This is a multi-layered project which will enable the University of Miami Miller School of Medicine to achieve interoperability between GE clinical and business systems. It will provide new enhanced features and capabilities to the users of Centricity Business Solutions and Radiology System Solutions. The project will include the following:

- Advanced Web 3.0 Implementation
- RIS/PACS Upgrade 10.5/3.5
- Centricity Business Solutions 4.0 Upgrade
- Enable User Interface Interoperability

**Advanced Web 3.0 Implementation**

The first layer of the project will include the implementation of the GE Centricity Business Advanced Web 3.0. This is a technical component necessary to enable users to seamlessly work across multiple GE solutions in the future. This enhancement will enable the future integration of the UM’s existing Centricity Business systems and Centricity clinical system, i.e., the Radiology Information System (RIS). The web framework “sits on top of the current applications” and databases, therefore no data conversion will be required.

The implementation of the web framework will allow for enhanced functionality to support the UM’s strategic goal: “To improve patient satisfaction, to streamline patient access as well as the revenue cycle processes”.

The Advanced Web Framework will require the installation of new web-server hardware and the application will include the following features and functionality:

- Security: Role-based workflows will be streamlined within the web framework, rather than a user needing to access distinct applications.
- Screens: New “web” user interface replaces the legacy character cell format.
  - Adopt web framework screen designs (standard)
  - “Webize” current UM custom screens.
- Appointment Rules and Alerts will allow users to create rules that will facilitate the scheduling and billing process.

Multiple benefits will be realized after the implementation of the Centricity Business Advanced Web 3.0 and Enterprise Wide Scheduling Rules and Appointment Sets.

- Cost savings:
  - Standardization of business activities.
  - Intuitive user interface that reduces training cost and learning curve while increasing productivity and efficiency.
  - Increased productivity by integrating applications via the web browser.
- Increased revenues:
  - Improved registration and appointment data capture.
  - Improve insurance verification data capture.
  - Decreased billing issues.
  - Reduce claim rejections.
- Appropriate utilization of resources:
  - Role base work flows
  - Reduce duplication of billing activities

Please contact the UMCET Project Management Office for additional information at 305-243-7339.
Intellidose Chemotherapy CPOE and Electronic Nursing Documentation Update

UMSylvester/Deerfield with CPOE at last!

As you read this, the UMCET team is in the final phase of the Intellidose Provider Order Entry Rollout. After many hours of planning, preparing, and a few sleepless nights, the implementation is progressing successfully. By the end of May all of the UMSylvester and Deerfield Beach Oncologists will be using Intellidose Computerized Physician Order Entry (CPOE) for their Chemotherapy Medication orders exclusively.

This will bring our Hospital well on the way to meeting one of the four Leap Frog Hospital Quality and Safety Goals. The Hospital Surveys provided and reported by the Leapfrog group are used by the Healthcare industry for both internal and external benchmarking towards meeting patient safety goals and initiatives.

A CPOE system is an electronic medication prescribing system that finds and intercepts the most common errors when medications are ordered. Instead of being written down by the doctor, these orders are entered into a computer. As important as it is to catch these errors at the time of the medication being ordered, Intellidose also offers the added safety benefit that the Nurses and Pharmacists using this same system are given identical alerts which prevents additional errors from reaching the patient. This is especially important for significant patient weight changes that are found after the order has been placed.

The computer can integrates the order with patient information including laboratory and prescription data. The orders are then checked for potential drug interactions, allergies, proper dosages, up-to-date information about newly developed drugs and confusion between drugs that have like-sounding names.

These types of computer systems improve communications between doctors, nurses, and pharmacists and help create efficiencies that reduce healthcare costs. This is also an answer to the well known challenge of practitioner handwritten order legibility.

To meet Leapfrog's standard for computerized physician order entry, hospitals must:

- Make sure that doctors enter at least 75% of medication orders on a computer system that includes software to prevent drug prescription error.
- Demonstrate that their computerized order entry system can alert doctors of at least 50% of the most common serious prescribing errors.
- Require that doctors electronically document why they are overriding a computer-flagged warning before doing so.

Patient Features included in our Intellidose System:

- **Allergy** checking to all drugs in the InteliDose database.
- **Drug-Drug Interaction** within order set and with other entered concurrent medications.
- **Significant Weight Changes** are evaluated and alerts the prescriber. Displays alert when patient’s weight change has exceeded a pre-determined threshold. Also displays alert when orders are written for a patient who is larger (i.e., BSA) than a pre-determined parameter. Prevents order writing when weight is not current within pre-set parameter.
- **Dose limits** for drugs; calculates and provides alerts for cumulative dose limits (over the lifetime of the patient). Doses that exceed limits are highlighted and an alert is displayed.
- **Lab values** parameters can be set for age and gender. Abnormal values are highlighted; an alert comes up when parameters set in template for pre-treatment lab values are exceeded by labs done within 7 days.
- **Appropriate Dosing**: All treatment plans built into Intellidose have been reviewed by the Practitioner’s, Nurses and Pharmacists that will utilize the plan. This is a time consuming endeavor, but is paramount to the safety of the system. The treatment plans built into the system assures that the approved dose is displayed when a prescriber accesses an order set. Prescribers can edit orders, but doses outside the approved limits are highlighted, and an alert warns the prescriber of the dose.
- **Calculations**: Performs weight calculations as well as utilizing these calculations to assist with patient dosing.

Although the implementation process has been challenging, the implementation team has enjoyed the opportunity to work together to surpass all the obstacles and make this a successful project. We are looking forward to the next Intellidose Update with all Oncologists fully on board with a report of the findings of our UMSylvester/Deerfield Beach CPOE surveys!

Claims Manager Beta

We are participating with Ingenix to Beta the new version of Claims Manager 4.0. This project will enhance the current Claims Manager edits. The project started February 2007 and we are currently conducting testing. Look out for further updates regarding the Claims Manager Beta project in our up coming newsletters.
Ask “Joe”…

Jomar:
I have a patient that I keep having an eCommerce Medicare description: Incomplete 2nd Ins Co Addr (F). I checked the address of the secondary insurance and it was correct and then I deleted it from the insurance information but I still got the same eCommerce description. Please, review and advise. Thank You for help.

Thelma

Dear Thelma:

The problem you are having is a FSC Flow issue. When you get a claim edit requesting insurance information which either does not make sense, the information seems to be in Registration, or the FSC is not there at all, it is usually an incorrect FSC issue. In order to correct an incorrect FSC Flow issue entered at the TES level without a Charge Correction, you must use and existing batch or open a new batch as if you were going to change a FSC on an invoice. Upon entering the invoice number and seeing the invoice information, press the F9 key to call up the list of Action Codes. Select Action Code “O” (COB FSC Order). There you will be able to correct the FSC Flow by Adding, Deleting, and/or Moving the FSC up or down. In this case, you must Delete the secondary FSC at the invoice level. The reason for the edit is because FSC 501 was entered in the FSC flow as secondary coverage to Medicare. The Registration for this patient did not contain FSC 501 therefore the system has nowhere to pull the address from. Please pass along these instructions on how to correct a FSC Flow to anyone else on your Billing and Collections staff which may not be familiar with it.

See how the Charge was entered below:

We reserved this section of our newsletter for “you”, our UMCET User Community to email Joe questions about anything you have on your mind. Each issue, will profile your questions and Joe’s responses. If you are interested in submitting your questions to our “Ask Joe” column, please send them to: umcettraining@med.miami.edu in the subject line please be sure to type “Ask Joe”. Joe looks forward to your questions!