



Bill Murray

Letter from SCLHS President/CEO

advanced us to a new level of sophistication in being able to facilitate the practice of evidence-based medicine.

Commendations go to the vast number of individuals and teams who collaborated on this successful go live. Special kudos to Bob Boysen, Rick Lopes, Nancy Kallem, members of the careQuest Transformation Team (CTT), IT staff at both the System Office and SVB, doctors, nurses, other staff, our strategic vendor partners and everyone involved.

The entire System owes a debt of gratitude to Jim Paquette and the SVB staff for being first out of the chute with careQuest. In the spirit of our Common Calling, the SVB team has demonstrated tremendous resilience and unselfishness to pave the way for subsequent go-live sites.

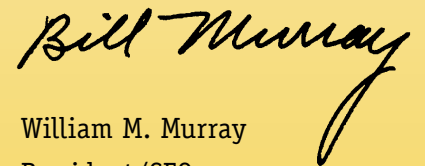
The journey that began several years ago has reached a major milestone. I am firmly convinced that our front-end investment in changing work processes was and remains the right approach. While more time-consuming and labor-intensive, this approach has focused first and foremost on the transformation of care delivery. That is what careQuest is essentially about in support of our Mission to improve the health of the people and communities SCLHS serves.

This initiative presents wonderful opportunities for leaders to step forward and manage change. The careQuest initiative also requires that managers become technical leaders and enablers—rolling up their sleeves with staff on the front-line to understand

and teach how the enabling technology works.

Among many valuable lessons, we have learned that the enabling tools come with some of their own limitations and that re-engineered work processes require significant change. The journey continues as we resolve issues at St. Vincent's and make preparations with St. James in Butte and the next Care Site and the next. In a real sense, our work will never be completed as we move forward in our unyielding pursuit of performance excellence, innovative growth and health care for all.

Thank you.



William M. Murray
President/CEO

Nov. 8, 2008 was a landmark date in the history of the Sisters of Charity of Leavenworth Health System (SCLHS). When St. Vincent Healthcare (SVB) went live with careQuest that weekend, this placed the System on a different trajectory technologically in our commitment to performance excellence. It also



Leaders assess go live, careQuest progress at St. Vincent

With the approach of the six-month anniversary of the careQuest go live at St. Vincent Healthcare (SVB), SCLHS leaders gave high marks to the overall installation; recognized the diligence and dedication that contributed to the successful transition; and acknowledged that work remains to resolve issues that have surfaced.

"There have been many successes," said James T. Paquette, SVB president/

CEO, "including the installation process, the interfacing of the systems and equipment functioning smoothly. This is a credit to the hard work and testing that preceded the go live."

Jim added that some of the processes SVB developed—relevant to work and programming—are being revised to be more effective. He advised, "You

(continued on page 2)



“Our General Electric partners stated that they had never seen an activation that went so well—from the standpoint of bringing all of the applications and interfaces up at once.”

Nancy Kallem
Montana Regional Director
of Clinical Applications



“Centricity is working well. It is connecting to other systems and applications. We are progressing on course given the complexity of technical challenges involved with deploying a number of applications simultaneously.”

Rick Lopes, M.D.
SCLHS Senior VP, Clinical Transformation



“From my perspective, this is going to be an ongoing partnership between SVB and SCLHS. We are taking a disciplined approach to resolving issues with the focus on quality care and patient safety and impact on caregivers. Our work will make the careQuest go live easier and smoother for the next Hospital and the Hospitals to follow.”

Jim Paquette
St. Vincent Healthcare
President/CEO

Leaders assess go live, careQuest progress at St. Vincent *(continued from page 1)*

can't underestimate the impact this change has on everyone at the Hospital. It's dramatic, and the learning curve is very steep. Once you are through the learning curve, there's ongoing process improvement long after the initial install."

Bob Boysen, SCLHS chief information officer, said that as the first go-live site SVB's efforts and contributions have been huge. He noted, "All future careQuest sites will benefit greatly from St. Vincent's contributions. As careQuest's in-the-trenches champion, St. Vincent staff demonstrated unwavering support and tireless efforts that were invaluable to the success of the implementation process. As the first go-live site, St. Vincent continues to support ongoing efforts related to upgrades, refinement and problem remediation that will greatly benefit subsequent go-live sites."

Bob added that St. Vincent will continue to play a vital, ongoing role in collaboration with other careQuest sites as additional Hospitals come online.

Nancy Kallem, Montana regional director of clinical applications and project manager for careQuest at SVB, said that the main challenges have occurred with point of care scanning and with barcode

medication management functionality. She said that SVB and SCLHS have taken a disciplined approach to prioritizing issues and working together with strategic vendor partners to bring these to resolution. Bob added that revenue cycle work process and design are other areas of focus.

On a given day, an average of approximately 400,000 transactions occur within the careQuest system at St. Vincent Healthcare, Billings, Mont.

"The best way to characterize the careQuest go live," summed up Rick Lopes, M.D., SCLHS senior vice president clinical transformation, "is that it was an incredibly well-coordinated effort thanks to the team at SVB and the System Office.

"Given the complexity of the work, the many processes and the changes, the go live surpassed all of our expectations," he concluded. "We continue to work extremely diligently to address issues identified post- go live."

Kudos to CTT

Special thanks to all of the CTT members! Formed in December 2004, the careQuest Transformation Team played a vital role in the development and implementation of this System-wide care delivery transformation initiative.

Acknowledging their work, Rick Lopes, M.D. SCLHS senior vice president clinical transformation, said, "CTT members helped shaped the direction of future care delivery for SCLHS. They were an important part of creating something new that will have far-reaching impact across our Care Sites."

CTT members have assumed different responsibilities across SCLHS. Joining careQuest implementation efforts at St. James Healthcare, Butte, Mont., are Tonya Douthitt, project manager; Shelley White, AAA; and Linda Barrett, Norma Cleveland, Cheryl Johnson, Cindy Kerns, Kevin Stefek and Helen Suddreth, implementation coordinators.

Elaine Barnett is continuing as careQuest project manager at St. Mary's Regional Hospital & Medical Center, Grand Junction, Colo. Mary Renz and Beth Scott have transitioned to work at the System Office as systems analysts.

Several other CTT members have returned to job assignments at their home Hospitals. They include Joyce Burner and Lois Reynolds, Providence Medical Center, Kansas City, Kan.; Mary Clare Wilson, St. Francis Health Center, Topeka, Kan.; Kathleen Thompson, Saint John Hospital, Leavenworth, Kan.; Aileen Bowman, Jill Flaherty, Patty Harris, Deb Knott, Cathi Linn, Twila Mattingley and Kim Weis, St. Mary's; Pema Dolkar and Kareem Younes, Saint John's Health Center, Santa Monica, Calif.; and Charlie Hendricks and Dean Hodges, St. Vincent Healthcare, Billings, Mont.

Among successes at SVB...

- *The new application has helped physicians and clinicians communicate with one another without having paper charts and enabled them to interact with and complete their records remotely.*
- *All of the patient information is in one place—on the electronic record—and navigation tools continue to be added to facilitate locating data. Plus, there is a greater wealth of information resident within the system.*

Group evaluates ED application

A multidisciplinary group representing Hospital and ambulatory care environments across SCLHS is currently evaluating ongoing information system support of patient care and workflow in the emergency department (ED). The SCLHS careQuest Executive Oversight Committee (EOC) chartered the group to review existing functionality in Centricity Enterprise as well as other state of the art ED systems and to make recommendations for short- and long-term strategies in the ED. Rick Lopes, M.D., SCLHS senior vice president clinical transformation, is chairing this work group.

With approximately 75 percent of patients seen in the ED discharged for follow up in physician offices, Rick noted that interfacing with both inpatient and ambulatory care users of information is a critical consideration. The group anticipates making its strategy recommendations to the EOC by late spring.

aEHR initiative update

Plans are progressing for all SCLHS employed physician practices to go live with the practice management functionality of the eClinicalWorks application. Four Topeka employed practices are also live with clinical functionality as other physician groups in Colorado, Kansas and Montana anticipate that development.

In addition, interest is being expressed by non-employed physicians in the opportunity to share the costs of the aEHR software application with SCLHS Hospitals. Through proper implementation of regulatory requirements, SCLHS is able to accomplish this for the benefit of the community and to further support and improve the quality of care delivered. The opportunity must be aligned with the respective Hospital's strategic plan and budget.

Hal Schierts, SCLHS aEHR program manager, said that eClinicalWorks is marking its 10th anniversary this year. The organization has 5,000 practices as customers across all 50 states, comprised of all types of groups: large hospital systems; large and small health systems; large, medium, small and solo provider practices, and federally qualified health centers and community health centers.

Marillac Clinic in Grand Junction, one of four SCLHS safety net clinics, has developed its business case to adopt the eClinicalWorks application with a projected go live date during 2010.

Gearing up for careQuest at St. James

With a “can do” attitude and in anticipation of increased functionality and access to information, staff at St. James Healthcare, Butte, Mont., is fast at work making preparations leading up to the CARE SITE’s careQuest go live.

Tonya Douthitt, who has worked at St. James since 1990 as a pharmacist and more recently served as a CTT member, is project manager. Coordinating efforts with her are Nancy Kallem, regional director of clinical applications; Rudy Ketchum, SJB IT director; and Mike Malone, SCLHS liaison/careQuest project manager.

Tonya said that to date, the team has conducted focus groups to identify current state work practices and gaps to be corrected before going live with the Centricity Enterprise application; assessed hardware needs; begun to address interfaces; and initiated planning for training and testing. St. James is on a compressed timeframe because its current information system is sun setting.

Chuck Wright, St. James president/CEO, said, “careQuest has the potential to provide quicker, more consistent access to critical health care information, available anywhere in the organization at any time. This is a huge step forward from the current paper chart which can only be in one place at a time.”



The St. James’ careQuest team includes Norma Cleveland, Tonya Douthitt, Vicki Northey and Cindy Kerns.

Chuck added, “Staff is looking forward to careQuest ultimately enabling them to conduct their work more efficiently and, most importantly, improving the quality of care we provide our patients and the community.”

From the SCLHS perspective, Mike said that the System will continue to pave new ground with the St. James go live. “This remains a learning experience. We have gone live with St. Vincent,” he explained, “and now we will be adding another facility to the new system. We are taking what we learned at SVB and building a shared common system across SCLHS.”

The SJB careQuest staff includes:

- Rick Graham, medication management AAA. Rick is a pharmacist and will be supporting the medication administration workflows, especially bar code medication administration.
- Vicky Northey, revenue and scheduling AAA. Vicki brings a wealth of technical and practical knowledge to support the financial and scheduling components of Centricity Enterprise.
- Jamie Seymour, health information management (HIM)/scanning AAA. Jamie came from St. James’ HIM department and will be supporting all scanning processes and medical records workflows.
- Shelley White, clinical and physician support AAA. Shelley is an R.N. and a former CTT member from SVB who chose to join St. James and renew her commitment to careQuest.
- Dennis Salisbury, M.D., is St. James’ physician champion for the careQuest initiative. St. James’ Senior Leadership Team will provide executive oversight.



Linda Barrett, Mike Malone and Nancy Kallem plan toward careQuest preparations at St. James Healthcare, Butte, Mont.

Whereas St. Vincent went from one electronic system to another with careQuest, Tonya explained that St. James has primarily done paper charting. “Because of this,” she said, “we won’t be unlearning and relearning as much. At the same time, we recognize that with any system conversion, change management is necessary. We are very optimistic about the opportunities for improvements across our continuum of care as we move forward.”

Economic stimulus for HIT takes ‘carrot and stick’ approach

While the American Recovery and Reinvestment Act of 2009 (aka the Economic Stimulus Act) has designated \$19.2 billion for investment in health information technology (HIT), Bob Boysen, SCLHS chief information officer, said that regulations, requirements and conditions that will ultimately determine and define benefits continue to be finalized. In the meantime, SCLHS is forming a task force to study and draft options and a roadmap to meet the requirements, achieve benefits and avoid penalties.

Bob explained that the \$19.2 billion is in two funding buckets:



Bob Boysen

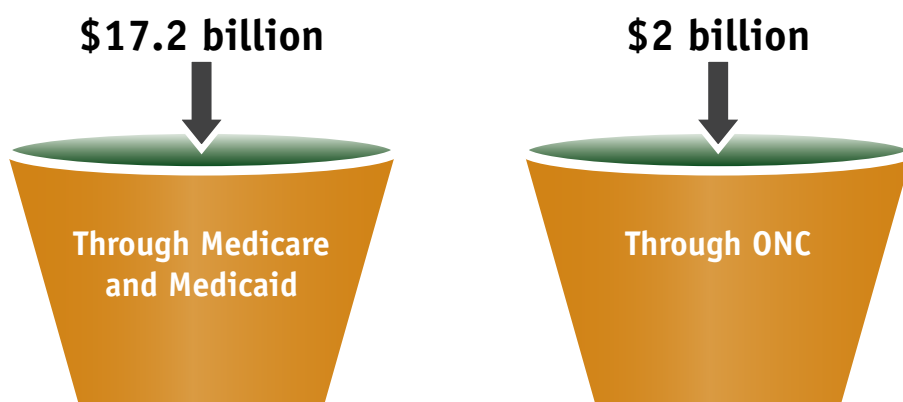
- \$17.2 billion in incentives under Medicare and Medicaid for HIT electronic health record (EHR) adoption by hospitals and office-based providers. Incentive programs will more directly subsidize EHR adoption. Medicare and Medicaid programs will also penalize providers who do not meet the EHR requirements by specified dates. Monetary benefits will be paid out over time for up to four or five years and will not be available until 2010 or 2011.

The “kicker” in this “carrot and stick” approach in Bob’s estimation is in the language yet to be defined. Providers will meet requirements by using “qualified, meaningful” EHRs. What that means is the \$17.2 billion question!

- \$2 billion in funding will come through the Office of the National Coordinator for Health Information Technology (ONC), a division of the Department of Health and Human Services. This funding will be used for grants, loans and demonstration projects. A portion has been earmarked to support regional or state health information exchanges.

The bill also includes new regulatory requirements for privacy. Bob perceives that these are more stringent than HIPAA and are now the national standards for how information will be disclosed.

“Once we understand the requirements and the benefits,” Bob said, “we will assess where we are at each Care Site and develop our roadmap with timeframes to maximize access to incentives.”





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.

KRONOS scheduling gets rave reviews at Providence/Saint John

Lynnette Boelling, R.N., B.S.N., clinical supervisor of the Providence Medical Center family care center, has happily said good-bye to PTO requests on paper towels and sticky notes, to paper staffing schedules on big wall calendars, and to the hours she once spent entering staffing cycles into the computer.



LaVerne Manos shared her interest in the new application with Lori Palmgren.

Now, thanks to the new KRONOS Advanced Staffing and Scheduling application that Providence, Kansas City, Kan., and Saint John Hospital, Leavenworth, Kan., are piloting for SCLHS, Lynnette believes she is being more efficient, and her staff members are empowered with electronic tools to request PTO and even to swap schedules. Plus, Lynnette and other managers at the two Kansas City area Hospitals are using the information technology to ensure appropriate staff skill sets and to manage staffing based on census fluctuations and overtime avoidance.

Donna Swift, R.N., M.N., clinical informatics coordinator for the two Care Sites, is the subject matter expert (SME) for this initiative. She works closely with Julie Boresow, SCLHS ERP systems analyst, and SMEs from other SCLHS Hospitals. This group recommended common nomenclature and other global issues for standardization staffing and scheduling practices across SCLHS, e.g., shift labels, four-week schedule blocks, etc.

Providence and Saint John are phasing in use of the application for staff on dynamic schedules, i.e., those not working the same schedule every two weeks. Staff on a number of patient care units had training on the schedule application in December 2008. In January 2009, they activated the schedules they had created earlier on the system. In May, the remainder of the patient care services units will transition to the KRONOS staffing and scheduling application.

Donna said that along with classes for training, super users have remained available to assist employees with computer skills and using the application. Providence and Saint John had 552 employees who transitioned to the KRONOS application in January; another 250+ will make the change in phase 2 in May. Donna recommended, "Don't underestimate the impact this has on people. Provide reinforcement and support to help them learn the application and discover the benefits."



"We had tracked skills for regulatory and performance reasons, but we didn't have an automated way to look at skills on an organization-wide basis. Now we have this information available through the KRONOS application to make staffing decisions."

Lori Palmgren
Manager, Compensation and Benefits
Providence and Saint John
Human Resources Department



"I'm looking forward to inputting our schedules. It appears to be easy to change and copy and easy to use. We will also be empowering employees to have access to information about their PTO and to schedule electronically."

LaVerne Manos, R.N., M.S.N.
Director, Surgery and Women's Center
Saint John Hospital, Leavenworth, Kan.



"Now we get alerts if staff certifications are expiring. We can also better match agency staff skills to those needed by respective patient care units. For staff who work at both Hospitals, we can look at scheduling across the organization so as not to book them in two places simultaneously and also to avoid overtime."

Jenny Denham
Administrative Assistant,
Patient Care Services
Providence Staffing Office

Goals identified and being met with KRONOS Advanced Scheduling at Providence and Saint John

In January 2008, Donna Swift and the Providence-Saint John KRONOS project work group identified and adopted the following project goals for the advanced scheduling application. Now, Donna is tracking progress with metrics, and the Care Sites are on target meeting these goals.

Project Goal	Success Measure Status
Paperless or less paper for scheduling process.	For those departments and staff that are self-schedule, 70 percent of staff are currently using the self-schedule feature to select the days they would like to work.
Increased employee satisfaction around staffing and scheduling.	Pre-implementation surveys were conducted with staff and managers. Feedback identified areas for improvement. Post-implementation surveys are planned after completion of phase 2. Early feedback from staff demonstrates that they are happy with the application and enjoy the remote access capability.
Less time spent creating schedules.	Directors and managers have affirmed this with anecdotal reports.
Consolidated tracking of skills and certifications.	This has occurred and continues with ongoing updates.
All units on KRONOS (base or advanced).	Departments identified to use the new KRONOS application will be completed by mid-May 2009. Remaining departments are in still transition to the base scheduler product.
On call process included in scheduling.	This has been accomplished.
Multiple employee telephone numbers in schedule assistant.	This has been accomplished.
Increased manager satisfaction around staffing and scheduling.	Work continues as workflow processes change and reports become more robust and match management needs.
Success celebrated.	Plans will be developed to celebrate success.