG team!*

### Hurricane Katrina Donations



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As the Gulf Coast rebuilds, we encourage everyone to continue to give generously to those who have lost so much. ICG has challenged its employees with a dollar for dollar match, proudly donating more than \$10,000 to the American Red Cross Hurricane Katrina Fund. For more information, please visit the Red Cross website.