

Script Prepared For: **Allegiance**
 Subject: **Integrated Network**

Estimated Length: 6 minutes

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CU = close up; MS = medium shot; WS = wide shot; ECU = extreme close-up; CG = character generator (text on screen); POV = point of view; Sound f/X = sound effect; VO = voice-over (unseen narrator), OC = narrator on camera; DIS = dissolve

REF #	VISUAL	AUDIO
1	Planes of information animate across the screen in X, Y & Z dimensions. Invoices, schedules, CAT scans, MRI, X-rays, medical history, prescriptions, EDI, labs.	<i>Music up</i>
2	" Information Integration " wipes on from left to right with S/Fx: Glowing green text " Delivery " flies in while " Quality Health Care " dissolves on. Elements in the background continue to animate.	
3	A figure animates on from far to near as the text in " A Patient-Centric View " rotates onto frame from left to right. The figure is a silhouette, energy pulses continue in background.	
4	As the title text fades away, windows pop open and closed, each containing headlines. 6 to 10 items are covered (like web pages). During this action, a ground plane begins to form.	<u>Narrator (VO):</u> The landscape of health care is changing. On one hand -- cost controls. On the other -- the need for quality improvement, and more emphasis than ever before on patient outcomes.
5	In the distance, structures begin to form and extrude from the ground plane.	The reality of these changes requires that we work effectively in today's complex environment. Do more with less. And all the while maintain and improve the quality of health care.

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6	The view flies over the structures. We catch glimpses that the structures are labeled. They are transparent growing wire frames with the wall containing flickering planes of information (not legible - it represents data -- numbers and letters)	In response, new structures are taking shape... <u>networks</u> of health care delivery designed to maximize efficiency and economy of scale.
7	The view comes to rest (after flying an easy oval around the "network") at a 45° angle to the structures. Each structure is labeled: 1. Physician office 2. Hospital 3. Payer 4. Manufacturer 5. Distributor 6. Supplier 7. Home care 8. Diagnostic Imaging 9. Long-term care	But to be effective, networks must have the ability to instantly communicate information, to and from every component.
7a	Energy pulses travel in the grid lines in the ground plane.	Only by connecting their islands of information via communication causeways will health care networks become truly integrated.
8	The viewer descends into the canyon between the structures and approaches the physician's office.	
9	The viewer flies right into an information window that serves as the building listing, "Greenleaf Orthopaedic Associates".	This vision of integration starts with the physician --
10	A data screen animates on screen and introduces the physician.	...who serves as the network's gate-keeper for patient care.
11	It is replaced with a screen that introduces the patient and her complaint/clinical diagnosis.	Through consultation, examination, and advanced diagnostics methods,

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12	The screen transitions to a consultation scene.	...the physician efficiently makes an accurate diagnosis. From there, the network centers on the patient --
13	Close-up, treated slow motion video of keyboard entry dissolves through the consultation scene.	...complete information about her specific medical history, including chronic conditions, allergies, and drug reactions.
14	The screen wipes away the previous shot, elements build on like a web page. The cursor highlights the MPI (master patient index) button	With access to the Master Patient Index,
15	The MPI is pulled up on the screen 1. MPI# 2. Name, marital status 3. Sex, DOB, Address 4. Known allergies 5. Previous conditions 6. SSN 7. Payer of record 8. Next of kin Button for full medical history	...more up-to-date and accurate patient data will be available than ever before, regardless of whether it's received through referral, emergency room, pharmacy, or anywhere else on the network.
16	The data screen collapses to form first a vertical while glowing bar, then just a ball of energy.	
17	The ball flies back out of the doctor's office and into our main view model.	Network integration means not only can we <u>access</u> new levels of patient information...
18	The energy ball, which represents the doctor's contact to the hospital, is seen navigating its way to that site.	...we can instantly <u>share</u> that information, publishing it to all points on the network with a need to know.
19	The camera (POV) pulls back as the energy burst ascends, until the camera is directly over the hospital.	
20	It then follows it into the "roof" of the hospital.	This comprehensive patient information will be used to deliver the highest quality health care...

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21	The internal hospital comes into view. The energy burst flies into scheduling, which highlights. Energy impulses go out to admissions, OR, radiology, surgical, clinical, which highlight. Labs, pharmacy, supplies, equipment are contacted next, and they change, fill color slowly.	<p>...while managing resources in the most cost-effective manner.</p> <p>Scheduling of one resource impacts the others. The integrated network will help prioritize resources -- allowing us to manage them together as inter-related parts of the whole system.</p>
22	We fly into the surgical team window. As we get closer we can see the "files" and we fly down into one of them.	For example, the choice and availability of a surgeon
23	A floating menu bar at the bottom of the page is the navigation tool for patient scheduling. As the cursor roles over a suite -- the days not available on the scrolling calendar on the right show up as "Xed out". The cursor selects a suite which locks the file calendar.	is based on a variety of factors, including specialty, hospital, and availability of the suite.
24	The cursor selects a date. A dialogue box pops up to schedule the OR. The info is entered and the accept button is selected. The dialogue box goes away and the cursor now selects "Clinical" from the navigation tool bar.	By providing access to this and other up-to-date information, the integrated network will allow health care providers to make informed choices about the best use of available resources.
25	As the clinical button is highlighted, a new screen wipes on. Team choices are in the top right.	
26	When the team selects team "A", the other buttons subdue, and a calendar appears in the plate of the photo. The names of surgical assistant and anesthesiologist appear.	After scheduling the surgeon and suite, information on the surgical team can be accessed, with automatic links to staff scheduling, and information on competencies.

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27	A preference list appears for supplies, equipment, personnel. After the accept button is selected, the supply button is checked and the supply directory appears. Hip Kit is entered into the specify box, and elements from the kit appear in the list and a photo appears. Various items are selected and the accept button is chosen.	In the same manner, the system will display a preferred list of supplies for the particular surgeon and procedure. The list can be easily customized...
28	Surgery scene: medical care is delivered	...and arrangements made for additional procedures as required.
29	The text "Outcomes" drifts across the screen. Screen right - we see the edge of a walker as our patient begins rehab. The CPR (computer-based patient record) section is updated as it moves past the camera.	Following surgery, the emphasis is on patient outcomes. Never before has the quantity and quality of outcome information been put to such good use. The integrated network will let us measure each patient over a lifetime of care. And because of the statistical information available, we can <u>accurately</u> define standards and variables for each procedure.
30	A blank individual surgery summary builds on the screen. After it is updated with our specific patient info, her costs for each area pop on in windows while a running total computes on the bottom.	On the financial side, total procedure costs are tracked, including surgeon, team members, timed events, and supplies.
31	Events build on and total.	
32	Other charges build on and total.	All costs will be tabulated,
33	An inventory summary report builds on and totals.	

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34	The navigation bar rolls on from left. Billing is selected. Actual costs builds on. Pie pieces build on with each figure.	...and stored in database form for tracking and comparison --
35	Cost comparison chart wipes on. The current surgery bar grows up into position, comparison bars then build on, finally the national average bar grows into position. A dotted line animates across the screen.	...part of the continuous effort to improve care and reduce costs.
36	O.R., labs, radiology, and pharmacy send individual signals to billing. Each turns off as it sends the signal out.	The integrated network will efficiently gather cost information from each segment of the organization.
37	Surgical team, clinical team, supplies, equipment all send multiple signals to billing. As signals are sent, the fill color in each area subdues and goes out.	A "warehouse" of data -- available to decision-makers at every level of the organization,
38	An energy burst starts in billing and flashes the frame to white. The signals fly out of the hospital -- some from billing, other from supply, and go to related structures in the net.	...and every stakeholder, including the physician, hospital, payer, manufacturer, distributor, home-care provider, diagnostic imaging, long-term care,
39	We follow one to a structure labeled "Supplier".	...and supplier.
40	The camera flies down to the supplier building. As it turns in its approach, the structure zooms up close and we see the Allegiance logo.	
41	The camera pans down and an electronic list animates onto the side of the structure: Manufacturing, Distribution, Health care Consulting Management Systems, Information Technology.	As your health care partner, the supplier will use these new levels of information to help you manage costs and improve the quality of care.
42	We pull back to reveal the entire network	At Allegiance, this is our vision:

