

Affiliate clinical staff members involved as 'subject matter experts'

careQuest has advanced to the critically important stage of involving clinical "subject matter experts" from all Affiliate Hospitals in the development of standardized order sets, care plans and clinical pathways.

Multidisciplinary teams called "Clinical Resource Groups" (CRGs) are working collaboratively with members of the careQuest Transformation Team (CTT) and SCLHS technical analysts. There are currently 96 CRG members



Kathleen Thompson, Jill Flaherty, Tim Bader.

in eight groups. (See page 3 for groups and members.)

The CRGs are using detailed data collected from review of current state order sets, care plans and clinical pathways at the eight Affiliate Hospitals and best practices based on research as references for their work. Their first work efforts center on the CMS indicators—disease categories selected for the national quality initiative of the Centers for Medicare & Medicaid Services, e.g., community acquired pneumonia, acute myocardial infarction, total hip and knee replacements, falls, etc. Because of the work of the CRGs, patients at each SCLHS Hospital will have the same plans of care based on their respective diagnoses.

careQuest is the process to transform care delivery across the SCLHS through the design and implementation of innovative processes of patient care and supporting information systems. careQuest goals include improved clinical outcomes, service quality and



Michele Rowe, Susanne Titus, Karen Highfill

efficiency. This will involve the standardization of clinical and business processes across the eight Hospitals and the Health System to reduce variation in outcomes, build reliability and eliminate waste.

careQuest will go live in fall 2007 at St. Vincent Healthcare, Billings, Mont. St. Mary's Hospital and Medical Center, Grand Junction, Colo., is the second scheduled go-live site. The schedule for other Hospitals is pending.

careQuest as representative of our 'Common Calling'

Earlier this year at the Spring 2006 Leadership Conference, SCLHS President William M. Murray introduced key components of Common Calling, the leadership model of the Health System. This model stresses the strong sense of interdependence between the Affiliates and the System Office, clarity of roles and responsibilities of leadership, and transparent communications throughout the organization.

The printed text of the Common Calling resource cites both careQuest and Enterprise

Resource Planning (ERP) as prime examples of efforts to standardize and/or centralize work processes. These initiatives present opportunities to enhance quality of care while improving financial performance. They also represent the concept of inventing/developing once and deploying many times.

"The challenge to continuously innovate requires SCLHS to distinguish itself as a true learning organization," the text continues, "and to excel at knowledge management and the cross pollination of best practices."



Sister Judith Jackson



Mary Clare Wilson, Joy Babich



Data standardization another key step in movement toward careQuest 'build'

As the System moves through the Design phase and toward the Build phase of careQuest, the critical next step in the process is *standardization of data* across the Sisters of Charity of Leavenworth Health System (SCLHS). *This is essential as we develop one data repository and one clinical system for all Hospitals and the System Office.*

This means that every procedure, every lab test, every documentation term, every order —*every single data element*—will be assigned a name that is common across our eight Hospitals and the System Office for Carecast and related applications.

“There is an inestimable number of data elements involved,” said Marie Goddard, SCLHS technical analyst, who is coordinating the data standardization. “This is made even more complex by the fact that the data must be able to communicate with common language across different clinical applications and specific to different disease entities due to the interrelatedness of all of the data and workflows.”

SCLHS Affinity Groups and Clinical Resource Groups, facilitated by members of the careQuest Transformation Team (CTT), will establish the naming conventions and agree upon the “dictionaries” of data elements. SCLHS information systems staff will support the process.

Deadline for completion of data standardization is September 2006.

Examples of potential data standardization

- A pulse might be named a pulse at all eight Hospitals (and not a heart rate at one and a pulse at another).
- A fasting blood sugar at one Hospital will be identified as and mean the same thing at all seven other Hospitals and the System Office (and not be called a blood glucose at one and a fasting blood sugar at another).
- All Hospitals and the System Office will share the same nomenclature (naming conventions) for the CDM (Charge Description Master)—for procedures, supplies, medications, etc.

Background leading up to data standardization

From the outset, the CTT, SCLHS technical analysts and our consultants have collected and analyzed volumes and volumes of data from across the Health System. They have also studied best practices across the health care industry to determine how data elements are named and identified.

This has been a process of examining workflows and doing data normalization—determining what data elements are common across the Affiliates. This has led to defining workflows that best support the clinical and business needs of the entire Health System and for the good of the whole.

Now we are moving toward ensuring:

- That these common data elements have common names and definitions and confirming that the dictionary data elements defined are suitable to move forward.
- That naming conventions are compliant with the architecture of Carecast (e.g., certain number of characters; standardized abbreviations; meet character field requirements, etc.).

Why data standardization is so important

The “build” of the careQuest system will occur within different applications (e.g., Picis, Carecast, the lab system, etc.). For integration to occur, the master files in each application need to be able “to talk” with one other. To accomplish this will require common nomenclature/language/dictionaries: data elements that are identified by the same name and mean the same thing across all Affiliates and the System Office.

- This will result in data integrity and data reliability for outcomes across SCLHS.
- It will reduce the amount of manually key-entered data, errors and duplications.
- It will also allow for greater agility in being responsive to market demands and quality concerns.

Building this common infrastructure is essential to eliminate variation and to ensure compatibility and communication among the different careQuest applications.

- To facilitate the build and maintenance of the clinical system.
- To facilitate quality reporting, outcomes measurement and continuous improvement.
- To facilitate compliance to accreditation standards and regulatory guidelines.

careQuest welcomes...

Robert W. Ladenburger and **Nancy Kallem** as new members of the careQuest Executive Oversight Committee (EOC). Bob is president/CEO of St. Mary's Hospital and Medical Center, Grand Junction, Colo.; Nancy, vice president, patient care services, St. Vincent Healthcare, Billings, Mont.

Looking forward to their involvement with EOC, Bob and Nancy offered the following observations:



Bob Ladenburger

Bob's perspectives: “careQuest is critical to our continued pursuit of excellence in clinical quality and to ensuring patient safety in the care we provide throughout the System. I am excited to participate in leading the transformational change that careQuest will bring to how patient care is delivered at each of our Affiliates.”

From Nancy: “The careQuest project is an extremely important initiative for SCLHS and a great opportunity to improve the care delivery processes and to standardize our approach to care. The project



Nancy Kallem

is bringing our System together in a way that no other project can. Quality, safety and staff, physician and patient satisfaction all should be enhanced. I am very excited and honored to be a part of the EOC. I look forward to participating and driving positive change.”

Ruth Matos, SCLHS administrative assistant for both information services and clinical transformation. Ruth will provide administrative support to Bob Boysen, chief information officer, and Rick Lopes, M.D., chief clinical transformation officer.



Ruth Matos

Ruth is new to the Kansas City area having recently relocated from Miami, Fla. In Miami, she was an officer manager and administrative assistant for a cargo aircraft leasing company. She also attended Gulf Shore Christian College and pursued studies in music ministry.

Clinical Resource Groups—careQuest subject matter experts

Legend

CTT	careQuest Transformation Team
HRMC	Holy Rosary, Miles City
PMC	Providence Medical Center
SCLHS	Sisters of Charity of Leavenworth Health System
SFT	St. Francis, Topeka
SJB	St. James, Butte
SJL	Saint John, Leavenworth
SJSM	Saint John's, Santa Monica
SMGJ	St. Mary's, Grand Junction
SVB	St. Vincent, Billings

Cardiovascular

Marla Bare, SCLHS
 Matt Fauth, SVB
 Lori Fink, SMGJ
 Penny Haughian, HRMC
 Judy Hutchison, SJSM
 Cheryl Johnson, CTT
 Monica Maher, SVB



Deb Knott, Marie Goddard.

Cheryl McCall, SMGJ
 Kim McCarthy, SJB
 Andrew Rich, M.D., PMC
 Michele Rowe, PMC
 Melinda St. Pierre, SJB
 Theresa Scandary, SMGJ
 Suzanne Titus, PMC
 Kareem Younes, CTT

Clinical risk reduction

Heidi Fischer, SFT
 Jill Flaherty, CTT
 Lacy Fredrick, SFT
 Marie Goddard, SCLHS
 Kathie Haydon, SMGJ
 Rhonda O'Malley, SVB
 Joann Paul, SCLHS



Rick Lopes addresses CRG orientation.

Bev Sparks, SFT
 Kathleen Thompson, CTT
 Dawn Walters, PMC

Critical care

Michael Ballinger, PMC
 Angela Brothers, SMGJ
 Bart Carnoli, PMC

Brad Cook, PMC
 Chris Gragg, SCLHS
 William M. Leeds, D.O., SFT
 Paula Lister, PMC/SJL
 Monica Maher, SVB
 Cynthia Mattingly, SMGJ
 Chris Maupin, SJSM
 Heidi Nielsen, SJB
 Tammy Oswald, SJB
 Tamara Ruff, SVB
 Kevin Stefek, CTT
 Kathleen Thompson, CTT

Emergency department

Megan Broom, PMC
 Lori Fink, SMGJ
 Robin Foley, SJB
 Corby Freitag, SVB
 Al Gillespie, SMGJ
 Chris Gragg, SCLHS
 Pam Hanson, HRMC
 Miriam Harris, SVB
 John Holquin, SMGJ
 James A. Lasseter, M.D., SFT
 Peggy Lester, SJSM
 Dave Mason, SJB
 Donna McCarthy, SCLHS
 Mari Pouluse, D.O., PMC/SJL
 Janie Schumacher, PMC
 Shelley White, CTT



Michele Rowe, Andrew Rich, M.D., Theresa Scandary.

Maternal/child health

Aileen Bowman, CTT
 Neil Buckley, SCLHS
 Deb Forkan, SJB
 Marie Goddard, SCLHS
 Stacy Handley, SVB
 Ann Heffernan, SJSM
 Charlie Hendricks, CTT
 Mary Beth Johnson, SVB
 Heather Kirk, PMC
 Gayla Meyers, SMGJ
 Linda Mosby, SFT
 Jill Murphy, SJB
 Joann Paul, SCLHS
 Cheryl Thomas, SJSM
 Dallas Thompson, D.O., SFT
 Dawn Walters, PMC
 Linda Young, SMGJ

Medical/surgical

Alana Barber, SVB
 Ruth Butler, PMC
 Jill Crowley, SJB
 Marie Goddard, SCLHS



Barbara Tirrell, Randy McAllister, M.D., Ann Hawg

Deb Knott, CTT
 Paula Lister, PMC
 Barb Logue, SMGJ
 Randy McAllister, M.D., SFT
 Martha Nielsen, SJL
 Alicia Puppione, SJSM
 Ben Wano, PMC

Orthopedics

Matthew Allen, SJSM
 Sidney Bhesania, SJSM
 Cathi Burrows, SCLHS
 Connie Estridge, SMGJ
 Kelly Fehlhafer, SCLHS
 Karen Highfill, PMC
 Dean Hodges, CTT
 Tena Pegar, SVB
 Bettina Purdon, SVB
 Jim Sterbenz, SFT
 Helen Suddreth, CTT
 Tina Sullivan, SJB
 Vee Thacker, PMC

Perioperative

Sue Blackman, SFT
 Cathi Burrows, SCLHS
 Barbara Comstock, SMGJ
 Barbara Demetors, SJSM
 Carrie Ellis, SMGJ
 Janice Engle, SMGJ
 Kelly Fehlhafer, SCLHS
 Kay Fritts, SMGJ
 Joanie Jones, PMC
 LeeAnn Kirkpatrick, SFT
 Kevin Koch, SVB
 Courtney Koshar, M.D., SMGJ



Connie Estridge, Helen Suddreth, Lori Fink.

Julie Larson, SVB
 Debbie Leshner, PMC
 Dab Luse, SVB
 Twila Mattingly, CTT
 Cassandra Munro, SJSM
 Lene Pacini, SMGJ
 Marsha Racki, PMC
 Michael Schweitzer, M.D., SVB

Susan Schulz, SVB
 Tonya Shaefer, PMC
 Stephanie Simons, SVB
 Helen Suddreth, CTT
 Rick Sukut, SVB
 Sarah West, SFT
 Ellen Wickliffe, SJSM

careQuest kudos

careQuest kudos in this edition of the newsletter go out to several persons.

Special thanks to both **Michelle Hood**, former CEO of the SCLHS Montana Region, and to **Mary Ellen Blakley**, who has left her post as chief nurse executive of Saint John's Health Center, Santa Monica, Calif. Michelle and Mary Ellen both served as members of the careQuest Executive Oversight Committee (EOC). In this capacity, they contributed significantly to the direction of this major System-wide initiative. We thank them for their expertise, insights and leadership, and we wish them well in their new endeavors.

Mary Clare Wilson, CTT clinical lead, deserves special recognition for her leadership role in organizing and orchestrating the recent orientation of the almost 100 members of the Clinical Resource Groups (CRGs) who met in Kansas City in two different sessions. Providing able assistance with this orientation were CTT clinical team members and SCLHS clinical technical analysts: **Marla Bare, Aileen Bowman, Cathi Burrows, Kelly Fehlhafer, Jill Flaherty, Marie Goddard, Chris Gragg, Todd Henderson, Charlie Hendricks, Dean Hodges, Cheryl Johnson, Deb Knott, Twila Mattingly, Donna McCarthy, Beth Scott, Kevin Stefek, Helen Suddreth, Kathleen Thompson, Shelley White and Kareem Younes.**

Zynx for decision support

ZynxHealth is the medical and information research group that SCLHS has selected as its partner for evidence-based clinical decision support. SCLHS will be using two Zynx products to support care delivery.

ZynxOrder™— a Web-based solution that facilitates the integration of best practices into hospital-based clinician

workflow. Content is divided into modules that represent either clinical conditions or procedures. Each module contains evidence, customizable order sets and rules. Sample rules demonstrate how evidence can be translated into alerts and reminders.

ZynxCare™— an Internet-based product that facilitates the integration of best practices

into the workflow of nurses and allied health professionals. This decision support provides the basis for assessing, planning and evaluating care of patients. Each module contains evidence and customizable plans of care.

Evidence provided in the Zynx decision support stems from extensive review of medical bibliographic databases,

national quality measures, national organizations (e.g., National Institutes of Health), pay for performance initiatives, external reporting and local guidelines. An expert ZynxHealth team of physicians, nurses and interdisciplinary professionals updates content every six months.



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.

ERP go-live continues on a successful track

All systems were go this spring as Enterprise Resource Planning (ERP) went live at St. Vincent Healthcare, Billings, Mont.; Holy Rosary Healthcare, Miles City, Mont.; and St. Mary's Hospital and Medical Center, Grand Junction, Colo.

Based on feedback from the Affiliates, the transition to the new applications went

smoothly. Terry Weinburger, vice president, mission and organizational effectiveness at St. Mary's, acknowledged that ongoing and constant communications within and among the various stakeholders ensured a successful launch and install. As for benefits of ERP, Terry said, "Standardization across a large health care system creates a common platform, common language, and common understanding of standards, policies, protocols and procedures as well as realized cost savings."

Ty Coup, SCLHS manager, financial and administrative systems, said that as of May 1, these three Affiliates joined the three Kansas Hospitals and the System Office in gaining all functionalities of the Lawson ERP system: accounts payable, finance, supply chain management, human resources and payroll. By July 1, Saint John's Health Center, Santa Monica, Calif., will go live; and by Sept. 1, St. James Healthcare, Butte, Mont., will have all the ERP functionalities.

Update on aEHR initiative

As a parallel and related project to careQuest, SCLHS is involved in the ambulatory electronic health record (aEHR) initiative that will encompass physician offices. Richard T. Lopes, M.D., SCLHS clinical transformation officer, explained that aEHR is ultimately directed toward the development of community health records for patients served by SCLHS Hospitals and physician providers (employed and independent practice physicians and other service providers including laboratory and imaging).

SCLHS has issued a request for proposal to redesign ambulatory clinical workflow processes as preliminary to selection of an advanced information system for this initiative. The Health System will also be recruiting a manager to oversee the development of the ambulatory information system.

What does ERP mean for Affiliates that have gone live?

For all employees

- New direct deposit and paycheck forms.
- New employee numbers, department numbers and job codes.
- New network logins for those accessing Lawson or Imagenow.

For staff who orders supplies

- New product item descriptions and numbers.
- New computer order entry that has replaced the paper-based system (for both stock and non-stock items).
- Broadline as the purchasing organization for the entire Health System.

For managers and supervisors

- Ability to review and approve invoices online.

Design Week 2 takes careQuest another step closer to Build

The momentum continues to build as the careQuest initiative moves closer to the Build phase. CTT members and SCLHS technical analysts spent the week of April 24 engaged in Design Week 2 with representatives from GE (formerly IDX). Objectives of their efforts included the following:

- Review and validation of the preliminary decisions made during the Carecast design and configuration preparation.
- Finalization of remaining tailoring decisions.
- Review of representative samples of data/content for the purpose of finalizing the dictionary table and resource file specifications and design, clarifying future data collection requirements, and promoting standardization.
- Identification of "next steps" and data needed to prepare for Design Week 3. Design Week 3 occurred in late May.



Eric Stewart, Ellen Whitley, Joanna Sundblom, Cindy Kerns.



Beth Scott, Tonya Douthitt.



Norma Cleveland, Pema Dolkar.



John Loehr, Dale Resch, Beth Scott.



Kim Weis.

Affiliates study care coordination opportunities

Representative staff involved with case management and discharge planning from across the System convened March 7 and 8 in Kansas City to discuss current state workflows and opportunities for enhanced care coordination.

Mary Clare Wilson, CTT clinical lead, said that the group received orientation to the overall careQuest initiative and reviewed the patient management charter and key decisions on the scope of the transformation of care delivery. They also had the opportunity to evaluate a software product to facilitate charting and review of concurrent data. The group recommended the Midas Plus application.

"Once the participants shared how each Affiliate does case management," Mary Clare said, "they moved quickly to discussion of what is best for the patient and how can we best manage the patient's care across the continuum."

The group's objective is to develop a new patient management best practice process for SCLHS. To reflect the scope of their work, the group changed its name to "patient care coordination."

Members of this group include: Shelly Roy, SVB, and Gina Turino, SJS, team leaders; Elaine Barnett, CTT; Michelle Boylan, SCLHS; Joyce Burner, CTT; Patty Carmen, PMC/SJL; Kathy Cherin, SMGJ; Norma Cleveland, CTT; Marie Goddard, SCLHS; Charlie Hendricks, CTT; Linda Johnson, SJB; Stephanie Majerus, SVB; Paula McCloy, SJS; Nacona Pauley, HRMC; Charles Pietrafesa, M.D., SJS; Paula Talbert, SFT; Tom Thigpen, M.D., SVB; Pat Uelmen, SMGJ; and Barb West, SJB.