

THE CONFIDENTIAL

INSIDE INFORMATION FOR HEALTHCARE'S IMPOSSIBLE MISSIONS...

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HEALTHCARE IT DEPARTMENT DEVELOPS PROJECT LEADERS THROUGH E-LEARNING

Christiana Care: IT project management

Based in Wilmington, DE, Christiana Care Health System is one of the largest healthcare providers in the mid-Atlantic region. The not-for-profit, health system employs more than 9,000 and includes Christiana and Wilmington hospitals, Riverside Transitional Care and a range of outpatient and home-health services. The information technology department, which includes 285 IT professionals, is responsible for organiza-

tion-wide support of IT infrastructure, software, database administration and systems management, as well as strategic enterprise initiatives and departmental projects when the need arises.

Two years ago, the IT department reevaluated how it managed projects throughout the health system, how job roles were structured within the department and how the department might better serve the organization's information technology needs. The result was the development of a project



management office to track and prioritize interdepartmental IT requests; a restructuring of job titles to reflect four main functions (systems analyst, project manager, application analyst and project planner); and a focus on developing technical competencies like programming

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WEB SITES TO CHECK OUT:

- www.himss.org
- www.isritagents.com
- www.cio.com
- www.technologyreview.com
- www.epicsystems.com
- <http://health-care-it.advanceweb.com>
- www.informationweek.com



As the rain pelted their umbrellas and raincoats on a gloomy morning in Harrisburg, Pa., a contingent of more than 25 upbeat HIMSS advocacy members, out of more than 100 in attendance, ascended the wet marble steps of the Pennsyl-

vania State Capitol. They walked on, undeterred to the offices of their Pennsylvania representatives and senators in the state's first Health IT Advocacy Day last week.

A group of Western Pennsylvania HIMSS chapter members had left early in the morning by coach bus

as the rain mingled with sleet from a rare spring nor-east storm, traveling the 200 mile journey. Meanwhile, members of Delaware Valley HIMSS chapter had left their respective areas on the eastern side of the state, converging in Harrisburg. After get-

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DARREN LESSER—CONSULTANT OF THE QUARTER

Darren comes to LSR with over nine years of healthcare information technology experience with a core focus on EpicCare Ambulatory, Electronic Medical Records, Project Management, Computer/Telecommunication. His Certifications include A+ Certified Technician, and Certified EpicCare Ambulatory an analyst.

He is currently working for LSR at Froedtert Health System in Milwaukee, Wisconsin on their EpicCare Ambulatory Implementation pre, present, and post go-live support to all clinicians. He also has built and edited the following master files in preparation for the Cancer Center clinic go-live: Navigators, Activities, Menus, Department Records, Profiles, Chronicles, and Misc Con-

fig. Built several templates in multiple Epic environments in the form of Smart Sets, Smart Text, Smart Lists, Smart Groups, and Preference Lists. Performed issue resolution for the Cancer Center clinic go-live by researching problems and editing and correcting the necessary build to resolve the issue.

One thing that is very exciting for Darren is that he is preparing and looking forward to starting his Inpatient certification classes at Epic in August. Along with this, he has also audited several Cancer Center clinic profiles, smart text, smart sets, smart lists and smart letters.

Darren has hands on experience with writing questionnaires, department records,

smart groups, and preference lists making sure all content and settings were consistent across all Epic environments. He familiarized himself with the Epic module Beacon which allows physicians to create a Lab treatment plan for Cancer Center patients

Darren has also created and tested a Dual Mode Order Entry (DMOE) setup by duplicating the necessary programming points and inserting them into the System Definition Profile

As for his personal interests, His is a former national kickboxing champion and has studied and instructed martial arts for over 35 years. (Look out Dressler!) He likes to play all sports with golf being his latest passion. His family are big



travelers. They love to see different places, go hiking, rock climbing, and mountain biking and, eat excellent food of course!!! (A prerequisite of LSR staff.)

He has been married for 5 years to Lucinda who is a stay at home mom. They have a 3 year old son, Bryce and a baby on the way. Lucinda is due in January. They live in Orlando, FL and frequent Disney a lot (of course).



THE HIMSS SUMMIT IS THE PREMIER SENIOR IT LEADERSHIP PROGRAM IN NORTH AMERICA.

HIMSS Summit08 leverages the location...and the opportunity during this election year. High level policy issues and their implications, strategic educational topics and influential keynote speakers highlight this one-of-a-kind, executive leadership forum. Advance your leadership—and the future of healthcare IT... attend HIMSS Summit08!

The Education program is designed as a niche program for the field, with emphasis on

the key strategic relationships between the C-Suite, providers, and the consumers they serve.

ADVANCING HEALTHCARE LEADERSHIP THROUGH IT

Key strategic relationships between the C-Suite, clinical community, and the patients they serve. Four tracks present a unique opportunity to discuss essential issues.

- **Results-Based Partnerships:** Achieve new levels of collaboration between ambulatory care physicians and their enterprise affiliates. Receive

practical solutions to improving patient care through enhanced collaboration.

- **Rights, Access, and Privacy:** Exploring current issues as IT delivers information, access and attention to the mainstream. Benefits and possible consequences of online record-sharing.
- **Fiscal Fitness:** Takes a look at ROI measures, national reporting efforts, leveraging IT to avoid adverse events, pay for performance, EHR impact and federal funding.

The C-Suite Game Plan: Ex-

ploring the collaborative roles among C-Suite members and their internal and external stakeholders.



Toto, I don't think we are in Kansas anymore!

- Dorothy Gale

KLINE'S KORNER

Epic—From Startup to Rollout with Nancy Cerny

Q. How many years of experience do you have with Epic products?

A. I have 8 years of experience with Epic Cadence, Prelude, and EpicCare Ambulatory. I have been certified in Cadence since the summer, 2004.

Q. What is the earliest you have entered the process of implementing the Epic System?

A. My first experience with Epic began after the search for a new EMR system was com-

plete. A team from Epic Systems was assigned to work with the medical facility to implement the EMR. It was decided to have a roll-out implementation of Cadence and Prelude, followed by a big bang implementation of the Resolute billing system. I became involved as a participant in the Cadence/Prelude roll-out. I was a member of a team comprised of administrators, providers, clinical, frontline and IT/IS personnel, and the training team. This team met with the Epic team to develop a timeline and what programming points would be necessary to "personalize" the Epic System to fit the needs of the medical facility and the outlying clinics.

Q. Were you one of the decision makers on the team?

A. No. I was a participant giving the perspective as a lead trainer. I also would facilitate meetings, creating an environment to use the time efficiently and promoting full participation from all members in order to make well informed decisions. Each phase of the roll-out needed to be evaluated as to how it would impact all members of the clinic or facility. This was often a difficult process, leading all the different groups to an equitable decision.

Q. What else were you involved in during this roll-out?

A. I was involved in some of the build for production and was a lead in the training environment build. Most of my time was in building the provider templates using the data given to

me by each provider. Each provider would have a chance to submit his/her own scheduling desires to a team of administrators/lead physicians. They would then compromise those desires with the new standard the team had established to come up with an equitable schedule for each clinic, department, and physician.

For some clinics, it was not cost effective to have an interface developed to transfer patient data. In that case, the trainers would also assist the clinic staff in entering all patient demographic

Q. Tell me more about the training program?

A. I was mainly involved in the Cadence/Prelude training. All providers, clinical personnel, and frontline staff were required to learn how to register and pa-

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"THE NEED FOR EDUCATING SUPPORT STAFF EARLY IN IMPLEMENTING AN EMR"

BY DOUG CHILDS, M.S., FROEDERT & COMMUNITY HEALTH

If you have worked as a consultant or a "regular" employee in HIS, you have a pretty good idea of what effective education can do for an implementation. It can "make it" or "break it". It also can turn your support staff into heroes or scapegoats. Of course we all want success, but let's look at how we as educators can affect an implementation's "Go Live"

There are "best-case" and "worst-case" scenarios that we all have gone through in preparing for supporting an EMR – and unfortunately, the "worst case" tends to be the *status quo*. You are given a binder with workflows the Friday prior to "Go Live" support. You have the weekend to memorize all of it! To top it off, you walk into a clinic where you may not know the business model or the model of care. There is nothing like a "double-whammy" to start a Monday! This model is not good for any

parties involved.

As a former adult educator, the reasons for proper training and the timing of said training are paramount. We all do not have the luxury of time or opportunity to spend learning workflows and job duties to the degree to successfully support of an EMR implementation. So, what can be done to minimize the pain and hassles? I'm hoping that some of the points I'm about to make are more "common sense" and "planning ahead" actions that we can all take to insure a successful implementation.

By spending a little planning time with these ideas, you can see how "Go Live" support can improve!

Get your educational staff involved early! They are the first contact to the clinical staff! During this time period, they are not only learning the tools built for their clinic, but the new EMR software, too.

Make sure that all reference materials are available well before the implementation day. Give support people more than a weekend to prepare. And this goes for both your "regular" employees and any temporary staff that you may bring in. If you can arrange, at minimum, a couple of half-day sessions for the Support Team, make sure that you can get as many to attend. Giving hands-on examples during these sessions. Take the time to work with them and ask leading questions so that the information is more personal.

If you have support staff that cannot get to training, offer other methods of training; such as, one-on-one, a practice environment where they can "play" and/or select a contact person for questions. If you have an e-learning or CBT this may help those who may not be able to attend the support class.

When setting up training prior to "Go Live", there may be some Clinicians who have special needs. We must remember that this is all about them and their ability to lean their new tools. If your staff is large enough, assign a person "one on one" with that provider until they are comfortable enough to work independently. A word of advice: do not let the students abuse the privilege and have you start educating them on "My Space" or other non-healthcare IT venues.

Do a daily "Managing by Walking Around" in the clinics. Ask questions – "how are you doing?" or "is there anything that you're having problems with?" Sometimes the Clinician may be too busy or proud to be asking questions; and by the time they start, it's usually too late. Stay attentive to the needs of the "Go Live".

Share any and all information

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ting a lesson on advocacy by Christopher Kush, CEO of Soapbox Consulting, the HIMSS members left the Harrisburg Hilton for scheduled meetings with elected officials. Members of the Legislative Outreach Work Group had contacted each legislator's office and scheduled the appointments on what had been declared HIT Awareness Day in Harrisburg earlier by the Senate and House of Representatives proclamations. Modeled after the National

HIMSS Advocacy Days (the next HIMSS Advocacy Day, Summit and National IT Week will be held in Washington, D.C., June 9 - 12). The intent of the Pennsylvania meetings was to make state legislators aware of HIMSS and health IT issues, and to avail themselves to the elected officials. During advocacy training, Kush explained that one of the most important aspects of the advocacy process is to connect a name and face with the elected official. "It's a way of reinforcing that health IT creates systems that make hospitals more efficient, but they are never there to try and replace the human element," Kush said during a presentation that was part Powerpoint lecture and part pep rally. "Your role as an advocate is to be the name and face of health IT."

Kush encouraged HIMSS mem-

bers to give the elected officials details that come alive. "Tell the stories you hear from your patients. Talk about the jobs your organizations create in the district. Talk about the benefits your organizations provide to the district. Talk about how your organization collaborates with other health care organizations in the district," Kush said. Advocacy, Kush said, requires a hook-line-and-sinker approach. The hook is the introduction, while the line is the stories and talking points, and the sinker is the request, which will evolve in the future.

Heading out

After working through several group role-playing activities, the members headed out, dividing into groups of three or four members. As one group prepared for its first meeting during the rainy walk to the state Capitol building, James M. Walker, MD, FACP, chief medical information officer at Geisinger Health System in Danville, Pa., noted where Senator Terry L. Punt, a Republican from the 33rd district, had attended college and his professional background as possible talking points. In addition to Walker, others in the group included, Michele "Mickey" McGlynn, manager of government and industry relations at Siemens Medical Solutions, John Sherchock, a HIMSS member and global alliance manager at Intel and Charlene Underwood, MBA, director of government and

industry affairs at Siemens Medical Solutions.

The group didn't meet Punt directly, instead meeting with his legislative aide. The members introduced themselves, the HIMSS organization and HIT, as they had practiced earlier. Dr. Walker shared a personal story of how children of aging parents - the child being 65 years old and the parent now in their mid-80s, as being helpful in getting their family members information online.

Dr. Walker also discussed how a Geisinger patient who was

vacationing recently in Maine was able to access her electronic medical record; doctors at the Maine hospital did not have to order duplicate tests that had recently been done in Pennsylvania. During a meeting with State Senator Andrew E. Dinniman, a Democrat from the 19th District, HIMSS members listened as the senator explained what has been accomplished with technology at the Downingtown school district, where students are now able to take virtual classes. He articulated the role technology plays in all parts of society, not just health care. He said changes occurring through technology have not yet caught on in the state. Dinniman encouraged HIMSS members to specify what they want from legislators. "I understand the concepts, but I wouldn't be capable of understanding the technology, and believe that other members of the Senate would feel the

same. Precisely, what you need to do is create model legislation for us; look at what other states are doing in terms of health IT, and tell us what it is that you want," he said. "In no way do we claim to be the experts." Dinniman noted that his days are filled with various legislative issues from his constituents, including agricultural easements, review of possible changes to Pennsylvania's Puppy Mill law, and further revisions of the state's animal abuse act. "I appreciate people, such as those of you here today, coming before us and helping us understand the issues you face,"

Dinniman said. He encouraged the HIMSS chapters to send position papers to the Senate and House of Representatives. "Tell us what is useful to put forth in a particular bill," he said. "Especially if it is something that's being done and doesn't cost money, but will help us to improve health care." During an afternoon keynote address, Robert Wonderling, a Republican Senator from the 24th District, encouraged HIMSS members to submit proposed legislation in a common, single voice, rather than separate proposals from the two HIMSS chapters. Following their meeting with Dinniman, the HIMSS members expressed appreciation for the senator's willingness to educate them on the legislative process. They came away with a deeper understanding of the senator's job, and how they can best work with the senator, his staff and

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Healthcare IT Develops E-Learning Continued

(Continued from page 1)

and database administration. Since the department had moved away from a generalist model to one focused on specific IT areas and skills, the need arose to provide structured training in a cost-effective and efficient way so Christiana Care's IT professionals could better support and be successful at projects commissioned by health system executives.

Focused training, valued solutions

With the IT department's re-structure and the implementation of the project management office came a greater emphasis on prioritizing and supporting hospital IT projects that would add value to the organization as a whole. "Our new CIO put a lot of focus on very specific areas, making sure we were only working on those projects that offer value back to the organization," said John Smith, a senior systems engineer at Christiana Care who is responsible for IT training. "As a result of that, we now have a structure that sup-

ports the development of staff competencies based on real project and operational needs.



Choose a job you love and you will never have to work a day in your life - Confucius

AGENT Q'S GADGETS—TOUCH SCREENS FOR MANY FINGERS BY KATE GREENE

Researchers have bigger plans for multi-touch screens than the novel interface on Apple's iPhone

When Steve Jobs demonstrated Apple's new [phone](#) at Macworld recently, the feature that elicited the most "oohs" and "aahs" from the audience was the touch-screen interface: it allowed more than one touch at a time. This "multi-touch" technology adds functions such as allowing a person to easily zoom in and out of pictures and Web pages by pinching the screen with two fingers.

But the full power of multi-touch technology might be unleashed in screens far larger than those on [phones](#). Over the past few years, [Jeff Han](#), consulting research scientist

at New York University, has developed an inexpensive way to make large multi-touch screens accommodating 10, 20, or even more fingers. He envisions applications ranging from interactive whiteboards to touch-screen tables and digital walls—any of which could be manipulated by more than just one person. And this month, Han has unveiled [Perceptive Pixel](#), his new company based on the technology. The new iPhone is too small to be a very interesting multi-touch device," says Han, who demonstrates his technology on [this](#) YouTube video. That's because multi-touch technology implies multiple users. More than one person gathered around a large touch screen "becomes interesting," he says, "because multiple users can then become collaborators." Such collaboration could take many forms, from brainstorming sessions using networked, interactive white-

boards to animation collaborations at which six hands can mould the face of a monster. Perceptive Pixel is set to ship its first wall-size touch screen this month, to an undisclosed U.S. military customer.

Various approaches to multi-touch technology have been demonstrated at engineering conferences since the 1980s. Mitsubishi Electric Research Labs developed the [Diamond-Touch](#) table, which allows a group of people to sit around and collaborate on projects. Multi-touch screens "never completely went away, but they're coming back in different ways, and for certain things they're going to be really important," says [Bill Buxton](#), principal researcher at Microsoft Research.

There are many ways to make a multi-touch screen, Han explains. Some of the early designs measured the change in electrical

EDUCATING SUPPORT CONT.

(Continued from page 3)

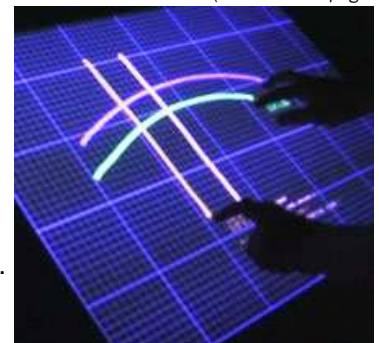
about problems and solutions, no matter how small you think they might be. Knowledge is power and it's better to spread it around than to keep it all.

Once you're "out" of that clinic (support has been concluded), schedule a wrap-up or follow-up meeting. This will deal specifically with reported problems that appear to have been training related.

In the end: Everyone must learn something during the "Go Live". The training team finds out where things can be improved, the support team gains a better understanding of end-user needs for the current implementation and the clinic staff has higher rates of satisfaction from using the EMR. In the words of Steven Covey, it's a "win-win" situation.

resistance or capacitance on a surface when fingers touched it. But these devices have limited resolution, are relatively complex, and don't easily and inexpensively scale up to large dimensions. Apple has not disclosed what multi-touch technology it's using on the iPhone. Han's touch display is made of clear acrylic with light-emitting diodes attached to the edges, illuminating the six-millimeter-thick acrylic piece with infrared light. Normally, the light from the diodes reflects along predictable paths within the acrylic, a physi-

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AN AGENTS' FIELD GUIDE

The Many Roles of a Consultant *(continued)*

In the real world you have cultivated a good relationship with a prospect and successfully turned them into a client a few months ago. They are very happy with your work and it's been a great relationship. Everyone is happy.

Recently however, you've noticed that they are becoming increasingly late with their invoices. Here is where the balance comes in. You must balance your role as a consultant

with your role as the Accounts Receivable Manager for your company. You want to bring their account current without straining the relationship you've so carefully fostered. By tactfully broaching the subject and allowing the client to save face, you can accomplish what you want with straining the client-consultant relationship.

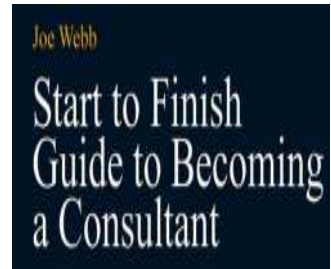
A Resource for Your Clients

So far, we've concentrated our attention on the independent business-related aspects of being a consultant. Now let's turn our discussion towards the

consulting side. Depending on your experience and technical expertise, you will be asked to participate in different types of projects and assume a certain level of responsibility. You may be asked to lead software development projects, assist with hardware upgrade programs, oversee a facility move, or negotiate with vendors, just to name a few.

Types of Consulting Engagements

You'll find that consulting engagements take many forms. The specifics of your assignments will, of



course, be very unique to you and to your clients. So let's focus on some of the general types of engagements by considering some examples.



AGENT Q CONT.

(Continued from page 5)

cal phenomenon called total internal reflection. However, once a finger or other object touches the acrylic surface, there is a camera that captures this light. Using simple image-processing software, the captured scattering is interpreted in real time as discrete touches and strokes.

Many researchers who've been working for decades on touch technology are excited to see these developments. "For almost two decades, we've been trapped by the tyranny of the screen, the mouse, and the keyboard," says Don Norman, professor at Northwestern University, in Chicago, and author of *The Design of Future Things*, to be published in October. "It's nice to think we're breaking away from that and going to-

ward touch-screen manipulation in the real physical world."

Some researchers are even developing touchable displays that can touch back. The emerging technology that enables this is called haptics. One type of haptics technology involves a surface that senses when it's touched and then vibrates at various frequencies, depending on the placement of one's fingers. This sort of technology could be useful for the touch keyboard on Apple's iPhone, says Scott Klemmer, professor of computer science at Stanford University. "You wouldn't get the tactile feel of real buttons, but [because of the vibrations] you can tell you've touched a real button."

He who hesitates is a damn fool.

- Mae West

KLINE'S KORNER CONT.

(Continued from page 3)

tient and to make appointments. The level of detail would vary by job title. For instance, a doctor would be taught how to make a simple appointment for his patient and to make basic demographic changes to the patient's profile. A nurse would be trained on all types of appointments and again, only the basic demographic changes to the patient's profile. The frontline staff would obviously learn how to make all types of appointments and completely register a patient. This also included some Resolute documentation – such as entering insurance and account information.

Q. How intensive was the training program for Cadence and Prelude?

A. Again it depended of the audience. Providers would have two 4-hour sessions of training. The nurses would receive two 8-hour sessions. Frontline staff and clinic

administrators would receive a full week (40 hours) of training. This also included several hours of practice time.

Q. How did the training correlate with the timing of the rollout?

A. Since the medical health system covered the entire southern half of Wisconsin, it was divided into areas. We would train 4-6 classes for approximately 6 weeks in any one area. We would then have the entire training department (13), some IS people (4), and administrators and super-users on site for the implementation for the first week; for the next 3 weeks there would be limited support (depending on the size of facility).

We would then move on to the next area and start the process over.

Briefing from Q2 08 Bouncing into Spring!

- LSR welcomes new projects with existing clients Health Partners, Froedtert, CHOP and Lancaster General .
- LSR welcomes Stanford as a new client
- We visited with our client's in Chicago, Minnesota and Wisconsin
- Welcome new consultants Dave Paulat, Clark Lash, Cecelia Newstead, Dennis Oberstar, Christine Barnes, Wayne Prince, and Alex Fortenberry.
- Congratulation to Michael Viveiros on his Epic Beacon Oncology Certification!
- Congratulations to Dave Paulat on his Epic Bridges Certification!
- Congratulations to Michelle Winne and Chris Dressler on their IP Certifications!



"The people who are playing it totally safe are never going to have either the fun or the reward of the people who decide to take some risk, stick out, do it differently"

- John Akers

WESTERN PA ADVOCACY DAY CONT.

(Continued from page 4)

other elected officials. During a meeting with a legislative aide to Senator Connie H. Williams, a Democrat from the 17th District, Dr. Walker previously described how existing state regulatory issues often hinder the adoption of electronic health records. Williams' legislative aide suggested that the HIMSS chapters set up technology demonstrations in the State Capitol's rotunda next year, as a way for senators and representatives to learn more about health IT.

Senator Lisa M. Bascola, a Democrat from the 18th District joined the meeting with HIMSS members following their meeting with her legislative aide. Bascola expressed a particular interest in health care because a number of her constituents are reeling under the pressures of increased health care costs and insurance premiums. **Shaping the Health IT Vision of Tomorrow: HIT legislation**

In an afternoon debriefing, Kush asked HIMSS members to listen to what the legislators had said. "Some asked for specific legislation. Others challenged you with direct questions about what you thought would be good HIT legis-

lation," Kush said. He encouraged participants to send a note thanking the senators and representatives, and highlighting the key points from their discussions.

Kush said that he heard from a number of HIMSS members that the senator or representative relaxed when he/she realized they weren't there asking for money, "and they could talk about what would be most beneficial in terms of getting HIT legislation adopted."

One HIMSS member noted a state senator from a Philadelphia district who discussed his personal medical issues. "These senators and representatives are consumers of health care, too. They understand our purpose for being there," the HIMSS member noted.

Mary Beth LaBelle, a Delaware Valley HIMSS chapter member, and vice chair of the board of supervisors for Skippack Township in southeastern Pennsylvania, noted that legislators could relate to their message of quality and decreased health care costs. Representative Thomas Killion, a Republican from the 168th district, wanted HIMSS advocacy members to review a piece of health IT legis-

lation, where Killion had edited out some sections of the bill, but later wasn't sure his edits were appropriate. Martin Indars, legislative director to Senator Dinniman, noted the significance of HIT advocacy. "When you talk about and pitch HIT, tell us why it's important. Show detailed outcomes, and how health IT legislation can help the senator's constituents," he said during an afternoon panel discussion. HIMSS members need to be salesmen when it comes time to ask for funding of HIT projects, Indars said. "You must sell your story and why this is important. Tell the senators why people should care about health IT. Why is this important to your family members? Why is it important to your friends?" Indars said. HIMSS members were encouraged to schedule individual meetings with their elected officials in their district. "It's a much slower pace in the district (as compared to the flurry of activity here in Harrisburg), and will afford you the time you need to get to know your elected official," Indars said. Several HIMSS members suggested inviting their elected officials to visit their hospitals/health systems, so they can see technology in use, and can describe to them, first-hand, how technology is improving patient care. "It's

important to always demonstrate the human factor in all of this," Indars said. **Looking ahead** Senator Wonderling described a new, emerging economy in Pennsylvania. He spoke about the need for innovation in this new economy. "Advocacy is not just a one-day event. It's important that you come back next year and subsequent years," Wonderling said. "Elected officials need to see that HIT advocacy is here." Wonderling noted a rhythm that occurs in Harrisburg. Setting a regular date for advocacy day makes it an annual event and something that legislators will remember, he added. If a legislator was unable to meet with members this year, "that legislator will certainly make it a point to meet with you next year." With the exodus of a large number of young Pennsylvanians, Wonderling noted that the HIMSS chapter's advocacy is timely. "It's fiscally and socially imperative that advocacy works to create IT skill sets that keep young people in the state," he said. *Mr. Mitchell is managing editor of ADVANCE for Health Information Executives.*





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Agent's Tom Foolery

Just as TLC has their fashion program...so does LSR. In consulting, we have seen EVERYTHING. So here is our version of **WHAT NOT TO WEAR...**

- Keep piercing in discrete areas and we don't want to know about those we can't see. REALLY!
- No stretch anything...especially stirrup pants...what went out in the 80's stays in the 80's
- Please, no cartoon character ties—unless it is Dilbert!
- No socks with sandals. No Leather pants—ever!
- A mullet is not a fashionable hair style except with Gary Noe! For him it works!
- No Hawaiian anything unless you have the pleasure of working in Hawaii! Right Chris~!
- No hot pink sweats with a “do rag” for “GO Live”
- Definitely wear layers...preferably black—From office to Clinic to Blues Club...LSR Agents must be ready for any encounter!

Inside the mission...from Agent M

Summertime and I my mind is not on any mission. From September until now we seem to be going non-stop. There are Conferences, New Budgets, New Engagements, The Holidays, along with all of the personal events such as school and after-school activities. The season has changed and I find myself ready for a break.

Unfortunately, the business that we are in does not allow for breaks. Patients need attention and the clinicians need the tools to be successful. LSR is a service oriented organization and I find that we do not have the luxury of un-

plugging. What makes things even worse, would be the call of the sun and the blue water from the pool!

Next week is July 4th and many of use will be sitting in cubes while our clients are vacationing. Not to good from a motivational stand point. But from inside the mission, I call to all of my talented staff whom I rely on. This is the time to roll your sleeves and dig in. Put a great tune on your iPod and let your energy flow.

We have an obligation to our clients to provide the same

level of service through out the entire year and even though I am distracted by the summer sun, I must find tricks to re-energize myself to produce. This is not just for my success but too all of my clients and consultants whom I made a promise to provide the highest level of my attention.

So if you are sitting there staring out the window~GET UP~Shake it off, get a tall glass of Ice Coffee and throw on “Stir It Up” by Patti LaBelle. One good thing to remember:



The sun stays out longer so when 5:00 hits—I am going for that swim and getting myself re-energized for a new day because September is right around the corner!

BOOM!

