



## CONFERENCES & MEETINGS

**Grand Rounds**  
**Thursday, February 26, 12 Noon - 1 p.m.**  
**Clinic Auditorium**

**Why Don't We Implant Automatic Defibrillators  
Into Our Heart Failure Patients at UNC?**

**J. Paul Mounsey M.D., Ph.D.**  
Professor of Medicine, Division of Cardiology  
Director Cardiac Electrophysiology Service

## FYI

- The Carolina Women's Center calls for nominations for the 2009 University Awards for the Advancement of Women. Each year, three individuals—one faculty member, one staff member, and one student—may be selected to receive the award. The faculty and staff recipients each receive \$5000 and the student recipient receives \$2500. Deadline, Monday, Feb. 23, 5 p.m. Nomination form and information can be found [here](#).
- Applications for the second round of pilot project funding through the University Cancer Research Fund and the Clinical Translational Sciences Award are due Wednesday, March 4, 5 p.m. The pilot awards are designed to support use of technologies in UNC core facilities. For full information, click [here](#).

## ANNOUNCEMENTS

- **Lisa Carey, M.D.**, was quoted in an [article](#) on cancer treatments in the *The Buffalo News*.
- In a recent [article](#) on the UNC School of Medicine Employee News website, **Cam Patterson, M.D.**, and **Paula Miller, M.D.**, talk about issues surrounding resuming intimacy after one partner has had a heart attack. In another Employee News [article](#), Dr. Patterson gives advice on how to support a family member who has heart disease. The SOM [Employee News](#) website is designed to keep employees up-to-date on SOM news as it relates to teaching, research, and patient care. The site also provides practical information for employees, and shares relevant information from UNC Hospitals and UNC P&A.

- NIDA Avant-Garde Award for HIV/AIDS Research: applications are due Friday, Feb. 27, for the 2009 \$2.5M award designed to support individual scientists of exceptional creativity who propose cutting-edge and transformative approaches to major challenges in biomedical and behavioral research on drug abuse and HIV/AIDS. More information available [here](#).
- The Robert Wood Johnson Foundation Investigator Awards in Health Policy Research funds highly-qualified individuals to undertake broad studies of the most challenging health policy issues facing America. Approximately 10 grants of up to \$335,000 each are available to investigators from a variety of disciplines to support projects that combine creative and conceptual thinking with innovative, policy-relevant approaches. Letter of intent deadline, Wednesday, March 25. Full information [here](#).
- **David Weber, M.D.**, was [interviewed](#) by ABC News about a lawsuit filed against baseball player Roberto Alomar. The lawsuit claims that Mr. Alomar lied about his HIV status.
- **William Y. Kim, M.D.**, has received a two-year, \$100,000 grant from the Thomas G. Labrecque Foundation through the Joan's Legacy: Uniting Against Lung Cancer grant program. More information [here](#).
- Community Service Day and Zollicoffer-Merrimon lecture on Feb. 20. Poster presentations by the Eugene S. Mayer Community Service Honor Society inductees from 12 to 1:30 p.m. in the Women's and Children's Hospital Lobby. Oral presentations by Mayer Society inductees from 1:30 to 3 p.m. in the Old Clinic Auditorium. Lecture by [Dr. Sandra Harris-Hooker, Ph.D.](#), from 4 - 5 p.m. in the Old Clinic Auditorium. Click [here](#) for more information and to add to your calendar.
- The 30th Annual UNC Gillings School of Public Health Minority Health Conference, "Our World, Our Community: Building Bridges for Health Equality," will be Friday, Feb. 27, at the Friday Center. The conference will include the 11th Annual William T. Small, Jr. Keynote Lecture, by Barbara Wallace, Ph.D., Professor of Health Education at Columbia University, which will be broadcast live via satellite and the Internet at 2-3:30 p.m. To register to attend or present in person, and for extensive information about the conference, click [here](#).

- Excavation of the new Genomic Sciences Building will involve a significant amount of rock blasting, which may result in vibrations and noise in the hospital and buildings near it. This will occur over the next three weeks. Questions, call the Planning Office at 6-2441.

## FROM THE CHAIR'S OFFICE

A new version of WebCIS was released on Wednesday. Please read the memo below from Robert Berger M.D., Director of Medical Informatics, thoroughly explaining the changes that have been made. To download a PDF of this memo, click [here](#).

---

### MEMORANDUM

To: All WebCIS Users

From: Robert G. Berger, MD, Professor of Medicine, Director of Medical Informatics, UNC Health Care System

We are releasing a new version of WEBCIS that contains the "rounds report" (and other new and improved capabilities) on Tuesday mid-morning, Feb. 17. The rounds report is a new tool that automatically gathers pre-selected, time-stamped data for one, or a group, of your hospitalized patients. I strongly encourage you to use this report not only for rounds but for checkout purposes.

All patient lists including census, group, personal etc. will have a "rounds report" button. Even an individual patient will have this button within the demographics screen. After clicking this button there will be slight delay and a screen will come up that has at the top a bar that indicates the status of the completion of retrieval of data to populate the report. When this reaches 100% (takes to our delight and surprise usually less than a minute to retrieve a service with 20 patients) that means the data retrieval is complete. Once complete you can immediately create a PDF by hitting the "PDF" button and then print out the actual report. You will see on the top right an area that allows you to edit a "header" that can contain up to five columns that you are free to use in any way you like (for example to put in call names and numbers, ancillary numbers, etc.). For a census or group, this header information will contain the latest text put in by any user so on your own service more than

one person so you will have to operationalize who will put the required information in and who can update it or not. You will also see on the top of the screen the option to include the header and/or a legend that explains the different areas of the report. The header and the legend only show up on the PDF print and NOT on screen.

The report itself can be viewed on the screen by either using horizontal scroll bars to see information on a given patient or by placing the mouse within a series of boxes on the top left of the report on screen to maneuver to a given area of data of the report. Patients can be changed by using the blue area with up and down buttons in the center top of the report on screen. Hitting the up and down buttons moves from patient to patient to allow you to fill in the areas that require manual entry, such as Diagnosis, Procedure and Plan, as well as within the area of antibiotics that specifies start dates for antibiotics. We required manual entry for a start date for antibiotics because when an antibiotic dose is changed within CPOE, it is as if a new start date occurred for that antibiotic and therefore we could not automate a start date for you but only can provide automatically the name of the antibiotic. By clicking the blue bar at the center top of the report you can open up and see all patients and choose them that way and also delete patients you don't want in your particular report. This will be useful for example if you first sort the census by attending and then run the rounds report, you can choose only those patients for a given attending that you are responsible for. I am not going to go into detail for what each section contains as this will be evident and is also illustrated in the legend. Just a few points:

The lab values (which usually show the two most recent labs, the last being the most current) will correspond to a legend at the top of that section that illustrates the date/time the lab shown was obtained. These are characters like "()", "[]" and other indicators that will encircle the actual lab value and correspond to the date in the legend.

The admission weight is found in the demographics section, and if weight is taken within the last 24 hrs., it will be found within the vital sign section.

Vitals will show the most recent vital plus in parentheses the range for the value over the previous 24 hrs.

The I&O data has the same date legends on top of the section as the lab does and values will be columnar under a given date legend

The printout will show the number of days an antibiotic has been in use (based on values placed manually as above) in parenthesis underneath the antibiotic

The code status is in the location section and will be blank unless the patient is a DNR in which case "DNR" will be there.

You will see multiple diets on many patients, the resident design group decided to leave it this way to force residents to "do it right" in CPOE i.e. D/C a diet before another is ordered. You all may want to rethink this as we do have the ability to just place the most recent diet in that section automatically.

Any patient in a step down or ICU setting (including ALL of 3 Anderson) will NOT have any I&O data to display. This will occur in an upcoming version of the rounds report. This is due to the requirement for a recent upgrade to e-CHART that we just received and are testing in order to display I&O from the ICU flow sheets.

To conserve space on the printed page each patient is limited to 30 medications and 8 antimicrobials. Prior to generating the PDF, individual medications and antimicrobials may be un-checked to allow room for others. If more than 30 medications or 8 antimicrobials are to be printed or if any of either are un-checked then the generated PDF will include a message indicating that the full list of medications for that patient is available in CPOE

At the top of each patient's vitals is a date and time, prefaced with 'Vitals as of...', indicating the date and time of the most recent vital available to WebCIS when creating the rounds report.

"Help" for the rounds report can be found by clicking "HELP" at the bottom of the L Nav bar.

This version also has a link in the L Nav bar (separate from the rounds report) that will take you directly to the ICU flow sheet in e-chart.

Other improvements and new capabilities will be outlined in the "What's New in this Version" at the top of the left nav bar.

The next version of the Rounds Report will contain more data for ICU patients such as ventilator setting, hemodynamic monitoring lines, etc.

I will be sending another EMAIL to you in the next couple of weeks that outlines a two-year plan for new capabilities within WEBCIS.

If you find any bugs or have other suggestions please send an EMAIL to "WEBCIS" or directly to me ([Rberger@unch.unc.edu](mailto:Rberger@unch.unc.edu)) as we will be tracking your feedback in this manner.

Questions or submissions, contact [sarah\\_perry@med.unc.edu](mailto:sarah_perry@med.unc.edu).