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# Confidential

**INSIDE INFORMATION FOR HEALTHCARE'S IMPOSSIBLE MISSIONS...**

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## And the Survey Says...LSR Consultant Survey

The week of April 18th, LaBelle Strategic Resources surveyed our entire consultant database. This included experts in all vendor applications that are currently consultants or full time hospital employees. The purpose of the survey was to listen to the voices of the “frontline” folks and to better understand what they need to be successful. The survey consisted of 10 multiple choice or short answer questions. It covered everything from salary and benefits to education and certification opportunities. It is important to LSR to understand what it takes to attract the top talent for our clients as well as retain that talent for a long period of time. In polling over 1700 Epic candidates in our database, we had an amazing response. Here is what we learned:

1. When choosing to work with a consulting firm, the response was split with 50% wanted full time salaried work while 50% wanted 1099.
2. When choosing a company to work with, what benefits are important, the top answer at 70% was certification while bonus and health benefits followed behind.
3. When we asked about the type of certification, the biggest need fell into the EpicCare Inpatient Certification top being Clin Doc.
4. Would you be willing to obtain the costs associated with certification? 60% would while 30% would not.
5. In regards to compensation, the majority would prefer to be paid hourly based on hours worked. Only 15% wanted a salary and 26% would

6. When choosing an assignment, which of the following are the most important factors in making a decision and the highest response was Hourly rate at 70% while 4 day work week, longer contract and remote work all came in as a close second.
7. For travel arrangements, consultants prefer to make your own arrangements and be reimbursed by the firm.
8. Have you ever been paid a bonus based on a consultant you referred to a firm and the response was surprising 61% said “NO” so what about all those emails that say there are huge bonuses for referrals?
9. How often are you hearing from recruiters and the overwhelming response was two or more times per week. (continue on page 5)



## CHARING CROSS HOSPITAL: TAKING INTERACTIVE TECHNOLOGY TO HEART!

Charing Cross Hospital is a specialist hospital in West London acting as a 'trauma centre' for the area. Established in 1823, it was originally located in Villiers Street, near Charing Cross.

It is now located several miles to the west of the city centre, in the London Borough of Hammersmith and Fulham. It is one of the Imperial College School of Medicine's teaching hospitals and part of the Imperial College Healthcare NHS Trust. Technology is now widely considered to be a vital part of any healthcare service, from local GPs right through to hospitals. Although funding is becoming increasingly available, choosing the right tools and software to support doctors and nurses is a serious business, especially when lives are at risk.



(continued from page 2)

successfully completed." Managers need to utilize skills collectively, over time, and understand how strengths and weaknesses work to produce

Prior to this year, the Accident and Emergency (A&E) Department at Charing Cross Hospital encountered a number of problems when recording patient data. The problem was not clinical, but administrative. Nurses were inputting and displaying patient information in two separate places - on a 'pen and ink' manual whiteboard that was regularly updated throughout the course of a shift, and digitally via a central PC.

At the time, the A&E Department had recently purchased a software package called 'Symphony' from Ascribe - one of the world's leading Emergency Department software packages - to provide a structured display of the location and status of current patients. Information was being entered into the Symphony solution

the most effective team. It's about knowing how to mix your red birds with your blue birds.

Businesses are run by teams, large and small. The success or failure of projects (and even the whole business) rests on whether these teams perform well.

Looking at the performance of each person is important, but you really need a view of how

*Charing Cross Hospital staff use interactive whiteboard*



via a PC, but the manual 'pen and ink' whiteboard was still being used as the main administrative tool by the Charge Nurses. As a result, information was being fed into both, inconsistencies were a regular occurrence and records were often out of date or contained conflicting information.

Henry Dowlen, a Doctor working in the A&E Department at Charing Cross, identified the possibility of using interactive whiteboards to combat these problems and combine both methods into one.

Following the decision to trial an interactive whiteboard, (continue on page 4)

the whole team works: how the combinations of people work, and which teams out-perform others (and why).

*Sonar6 was founded in 2006 based on the idea that performance management should be simple and rewarding.*

*Growth since then has been rapid. Sonar6 has customers all around the world and is known as the innovator in Human Resource software.*

## CHARING CROSS HOSPITAL:

(CONT)

*(continued from page 3)*

Dowlen contacted Steljes, the exclusive UK representative for SMART Technologies. Steljes then worked with its Trade Partner, Leapfrog, to conduct a pilot project in January 2007, consisting of a single board installed in the A&E Department. As all staff had already been trained to use the Symphony product, no further training was required. Charge Nurses were asked if they would be prepared to take part in the trial, and were then shown the SMART Board interactive whiteboard as a group to ensure they all supported the idea.

The trial was initially meant to be one month long, but after collaboration between Charing Cross, Ascribe and Leapfrog, it was extended to two months after a larger SMART Board was deemed more appropriate for the amount of information that needed to be viewed simultaneously. This larger interactive whiteboard allowed an electronic notepad to be shown side by side with the Symphony solution, to record more specific information or extended patient data. At the end of the two-month pilot, the hospital conducted a short retrospective questionnaire with staff to help make its purchasing decision.

Henry Dowlen says: "After I presented the hospital with an in-depth analysis of the pilot, the resounding response from doctors and nurses was that they loved the technology. The easy-to-use boards helped increase staff morale, as updating patient information became more fun and interactive."

In May 2007, Charing Cross decided to buy a SMART Board due to overwhelming demand. Centralising all records created a time saving of up to 20 minutes per patient in busy shifts. Not only were patients happier with the faster treatment time, but staff were also able to provide a higher quality, more precise level of patient care due to easier sharing of information. Following the pilot period, all staff readily accepted and began to rely on the interactive whiteboards; "When the pilot finished, the nurses were up in arms at the thought of returning to a manual whiteboard - even those who were less accepting of it to start off with," says Dowlen.

Some of the factors that impressed the Charge Nurses included more legible and movable information, freeing up time to spend on clinical duties rather than administrative tasks and smoother handover



meetings held within the A&E Department.

Steljes has provided an easy-to-use SMART Board interactive whiteboard solution for Charing Cross Hospital, which has played a part in improving staff morale, as well as making administrative tasks more fun. As part of the survey with staff following the pilot, one of the nurses commented; "I find I have much more time to carry out clinical duties than I did before we started. It has improved communications between people in the department, as messages are clearly read, instead of just left unnoticed."

The relationship between Steljes and Charing Cross has been positive, contributing to an additional pilot on the ninth floor of the hospital. Charing Cross is currently trialling another SMART Board interactive whiteboard as a bed management system. If successful, it is considering rolling them out across all patient wards. The end result has seen an increase in morale as staff are now free to spend their time concentrating on patient care as opposed to administrative duties.

## INSIDE THE MISSION... WITH AGENT M

I am pleased to announce that LaBelle Strategic Resources has had an outstanding first quarter. We went through 3 major “Go Live’s” and supported Orange Regional Medical Center solely in the Inpatient “Go Live” for 2 of their hospitals. I am proud of my team and all of the hard work that each person put forth.

Orange Regional Medical Center (ORMC) was the first inclusive Go Live that LSR was responsible for. I had the privilege of going up to the health system the Friday before the turn-over which was that Sunday at midnight. Shafiq Rab, CIO, spoke with my group in a cool demeanor making the teams feel comfortable in their

### survey continued...

*(continued from page 1)*

10. Which internet site do you use to look for new work and the highest response was Linked In with Monster and Career Builder coming in an even second.

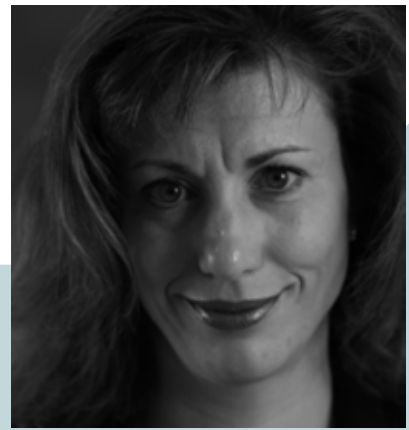
We received the first 50 responses within 30 minutes of sending it out. Rachel spent most of the day on Friday sending out Starbucks cards in appreciation of responses. This survey absolutely helped us understand what the potential LSR consultants are look-

ing for. Trish Manna, coordinated the teams and within the first few hours, assignments were made and security was given.

ORMC is a community health system. They are not a robust facility like Cleveland Clinic or Stanford but they had invested in Epic and through a model install had a quick turn around from the time of the purchase to ‘Go Live. It was through the team at ORMC, coupled with LSR, that brought the system up.

Now that this is behind us and the Go Live team has moved on, there are some things that I would do differently. Planning is key and identifying the

ing for. We will continue our process improvement and restructure our approach to provide our potential staff with the right benefits to keep them happy and focused on the job at hand. I look at all of the individuals out in the Healthcare IT Workforce as part of our team. Whether you have worked with us directly past, present or future or those individuals who are “friends of the firm” that provide us with referrals in staffing our sales. We are all in this together and we need to support each other



number of resources is important. LSR provides higher end support so you can place them ANYWHERE beyond basic standing support. You need fewer resources because as the need for “elbow support” diminishes, they can transition to a build or training role.

We utilized not only our own certified staff but also some excellent tenured and certified new hires. We also had Jayson Przybyla who was on site starting in January and coordinated the crew while supporting Willow. Diversity is the key with all hands on deck. Tons of commitment with gobs of hours with a few drinks on the side.

All worked hard and ORMC is LIVE and on Epic successfully.

in this business. I want to thank each and every one of you who answered the survey and I look forward to opportunities we can all work on together!

# ICD-10

Are you ready?

## Talking to Your Vendors About ICD-10 and Version 5010: Tips for Medical Prac- tices

If you are covered by the Health Insurance Portability and Accountability Act (HIPAA), you need to prepare for two firm deadlines to comply with mandated changes: January 1, 2012 — for full compliance with Version 5010 standards if you conduct electronic transactions either directly or through a clearinghouse or billing service  
October 1, 2013 — for full implementation of ICD-10 code sets

These transition dates are definite. The U.S. Department of Health and Human Services (HHS) established the deadlines in two final regulations issued on January 16, 2009,

and confirmed them on March 5, 2009. HHS does not plan to extend the deadlines.

If you submit electronic claims, you need to have completed internal testing of Version 5010 systems in time to begin external testing with your payers, clearinghouses, billing services, and other business partners by January 1, 2011.

An important step in preparing for these changes is to talk with any software vendors, clearinghouses, or billing services you use to be sure they are ready to provide the support you need. Your vendors will need to have products and services ready well in advance of the compliance deadlines to allow adequate time for testing.

Your vendors can provide you with details about what you need to comply with Version 5010 standards, which replace the Version 4010/4010A standards currently used for electronic transactions. Unlike Version 4010/4010A standards, Version 5010 accommodates the ICD-10 code sets that become effective in 2013.

### Start the Conversation with Your Vendors

Talk with your vendors now to be sure that you can count on them to:

- Have fully functional, compliant products and services ready in plenty of time to allow thorough Version 5010 and ICD-10 testing

- Help you avoid potential reimbursement issues

Ask your vendors to establish a comprehensive approach that will deliver compatible products well ahead of the transition deadlines. Points to consider discussing with your vendors include:

- Systems upgrades/replacements needed to accommodate Version 5010/ICD-10
- Costs involved and whether upgrades will be covered by existing contracts
- When upgrades or new systems will

*(continue on page 7)*



# ICD-10 COMPLIANCE TIMELINE

JANUARY 1, 2010

- Payers and providers should begin internal testing of Version 5010 standards for electronic claims

DECEMBER 31, 2010

- Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance

JANUARY 1, 2011

- Payers and providers should begin external testing of Version 5010 for electronic claims
- CMS begins accepting Version 5010 claims • Version 4010 claims continue to be accepted

DECEMBER 31, 2011

- External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance

JANUARY 1, 2012

- All electronic claims must use Version 5010 • Version 4010 claims are no longer accepted OCTOBER 1, 2013
- Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures
- CPT codes will continue to be used for outpatient services

Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for ICD-10 and Version 5010 resources from CMS.



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be available for testing and implementation • Customer support and training that they will provide

- How their products and services will accommodate both ICD-9 and ICD-10 as you work with claims for services provided both before and after the transition deadline for code sets

Talking to your vendors now about ICD-10 and Version 5010 will help ensure that your transition goes smoothly. Version 5010/ICD-10 Resources

There are many professional,

clinical, and trade associations offering a wide variety of Version 5010 and ICD-10 information, educational resources, and checklists. Call or check the Web sites of your associations and other industry groups to see what resources are available.

The Centers for Medicare & Medicaid Services (CMS) Web site has official CMS resources to help you prepare for Version 5010 and ICD-10 at [www.cms.gov/ICD10](http://www.cms.gov/ICD10). CMS will continue to add new tools and information to the site throughout the course of the transition.



*“You Create PEAKS When You Truly Follow Your Sensible Vision.*

*Your Fear Fades And You Become more Peaceful and Successful.”*

*-Spencer Johnson, M.D.*

# RECRUITING BY RACHEL~



A CLOSER  
LOOK INSIDE THE  
LSR STAFF:

How to Become an Agent: We are only looking for the best of the best. If you are looking for a team that values you as paramount to their success, then contact us at [info@lsritagents.com](mailto:info@lsritagents.com) or 610.409.2770.



## Friends of the Firm:

Over the years, LSR has had the pleasure of connecting with many consultants in the Healthcare IT industry. As a thank you to those we call "Friends of the Firm" we can offer several new benefits. In the spirit of partnership, you may qualify for Epic education and certification, access to our internal knowledge sharing portal and bonus money for referrals. Bonus referrals are given for both consultant placement and new business contracts. "Friends of the Firm" also receive weekly e-mails from LSR that update our open positions. We look to our consultant friends for industry expertise and shared successes. If you would like to become a "Friend of the Firm" please contact Rachel Reiter for more information. We look forward to hearing from you soon!  
[rreiter@lsritagents.com](mailto:rreiter@lsritagents.com)

**Mary Beth LaBelle**  
Account Management  
[mblabel@lsritagents.com](mailto:mblabel@lsritagents.com)  
**Bob Kline**  
Operations  
[bkline@lsritagents.com](mailto:bkline@lsritagents.com)  
**Rachel Reiter**  
Recruiting and HR  
[rreiter@lsritagents.com](mailto:rreiter@lsritagents.com)  
**Michael Ciccarone**  
Business Office  
[maciccarone@lsritagents.com](mailto:maciccarone@lsritagents.com)  
**Kathleen McHugh**  
Epic Strategic Initiatives  
[kmchugh@lsritagents.com](mailto:kmchugh@lsritagents.com)  
**Mike Chandler**  
Sales  
[mchandler@lsritagents.com](mailto:mchandler@lsritagents.com)  
**ADDRESS**  
473 hildebidle rd.  
collegetown, pa 19426  
[www.lsritagents.com](http://www.lsritagents.com)  
610-409-2770  
fax - 610-409-2985

## The Briefing - 1st Quarter 2011

- Welcome new consultants to LSR: Sandra Mbodj, Mavis Donker, Dameon McKeever, Brad Ehrendfeldt, John Schwier, Karen Gibbs, Sandra Humphreys, Terrell Taylor, Tammy Holbrook-Bowden, Amit Patel, Bakari Copeland,
- Welcome back to LSR: Cecilia Newstead and Nicole Cunningham
- Congratulations to 5 LSR consultants who passed Epic certifications this quarter!
- And Good Luck to the additional LSR consultants who are heading to Epic this quarter for new training!
- LSR attended HIMSS in Orlando and visited with many of our clients and consultants
- LSR successfully completed an enormous IP Go Live for one of our new Epic clients - Orange Regional Medical Center