

careQuest

Sisters of Charity
of Leavenworth
Health System

February 2006 Edition

careQuest 2005 - year in review

While careQuest go live may seem light years away (or at least a couple!), in reality the initiative is gaining momentum, engaging more and more stakeholders and building on the incredible foundation of data gathered, analysis done and work accomplished in 2005.

"The past year was critically important in understanding the current state of clinical and revenue cycle processes and where we want to be with best practices and standardization," said Richard T. Lopes,

M.D., chief clinical transformation officer of the Sisters of Charity of Leavenworth Health System (SCLHS). "The careQuest process is iterative, participative, and with the addition of several parallel projects, it is rapidly becoming all encompassing."

A review of the past year points to key events and developments related to careQuest, parallel projects (those outside the scope of careQuest but to be integrated with it) and Enterprise Resource Planning (ERP).



Chaplains and mission integration leaders met in 2005 to discuss and prepare for careQuest: Michael Haar, St. Francis; Jeri Snell, Holy Rosary; Tom Shehee, St. James; Bryan Newman, St. Mary's; Sister Charlotte White, SCLHS; Bob Bruner, Saint John's (Santa Monica); Sister Judith Jackson, SCLHS; Bart Rodrigues, St. Vincent and Montana Region; Diane Bourgeois, Providence-St. John; Terry Hollister, St. Vincent.

January	February	March	April	May	June	July	August	September	October	November	December
<ul style="list-style-type: none"> careQuest Transformation Team (CTT) members on board; Affiliate employees reassigned to SCLHS with responsibilities for redesigning care delivery processes. 	<ul style="list-style-type: none"> Transformation Readiness Assessments (TRAs) conducted at all Affiliates to understand current state clinical and revenue cycle processes; ensure consideration of best practices and issue resolution; and identify readiness for change. Phase 1 of ERP re-engagement work plan completed. KRONOS time and attendance system operational at all SCLHS Hospitals and the System Office. 	<ul style="list-style-type: none"> Saint John's Health Center (Santa Monica) goes live with Imagecast Radiology Information System (RIS). ERP applications software upgrade completed. 	<ul style="list-style-type: none"> Debut of careQuest logo and first edition of newsletter. 	<ul style="list-style-type: none"> Vision Week 1 defined scope of careQuest and future state patient care delivery for the Health System. 	<ul style="list-style-type: none"> St. Vincent Healthcare named as first careQuest go-live site; St. Mary's Hospital and Medical Center to follow. Affiliates host careQuest Awareness Days to inform staff about the initiative. Vision Week 2 affirmed the careQuest scope. System-wide transition to Broadlane for supply chain management. 	<ul style="list-style-type: none"> Results of June Detailed Business Assessment received. Technical assessments on site at St. Vincent and St. Mary's. 	<ul style="list-style-type: none"> Surgical Services directors and related staff meet to discuss plans to proceed with Picis, the perioperative information system (POIS). Product fair introduces a number of products that will be part of careQuest implementation. Representatives of Affiliates' spiritual care departments meet to plan for careQuest. 	<ul style="list-style-type: none"> Collaborative Care Committee formed to ensure ongoing input and feedback regarding standardization of clinical care delivery and business system operations. 	<ul style="list-style-type: none"> Design Session 1 focused on workflow design. Ambulatory Electronic Health Record (aEHR) Task Force meets and recommends adopting aEHR as a parallel project. 	<ul style="list-style-type: none"> POIS kick off begins with Providence Medical Center as first site. 	<ul style="list-style-type: none"> Transition begins to SCLHS Accounts Payable Shared Services. Site visit at St. Vincent Healthcare to review current state practices, discuss changes to be anticipated with careQuest and interfaces.
<ul style="list-style-type: none"> Affiliates work with Deloitte Consulting to develop standardized best practice business model for use within finance, supply chain and human resources/payroll. 											<ul style="list-style-type: none"> Existing "legacy" data from general ledger, human resources, payroll and supply chain applications at non-Lawson sites loaded; "integrated system testing" begins to ensure conversion to Lawson software proceeds as planned.
<ul style="list-style-type: none"> Detailed Data Assessment in progress with CTT members, SCLHS technical analysts and Healthlink consultants validating data and findings from the TRAs; identifying gaps and variances in processes among Affiliates; and laying foundation for design in Carecast. 											



Joy Babich, Charley Morrison, Mary Clare Wilson, Jennifer Naval - Vision Week 1.



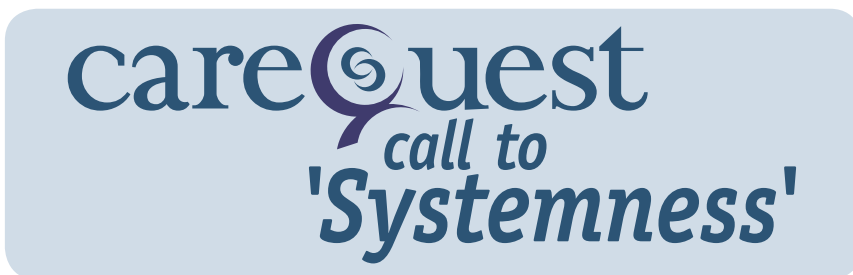
Jim Paquette, Rick Lopes, Mary Dailey, Kelly Thornton at Providence.



Kelly Fehlhafer, Rebecca Siason, John Bullard, Carol Applegeet at POIS meeting.



Paul Pancoast, Rick Lopes, Chuck Pietrafesa, John Kleinholz, Dennis Satisbury, John Nelson, John Beeson.



Vicki Ives, Nancy Rademacher, Barbara Feltsog-Keene, St. Mary's.



Dennis Brown, vendor rep, Todd Henderson, Beth Scott at product fair.



Connie Gibson, Providence.



Shirley Owens, St. Francis.

Setting the stage at St. Vincent Healthcare

With St. Vincent Healthcare scheduled as the first go-live site for careQuest (projected for summer 2007), a December 2005 visit to the Billings, Mont., Affiliate was pivotal in setting the stage for working toward implementation. The site visit involved tours of a number of departments and interviews with subject matter experts, supervisors, staff and directors in those departments as well as with physicians.

With these staff, members of the CTT and SCLHS project team reviewed current states of perioperative services and critical care; health information management and registration services; emergency department and radiology services. In separate meetings for each of these areas, the groups discussed changes to anticipate with the new Carecast application and how products will interface.

From a small seedling, a mighty tree

Bob Boysen, SCLHS chief information officer, has been known to have avocations as wordsmith, philosopher and horticulturist. He brought all three together in a discussion during a December System Office IT team meeting.

Bob's props included a packet of two-inch seedlings of the giant sequoia trees. With nurturing, these trees grow into the largest and longest living plants on the earth—some as big as 35 feet across their trunks and thousands of years old. "When you take seedlings like these and nurture them," Bob said, "they have the potential to grow into something grand and beautiful that will last a long time." Horticulture melded into philosophy when Bob applied this imagery to careQuest. "This initiative has the potential to grow and expand and to become much greater than what we started with," Bob told the IT staff. "It can become a wonderful monument of our organization. Just as great things can be built from redwood (sequoia) trees, careQuest can be of tremendous benefit to the patients we serve.

"It will require caretaking by all of us—clinical, technical, financial and IT staff—as the initiative goes through phases of germinating, sprouting, being pruned and growing to its full potential."



careQuest kudos

- To all members of the careQuest Transformation Team (CTT) who presented during the "On the Road Again" site visits at SCLHS Hospitals. CTT members did a great job providing the overview and fielding questions from department directors and Leadership Team members.
- To the Affiliate Hospitals and the 254 participants who attended the "On the Road Again" sessions, for their warm hospitality and the thoughtful and thought-provoking questions raised about the careQuest initiative.

'On the road again' provides updates at SCLHS Hospitals

One and a half years into development of the careQuest initiative, the momentum continues to build as interest mounts regarding how the new system will work, what it will entail and how it will be integrated with other applications. These questions and more were raised during the series of "On the Road Again" sessions conducted and facilitated by members of the careQuest Transformation Team (CTT) from October through December 2005.

Mary Clare Wilson, CTT clinical team leader, said that the purpose of the presentations was to share the key process and functionality decisions from Vision Weeks 1 and 2 (see page 3) with Leadership Teams and department directors at Affiliate Hospitals. CTT members gave the presentations. Joy Babich, CTT revenue cycle team leader, said the goal is to return to the Affiliates later this year to engage front-line staff in ongoing discussion.

The two team leaders said that the most prevalent questions centered on the following themes:



On the road at St. Vincent Healthcare: Kevin Stefek, Cindy Kerns, Norma Cleveland, Joy Babich, Charles Hendricks, Dean Hodges, Mary Clare Wilson, Shelley White, Linda Barrett.

- when and how careQuest will be implemented;
- training to be provided;
- remote access by physicians and connectivity with physician offices;
- paperless or not;
- integration with new and existing applications; and
- benefits of the system to patients, clinicians, other staff and physicians.

Plans are underway to develop a Frequently Asked Questions (FAQ) section on the SCLHS website to post and answer these questions.



Dean Hodges presents.



Linda Barrett and Charles Hendricks.

careQuest refresher

careQuest is the initiative to transform care delivery across the Sisters of Charity of Leavenworth Health System (SCLHS). The QUEST stands for:

- Quality
- Uniformity
- Excellence and Efficiency
- Safety and Satisfaction
- Transformation and Technology.
- careQuest will standardize clinical and business processes and hardwire the processes with enabling technology.
- Carecast is the primary software application that will support the transformation.
- Healthlink, Inc., is the consultant facilitating redesign of clinical and patient administrative processes and guiding business transformation in

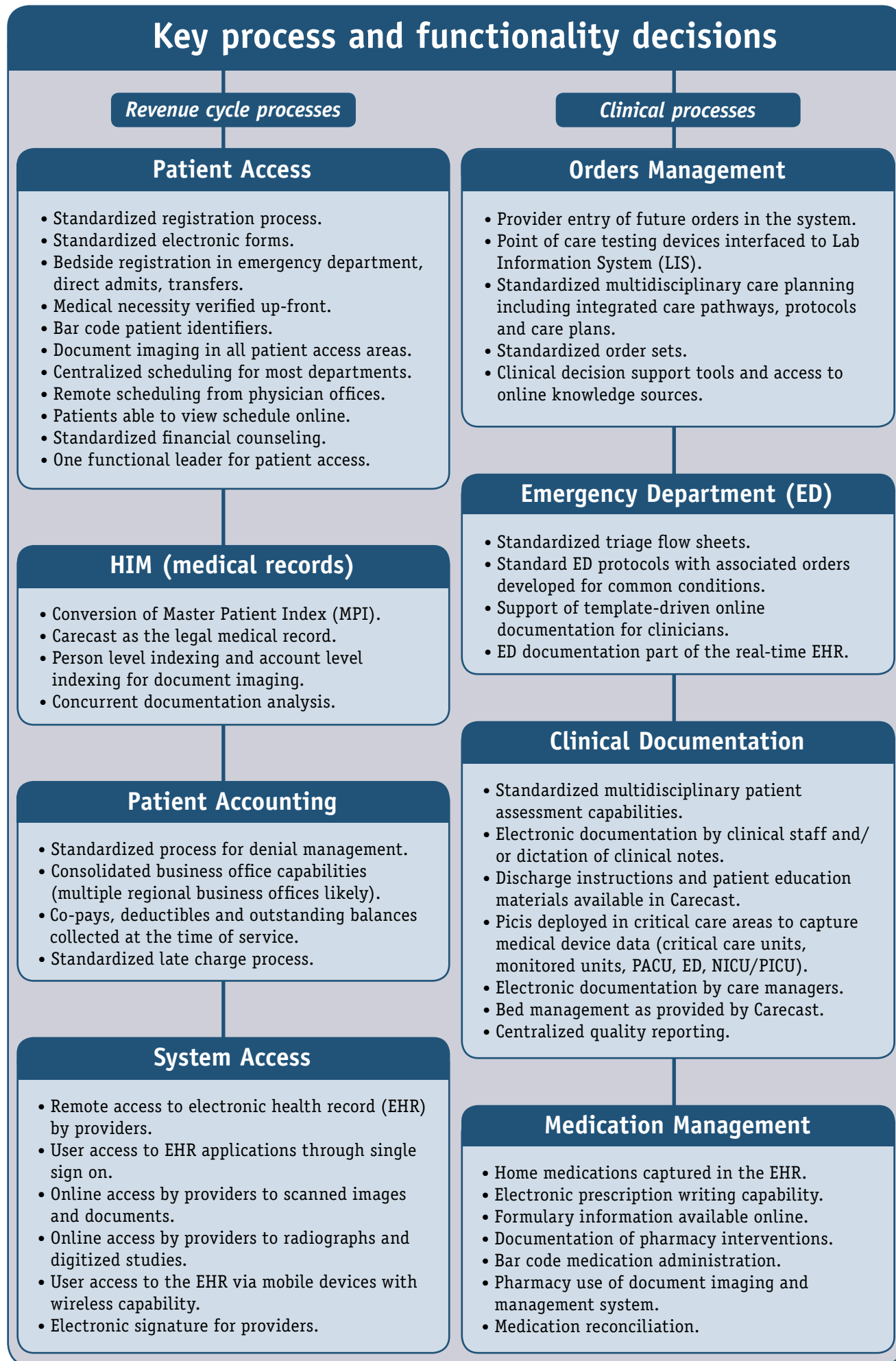
conjunction with implementation of clinical applications. GE (IDX) is our consultant for technical knowledge and clinical applications that will support the transformed care delivery processes.

- careQuest will result in the development of a lifetime, electronic health record (EHR) for patients of Hospitals across the Health System.
- St. Vincent Healthcare, Billings, Mont., will be the first go-live site for careQuest, projected for summer 2007.
- Related to careQuest, there are a number of "parallel projects" (among them, Quantros [see page 4]; Picis, the perioperative information system; Imagecast, the radiology information system; and others to be developed).

careQuest fast facts

The CTT members continue to work on data analysis in preparation for the design sessions. Approximately 9,640 forms from across the Health System have been collected. The CTT is analyzing and normalizing these data elements. The next step is data standardization.

Design sessions—where the rubber starts meeting the road



With the massive amount of information and data that has been collected and analyzed relevant to workflow processes in Hospitals across the Health System, a number of important design sessions are currently underway.

These sessions—four in total—are building on the Transformation Readiness Assessments and Detailed Data Assessments conducted during 2005. The design sessions are, in effect, bridging the gap between current state clinical and revenue processes, best practices and what Vision Weeks 1 and 2 affirmed the Health System wants for future state and optimal patient care delivery. (See this page, for key process and functionality decisions the design sessions are addressing.) The design sessions are the critical phase prior to moving to the customized “build” of the Carecast application to enable and support the workflow processes.

Design Session 1 took place the week of Oct. 9. GE (IDX) and Healthlink conducted a series of discussions with members of the careQuest Transformation Team (CTT) and SCLHS technical analysts. CTT members subsequently conducted a cross functional review of all workflows and decisions made during that first design session. The group approved 92 decisions that will move forward to the next stage of design; 24 new workflows were identified. Nineteen workflows are pending further discussion during the next design session.

What's next in system design?

- Remaining design sessions will address new workflows, pending workflows (from previous design sessions) and integrated workflows between the Carecast application and third party applications (Picis, Imagecast and others); standardized naming conventions; and screen layouts.
- CTT is responsible for moving this process forward with dialogue and discussion with appropriate affinity groups.
- Consensus among CTT members will be used to reach all process and workflow decisions.
- Throughout the design sessions, key decisions will be escalated for review by SCLHS legal and risk management staff, Catholic Healthcare Audit Network (CHAN) and the System organizational responsibility officer to ensure legal and regulatory compliance.
- There will be a “partial build” to verify that the design is feasible and the desired outcomes are achieved. CTT members will review and sign off on the partial build.
- Design session decisions will be submitted to the careQuest Executive Oversight Committee for final approval.
- careQuest will then move to the “build” phase.

GE acquires IDX

GE Healthcare, a unit of General Electric Company, acquired IDX Systems Corporation, effective Jan. 4, 2006. GE and IDX announced plans to offer the most comprehensive suites of clinical, imaging and business information systems available.



Lois Reynolds, Todd Henderson.



Twila Mattingly, Shelley White.



careQuest Transformation Team members at Design Session 1.



Cheryl Johnson, Charles Hendricks, Kathleen Thompson.



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 resources systems.

Online software to streamline, simplify occurrence reporting

Following extensive analysis by risk managers from across the Sisters of Charity of Leavenworth Health System (SCLHS) and Exempla Health System, Quantros has been selected as the vendor to provide software and services to support online reporting of occurrences, medication variances, adverse drug events and patient complaints.

“Quantros will replace our antiquated paper method for collecting this data,” said Kathleen Tulipana, System director, risk management. “It will dramatically simplify the occurrence reporting process by allowing direct computer entry of occurrences, patient safety events and patient complaints by staff. Plus, it will provide us with access to real-time data and comprehensive data analysis reports.”



Joann Paul, Kathleen Tulipana, SCLHS.

Kathleen explained that this largely anonymous reporting system is quick, user friendly and convenient. Nurses who have “test driven” the system agreed. An added feature of the software is its ability to generate more meaningful reports that will help inform patient safety efforts across the SCLHS. Representatives from risk management, pharmacy, IT, nursing

and quality were involved in evaluation of vendors and the final recommendation to proceed with Quantros. Kathleen noted that this online occurrence reporting system will support the Health System’s goal to foster a culture that reinforces patient safety as an organizational priority and that mitigates potential harm to patients through the development of process improvement and education plans.

Joann Paul, R.N., M.S.N., System clinical loss prevention leader, who recently joined SCLHS, will assist with implementation of the new software and training. Joann has previously worked with an online reporting system and has had extensive experience in patient care, risk management, quality, nursing education and staff development.

Quantros implementation and training will be phased in across the Health System over the next several months.

ERP updates

Accounts payable centralization

SCLHS began transitioning to an Accounts Payable (AP) Shared Services model in December 2005 with Affiliates that are currently operating on the Lawson Enterprise Resource Planning (ERP) system. Non-Lawson Affiliates will begin a phased-in transition starting in March. Centralization of the accounts payable function is occurring to create a seamless interface with the centralized procurement model; to increase levels of automation, thereby achieving more consistency and accuracy; to better manage contract coverage and compliance; and to enhance the analysis of spending practices and correcting inefficiencies.

Supply chain management

In December, supply chain management staff from non-Lawson Affiliates trained at the System Office with the new application using their own data. (The



Linda Brunner, St. Mary’s; Spencer Smith, St. Vincent.

data had been converted from each of the Affiliate legacy supply chain management systems to Lawson.) This gave the end users an idea of what processes would need to be changed at the Affiliates.

Spencer Smith, regional director, Lawson ERP, St. Vincent Healthcare, Billings, Mont., said he is pleased with the state of the system and that it is easy to track when an order was placed and its



Ty Coup and Bonnie Zonko, SCLHS; Al Ciallella, St. James.

expected delivery date by checking online. Linda Brunner, purchasing liaison, St. Mary’s Hospital and Medical Center, Grand Junction, Colo., agreed and said that faster requisitioning with the e-requisition module will make ordering easier for end users. Plus, she identified the point and click reporting as another attractive feature.

Seamless sharing of health information to encompass physician offices

At the recommendation of the group of physicians and SCLHS staff attending the Ambulatory Electronic Health Record (aEHR) Summit, the Health System will proceed with plans to deploy a comprehensive electronic health information system to offices of physicians employed by and ultimately to offices of physicians associated with Affiliate Hospitals. This will allow for seamless sharing of clinical and financial information across the continuum of health care delivery.

“The scope and complexity of deploying an ambulatory EHR to the offices of employed and affiliated physicians are almost on par with our activities in the acute care environment,” said Richard T. Lopes, M.D., SCLHS chief clinical transformation officer. “To move this initiative forward will require incremental resources, funding, consulting and project oversight similar to other parallel projects currently being managed.”

Members of the task force agreed that the aEHR initiative will be a separate, parallel project with an overall objective of creating an integrated community health record for patients.

aEHR Summit attendees

Participants in the Oct. 24-25 meeting in Salt Lake City, Utah, included:

- Dan Baker, M.D., GE (IDX);
- John Beeson, M.D., St. Mary’s Hospital and Medical Center, Grand Junction, Colo.;
- Bob Boysen, SCLHS;
- Renee Budzenski, SCLHS;
- Leanne De Tar Newbert, M.D., Providence Medical Center; Kansas City, Kan.;
- Mike Dorsey, St. Francis Health Center; Topeka, Kan.;
- Kent Gaff, SCLHS;
- Richard T. Lopes, M.D., SCLHS;
- Jay McKiernan, St. Vincent Healthcare, Billings, Mont.;
- Chuck Pietrafesa, M.D., Saint John’s Health Center, Santa Monica, Calif.;
- Dennis Salisbury, M.D., St. James Healthcare, Butte, Mont.;
- Dennis Tietz, M.D., St. Francis;
- Mark Wakai, Rocky Mountain Health Network, Billings;
- David West, M.D., St. Mary’s; and
- Jeffery Zavala, M.D., St. Vincent’s.