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John Doe
XYZ Vet, Inc
Milwaukee, WI 53202

Dear John:

It was a pleasure interviewing your staff in regards to your clinic's current and future technology needs. Your staff is sharp and provided several ways to increase productivity and customer service. Everyone had great ideas for improvements that are within the realms of technical and fiscal possibility.

The first part of this report will show an overview of current technology and the second part will be suggestions for future technology goals. The current technology overview is based on interviews with your staff and in-person knowledge. The future technology goals are based on staff interviews.

Current Technology

Telephone System

Your clinic currently uses an Avaya 820D2 telephone system. From what I learned from your staff, this telephone system is no longer supported by Avaya. In order to add more lines or add any new features, you must replace this system.

There are two sets in the front, two sets in the office, two sets in doctor's offices, and two in the back room.

Voice Telecommunications Services

Your clinic uses 5 or 6 analog telephone lines. 4 lines are used as incoming lines within a hunt group (presumably set up through SBC), the 4th line is for the fax line and the 6th line, if it exists, is dedicated to DSL. It is unnecessary to have a dedicated line for DSL so this line may not exist. Your telephone records will indicate exactly how many lines you currently use. The 4th line is also used for credit card processing.

Internet Access

Your clinic uses DSL for Internet access and this access is shared among all computers on the network. From a simple viewing of your network's infrastructure, I was unable to locate a firewall. A firewall is incredibly important for your network's security and is pretty much standard equipment. It is likely that you have a firewall that I was unable to locate or you are using a software firewall that I did not find. I highly suggest contacting your network support provider to confirm that you do have a firewall, and if you do not, I HIGHLY RECOMMEND that you purchase one and have it installed ASAP!

Network Infrastructure

The clinic is running on a Cat 5 network using a 10/100 switch. You do have extra capacity to add additional computers as necessary. However, as mentioned above, a hardware firewall was not located within your network. A firewall is highly recommended for network security.

Server

The clinic uses a Windows 2000 Server for data storage and backup. The server's hardware is 2-3 years old and is supported by an independent computer technician. There do not appear to be any additional applications running from the server.

Computers

There are 4 computers running off of the server. Each computer has Internet access but no visible software firewall. The computers are mis-matched and of varying ages from 2 to 5 years old. One computer uses Windows XP and the remaining three use Windows 2000.

Software

AviMark is the main software used in the clinic. The software appears to meet the needs of the clinic and has additional features that may become important in the future.

Microsoft Word and Excel are also used by staff to send letters and create reports. However, AviMark is by far the most used software in the clinic.

Printers

The clinic has 4 printers. Two are label printers for meds, one is a laser printer, and one is an all-in-one printer.

Website

Your clinic currently does not have an official website. The "website" that does exist is through a drug company and is not considered worthy of marketing.

Other Technology

There is an Executone intercom system throughout the office.

There is an analog time card machine in the office. This time card does not connect to any digital technology.

Future Goals/Suggestions

Telephone Related

Putting people on hold during busy times can frustrate the caller put on hold and incoming callers. Possibly dedicate incoming lines to various people or departments—med refills, doctors (not for the public!), Renee, personal calls. Have these numbers go to a specified set and if they are not answered, go to voice mail. Or use an automated attendant with extensions for each person or department. Another option is to create a queue for incoming callers once lines are in-use. Callers receive a message stating, "Thank you for waiting. Your call will be answered shortly." These callers can also be given the option to leave a message or continue to hold for the next available caller.

The incoming callers being put on hold is most crazy during surgery check-in. A simple solution to this problem may be to open the doors earlier for surgery check in before calls start coming in.

Phone locations vs. work area—can be difficult during busy times to either get to an incoming call or talk to someone while working in another area of the front. Possibly add additional sets or wireless headsets.

Currently Voice mail notification is only audible on line 1. Some sort of visual or audible notification for voice mail that is easier to see or hear.

The current intercom system is not conveniently located to be used efficiently. Perhaps integration of an intercom system with a new phone system will solve this problem—all sets can have the ability to receive inter-office pages.

Caller ID for verifying incoming caller's last name and phone number. Dogs barking in the front area sometimes makes this difficult.

Computer interface to telephone system-automatically pull up records based on caller ID. This may not be possible in AviMark.

Credit card machine could be placed in a better place – blocks pharmacy. Also, 2-3 people can discharge at once, must wait for credit card machine.

Computer/Software Related

Software charting—currently space for charts is limited and the location of charts is questionable. Sometimes a Dr. can have the charts at their desk and a customer calls in for information—the chart can not be found. A place-keeper for the chart in the file room could solve this or using electronic charting may be an answer. Electronic filing also solves any issues with mis-filing that sometimes occur.

Only one person is really trained to use AviMark. It is wise to have at least one other person trained on the administration side of the software in case something happens to your key person.

Inventory can be tedious as inventory is kept in the back room. Currently, the computer's inventory is kept out front, a hand count of inventory is completed in the back, and then updates are in the front room. Some sort of handheld inventory device would make inventory more efficient.

Handheld devices for doctors, if the software is well written, could allow the doctors to input information and instantly send the information to the software.

Doctors could also have terminals in the exam rooms which allow them to input patient information which will instantly update the software.

AviMark has numerous features which are not used. Based on the efficiency of the features that are used, it may be worth the time to learn the other features. Training is held in Minnesota, but it's probably more worthwhile to have someone come onsite. It may be expensive to have someone in but the ROI may be well worth it.

Scheduling – one person at book at one time. Electronic scheduling alleviates this issue.

Document management is an issue—multiple copies and multiple versions of various documents are all over the network. Need centralized document management solution.

Web/Internet

Looking to the future, interaction with your clinic's website may be something to consider. If there is a way to have AviMark's information accessible to customers, it may eliminate incoming calls. If scheduling goes electronic, customers could go online and schedule an appointment. Med refill requests could be online. Test results could be accessed online. AviMark is undoubtedly working on this as this is the future of business.

Possibly inter-office e-mailing—send message to person who is out, or send message from home.

Send results via AviMark? E-mail? Now there are no notes in the system, would have to get in there somehow.

General Flow

General discharging can be an issue during busy times—a few people leaving, a few people coming in. The clinic's layout may be modified to solve this problem. Have one door for incoming and one door for outgoing. This requires two desks and may not have a favorable ROI based on few times this happens.

Boarding is anytime—can be a flow issue

Food is in back, must leave station to get to it.

Options to consider

Clocking in and out electronically. Digital time-card system or using computer software as a time-card. Instantly update payroll information.

Electronic faxing from each workstation—may be out-dated within a few years.