

# MediFlex NewsLetter

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**Distribution:**        ALL MEDIFLEX USERS

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Support Contact Numbers

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### **Christmas Greetings to All**

May we take this opportunity to wish all our clients a very happy and safe Christmas and New Year, and thank you all for your ongoing patronage. We appreciate your business, and look forward to serving you well into the future. The office will be closed from Christmas day to New Years Day (inclusive) during which time our mobile phone support service will operate at all times (see above for contact numbers).

### **Changing Equipment Dramas**

Naturally, from time to time equipment fails, or requires replacing. On the surface, this does not present itself as a problematic exercise, but nothing could be further from the truth. Any

client running MedClaims will have difficulty in transferring that software to a replacement machine. This seems to be a quirk of the MedClaims software itself (supplied by the HIC). Similarly, with the Windows version of MediFlex, installation on a given machine requires complex registry and pathing setups, which are not easily configured without the proper installation programs. Before contemplating upgrading equipment or moving applications to other computers, please give us a call first.

### **Microsoft Windows Literacy**

With the defacto operating platform for most software applications now firmly established as Microsoft Windows, medical practice staff now

have another component to add to their skill set – how do I learn and master all this “Windows stuff” ? Windows is an “environment”. It has its own unique (and diverse) characteristics and capabilities. Windows provided the platform on which we run our applications (MediFlex, Word, Medical Director, Internet, games, etc). This “platform” has common operational characteristics, theoretically independent of the application you are running. For instance, all Windows applications allow closing by clicking the little “x” up in the top right-hand corner of the screen, and “cutting and pasting” data from one application to another via a shared but hidden area called “the clipboard”. The task bar (usually) displayed along the bottom of your screen lets you know what applications you are currently running. And so it goes (on and on and on !)

The point here is that it is now no longer a matter of just switching on a computer, and it all just happens. Operators need to know the fundamentals of Windows, concepts like “minimising”, “maximising”, “cutting and pasting”, right mouse button versus left mouse button, and a huge variety of special keystroke combinations that Windows responds to (eg Alt+Tab). These concepts apply to ALL Windows software. Liken it to buying a new car. It is automatically assumed that you have already learned the fundamentals of driving, and the basic road rules, regardless of the brand and model of car you purchase. Basic training in Windows characteristics is not our

responsibility (as it is likewise not the responsibility of the care salesman to teach you to drive). Day-to-day usage of Windows and the problems caused by lack of knowledge of the basic fabric of Windows are (strictly speaking) not covered by your Software Support Agreement. If you find that most of the terminology and behaviour described above is new or unfamiliar, then a basic “Introduction to Windows” training course might be a good investment. Most Tafe Colleges and local Community Education Programmes offer such a course.

### **Consumables**

With the gradual changeover from DOS to Windows, we will naturally see a decline in the usage of continuous tractor feed paper. This is now being replaced with cut-sheet A5 paper. As a continuing service to our clients, we are now supplying the cut-sheet paper in cartons of 10 reams. As we are no longer supplying hardware, Windows users must remember to purchase their laser toner cartridges from their supplier. We are not in a position to supply any ink cartridges for laser printers.

### **MediFlex for Windows (repeated from last Newsletter)**

- Q)** How many clients are now running the Windows version ?
- A) Over 60, and climbing weekly.
- Q)** What are the minimum hardware requirements ?
- A) The absolute minimum we see that will give acceptable performance is a 500mhz Pentium P3 (or Celeron),

with at least 128mb ram. As a rule of thumb, go for the fastest processor with the greatest amount of memory you can afford. Memory in particular is money very well spent.

Q) What are the requirements for a dedicated server ?

A) Similar specifications to the workstation, but 256k RAM preferred, running WindowsNT Server 4, or Windows2000 Server, with the latest Service Pack applied. Give some thought to redundancy – ie dual hard drives and power supplies.

Q) What should we use for our backups ?

A) This is really a matter of preference, and will be influenced by the experiences of your hardware supplier. We are seeing the CD burner gain popularity. The benefit of CDs are that almost all systems these days come fitted with a reader, and the media is very cheap. CD writers are more expensive, but compete well with tape drives. The software that comes with CD burners can be somewhat more complicated than tape software.

Q) Can KSoft supply the equipment ?

A) No. We would like to think that those organisations set up to supply and service hardware and networks can do a better job than us, particularly for country and interstate clients. A local, reputable hardware company with a good track record in the servicing

of their clients is the way to go.

We are always happy to liaise with hardware/network organisations to assist in the resolution of any problems.

Q) What version of Windows do you recommend on the workstations (or a stand-alone computer) ?

A) Windows 2000 Professional, with Windows98 our second choice, WindowsME not supported, and Windows95 not supported.

Q) If I am running a network, how fast should it be ?

A) 100 megabits per second, preferably using a “Switch” instead of a “Hub”

Q) What about printers ?

A) Accounts/Receipts and Reports will need a laser printer, and at the moment we can only endorse the Hewlett-Packard HP2200D and the Kyocera FS1000+ (or FS1800) laser printers, all with a second bin. Kyocera is the lesser known and cheaper brand, but has performed reasonably well so far. HP is by far the preferred brand. We are able to print accounts on either A5 or A4 cut sheet stationery, but A5 is preferred. The benefits of the above lasers are that they provide the best quality output, are endorsed to handle two paper-sizes and can double as your word-processing printer. If you have a preference for a different brand or model than those listed above, we would need to be provided with a unit at our office for at least two working days to test its

compatibility. Adhesive Label printing will continue on existing printers – we have explored and firmly rejected the idea of cut-sheet labels as costly, cumbersome, wasteful and risky (if a label peels off onto a hot laser drum inside the printer, the repair will be very expensive). MediCare DB4 Assignment Forms can also be printed on existing dot matrix printers, or on plain A5 paper via the laser printer. It is not feasible to consider using the Canon BJ300 or the Epson dot matrix printers for accounts and receipts. Although technically they will work with the appropriate drivers installed, they are painfully slow under Windows, and we can assure you that you will not be happy with their performance.

Q) What about all my existing data ?

A) All data will be converted across to Windows. This is an integral part of the upgrade process.

Q) Does the Windows version support MedClaims ?

A) Yes, including Veterans Affairs

Q) How much will it cost to purchase the Windows version ?

A) Nothing ! The product itself is FREE (we are the only company in the medical software industry that have not forced clients to purchase such an upgrade), but we must recover our time and travel costs incurred in installing the upgrade.

Q) What about Training ?

A) It has been the case with sites converted so far that some time has been spent immediately after the conversion, on training. This may not suite all practices, particularly the larger ones. The practice is faced with a situation after upgrading whereby MediFlex for Windows will immediately be “live” at the front desk, and training needs to be provided in its use. We are attempting to organise some classroom-style training sessions in Geelong that can be run as your conversion date approaches. A moderate fee will be applied to cover costs and time.

Q) What about licensing arrangements ?

A) You will be set up with exactly the same number of licences you currently have running under DOS. Extra workstation licences can be purchased at any time.

Q) How long will the DOS version continue to be supported ?

A) As long as possible. We are not insisting that clients move over to Windows just for the sake of it. There are many factors that will determine your timeframe. We expect to be fully supporting the DOS version for at least another two years. Please be aware that this support is offered on the understanding that no radical changes occur in the legislation governing billing in the health sector.

Q) What are the benefits of converting to Windows ?

- More consistent “look and feel” as per other Windows products, and written to take full technical advantage of the Windows environment
- Direct link to Microsoft Word with MediFlex managing the list of documents created for each patient
- Direct link to Medical Director with one mouse click. No more clumsy and unreliable “patients.in” file transfers
- Function key or mouse driven
- Much simpler upgrades via CDROM
- Multi-tasking - multiple screens can be active at any one time (no need to cancel out of a task when half way through)
- More powerful appointments system, with colour coding
- More professional printed output
- Improved MedClaims subsystem
- Printing both A5 and A4 from the one printer (fewer printers)
- Simplified and more logical Menu structure
- Still only one screen for each of the major tasks (Patients, Accounts and Receipts)

Clients wishing to upgrade to MediFlex for Windows must ensure their equipment and printers are as per the above specifications. Should we be requested to undertake an upgrade on a system that is not up to minimum standards, no responsibility will be accepted for the resulting performance. We consider it particularly important that the investment in new laser printers be

accepted as part and parcel of the upgrade exercise.

The transfer from DOS to Windows is a one-way exercise, and cannot be reversed.

### **RACGP 11<sup>th</sup> Computer Conference.**

This conference hosted some 700 delegates. We made contact with many current and potential clients, all eager to check out the Windows version. I believe all were suitably impressed. It was interesting to note the diminished numbers of vendors offering Practice Management software, and the recent folding of both Amfac/MedRecord and Mims/MediDesk. I hope we are in for some form of shakedown or consolidation in this market, as historically it has attempted to support far too many players for far too long. Freedom of choice in Practice Management and Clinical software is still essential, however the consumer will benefit from fewer companies than has previously been the case.

### **BrainTeasers**

- 1) A very thrifty housewife was checking soap prices in a supermarket. She noted that brand A was 50% more expensive than brand C and contained 20% less weight than brand B. However, brand B was 50% heavier than brand C, and cost 20% more than brand A. Which brand was the best buy ?
- 2) If you had a piece of paper .0001 inches thick, how tall a pile would it make if it was doubled 50 times ?

(Solutions next issue)

### **Solutions to last issue's Brain Teasers**

- 1) First cut the cheese in half horizontally (like a layer cake). Now cut it into four equal

pieces from the top. Take three of the four quarters, which are already cut in half horizontally, stack them on top of the fourth quarter, and make your fourth cut, giving 16 pieces.

2) Jim's average is higher.

## **Let's Laugh** (courtesy Dr Mark Kennedy's inexhaustible Joke Library)

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### **Actual Medical Reports**

1. She has no rigours or shaking chills but her husband states she was very hot in bed last night.
- 2 Patient has chest pain if she lies on her left side for over a year.
- 3 On the second day, the knee was better and on the third day it disappeared.
- 4 Patient is tearful and crying constantly. She also appears to be depressed.
- 5 The patient has been depressed since she began seeing me in 1993.
- 6 Discharge status. Alive but without my permission.
- 7 Healthy appearing decrepit 69 year old male, mentally alert but forgotten.
- 8 The patient refused autopsy.
- 9 The patient has no previous history of suicides.
- 10 Patient has left white blood cells at another hospital
- 11 Patient's medical history has been remarkably insignificant with only an 18kg weight gain in the past three days.
- 12 Patient had waffles for breakfast and anorexia for lunch.
- 13 She is numb from her toes down.
- 14 While in ER she was examined, X-rated and sent home.
- 15 The skin was moist and dry.
16. Occasional, constant infrequent headaches.
17. Patient was alert and unresponsive.
- 18 Rectal examination revealed a normal sized thyroid.
19. She stated that she had been constipated for most of her life, until she got the divorce.
- 20 I saw your patient today, who is still under our car for physical therapy.
- 21 Both breasts are equal and reactive to light and accommodation.
- 22 Examination for genitalia reveals that he is circus sized.
- 23 The lab test indicated abnormal lover function
- 24 The patient was to have a bowel resection, however, he took a job as a stockbroker instead.
- 25 Skin: somewhat pale but present.
- 26 The pelvic exam will be done later on the floor.
- 27 Patient was seen in consultation by Dr xxxx, who felt we should sit on the abdomen, and I agree.
- 28 Patient has two teenage children, but no other abnormalities..

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### **Authentic complaints received by Local Councils from their Tenants around Britain:**

1. I want some repairs done to my cooker as it has backfired and burnt my knob off.
2. Their 18 year old son is continuously banging his balls against my fence. Not only is this making a heck of a noise, but the fence is now sagging in the middle.
3. I am writing on behalf of my sink, which is running away from the wall.
4. I wish to report that tiles are missing from the roof of the outside toilet and I think it was bad wind the other night that blew them off.
5. I request your permission to remove my drawers in the kitchen.
6. The toilet is blocked and we cannot bath the children until it is cleared.
7. The toilet seat is cracked - where do I stand?
8. I am a single woman living in a downstairs flat and would be pleased if you could do something about the noise made by the man I have on top of me every night.

### **Here are some actual maintenance complaints submitted by US Air Force pilots and the replies from the Maintenance crews.**

(P)=PROBLEM (S)=SOLUTION

(P) Left inside main tire almost needs replacement  
(S) Almost replaced left inside main tire

(P) Test flight OK, except autoland very rough,  
(S) Autoland not installed on this aircraft

(P) #2 Propeller seeping prop fluid,  
(S) #2 Propeller seepage normal - #1 #3 and #4 propellers lack normal seepage

(P) Something loose in cockpit  
(S) Something tightened in cockpit

(P) Evidence of leak on right main landing gear  
(S) Evidence removed

(P) DME volume unbelievably loud  
(S) Volume set to more believable level

(P) Dead bugs on windshield  
(S) Live bugs on order

(P) Autopilot in altitude hold mode produces a 200 feet per minute descent

(S) Cannot reproduce problem on ground

(P) Friction locks cause throttle levers to stick

(S) That's what they're there for

(P) Number three engine missing

(S) Engine found on right wing after brief search

(P) Target Radar hums

(S) Reprogrammed Target Radar with the words

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