

## Leaders recap careQuest journey, progress, future

The following interview reflects a conversation with Bob Boysen, SCLHS vice president information services/CIO, and Rick Lopes, M.D., chief clinical transformation officer, earlier this year. The two System leaders discussed careQuest progress to date and what lies ahead for this major initiative.

**SCLHS began careQuest in earnest in January 2005 after an extensive period of planning and building the business case for the initiative. What's your assessment of where we are with careQuest?**

**Rick:** I think we are on course with the major accomplishments and goals we envisioned for this transformation initiative. We need to keep in mind that this is a journey and that complex projects of this nature may require course adjustments along the way.

**Bob:** While tremendous effort and energy have gone into careQuest to date, I think the most critically important and perhaps the hardest part of the work lies ahead as we translate the vision (articulated through the design phase) into our first go live. Consistent and frequent communication will remain essential to this change management process.

**What's been unique about our approach to careQuest?**

**Rick:** No system, including big players like the Mayo Clinic, has taken on the challenge of redesigning and standardizing clinical care across several hospitals in different states.



Rick Lopes, M.D., chief clinical transformation officer.

The careQuest Transformation Team (CTT) has been the right approach for accomplishing this. This group of individuals has been remarkable in their commitment to the initiative and remain critical to its success.

**Bob:** While how we're approaching careQuest is more challenging and more expensive, organizations that have not standardized workflows have had to backtrack with recognition of the need to standardize. Our approach allows for obtaining alignment with best practices and designing the information system to accommodate workflow enhancements.



Bob Boysen, SCLHS vice president information services/CIO.

**When we go live at St. Vincent Healthcare, will everything be operational?**

**Rick:** We need to focus first on getting key applications functional and realize that we won't have everything all at once. Managing that expectation is a challenge we face. With this type of an initiative, our work never ends. We will add functionalities, continue to look for efficiencies and modify workflows. Plus, there is

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### careQuest kudos

careQuest kudos go out this edition of the newsletter to Jay McKiernan, Montana Region IS director. Jay braved hours of orientation in November and December 2006 at the System Office. He quickly became immersed (and also inundated!) in the initiative. "The orientation was like a waterfall of information," Jay said. "I went from knowing the basics about careQuest to being overwhelmed." With time to better understand and grasp the scope of the initiative, now as a member of the SVB Project Steering Team, Jay is helping translate what careQuest will mean for clinicians and other staff.



Jay McKiernan

## Perspectives on preparations to go live at St. Vincent Healthcare

"We went from being involved to being fully engaged," summarized Jim Paquette who returned to SVB as president/CEO in December 2006. "Because of the design and necessary phasing, our biggest challenge in this interim period is trusting in something we won't 'see' until we enter the test phase. Then we will have a brief period of time to put the system into action."

**Communication. Trust. Vision. Accountability. Patience.**

**All guide words as St. Vincent Healthcare, Billings, Mont. (SVB), makes preparations to be the first SCLHS careQuest go-live site.**

Dealing with the unknown has been the greatest challenge for SVB Senior Leadership and for members of the Hospital's careQuest Project Steering Team. Much of this is due to the complexity of staging the initiative. "Future state is still a concept for most of our staff," said Jay McKiernan, Montana Region IS director. "People want to see it and 'test drive' it."

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Members of the SVB careQuest Project Steering Team: Al Rooney, Russ Morrison, Mary Stubson, Steve Ballock, Chris Buyse, John Tampazopoulos, Kay Wagner, Nancy Kallem, Marjorie Nafts, Charlie Hendricks, Steve Neary, Jay McKiernan, John Middleton, M.D.

## Leaders recap careQuest

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so much of the actual content that we cannot develop until Carecast is in place; then we will add tools, decision support and alerts to the system.

**Bob:** There are new applications being developed daily. Adding new things adds value, but it also adds costs. So we need to realize that we are staging this initiative and that it will be an ongoing process.



Rick Lopes, Bob Boysen.

### In your estimation, what has been the greatest challenge with the careQuest initiative?

**Rick:** I would say the complexity of the scope of the initiative and managing all the dynamics that are outside our control. For example, both vendors with which we began careQuest were acquired by other companies. This resulted in key personnel changes and affected software considerations. This presented challenges to project planning. In the end, it has been a positive change.

**Bob:** I agree that we can now anticipate advantages to our partnership with GE and what a company of this magnitude and scope brings to bear on the industry. GE brings expertise, quality control and a broader base of technology to the table. The company's vision is on a global scale. We will be the recipient of its six-sigma application in software development.

### So what's next?

**Rick:** There's a palpable sense of anticipation at St. Vincent Healthcare. The work ahead is not easy, but members of the different teams are getting excited as we advance toward go live.

**Bob:** With the published schedule for deployment, all Affiliates can begin to anticipate go live at their facilities.

### Is it difficult for Affiliates that are a year or more away from careQuest go live to be engaged?

**Rick:** I think the initiative has become more tangible to staff beyond just St. Vincent, Billings, and St. Mary's, Grand Junction, our first go-live sites. Representatives from all Affiliates are participating in content design.

### How will we know that we have "arrived" with careQuest? How will we measure success?

**Bob:** When we implement consistent capabilities aimed at best practices at all Affiliates, we will have achieved our careQuest goal. But the journey will be never-ending.

**Rick:** Even before we activate the system, we have a detailed scorecard as part of the design to critique the implementation process. Plus, we have a set of metrics that we will track — operational indicators, IT system adoption measures and others.

## CTT member named SMGJ project manager

Elaine Barnett, who was a member of the careQuest Transformation Team (CTT) and who has an extensive background in health information management, is now serving as the careQuest project manager at St. Mary's Hospital and Medical Center, Grand Junction, Colo. (SMGJ). Elaine will work closely with John Beeson, M.D., SMGJ careQuest leadership sponsor. SMGJ recently completed the first round of change management focus groups with more than 100 staff. Staff anticipated these sessions with both excitement and a bit of apprehension.

When fellow employees express uncertainties about the careQuest future state, Elaine said she reminds them that from the beginning CTT members—representing Affiliates—have been involved and that the emphasis has been and will remain on best practices. Her tenure as a CTT member is a distinct advantage in this respect.

Elaine has been at SMGJ since 1977. She earned her college degree in health information management. As a new graduate, she thought she would see electronic health records early on in U.S. health care delivery.

"It's finally happening 30 years later," she said, "and SCLHS is right on target with careQuest."

For Elaine, her role as project manager is a dream career. "I want to see SMGJ and careQuest overall succeed," she added, "and I hope to do my part."

Introducing a large amount of change in a short period of time is what Elaine expects will be the greatest challenge. As an example, she noted that clinicians will go from entering orders on paper to entering them on-line with the many process changes that will accompany this.

Being a good listener, responding with empathy and channeling information are tactics Elaine employs to help staff approach change. Elaine is also confident that the SMGJ culture will support the transition — a culture where people want to be up-to-date, find the right training tools and demonstrate best practices — all for the benefit of the patients they serve.



Elaine Barnett

### Advancing toward careQuest

#### Focus groups offer feedback

Staff who care for patients and those who work in revenue cycle departments including admissions, health information management and patient accounts are participating in focus groups as part of the change management process to prepare for careQuest at both St. Vincent Healthcare, Billings, Mont., and St. Mary's Hospital and Medical Center, Grand Junction, Colo., the first two go-live sites.

Front-line staff members have been invited to participate in these sessions that are being facilitated by members of the careQuest Transformation Team (CTT). The CTT members have been on site reviewing policies, procedures, job roles and responsibilities and doing walk-throughs and observations to understand current state workflows and activities. The comparison of the current state to the careQuest future state has resulted in the "change management impact analysis."

The purpose of the focus groups is to involve staff in validating the identified change

management impacts and others that may have been missed. For example, the focus groups will discuss a workflow like inputting verbal physician orders. They will validate changes identified by the CTT members and identify additional changes necessary in policies and procedures, roles and responsibilities, based on how the current state is different from the described future state.

At St. Vincent, based on these change management impacts, CTT members will collaborate with departmental management to modify or write new policies, procedures and job descriptions and to identify training and/or technology needs in preparation for careQuest go live later this year. The SVB Project Steering Committee will ensure communications to explain changes anticipated in support of careQuest.

At St. Mary's, changes in policies and procedures, roles and responsibilities will be made and then reviewed prior to the projected October 2008 careQuest go live. Communications will accompany and explain changes anticipated in support of careQuest.

### Perspectives on preparations at SVB

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Jim Paquette

Focus groups and the change management process will help with this transition. Steve Ballock, vice president financial services, said, "We will continue communicating the global vision, but we will also be encouraging a positive response to change now that specific details of new work processes will become apparent through the focus group meetings."

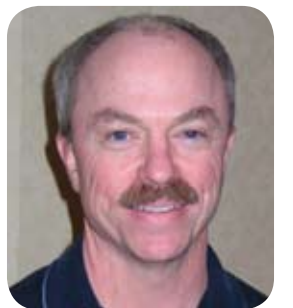
Nancy Kallem, vice president, patient-clinical services, said that the packed auditorium at the recent clinical focus group kick-off meeting was representative of the interest and commitment to the success of careQuest at St. Vincent's. She emphasized, "Communication, communication and more communication is

the key — defining the why behind this project and letting people be heard. It is important to establish focus around the need for change and ensure that our staff feels a part of the project and not on the outside looking in."

John Middleton, M.D., physician liaison, is excited about what lies ahead as careQuest becomes reality at SVB. He plans to focus his energies on change management with physicians and introducing them to sample order sets, Zynx decision support and implications for their practices. John sees the aEHR initiative (see article, page 4) as an exciting parallel project to careQuest.

Steve summed it up saying that patience is a requisite at this stage in the process.

"This initiative is more of a marathon than a sprint," he commented.



John Middleton, M.D.





## IT – Transformation Initiatives

Parallel and interrelated with careQuest, other major information technology initiatives are occurring across SCLHS that will dramatically impact care delivery, business processes and human resource systems.

### Electronic health record initiative accelerates with physician offices

Hospitals of the Sisters of Charity of Leavenworth Health System (SCLHS) are introducing a new System-wide strategic initiative to develop and support electronic health records in physician offices. The Ambulatory Electronic Health Record (aEHR) initiative will launch with two pilot sites (soon to be announced) in employed primary care physician practices. Vendor selection is also currently underway.

The two pilot sites are expected to go live by the end of January 2008 and will be followed by other employed primary care physician practices and then by employed specialty practices. SCLHS and Affiliate Hospitals will also develop a business model that is compliant



Thomas Anderson, M.D., Jeffrey Zavala, M.D., David West, M.D.

with legal and regulatory statutes to support independent members of Affiliate Medical Staffs and other non-affiliated physicians and clinics.

SCLHS has appointed an aEHR Advisory Committee with strong physician representation to oversee and coordinate the initiative. Members include

- Thomas Anderson, M.D., and Dennis Tietze, M.D., St. Francis Health Center, Topeka, Kan.;
- John Middleton, M.D., Dennis Salisbury, M.D., Mark Wakai and Jeffrey Zavala, M.D., SCLHS Montana Region;
- David West, M.D., St. Mary's Hospital and Medical Center, Grand Junction, Colo.; and
- Rick Lopes, M.D., SCLHS chief clinical transformation officer, chairperson.

Rick said that the aEHR initiative has as its objectives to improve access to care and health information while protecting the privacy and security of the information. "We look forward to working collaboratively with both employed and non-employed physicians," he added, "to facilitate and demonstrate improvements to the clinical outcomes of care delivery across the continuum."

Nationwide, the expectation of the industry is that health care providers will adopt health information technology to follow patients' care in a seamless and secure manner. Rick explained that use of advanced information



Dennis Tietze, M.D., Sue Magie.

technology and decision support in physicians' offices has the potential to improve quality of care, reduce medical errors, lower costs, provide better access to services and information, and improve the satisfaction of patients, physicians, consumers and payers.

For more information about the initiative, contact Rick, richard.lopes@sclhs.net, or Hal Schierts, SCLHS aEHR project manager, hal.schierts@sclhs.net or 913-895-8125.



Rick Lopes, M.D., Thomas Anderson, M.D., John Beeson, M.D.

## The technical side of careQuest

While SCLHS has strived diligently to communicate that careQuest is not an IT initiative, there is a tremendous amount of information technology infrastructure that will be supporting transformed clinical and revenue cycle processes.

Kent Gaff, SCLHS director of technology, explained that IT staff is building the infrastructure to support the new clinical information system. This involves teams across the System addressing technical issues related to the network, connectivity, high-speed data lines, hardware and IT systems.

"We are talking about the integration of 18 to 20 information technology systems across eight Hospitals and the System Office," Kent said. "We are building integration to allow for real-time updates, for orders, scheduling and other features."

The Interface Conversion Team includes Mike Cole, Richard Chudley, Amy Yankovich, Susan Morgan and Patrick Tobey. At the present time, team members are working with Lori Gairrett and Hoi Lai at St. Vincent Healthcare in anticipation of that Affiliate's conversion.

The team works with vendors for each specific application to ensure compatibility

with the Centricity/Carecast application. "CTT members and SCLHS system analysts redesigned workflows," Kent said. "IT staff builds the interfaces to make sure that there is communication between the different applications and that 'triggers' talk to one another to signal actions that need to occur."

Kent expects that by June 1, the team will have key components of Carecast integrated with Picis (perioperative and ICU), Streamline Health, Imagecast (radiology/imaging) and some systems at St. Vincent's (laboratory and radiology). The team plans to run an integrated systems test in June 2007 in a parallel environment (with both the current system and the new applications operational side-by-side).

The IT staff measure success by staying ahead of the initiative and the functional groups by three to six months. They face the challenge that for every application, they build three applications: the test environment; the actual environment; and the disaster recovery location to ensure business continuity. Plus, IT manages some 80 projects on an ongoing basis; within Carecast alone, there are eight project plans.

The work of IT is invisible to the eye of most beholders, but it is critically essential to the success of the careQuest initiative.

### Additional staff support for aEHR

Sue Magie has joined SCLHS as a system analyst-aEHR-practice management. Sue has worked in medical practice management for many years, in both solo and group practices and primary care and surgical specialties. In recent years, she has helped medical groups select and implement both practice management and electronic health record components to their IT systems.

In May, Sue will complete her master's degree in health care administration through the University of Texas-Arlington. She has a bachelor's degree in dietetics and institutional management from Kansas State University.

In her spare time, Sue enjoys collecting American antiques. She and her husband are active in their church and have done medical mission work in rural areas of Mexico.



Sue Magie