



**CONFERENCES & MEETINGS**

**M&M Conference**  
**Thursday, October 13, 2005, 12:00 Noon**  
**Clinic Auditorium**

**David A. Wohl, MD**  
Assistant Professor  
Division of Infectious Diseases

**Sivakumar Jaikumar, MD**  
Assistant Professor  
Department of Surgery

**M. Andrew Greganti, MD**  
Professor and Vice Chair  
Division of Geriatrics

**Brain Herniation After Lumbar Puncture**

**FROM DIVISIONS**

- The Division of Pulmonary and Critical Care Medicine hosted the Second Annual Young Investigator's Forum in Boston. Thirty-one fellows and junior faculty from the best programs presented their research to a distinguished panel. Congratulations to Marcus Kennedy (UNC), the 3rd prize winner and Jennifer Taylor (Duke), the 2nd prize winner in the fellows clinical research group. Both are mentored by Dr. Mike Knowles. Dr. Donohue chaired the forum and presented on the new drug approval process by the FDA.

**ANNOUNCEMENTS**

- "Latino Health Disparities: A Cultural Paradox?" Thurs., Oct. 27, 4 PM, Old Clinic Auditorium. Merrimon Lecture given by Dr. Eliseo Perez-Stable, Professor of Medicine and Chief of the Division of General Internal Medicine at the University of California at San Francisco.
- The [Seed Grant Program](#) of the [UNC Center for Functional GI & Motility Disorders](#) will support three grants up to \$37,500 per grant in direct costs in FY06. The Center provides funds to collect pilot data essential to successful NIH applications, and mentoring in grant writing as well as the conduct of research.

**FROM THE CHAIR'S OFFICE**

Today, I'd like to discuss where we stand in reaching our long-advocated goal of achieving an electronic/paperless medical record and how we, in the Department of Medicine, can help this become a reality. As explained below, I truly believe that WebCIS has progressed to a point where having a fully electronic medical record can be a reality. If you haven't attended on an inpatient or consult service recently you may not have seen the most recent version of WebCIS. You will be pleasantly surprised on your next rotation. The inpatient consult note is up and running and has been an excellent addition. Other features added in recent months include a menu-driven inpatient H&P, several menu-driven procedure notes, and improved daily progress notes.

There are many reasons to take this opportunity to move to an all-electronic/paperless medical record. Patient care will improve once we have all our notes in one place because it is far easier to obtain complete data spanning the inpatient to outpatient setting using WebCIS than it ever was using paper charts. Laboratory data, imaging results, and other clinical information are readily available and the final few areas that are not recorded yet in WebCIS will be soon. These include outside records and patient generated forms such as living wills, etc., that will be scanned into WebCIS. In addition, the institution has just kicked off a large project that will provide nursing and other ancillary service electronic documentation, biomedical machine/flowsheet interfaces for ICU settings, and an electronic Medication Administration Record (MAR). Consistently using WebCIS will also help us to document our findings appropriately and be reimbursed for our clinical work. Those of us who have been here for years sometimes take it for granted, but our new housestaff and faculty very often comment to me on the attributes of WebCIS. Sure, there are still times when the system is slow or a note gets kicked out, but these times are becoming less and less common. Using WebCIS is now becoming a time-saver rather than a time-drain when it comes to clinical documentation.

On the second Tuesday of every month I meet with the all the Division Chiefs in Medicine to discuss a wide variety of topics. When we met Tuesday morning, we discussed WebCIS and the present opportunity to move to an all electronic/paperless medical record. There was a consensus of opinion that we should do so. This will, of course, represent some challenges at divisional and individual levels, so please discuss this opportunity, any problems you foresee, and how we can address those problems, with your division chief and administrator. Although a high percentage of our medical records in medicine are electronic, we're not yet completely paperless across the DOM, but, we can get there without too much effort.

I believe that this is the right time to make a full conversion to an all electronic/paperless medical record. This will benefit our patients and our department and I look forward to working with you as we move the final few steps towards doing so.

Questions or submissions, contact [katie\\_obrien@med.unc.edu](mailto:katie_obrien@med.unc.edu).