

THE CONFIDENTIAL

INSIDE INFORMATION FOR HEALTHCARE'S IMPOSSIBLE MISSIONS...

INSIDE THIS ISSUE:

PATIENT SMART CARD	1, 3
INTRODUCING	1, 4
AGENT PROFILE	2, 6
ADVOCACY UPDATE	2
HIMSS06—SAN DIEGO	3
2005 BRIEFING	4
MEDICINE GO DOWN	5
ONE MORE ARTICLE?	6
AGENTS FIELD GUIDE	7
Q'S GADGETS	
AGENT TOM FOOLERY	8
INSIDE THE MISSION	

WEB SITES TO CHECK OUT:

- www.himss.org
- www.lsrifagents.com
- www.cio.com
- www.healthcareitnews.com
- www.flypentop.com

Patient smart cards get boost at N.Y. hospitals

By [Alorie Gilbert](#)
Staff Writer, CNET
News.com

Published: December 8,
2005, 5:09 PM PST

High-tech identification cards could soon make hospital procedures much safer affairs if a Mt. Sinai Medical Center project goes as planned.

The New York City hospital is working with eight affiliated hospitals in the region to issue smart cards to 100,000 patients starting next spring. Doctors at any of the participating hospitals will be able to swipe patients' cards for an

instant medical history, including current medications, conditions, allergies and lab results.

The technology, developed in partnership with Siemens Communications, should help [reduce medical errors](#)



and the time patients spend waiting for treatment, the hospital said this week. For instance, doctors could swipe the card before prescribing medicine to avoid

harmful drug interactions.

"In terms of emergency care it can really improve the patient outcome," said Paul Contino, the hospital's head of technology.

Hospitals around the country are experimenting with smart card technology, but Mt. Sinai will be the first to use them on such a large scale, Contino said. The cards, which cost about \$7 a piece, will hold more data than other patient smart cards and may eventually work at 45 affiliated health care facilities in the region, he said. The ultimate goal is to create a national standard, linking patient records at hospitals across the country, he added.

(Continued on page 3)

Introducing LaBelle Strategic Resources, Inc.

Like precious Diamonds, your organization just invested in a strong and brilliant commodity. A software package that will bring your health system to the 21st century. But something is not right, something is not working and for all you have

invested, you do not have the time to fool around. You need an expert. Just as James Bond can uncover and solve the crime, you need a top tech-expert to "make it work". You need an LSR agent, the expert in his

(Continued on page 4)



AGENT'S PROFILE: DEBBIE CAPUTO

Caputo, one of LSR's Top agents has been associated with LSR for the past 2 years. She is the "Go To" for EpicCare Ambulatory Training.

She is an Epic certified trainer whose skill set includes providing first-line, on-site support for the EpicCare[®] system including: application problem resolution, assessing the needs for training in user departments and providing recommendations to management for accomplishment of long-term and short-term goals.

She has organized and conducted end-user training and educational programs in a classroom setting, one-on-one, and via WebEx™ and tracked metrics. In addition she has also created manuals and other reference material for distribution to Epic users.

Deb has used her invaluable skill and knowledge in the training arena to aid implementations at Children's Hospital of Philadelphia and The Nemours Foundation through the Alfred I. DuPont Hospital for Children.

She has always been available to all LSR clients with any training questions and keeps herself available for any urgent needs.

Knowing Epic Ambulatory, Debbie is now getting certified in EpicCare Inpatient. She is taking both Clinical Documentation and Orders. With this knowledge, she will be even more invaluable to our clients understanding both the Inpatient and Ambulatory platforms. On top of everything else, she has just been extended

(Continued on page 6)



Debbie Caputo

Advocacy and Public Policy Center

HIMSS award-winning Advocacy and Public Policy team is composed of experienced and passionate members who lead and direct healthcare legislative, regulatory, and policy initiatives. These efforts are designed to improve the quality and cost-effectiveness of patient care through the application of information technology and management systems across the healthcare spectrum. HIMSS provides invaluable opportunities through a series of flexible venues of individual engagement. These include the Advocacy & Public Policy Steering Committee, HIMSS Government Relations Roundtable, Chapter Advocacy Liaison Roundtable, Advocacy Alumni Council, Task Forces and Work Groups. This collective of committees and Task Forces

are in place for sharing key information, promoting crucial networking opportunities, and ensuring strategic and tactical input at opportune moments for emerging policy issues.

HIMSS mobilizes its members and other collaborators to successfully accomplish multiple levels of advocacy activities that are fueled by its members passion and experience. These activities include educating HIMSS members and Members of Congress and their staff on key issues to actually proposing and writing draft legislation. In addition, HIMSS works closely with key federal decision-makers and the House of Representatives' 21st Century Health Care Caucus to advance improvements in the quality, safety and efficiency of healthcare.

HIMSS current Advocacy

and Public Policy initiatives are designed to achieve:

- Improved clinical outcomes
- Measurable clinical outcomes
- Patient confidentiality Interoperable information systems

Advocacy News

HIMSS PROVIDES MEMBER INPUT TO HHS ON STARK REFORM AND ANTI KICKBACK ACT EXCEPTION
HIMSS met a federal government imposed deadline of December 12, when members from across the six HIMSS Steering Committees joined with the HIMSS EHR Vendors Association to submit comments to the Department of Health and Human Services (HHS) on proposed rules for Stark

Exceptions and Anti Kickback Act Safe Harbors. The [response](#), signed by HIMSS President/CEO H. Stephen Lieber and Chairman of the Board of Directors Blackford Middleton, MD, applauds the OIG and CMS actions in "recognizing that regulatory changes are necessary to ensure the healthcare community can incorporate advances in health information technology (HIT) into healthcare quality and patient safety initiatives." Read the response letters written by HIMSS to [Mark McClellan, MD, PhD](#), Administrator of CMS and to [Daniel J. Levinson, JD, MJD](#), Inspector General, HHS.



Briefing from 2005



There is a distinct difference between doing something "for" the market and being "apart" of the market...

Tom Peters

- 03/2005 First LSR Contract with Allina Health System for EpicCare Resources
- 04/2005 Contracts with Froedtert and The Children's Hospital of Denver
- 05/2005 LSR signs contracts with Epic as a resource provider
- 05/2005 LSR provide resource to Nemours Foundation for Cerner Work.
- 06/2005 Aligned business with Digital Prospectors.
- 06/2005 LSR attend Summer HIMSS
- 07/2005 LSR aligns with Global IT Resources, an international resourcing firm
- 08/2005 LSR grows to 12 employees and hires recruiter and business coordinator
- 09/2005 LSR attend Epic UGM in Madison, WI
- 09/2005 Contracts with Kelsey-Seybold and University of Washington Physicians
- 10/2005 LSR grows at Allina and TCHDen
- 12/2005 CHOP seeks resources from LSR for Specialty Clinics
- 12/2005 LSR finishes a great year with over 25 agents providing top support for our key clients.

NEXT YEAR...E-Mail, Website, Enhance HR features for our consultants.

Introducing LaBelle Strategic Resources, Inc.

(Continued from page 1)

or her field to design, build and validate so your system runs smoothly. The information is secure, the patient is cured and the board is happy. LSR (LaBelle Strategic Resources, Inc.) is not your average Healthcare IT Consulting firm. LSR is more of an IT partnering firm for Healthcare organizations who need assistance. This boutique firm, who finds its' business currently in the Epic play-

ground, is here to fill in the gap with key IT Resources when the larger firm can't find that last expert at a rate that will not blow your budget. LSR's mission is finding the right match for your need and having that resource join your team, building synergy and getting the job done right.

LSR has been in place for over 2 years supporting other Healthcare IT firms; but to better serve LSR's growing relationships, selling directly to the Health-

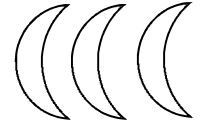
care IT client became paramount for overall success. We accomplished this by selecting the best resources, hiring them, and placing each person into a key assignment where the client had a direct relationship with us; and all parties involved were successful.

LSR has grown quite a bit in 2005 and we look forward to the changes in 2006. In January, we will be introducing our new website, e-mail and yes,

this newsletter that you are reading now. We will institute direct deposit and benefits to our staff including a travel agent at their finger tips so they can concentrate on "being there" and not on how they are "getting there". LSR will also align with several other parallel vendors so that we can provide more than just consultants. Anything that our clients may need, we will do our best to provide or guide them through so that the investment that the facility makes can be nurtured with our help.

The Right Dose of Technology Helps the Medicine Go Down

by Susannah Patton



Computerized physician order-entry systems are like other tricky enterprise-wide implementations. They require a tremendous amount of tinkering and monitoring to get right.

As a medical resident at the Hospital of the University of Pennsylvania (UPenn), Dr. Scott Halpern spent hours at his hospital's computer terminals searching for the right tests and medications for his patients. But Halpern would often become so frustrated with the system—which was slow and required specific language for each request—that he would give up and stop using the system when he could find another way to take care of the patient.

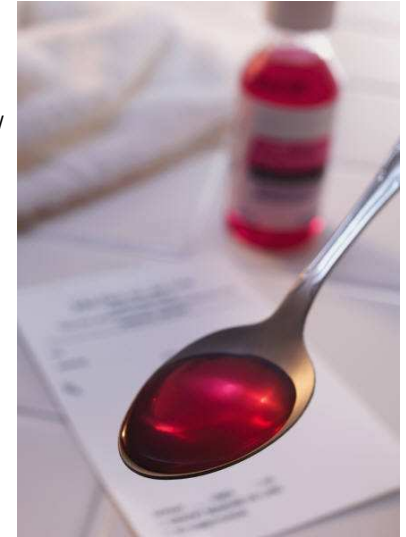
Halpern is much happier with his hospital's newer, more user-friendly order-entry system. But he still sees problems. One of the biggest, he says, is the annoying alerts that constantly pop up onscreen as he orders a patient's dosage. "I honestly haven't paid attention to a pop-up alert in years," says Halpern, who like many doctors believes that alerts should be limited only to those that might help avoid a serious medical error. "I just click right through them as quickly as possible and I think most doctors do the same thing," he says.

Those pesky alerts were designed to prevent medication errors, but because they pop up so often, many are ignored. Halpern's frustration with such a poorly designed feature reflects an ongoing struggle with computerized drug-order systems at hospitals across the country. Computerized physician order-entry, commonly known as CPOE, holds great promise to improve patient safety as it radically changes the way that doctors, nurses and hospital employees do their jobs. CPOE is still in its early phases—only 4 percent of U.S. hospitals are using the systems according to consultancy Klas Enterprises—but research shows it can improve patient safety. Studies at Brigham and Women's Hospital, where informatics leaders developed their own system in the 1990s, revealed that CPOE cut medication errors by 80 percent. And nationwide adoption of CPOE could save \$44 billion a year in reduced costs from radiology, laboratory and medication errors, according to a study by the Center for Information Technology Leadership.

Doctors such as Halpern agree the new systems are superior to the pen-and-paper method of prescribing medication, which

can lead to misunderstandings and transcription errors. But early experiences with CPOE show that success involves much more than plugging in the software. Those at the forefront of CPOE adoption agree that systems are expensive and difficult to implement in hospital environments. And a recent study performed at UPenn raised alarm by claiming that CPOE can actually increase the potential for medical errors. Indeed, experts agree that CPOE can introduce new risks if not designed and implemented correctly, or does not fit in smoothly with a hospital's particular "work flow." CIO's ready to invest millions of dollars in CPOE need to make sure that IT staff work closely with their medical counterparts to design the systems and provide extensive training for those who will use it. They should also partner with their vendor to customize the system for their own specific needs. And CIO's need to monitor the CPOE closely to make sure that glitches are fixed before they can cause unexpected medication errors.

CPOE projects are like many tricky enterprise wide implementations, and CIO's from health care and other industries can learn important lessons about change manage-



"CPOE projects are like many tricky enterprise wide implementations"

ment from hospitals that have gotten CPOE right, including Brigham and Women's, Duke University Medical Center and Health System, Intermountain Health Care in Utah, and St. Joseph Health System in Orange County, Calif.

"The simple truth is that CPOE is not a turnkey solution," says Brian Strom, chair of the department of biostatistics and epidemiology at the UPenn medical school. "Getting it right takes a tremendous amount of monitoring and tailoring. No one expected Word 1.0 to be perfect, so it's not surprising that CPOE 1.0 isn't perfect either."

TO ERR DOESN'T HAVE TO BE HUMAN

Until the turn of the 21st century, only a few major hospitals had attempted to design and implement CPOE systems. But then in November 1999, the Institute of Medicine published a report that galvanized the nation's medical community. The report, "To Err Is Human," put forth some disturbing figures. Avoidable medical mistakes kill anywhere from 44,000 to 98,000 people a year—more than breast cancer, highway accidents or AIDS. The report also said that more than 7,000 deaths are caused by medication errors.

CPOE quickly rose to the forefront of health IT systems as a promising means of preventing medical errors. Large vendors such as Cerner and McKesson developed and updated CPOE systems, and hospitals large and small began to adopt the new technology. The road has not always been smooth for those adopting the systems, however. In January 2003, in a high-profile case that spooked the medical world, doctors at Cedars-Sinai Medical Center in Los Angeles, unhappy with the extra time it took them to enter orders on the computer, staged a

rebellion and forced the hospital to shelve the CPOE portion of a \$32 million implementation project after three months of use. Then, in March of this year, researchers at UPenn published a study in the *Journal of the American Medical Association (JAMA)* documenting that their CPOE system, an early model from Eclipsys, could cause 22 types of medication error risks.

The researchers, led by Ross Koppel, a sociology professor at the UPenn School of Medicine, surveyed staff using the CPOE and shadowed doctors, nurses and IT staff to see how they used the system. One risk discussed in the study was the difficulty staff had in discerning which patients the doctor was ordering for, because the CPOE display was fragmented and required switching between multiple screens. Such clunky features increased the risk for faulty orders on a regular basis, the study found.

The UPenn study generated heated discussion and dozens of editorials in medical journals. Critics castigated the study for failing to compare data from the pen-and-paper era and for focusing on what many consider an out-of-date system that is not representative of systems widely in use today. But CPOE experts say that, nonetheless, the study highlighted some important truths about the difficulty of implementing CPOE. And the UPenn researchers say that more recent studies on a newer system show that while the doctors and nurses prefer it to the former system, the new system has not solved all the original problems that could lead to medication errors. Most notably, the structure and format of the screens can still cause medical staff to prescribe drugs for the wrong patient, the researchers say.

AGENT'S PROFILE

(Continued from page 2)

at Children's Hospital of Philadelphia to focus on their specialty clinics.

It is not enough that Debbie is a top consultant for us but she is a proficient business person as she invested in her own coffee shop this summer. Now not only does she know health-care IT, she really knows a great cup of "Joe". Debbie has taken her "down time" to run this business.

Another important aspect of Debbie's life is her joy in golfing. She spends as much time on the course as possible. Her favorite course is PCC Sawgrass in Florida. She is an ambassador to our golfing clients and is ready at anytime to take you on the greens.

So whether you need a coffee fix or an IT fix, Deb's your girl, and a key agent for LSR!



AN AGENTS' FIELD GUIDE

Introduction

Start to Finish Guide to Becoming a Consultant

Over the years, the way in which people have viewed their jobs and careers has changed dramatically.

Our fathers and grandfathers expected to work their entire lives doing essentially the same occupation for the same company until they retired with a gold watch and a nice pension. Sure, they may have worked their way up the corporate ladder, but essentially they did the same job their entire career.

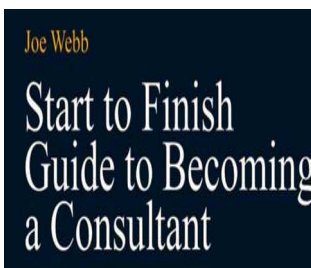
But that was then. We live

in a different world. In today's fast-paced business environment, exciting opportunities materialize very quickly. New and unanticipated threats appear out of nowhere. New weaknesses are perceived where strengths once existed. To survive, not to mention thrive, businesses must adapt very quickly to the rapidly changing landscape in which they compete.

Many times, the skills required to adapt to the new circumstances cannot be found within the organization; but there are plenty of reasons for this. Perhaps the skill sets required are not generally needed on an on-going basis. Perhaps the skill sets required are

simply not available for full-time hire at a reasonable rate. Or perhaps, an outside person without the background or burden of participating in highly politicized organization can achieve change more effectively.

Regardless of the reasons, organizations are frequently reaching out to the reservoir of knowledge and leadership skills found outside their company boundaries – reaching out to consultants.



'Q'S GADGETS

There is nothing like Agent Q's gadgets. The best parts of every Bond movie are the cool tools that help James in his missions. This area of the newsletter will be designated for those cool tools in the healthcare technology field that will help us achieve our mission's objective.

LSR is aligning with some hardware and software vendors that will help all of us do our jobs better. This area of the article is a great place to present those tools and alignments so that our audience can learn about such enhancements and connect with

the vendors on an inside track.

Let's face it, we can do our jobs as healthcare technicians outside of the hospitals with PDA's and Blackberries. We can use hand held tablets and voice recognition so mistakes are few and time is saved.

In the months to come, we will look into partnering software that better utilizes the big vendor's HER solutions.

One gadget for example is a pen that records what is written. You can find it in your local toy store and it is called "Fly". The pen is a

computer and recognizes what you write in ink and records it and puts it into action. For example, one can write out a picture of a calculator and the Fly will understand and calculate the answers for you. Giesinger Health System is using this technology to record patient questionnaire data.

So keep you eye out for more information on cool gadgets in the months to come...



LABELLE STRATEGIC RESOURCES

473 Hildebidle Rd
Collegeville. PA 19426
Phone: 610-842-7627
Fax: 610-409-2985
Sales: mlabel@lsritagents.com
Recruiting:rreiter@lsritagents.com
General: info@lsritagents.com

AGENTS UNCOVERING THE
TECHNOLOGIES IN
HEALTH CARE

HOW TO BECOME AN AGENT

We are only looking for the best of the best. If you are interested in working for a team that values you as paramount to the success of the team, contact us. We currently have several Epic opportunities along with Cerner and McKesson. Contact us:

INFO@LSTITAGENTS.COM or 610-842-7627

Agent's Tom Foolery...Consultants Commandments

- If at first you don't succeed, destroy all evidence that you tried.
- A conclusion is the place where you got tired of thinking.
- Experience is something you don't get until just after you need it.
- For every action, there is an equal and opposite criticism.
- He who hesitates is probably right.
- Never do card tricks for the group you play poker with.
- No one is listening until you make a mistake.
- Success always occurs in private, and failure in full view.
- To steal ideas from one person is plagiarism; to steal from many is research.
- Two wrongs are only the beginning.
- Work is accomplished by those employees who are still striving to reach their level of incompetence.

Inside the mission...from Agent M

First things first!

As we were putting this Newsletter together, I started to think about when I was an agent in the field. I bring this guidance to you from the days when I was on the road supporting other hospitals.

Being part of a team, going through a go-live with a group of people who are your temporary family and leaving them to do something new, is life changing. Though as a consultant, I always thought that I had to bring greater value for the rate that was offered for my expertise. It was very easy for me to blend and build rela-

tionships and sometimes forget my purpose; which was and still is, to bring a higher level of expertise and do diligence to a project to assure success for the client. My only trouble was sitting still in the cube to complete the program or build and having a great laugh with the team in the morning. How could I balance the two?

I think as long as you keep your client's goals in mind, you can do both. You can achieve great success and build lasting relationships with your peers across the

country. I have learned a lot from these people and they have become my strength through the years. We have shared the new technologies and joined together to create new ones.

My personal advice which I still utilize today is this: If you want to stay calm in a cube...one cup of coffee will do and two is just trouble!

