

Softwords

A&L Computer Software Limited

December 1999



A&L's Head Office: (905) 886-8066
 Oak/Miss/Bramp/Ajax: (416) 520-3238
 Ottawa Office: (613) 737-0677
 Sault Ste Marie Office: (705) 941-9305
 Timmins Office: (705) 268-4922
 Windsor Office: (519) 977-6050
 California Office: (760)-723-8121
 Malaysia Office: 011-603-777-1905
 Web Link Address: www.anl.com

...Contents...



The Future Is Now

What is DVD?

...Page 1



Is Your Cleaning Company Doing Its Job?

Don Price, B.Sc., M.B.A.

...Page 2 ...Page 2,3



Did You Know?

...Page 3



The User's Corner

A&L HERO or A&L DOS

...Page 4

Softwords is a bimonthly newsletter published by
 A&L Computer Software Limited,
 175 W. Beaver Creek Road, #6, Richmond Hill, ON,
 Canada, L4B 1G2. Reproduction of Softwords
 without written permission is strictly prohibited. For
 information, questions or suggestions concerning
 the publication please contact the editor, David
 Haisell, at the above address, or e-mail at
 dahais@bserv.com.
 Web site: www.anl.com

◆ The Future Is Now...

What Is DVD?

The latest technology that is invading the computer world is Digital Versatile Disc (DVD). This product is eventually going to take over the floppy disk industry just as the CD did to the tape. It appears that using DVD, especially for A&L Document Console, could be the most practical and cost efficient storage medium in the future. A cardiologist in Timmins, Dr. Adesanya, thinks so and is not waiting. He has already upgraded his system to include a DVD writer and now appreciates having it.

The amount of memory that can be stored is anywhere from 4.17 to 17 gigabytes of quality digital data. The disc itself is a mere 4.75 inches in diameter and is light and durable. The DVD disc holds 28 times more information than a CD-ROM of the same physical size and seven times as much as an audio CD. It would take over three thousand 3.5 floppy disks to store the same quantity of data as a DVD!

DVD is very similar to the compact disc but much denser. Both DVDs and CDs have little pits (holes) that are formed in a circle around the whole disc. The difference is that DVD has the pits on both sides of the disc, whereas the CD utilizes only one side. DVD has two glued together layers on each side of the disc. Data is recorded on both the grooves and lands of the optical disc in fixed packet lengths. The advantage is quicker access times to specified data and a huge potential capacity as data area density increases. CD players and CD-ROM drives use infrared to read the pits on the disc. DVD players and DVD-ROM drives use red light because it has a shorter wavelength and therefore is better suited to reading the smaller, more densely packed pits.

There are a couple of different types of DVDs. The first is a DVD with read only memory (DVD-ROM). Just like CD-ROMs, you cannot write to these discs but the increased storage capacity is tremendous. DVD-ROM is used as an all-purpose storage medium. The DVD-ROM drive can be connected to either a computer or a TV. The second type has read access memory (DVD-RAM), which means that data can be put onto the disc, and erased from the disc. DVD-RAM is very similar to DVD-ROM but it allows the user to alter the data. It can handle up to 17 gigabytes and furthermore can operate on ROM and R drives along with its own. DVD-R is similar but data can only be stored, not erased. DVD-RAM seems to be the most versatile to purchase. Finally, DVD-Video is an interactive read-only disc with tremendous sound and graphics that can be played back. DVD-RAM can also be hooked up to a computer or TV.

There are many advantages of DVD as opposed to other storage devices. The major advantage is that DVD is capable of storing much more information on the same size disc as a CD-ROM. This is useful for both conventional and multimedia users (E.g. A&L Document Console). Another advantage is the way in which data is stored. Not only can more information be stored, but also its quality is much higher. The resolution of pictures and/or film is greater because of the use of MPEG format. The sound quality is also much better.

Just as the 5.25" floppy is now extinct so too will follow the 3.5" disk and perhaps eventually the CD-ROM. One can only wonder at the advancements in the computer industry.



colleagues and staff members recognize Dr. K. as an excellent doctor. But, his office did not always reflect his meticulous attention to detail in clinical matters. From the grimy stairway to the smudged glass at the receptionist's window, the office was carelessly maintained.

As a practice management consultant, I have discovered that shoddy standards in office maintenance are quite common since doctors and staff are often too busy to notice the condition of their surroundings. It sometimes takes the fresh eye of an outsider to see the dust on window sills and office equipment.

In Dr. K.'s office, staff members had overheard some patients comment on the poor state of the office, but they had not reported what they thought was a trivial matter. Further investigation revealed a negative image of the practice among many patients. New patients were sometimes so put off by the appearance of the office that they promptly sought another doctor. Other patients were loyal to Dr. K., but hesitated to refer their friends to the practice.

Dr. K.'s business was suffering simply because the cleaning company he had hired was doing a poor job. The problem came to light by chance when I was called into the office to consult the doctor on other business matters. The only other way Dr. K. might have discovered the problem was through responses from patient questionnaires, a feedback technique he was not currently using.

I pointed out to Dr. K. that he must demand from his cleaning company the same high standards he expected from the rest of his staff. Although he had been using the same company as the rest of the tenants in the building, he was under no obligation to continue with them. He decided to look elsewhere for better service.

To choose the best company, Dr. K. needed to outline precisely what he expected. Once he had drawn up a set of requirements, he circulated the list among his staff members -- a useful procedure since office staff often notice details in the public areas of the office overlooked by medical personnel. Together, they agreed upon a set of guidelines. Naturally, each medical office will have specific requirements, but the following outline provides a starting point.

Cleaning guidelines

Daily:

- ⇒ Empty all wastebaskets and recycling bins;
- ⇒ Clean all washrooms, wash floors, replenish supplies;
- ⇒ Tidy all rooms;
- ⇒ Check that coffee machine is turned off. Return cups to kitchen area and wash them;
- ⇒ Clean all counter tops, scour all sinks and basins;
- ⇒ Water plants as needed;
- ⇒ Clean elevator, wipe control panel and railing;
- ⇒ Wipe glass (both sides) around reception area;
- ⇒ Vacuum: examination rooms (also wet mop floors),

- ⇒ hallways, reception area, nursing station;
- ⇒ Sweep stairway to street entrance

Weekly:

- ⇒ Move reception area chairs to vacuum floor;
- ⇒ Vacuum doctor's office, clean storage cupboard
- ⇒ Dust window sills;
- ⇒ Clean back parking lot and outside entrances

Monthly:

- ⇒ Move examining tables, vacuum and wash floors;
- ⇒ Dust doctor's office - bookcases and shelves

As Requested:

- ⇒ Shampoo carpets
- ⇒ Clean blinds/draperies

Reminders:

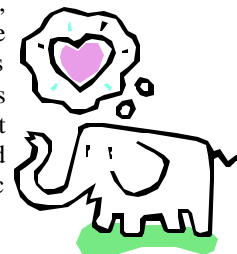
- ⇒ Do not touch or otherwise disturb medical equipment;
- ⇒ If clinic staff are working late, work as quietly as possible. Do not vacuum until everyone has left the office
- ⇒ Use the telephones only when absolutely necessary. No long distance calls may be made

Such guidelines could be made to suit any clinic situation. If, for example, a practice has evening hours, then an appropriate time to begin cleaning needs to be determined -- perhaps during the supper break from 5:00 to 6:00 pm or later in the evening. If a time is not stated, the cleaners will undoubtedly work at their convenience, regardless of disruption to the rest of the clinic.

Selecting a Company

With the specific requirements in hand, Dr. K. set out to find a company capable of meeting his standards. He followed the procedures I recommended:

- ⇒ Ask medical colleagues and business friends for names of competent firms;
- ⇒ Carry out reference checks on each suitable company. In a group practice, the doctor in charge of "cleaning and maintenance" would do this. In other situations, the checks would be done by the office manager;
- ⇒ Visit offices v a r i o u s K.'s receptionist cleaned by the these visits and very realistic Dr. K. came along on was able to get a picture of the



User's Corner

A&L HERO* or A&L DOS?

The A&L HERO* program now offers EDT (electronic data transfer). It's just a matter of filling out more MOH forms (contact A&L) and waiting for your error reports to come through electronic transmission. Our A&L DOS clients are now switching to EDT and finding how easy it is. Batching and transmitting does not change - not at all. Receiving is another matter!

For the A&L HERO* user, the MOH will advise you (regarding the previous transmission) if any batches have been rejected for whatever reason, how many batches were accepted, and how many error claims there are for each doctor. OBEC (overnight batch eligibility check) is available and will reply to you within 24 hours. Remember to connect to pick up the OBEC file. Now, incorrect version codes will be listed in the OUTDATED VERSION CODE PATIENT LIST. When patients come in, you will be aware of their health card status from the code in patient information. The file can be updated if necessary. At the same time, any other outstanding batched claims will be sent to the CORRECTED file ready to be batched for the next transmission. With one correction, all these others will be automatic. This should eventually reduce the number of error reports, claim resubmissions and telephone calls to patients.

Error claims, will be listed under LIST DOCTOR'S CLAIMS. No more searching for a claim number or Health card number to find the patient. Now all you need do is double click on that line to bring up the claim from that list. The ERROR button will be blue and available. When you click on the ERROR button, the notepad is revealed with the information and the explanation. Fix it and resubmit. If there are any other outstanding claims for that patient, those claims will also be corrected and sent to the CORRECTED file under LIST DR. CLAIMS and so, with only one claim correction all outstanding claims for that patient are also done.

You probably have noticed that all reports, batches, RAs, and Email, can be accessed any time and read or printed at your convenience. A hard copy is unnecessary. Say you want to view or print an RA from several months ago and the hard copy is not available. Just click on the MOH logo, click on Financial reports and click on the RA you want. Click on the printer. Select the report you want from the lookup list. Choose preview and there you go - it's on the screen. Choose print and the report is printed. Once one is comfortable with using a mouse in Windows, the A&L Hero* program becomes very user friendly. A click, click here; a click, click there; here a click, there a click, everywhere a click, click!

A&L is striving to have A&L HERO* provide all the features you enjoy with our DOS system, but for the time being EDT and only some queries are available. In the future we plan to have a Query utility as good as A&L DOS. Reports such as the open item report, or changing the billing date and or billing doctor for a group of claims in one easy move should also be available in the future.

*HERO is a registered trademark of HTN Inc.

A&L wishes all our clients, their staff and families a very merry holiday season, and hope that the new millennium will live up to all your expectations.

Best wishes to all for the New Year, New Century and New Millennium!



Don't forget to keep up to date with what's happening at A&L by visiting our web site at www.anl.com