

Let Us Pamper You on Doctors' Day!

And enjoy some physician-focused fun all month long, as we post and periodically refresh a series of colorful doctor profiles in the main Physician Lounge and O.R. Lounge. Thanks for everything you do. We are grateful you are here.



Friday, March 30th

Omelet Bar

Come enjoy breakfast on us.

Time: 7:00 - 9:00a.m.
Place: Physicians' Lounge

Massage Therapist

Time: 7:30 - 9:00a.m. and
11:00a.m. - 1:00p.m.
Place: Physicians' Lounge

Sandwich Bar

Build your own sandwich bar, fresh fruits, salads, and desserts.

Time: 11:00a.m. - 2:00p.m.
Place: Physicians' Lounge

Thanks and Welcome to 2012 Medical Staff Leaders



Todd Williams, M.D.
President



Pat Gorman, M.D.
President-elect



Scott Taylor, M.D.
Secretary-Treasurer



Don Weber, M.D.
Chair, Anesthesia



Edwin Wells, M.D.
Chair, Emergency Services



Michael Harris, M.D.
Chair, Family Medicine

Please welcome the 2012 physician leaders to their new or renewed posts in EIRMC Medical Staff governance. These positions require commitment and time from the physicians who serve, so please offer them your support, gratitude and collaboration as they represent you in a variety of issues significant to the Medical Staff.



David Warden, M.D.
Chair, Medical Imaging



Doug Blank, M.D.
Chair, Medicine



Doug Isbell, M.D.
Chair, OB/GYN



Ezra Ellis, M.D.
Chair, Pathology



Scott Smith, D.O.
Chair, Pediatrics



Mary Beth Ostrom, M.D.
Chair, Psychiatry



Brad Smith, D.O.
Chair, Surgery

March
2012

Physician LINK

EIRMC Newsletter for physicians and their staff



One small step for technology; one giant leap for physician convenience.

What the new Horizon Patient Folder holds for doctors.

Paper. It's so yesterday. (Exception: the piece you're holding.)

Goodbye, paper charts. Hello, hCare Horizon Patient Folder. It's going to revolutionize how you get and give clinical information about your patients.

In the past:

- Physicians reviewed paper charts for clinical data.
- Doctors signed into numerous clinical systems searching for particular pieces of patient data, requiring you to know how to navigate multiple places while remembering scads of passwords, and ultimately forcing you to cobble together a patchwork of data in order to get a true clinical picture.
- Paper medical records were stored in Medical Records, and tagged for physician signature.
- Incomplete medical records required multiple visits to the HIM department,

and after enough delay, sometimes physicians got a "You're behind again" scolding from Medical Staff leadership.

Beginning May 7, everything changes – with Horizon Patient Folder. We've thrown a lot of IT updates and terminology at you recently (hCare Hub, hCare Mobility, hCare Portal, etc.), so we understand if you're rolling your eyes or scratching your head.

But hang in there, because this is big. The HPF development converts the patient's entire medical record to a paperless electronic record after discharge, by digitally scanning and uploading anything that wasn't electronic to start. And we do mean *everything*:

- Handwritten orders and progress notes
- Pathology reports
- EKGs
- Anesthesia records
- and more.

Continued inside

EIRMC Physicians' Education Conference

- Mar. 2 **Newer Options with Anticoagulation**
Feras Bader, M.D.
Cardiologist from U of U
- Mar. 9 **Breathless in Idaho**
Allen Salem, M.D.
- Mar. 16 **DVT Prophylaxis**
Kenneth Krell, M.D.
- Mar. 23 **Cases in Hospital Medicine**
Jared Morton, M.D.

Mar. 30 No Conference

Eastern Idaho Medical Education Consortium is accredited by the Idaho Medical Association to sponsor category one continuing medical education for physicians.

All classes are Friday at 7:30 a.m. at EIRMC, Classrooms A & B.

For more information, contact:
Shanna Hardman, Medical Staff Asst.
(208) 529-6260
shanna.hardman@hcahealthcare.com

the SPECIALIST

Meet Richard Penney, M.D.

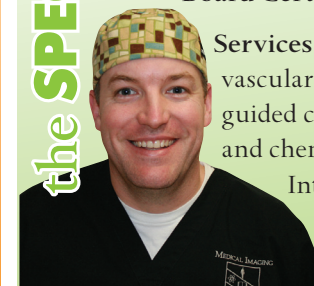
Name of Practice: Medical Imaging Associates

Specialty: Interventional Radiology

Board Certification: American Board of Radiology

Services: Interventional Radiology encompassing vascular intervention, aortic endografts, image-guided cancer treatment (radiofrequency ablation and chemoembolization), as well as all other Interventional Radiology procedures. All areas of Diagnostic Radiology.

How to Contact: 208.227.2600



Meet Matthew R. Nelson, PA-C

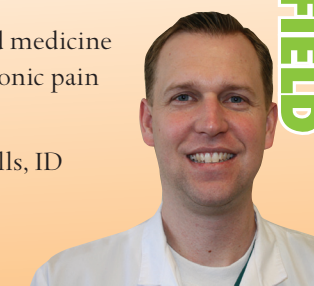
Name of Practice: Pain Specialists of Idaho

Specialty: Pain Management

Years in Practice: 8

Services: Interventional methods and medicine management to help patients with chronic pain

How to Contact: 208.522.7246,
2375 E. Sunnyside Rd., Ste. J • Idaho Falls, ID



in the FIELD

Horizon Patient Folder Cont.

One thing that won't change is how you use the working chart during the patient's stay. Your real-time ordering, charting and note-taking as you round will continue exactly as it is today. The HPF digital conversion process happens *after-the-fact*, post-discharge.

After the patient leaves, any "physical artifacts" of the chart (handwriting on paper, strips, baby footprints, etc.) will be scanned onsite, receive a unique bar-coded identifier, and be uploaded to join the existing electronic components of the same patient's record (Meditech documentation, PACS images, etc.).

If you're the poor person scanning and uploading all day long, maybe that doesn't sound so groovy. But if you're the physician, this is good stuff. And it's about to make your life a whole lot better.

Big benefits for docs!

- ★ You can now sign your charts and complete your medical records from anywhere you have an Internet connection, via the hCare Portal. (Hooray!)
- ★ Although our HIM staff still hopes to see your smiling faces in their Department from time to time, coming to Medical Records to complete is no longer necessary.
- ★ Keep track of just one log-in. One password. One PIN to authenticate your signature. And sign into only one system that consolidates all the data from multiple systems in one place. Less navigation, less stop-start, less patchwork. (Woot woot!)
- ★ Post-discharge, multiple users can access the same record at the same time, because a virtual record doesn't have to be physically "checked out" like a physical chart. No more chart-chasing or waiting while somebody else has the chart, like Quality or Coding. (Hallelujah!)
- ★ New longitudinal review capabilities are super simple. Do you want to see all EKG's across the patient's last 4 stays? Before, you had to pull 4 charts. Now, they're all in one place, consistently organized. (Cool!)
- ★ All records you need to finish automatically queue up electronically. As deadlines approach, gentle electronic nudges start flowing your way, keeping your "to-finish" list down to a much more manageable size.

And those are just the near-term benefits. Long-term, the implications are even bigger. This step ticks a box that's a critical pre-requisite for full-blown EHR: digitizing the entire record.

Physician training. Training for physicians starts at go-live. Beginning May 7, we'll blanket the hospital with trainers to teach you, 1:1, using your own patients' charts. You'll learn while you're doing work you already had to do anyway! During your personal training session, you'll get a user password and help setting up your account.

Encouraging reports from physicians in sister hospitals who've gone to HPF ahead of us say it's quick and easy to learn, and a welcome innovation that saves them time and energy.

Some re-orientation in thinking will undoubtedly happen as you start completing your records electronically, rather than tackling a familiar toppling-over stack of tabbed charts. Another important change in the new HPF environment is physicians will sign only for your own charts; a partner can't sign for you.

After a validation period to ensure system integrity, physical charts will no longer be held onsite. And from and after May 7, the electronic version housed in HPF will become the official (read: legal) medical record.

Stay tuned; much more to come. Meanwhile, prepare for surprise and delight – this part of your job is about to become a whole lot easier.



NEWSBriefs

Scheduling Changes on Deck for Medical Imaging Tests

Same old numbers; great new service.

**OFFICE STAFF:
READ THIS!**

Starting March 27, EIRMC Medical Imaging is moving to a Centralized Scheduling platform. On the front end, physicians and your office employees won't do much differently. But service improvements on our end will definitely help you feel a difference of time and headaches saved for your staff.

Same: Continue using phone and FAX numbers you already know, which route to Centralized Scheduling.

Phone: 227-2612

FAX: 227-2664

Same: Walk-in process for regular x-rays.

Same: Add-on process for same-day exams. And as in the past, we'll continue doing our very best to fit them all in.

Same: Process for anesthesia cases.

NEW! Expanded hours. Reach a real live person from 7:30 a.m. – 6:30 p.m. (After-hours, the greeting directs the caller to the Medical Imaging Work Area, staffed 24/7.)

NEW! During extended hours, no rolling to Voice Mail, getting put on hold, or waiting forever for someone to pick up. Increased staffing makes Centralized Scheduling faster, with 20 second average response time.

NEW! Get on and off the phone faster, with an average total call time of 3 minutes.

NEW! If you like, don't call at all. Simply FAX the order, and we'll call the patient and schedule for you, saving a step for your staff.

NEW! (And this is big!) Now we'll handle insurance pre-authorizations for scheduled imaging exams for insurance plans that allow it, as well as pre-registrations. This removes a pesky gnat from your staff's faces, and it's also a big patient pleaser. Combining appointment setting, pre-registration and insurance pre-authorization means fewer repeat call-backs for patients. To handle pre-auths, we may occasionally need to request additional information from your office, like clinical documentation.

NEW! If the patient can't be reached after multiple tries, or declines the procedure, or doesn't show up for scheduled appointments, we'll let you know. We'll FAX your office with the upshot of our efforts to schedule/perform the test you ordered, so you're not left wondering why the radiologist's report never arrived.

NEW! Friends in Central Scheduling. There are now more associates taking calls, so your staff will get to make some new friends.

NEW! Never a lost order! All FAXes funnel through an electronic queue rather than a hard copy printer. Then they're saved by name of patient and date of service, so they're subsequently searchable by anyone who needs to look.

Your feedback is welcome at any time, and we're excited about the chance to serve you better.

Ten Things We Need to Schedule Medical Imaging Tests

1. Patient Name
2. Social Security Number
3. Date of Birth (used to verify correct patient selected)
4. Home Telephone Number
5. Work/Cell Telephone Number
6. Type of Procedure
7. Date/Time preference
8. Reason for Test - Diagnosis
9. Ordering Physician
10. Insurance Information/Policy Number/Authorization

