

We are pleased to announce that **Brenda Ward** has accepted the position of the Siemens Practice Director.

Brenda brings her Invision application experience in Patient Management, COR, Orders, Interfaces, Patient Accounting, LCR, 3270 OAS, OAS Gold, NetAccess, with 10 years as a consultant and 17 as an Invision customer. At St. Bernard's in Jonesboro, she was an Analyst, Project Manager, and Interim Director. During her years at Paladin and then ICG, Brenda has worked with 12 different customers on many long term engagements.

Please join us in welcoming Brenda to our Business Development team!

### Leadership Team

Wayne Kinney  
Diane Feyen  
Colleen O'Brien  
David Raffel  
Jeff Kinney

*Editor in Chief - Colleen O'Brien  
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### IN THIS ISSUE:

HIT Advocacy.....	1
Consultant Spotlight: <i>Barbara Rominski</i> .....	2
Tech Corner.....	3
Client Profile: <i>John Muir Health</i> .....	5
Upcoming Events.....	6

## “HIT Advocacy”

by David Raffel, Executive, Strategic Initiatives

**The challenges faced by healthcare systems during both 9/11 and Hurricane Katrina, strongly reinforced the need for a fully functioning, national electronic health record (EHR) which transcends any one region of the country. President George W. Bush has mandated that our industry achieve this monumental objective of implementing a national EHR by the year 2014.**

**In order to achieve this goal, the full cooperation of all areas is required within our own industry, as well as the resources of our Federal government. This goal commenced in 2003 with the creation of the National Coordinator of Health Information Technology position within the U.S. Department of Health and Human Services.**

**Since 2003, Congress has embarked upon the creation of two Healthcare IT (HIT) caucuses. The House of Representatives formed the 21st Century Healthcare Caucus. And, the Senate formed the Health Care Quality Improvement and Information Technology Caucus. These Congressional associations are bi-partisan in spirit, and demonstrate a concern for issues which confront our HIT industry, as well as the entire nation.**

**There are 52 Representatives currently on the House Caucus; however, there are only 6 Senators currently on the Senate Caucus. The HIT industry can encourage our elected representatives in Washington to join these important, bi-partisan House and Senate Caucuses to sensitize them to the issues, opportunities, and challenges that confront our industry. We can also nurture a cooperative effort between the private and public sectors to achieve the goal of a national EHR by the year 2014.**

**Recently, the U.S. House of Representatives successfully passed the Health Information Technology Promotion Act of 2006 (H.R. 4157), which will serve to reinforce the efforts to achieve the goal of implementing a national EHR by 2014. The U.S. Senate's version of this legislation passed last year, and is known as The Wired for Health Care Quality Act of 2005 (S. 1418).**

**Advocating for the HIT industry with your representatives in Washington will encourage them to provide the resources necessary to achieve President Bush's vision for a fully functioning, national EHR by the year 2014.**

**HIMSS has made it extremely easy to be an advocate - in less than five minutes you can send an e-mail to your Representative and/or Senator seeking their support at the HIMSS Advocacy website: <http://www.himss.org/advocacy/>**

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### ICG Continues to Grow

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Innovative Consulting Group is pleased to introduce our newest members: Marie Moore, Scott Hassler and Kim Hoops. Marie is engaged at Loma Linda in California assisting with Cerner applications implementation. Scott is part of the Invision CICS project at Seton in Austin, Texas. Kim Hoops is the marketing coordinator and she is based in Denver, Colorado. Please join us in welcoming Marie, Scott and Kim to the ICG team.



*Barbara Rominski*

Barbara Rominski began her career at University of Pittsburgh (UPMC) as a Clinical and Research Analyst. She performed clinical research for eight years then went to work as a Business Systems Analyst for Pittsburgh Clinical Research Network (PCRN). During her time at UPMC, Barbara obtained her BS in Biology in 1988 and went on to further her education obtaining a MBA in Management Information Systems from Katz Graduate School of Business in 2000.

With a strong background in education and clinical research, Barbara was interested in working with information technology. Moving to Spartanburg, SC in 2002 to work as a Clinical Systems Analyst for Spartanburg Regional Healthcare System, Barbara was responsible for the design, build and implementation of McKesson's Horizon Meds Manager (HMM) 8.0. She also successfully implemented an upgrade to HMM 8.1 and developed the closed loop configuration with Horizon Expert Orders.

Barbara joined ICG in January 2006 as a Senior Consultant and became part of the Meds Manager 8.1 Implementation team at John Muir Mt. Diablo Health System (JMMDHS), (see Client Profile, page 5) located in Walnut Creek, California. The Meds Manager install has been combined with an upgrade to McKesson STAR 11 and is currently scheduled for a mid November live. A 2nd round of integrated testing is in process as of this writing with the workflow validation scheduled for this month. A medication dispensing robot integrated with HMM has added significant functionality and complexity to the project.

THE JMMDHS project team includes Martin Iyoya, Director of Pharmacy and clinical pharmacists/HMM Project Managers, Neal Takai and Parmer VanFleet. Barbara says "this is a perfect match with Neal, Parmer and Martin's expertise with clinical content and my contribution of Information Systems experience and implementation methodology". Neal Takai, a clinical pharmacist and Project

## *Consultant Spotlight: Barbara Rominski*

Manger for the HMM implementation says "Barbara came in as an engineer... to figure out how to make the system work for us. We could never have gotten this far without Barbara. Barbara has been critical in aiding us with table building, and helping JMMDHS make decisions to support their medication safety plan."

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**"Barbara very quickly earned her customer's respect and it is evident by the responsibilities that they entrusted to her."**

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Barbara is originally from Pittsburgh, lives in South Carolina and travels to San Francisco on a weekly basis for this engagement. Amazingly, the long commute has not been an issue for her, though her dogs have a different perspective! She is enjoying her first consulting role and it is an excellent opportunity since Barbara loves working at different sites with a diverse team and unique customer environments. Spartanburg is not the ideal place for Barbara to live long term so the ability to travel to different parts of the country for her assignments and explore the surrounding areas is ideal. She plans to eventually move to an area with more diverse cultural and outdoor prospects.

Barbara has participated in the Multiple Sclerosis 150 mile bikeathon several times and enjoys both biking and hiking. Her two Doberman's, Jinx and Cheyenne, are cared for by a dog sitter during her travels and although they are visited three times a day, they are extremely anxious to see Barbara when she comes in the front door at the end of the week.

Diane Feyen, Vice President of Services at ICG says, "Barbara very quickly earned her customer's respect and it is evident by the responsibilities that they entrusted to her." Barbara is not only a valuable member of the John Muir Meds Manager team, she is an important part of our McKesson practice and a tremendous asset to ICG!

# Cerner®

## The Tech Corner

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you can use!

### “Discontinued Patient Orders”

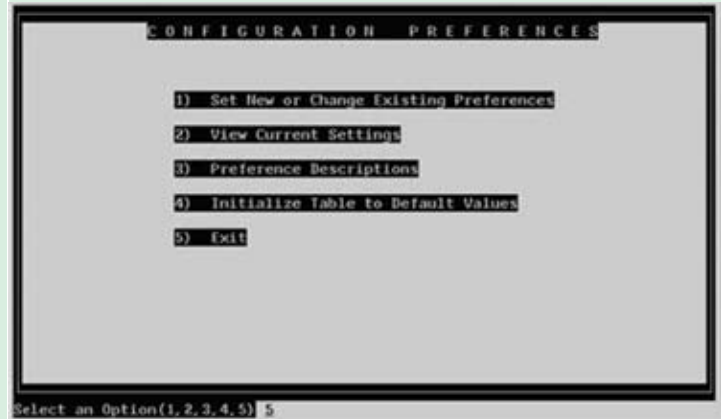
by David Kernea, Cerner Practice Director

There are two different ways to configure how patient orders are discontinued upon discharge. This can be setup to either immediately cancel orders upon discharge or using an operation job that will cancel qualified orders at a scheduled frequency.

**Immediate Cancel** – The order management system can be configured to immediately discontinue orders upon discharge by setting the backend preference DSCH\_CANCEL.

**Operations Job** – The order management system can be configured to cancel qualified orders at a scheduled frequency using a combination of six backend preferences (INDSCH\_FLAG, INDSCH\_HOURS, INCLEAN\_HRS, OUTDSCH\_FLAG, OUTDSCH\_HOURS, and OUTCLEAN\_HRS) and defining operations templates and schedules in OpsView Scheduler. Note that there are unique preferences for inpatient and non-inpatient encounters.

All of these preferences can be accessed through the Configuration Preferences menu by entering dcputil\_set\_config\_prefs go in CCL.



There are unique advantages and disadvantages to both of these order cancellation options. The most notable advantage of the immediate cancel option is that inpatient medication orders are cancelled immediately upon discharge preventing the pharmacy from dispensing medications for discharged patients. The most notable advantages of the operations job option are, first, that it does not auto-cancel orders upon accidental discharge which would require reentry of orders and, second, that it allows different settings for inpatient and non-inpatient encounters.

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## The Tech Corner

# Siemens

### OPENLink Customer User Exits

by Tim Lewis, Senior Interface Consultant

Custom user exits are an excellent feature in OPENLink when trying to achieve something beyond the normal capabilities of OPENLink. Determining how OPENLink uses a custom user exit can be frustrating. To make this process more manageable, I create a text file in my testing version of the user exit. I have lines to write to the file through the user exit, so that I can see exactly what OPENLink did. If the user exit does not do as expected, I can determine the point at which it failed or where the logic needs to be changed. A text file can be created by using the ofstream command, which is in the fstream class. After the user exit is working correctly, I remove the ofstream lines.

Please see the example below. The ofstream uses the file stream myfile. Any data that is pointed to myfile will be written to a text file.

```
*****
EXPORT_LONG KEEP_RANGE(char *pszParameterList,
                        char *pchDataBuffer,
                        unsigned long culDataSize)
{
ofstream myfile;
char *filename = {"f:\\2320\\custom\\keeprang.txt"}; /* This defines the variable filename as a file */

myfile.open(filename, ios::app); /* Any data that goes to myfile will be written to filename */
myfile << "\nKEEP_RANGE user exit\n";
myfile << "\npszParameterList is " << pszParameterList << endl;

myfile << "\npchDataBuffer is " << pchDataBuffer << endl;
```

```

char cCurrentCharacter;
int iRangeCount = 0, iCheck = 0;
int iStartRange[5], iEndRange[5];

int iPLCount = 0, iFSCount = 0;
int iPhraseLength = 0;
char sFinalString[80] = "";
long lStatus = SUCCESS;

if (PROCESS_RANGE_VALUE_PARAMETER(pszParameterList, iStartRange, iEndRange, &iRangeCount) != 0) {
    return lStatus; }

iPhraseLength = strlen(pchDataBuffer);
myfile << "\niPhraseLength is " << iPhraseLength << endl;
for (iPLCount=0; iPLCount <= iPhraseLength; iPLCount++) {

    cCurrentCharacter = pchDataBuffer[iPLCount];

    myfile << "\niPLCount is " << iPLCount << endl;
    myfile << "\ncCurrentCharacter is " << cCurrentCharacter << endl;

    if (COMPARE_VALUE(cCurrentCharacter, iStartRange, iEndRange, &iRangeCount) == 0)
        {
            sFinalString[iFSCount] = pchDataBuffer[iPLCount];

            myfile << "\nsFinalString is " << sFinalString << endl;

            iFSCount++;
        }
    }
myfile << "\nsFinalString is " << sFinalString << endl;

iFSCount--;
myfile.close();

lStatus = 678955;

return lStatus;
}

```

# McKesson



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## “Horizon Meds Manager Reports”

by Barbara Rominski, Senior Consultant

Horizon's Med Manager (HMM) comes with a number of canned reports and labels which, in theory, should provide for the report and label requirements of the pharmacy. However, in actual practice, I have typically encountered pharmacists who want to make modifications to the preformatted labels. Slight modifications can be made to the labels by the customer, specifically a resource that has attended a Crystal Reports class offered at least quarterly by McKesson. It should be noted that labels that are modified by customers are not supported by McKesson.

If your contract does not include a bank of hours for report modifications or customization, McKesson does offer an add-on billable service to customize reports or aid in basic troubleshooting around your reports; however, this service can be expensive and time-consuming. Here are my best practice suggestions on customizing your own reports:

- Start any report build with the closest facsimile that you can find. This way, your changes will be minimum.

- When changing the report, try not to incorporate any new tables if possible and use those already utilized in the current reports.
- Minimize logic changes as much as possible.
- Changing format and content should not create future issues.
- Keep a record of the name of the original report that you used along with the report that you created from it. This way, it's easy to go back to the original in case of errors.
- If you find that there is a functionality issue with the way HMM runs your report, replace the report with McKesson's original report and see if the error exists. If so, then McKesson should address and correct the issue via a standard support call. This can save time and money by eliminating the need to submit a special request to McKesson or have a Crystal Report guru address the issue.
- Test, Test, and Test. Test repeatedly and on the actual printer that would be used for production labels (or a test printer that is the same model). Don't hesitate to get a second pair of eyes to look at your work.
- Verify that your report fills the need of the end user.

# Client Profile:

*John Muir Health*

*Walnut Creek Campus, CA*



*Martin Iyoya (left) and Neal Takai (right)*

## ICG Assists with HMM Implementation

John Muir Health (JMH - <http://www.johnmuirhealth.com>) is currently in the middle of a 10 year, State of California Department of Health Services approved, medication safety plan. The plan insures that "...the Health System maintains safe medication practices through continuing to improve on its processes and the implementation of technology..." says Martin Iyoya, Director of Pharmacy Services for JMH.

As part of that plan, JMH Walnut Creek Campus partnered with McKesson to implement automated bed side medication administration, pharmacy robot automated dispensing, pharmacy information systems, and the initial steps of physician order entry. From a pharmacy perspective, the plan included developing Walnut Creek best practices in medication barcoding, department staffing, quality control, monitoring and measuring success, accurate ordering, medication storage, and medication dispensing. The major objectives of the plan are to "free up pharmacists from manual distributive tasks and redeploy them to the nursing units, and placing critical information at the finger tips of pharmacists so that they are able to process and review medication orders accurately." Once these objectives are met it will "result in increased [pharmacist] visibility, increasing trust and collaboration between nurses, pharmacists, and physicians, and once again establish the pharmacist as an integral part of the overall healthcare team" says Martin Iyoya. "It's all about pharmacist involvement in patient care and their important role in medication safety."

Currently, the Walnut Creek campus has McKesson Admin-Rx (nursing medication administration), barcoding, Pyxis cabinets, Pyxis Order Scanning live solutions, and they are implementing McKesson's Robot-Rx and Horizon Meds Manager (HMM) (pharmacy information systems). ICG Senior Consultant, Barbara Rominski (see consultant spotlight), is helping Walnut Creek implement HMM Version 8.1. The implementation of HMM "is a stepping stone to physician order entry," says Neal Takai, clinical pharmacist and Project Manager for the HMM implementation. They are currently in the second round of integration testing and validating the system with the workflow processes.

Neal went on to say, "Barbara came in as an engineer... to figure out how to make the system work for us. We could never have gotten this far without Barbara." Barbara has been critical in aiding with table building, and helping JMH make decisions to support their medication safety plan. About customizing HMM Neal says, "You don't customize the system very much... you set a lot of switches on or off based on your pharmacy practices." This allows consultant experience from one site to be transferable to other sites. "Barbara already had best practice experience from Spartanburg Regional."

JMH Walnut Creek campus will be going live with HMM and McKesson's Robot-RX in mid Fall 2006. As part of the medication safety plan, the next major system to be implemented will be McKesson's Horizon Expert Orders (HEO). Congratulations to John Muir Health for their proactive actions (see article below) in the interest of Patient Safety!



### **John Muir Mt. Diablo Health System Listed Among 30 Most Likely to Influence Healthcare**

Eric Saff, CIO and chief security officer for John Muir Health in Walnut Creek, Calif., is featured among Modern Healthcare's "30 People for the Future." The article, which appears in an Aug. 7 supplement that celebrates the magazine's 30th anniversary, highlights leaders expected to have a powerful impact on the future of healthcare. The article praises Saff for being a proponent of healthcare IT and notes his personal connection with patient safety issues. When Saff was nine years old, a medical error caused his father's death, and his mother has experienced three near-death encounters in the past five years due to medication errors. Saff has shown his dedication to patient safety by guiding his hospital's implementation of information technology, including McKesson's Horizon Admin-Rx™ point-of-care application.

# *Congratulations!*



We would like to congratulate the Deaconess Health System in Evansville, Indiana for recently being recognized in a National Health IT survey. The facility was named as one of the “Top 25 Connected Healthcare Facilities” by HealthImaging IT for 2006.

The winners were differentiated by a number of factors, including the percentage of the facility that is filmless and the ability of in-network physicians and referring physicians to access electronic images. Deaconess ranked as “90% or more” in both categories. Congratulations, Deaconess!



## UPCOMING EVENTS

McKesson Insight User Meeting  
Nashville, TN  
September 13-16, 2006

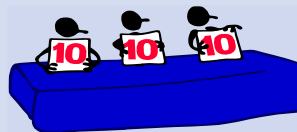
Cerner Health Conference  
Orlando, FL  
October 8-11, 2006

AHIMA 78th Convention & Exhibit  
Denver, CO  
October 8-11, 2006

## *How did we do?*

*“Barbara came in as an engineer... to figure out how to make the system work for us. We could never have gotten this far without Barbara.”*

*Neil Takai  
Clinical Pharmacist  
Project Manger for the HMM implementation  
John Muir Health*



*Read more about Barbara Rominski  
in our ‘Consultant Spotlight’ feature on page 2*



ICG consultant *Gary Houghtalin* participated in a presentation at *Siemens Innovations* in Las Vegas with the *Baptist Health Birmingham* team.

*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!*

