

## careQuest advances to testing, training phases

careQuest is rapidly approaching the reality stage at St. Vincent Healthcare, Billings, Mont. (SVB), as staff members participate in software demos, test core applications and prepare for training sessions. With the careQuest go live at SVB projected for June 1, 2008, the ultimate goal is enhanced patient care delivery, quality and safety through use of advanced information systems that enable electronic health records for all patients.

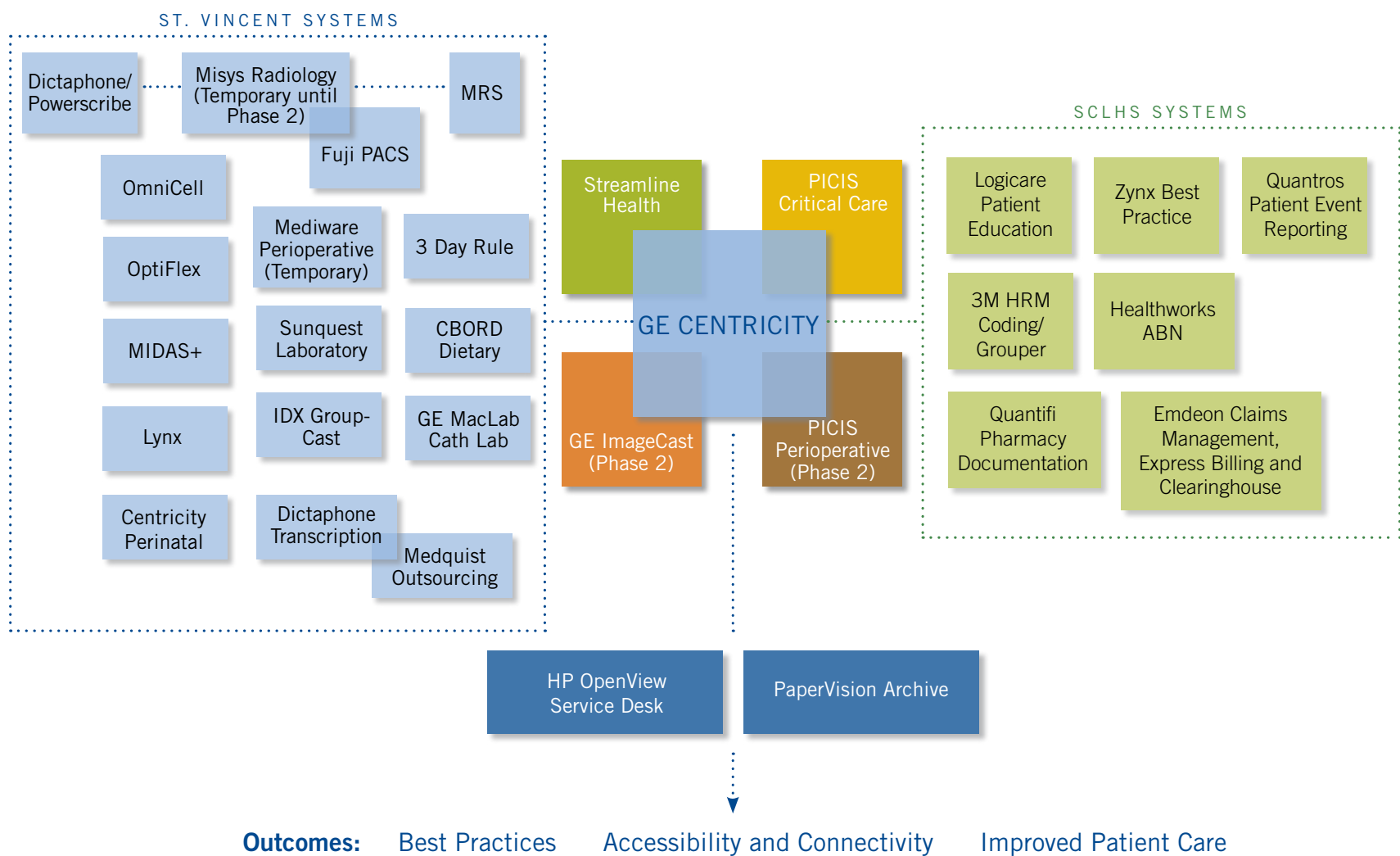
Steve Ballock, SVB vice president finance/CFO, said that careQuest has definitely gone beyond the theory stage at SVB with Hospital and System Office staff and careQuest Transformation Team (CTT) members down to the nuts and bolts. Nancy Kallem, SVB careQuest project manager, agreed and said that positive momentum and enthusiasm are building and that communications are flowing regularly about the initiative.

While a critical phase of the testing cycle experienced a delay (and is back on track), staff members recognize the significance of ensuring that integration and interfaces work to enable connectivity and communication between existing and new IT systems and applications. Given the magnitude and complexity of the overall initiative and with SVB as the first site, the commitment is to implement as smooth a go live as possible.



Nancy Kallem (right), St. Vincent careQuest project manager, with Edie Gonitzke, CLS, at an update session.

Staff members selected as “subject matter experts” are highly involved in the testing and plans for training. They are nearing the stage where they will be able to interact with and use the applications in a test mode and then articulate how the system will work to their peers.



### Integrating the applications

GE's Centricity Enterprise is the core application for clinical processes and the primary platform whereby and through which the patient's lifelong health record will be created and stored.

New applications supplementing Centricity at SVB Phase 1 will be:

- **Streamline Health** that allows for scanning paper documents and importing them into the electronic record (see related article, page 4).
- **Picis** for critical care functions.

Add to these, the need to integrate and interface with other already existing information systems at SVB and existing and new systems at SCLHS (see graphic above), and this explains and magnifies the complexity of the careQuest initiative, said Rick Lopes, M.D., SCLHS chief clinical transformation officer.

Clinicians on patient care units will enter and retrieve elements of core documentation about patients through Centricity. This application will give staff access to information including patient demographics, lab tests and X-ray results.

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### On the revenue cycle side

From pre-admission through the patient account being paid, careQuest will have an impact on functionalities related to the revenue cycle of each SCLHS Hospital.

Bob Jaime, SCLHS revenue cycle director, said the initiative will touch virtually every step of the revenue cycle either through the GE Centricity Enterprise core application, other clinical applications or bridge technologies to augment these applications. These applications will affect workflows and processes including admission, registration, eligibility determination, satisfying requirements for referrals and authorization of processing, payment posting and submitting third party claims.

Steve Ballock said that the bridge technologies will meld with GE Centricity to enable revenue cycle departments to have the functionalities and the data they need to do their jobs. The goal in the careQuest testing phase is to overcome technical hurdles, integrate these applications and create a seamless process for the revenue cycle functions.

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## Role definitions

- **Subject Matter Experts (SMEs)**—front line staff selected from their functional areas (nursing, therapy, dietary, HIM, patient accounts, etc.); helping manage careQuest training or testing.
- **Super Users**—will help with training to support the careQuest implementation; will train employees in like disciplines.

## Integrating the applications

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Meanwhile, in the lab and radiology departments, SVB staff will use existing departmental information systems that will be integrated with Centricity so that all information funnels through Centricity to the patient units.

Phase 2 of the careQuest initiative at SVB will introduce other new applications for clinical and revenue cycle functionalities.

## On the revenue cycle side

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This integration and the number of bridge technologies increase the complexity of the revenue cycle side of careQuest. Plus, Bob noted that most of the revenue cycle applications will be implemented at the same time in Phase 1. He added that Phase 2 will introduce a few additional applications (e.g., scanning for patient accounting and Master Patient Index duplication checking).

Specialized Phase 1 **revenue cycle** applications include:

- **3M Health Record Management** that will allow coders to ensure compliance and the Health Information Management (HIM) department to achieve standards required to submit claims.
- **Healthworks ABN** that provides advanced beneficiary notice to patients on whether a given procedure is covered or whether they will need to pay for services themselves.
- **Emdeon** claims management software that researches eligibility, manages denials, serves as a clearinghouse for claims processing and sends out bills to patients.

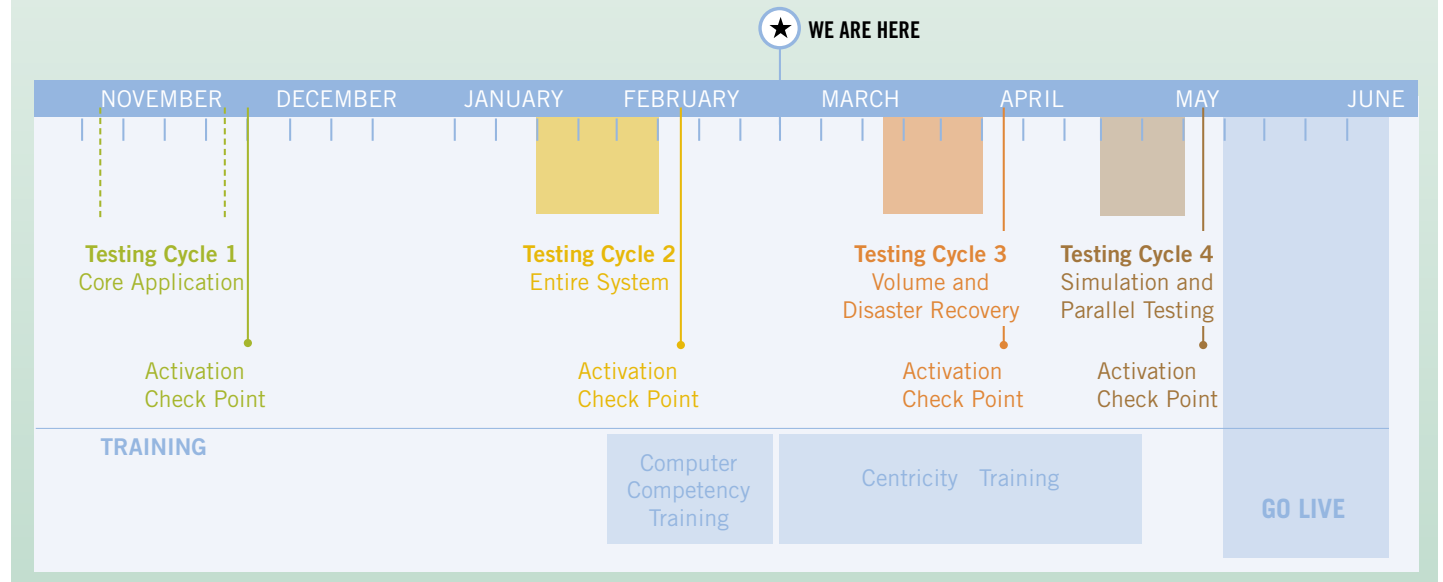
# Testing pivotal to careQuest initiative

Before going live with careQuest, SCLHS and SVB need absolute assurance that all systems are literally “go.” To reach this confidence level, there is a series of critical testing cycles. The goal of the testing is not to pass/fail, but to determine if the system is functioning as designed and to identify areas that need to be modified before go live.

There are four testing cycles before the careQuest launch with an activation checkpoint following each cycle. Checkpoints identify “show stoppers” or major issues.

- **Testing Cycle 1: Test the core application** GE Centricity Enterprise.

- **Testing Cycle 2: Integrated Testing** Bring all systems together and test how they interact; a complex testing cycle.
- **Testing Cycle 3: Volume and Disaster Recovery/Load Testing** Test the system with a large volume of users to ensure rapid response time; simulate a disaster to see how quickly can cut over to secondary system.
- **Testing Cycle 4: Simulation/Parallel Testing** Run the new system and current systems side by side in a dress rehearsal; parallel testing with a random selection of patients.



## Sequencing for future go-live sites

Preparations are underway at St. Mary’s Hospital and Medical Center, Grand Junction, Colo., slated as the second careQuest go-live site in May 2009.

Due to the fact that its health information system is sunsetting and will no longer have functional updates, St. James Healthcare, Butte, Mont., has advanced to the third position for go live by July 2009.

Holy Rosary Healthcare, Miles City, Mont.; Providence Medical Center, Kansas City, Kan.; and Saint John Hospital, Leavenworth, Kan., will be next in order by January 2010, followed by St. Francis Health Center, Topeka, Kan., and Saint John’s Health Center, Santa Monica, Calif.

## Training critical as go live approaches

Just as every major phase of careQuest has been an important building block for the next phase, training is critical to the success of the initiative as St. Vincent Healthcare nears its go-live date. Nancy Kallem, SVB careQuest project manager, noted that 1,761 clinical users and 256 revenue cycle users will be trained. Trainers will include SVB subject matter experts (SMEs) and super users and CTT members.

In February, preliminary to the training, all SVB staff members are completing an online basic computer skills competency course. The online course is intended to provide basic skills as well as to demonstrate that all staff has the same level of basic skills related to computer operations, e.g., how to use a mouse.

Judy Davis-Cole, SCLHS IT training coordinator, said that staff of St. Mary’s Hospital and Medical Center, Grand Junction (SMGJ), Colo., developed the online competency course. Neal Stevenson, SMGJ web designer and education coordinator, authored the course, and Joanna King, SMGJ director of education, facilitated arrangements to share it with SVB. The course is being accessed via a Web-based learning management system.

Training in the careQuest GE Centricity Enterprise application and functionalities will primarily be instructor-led, paper-based and in classrooms. At SVB, instructors will include five CTT members, six SMEs and 14 super users for the revenue cycle courses; and 10 CTT members, 18 SMEs, and 25 super users for the clinical courses.

Judy explained that these same individuals are developing workflow-directed manuals for training. The content of these manuals is the basis for interactive courses being developed. This same group is producing online vignettes for staff to review and practice their newly learned skills with the application. The goal is to increase retention of training materials between when a staff member attends class and the go live.

There will be in-class, instructor-led online training for the Emergency Department tracking board and other modules at SVB (i.e., basic Centricity overview and medication reconciliation). Authors for these online courses include Chris Gragg, SCLHS systems analyst, for the ED course; Joni Kenton and Jo Sundblom, systems analysts, for the revenue cycle; and Judy for both clinical and revenue cycles.

## Physician training a key component

Charlie Hendricks’ goal in developing careQuest training for physicians at SVB is to help them get the data and information they need to provide quality patient care.

“I want to facilitate physician access to the computerized documentation they require,” the SVB application administrator/physician support, said. “Whether it’s radiology or lab results, my task is to help physicians understand how to maneuver through the applications to get what they need.”

Charlie is meeting with physicians daily to understand what data they need to access, to allay some fears and to anticipate future needs. Once users have testing and training access to the GE Centricity application, Charlie plans to build learning modules that SVB physicians can access online or via CD. “This will walk them through the application,” he explained, “and allow them to click on flow sheets and experience how the process will work.”

# On time, on budget, on track with aEHR

## Physician practice perspective

Feedback is positive from the first SCLHS employed physician practice to go live with the eClinicalWorks ambulatory electronic health record (aEHR) application.

"It makes a tremendous difference," said Thomas B. Anderson, M.D., Ph.D., of St. Francis Internal Medicine, Topeka, Kan. "You can be very precise with prescriptions, documentation and records by using the computer's brains."

The practice went live with eClinicalWorks on Nov. 12, 2007—on schedule and on budget. The practice has three physicians and implemented both the practice management and electronic medical record components of eClinicalWorks. Karolyn Sharp, office manager, observed, "It's been a huge change, but it's gone really well. Everyday, I see that we are using less paper."

As champion for the project, Dr. Anderson has found the new application very adaptable. He said that examinations are easy to document with a pull-down menu that offers a number of pre-loaded data points. He also likes that he can refine the data points and add information in his own



Before go live at St. Francis Internal Medicine, all eyes were on the computers.

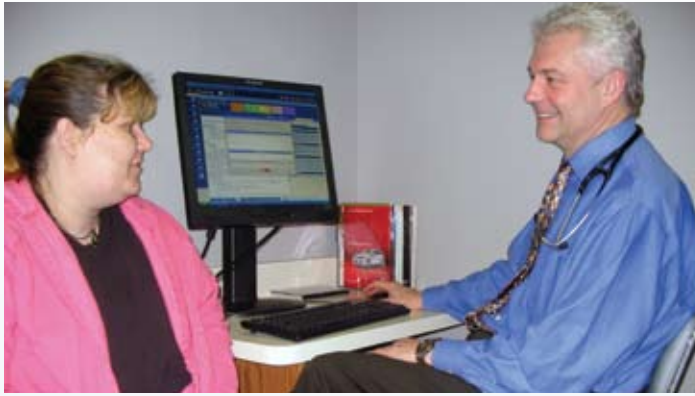
free-text by typing, dictating or electronic handwriting dictation. The office is using laptops and tablets for documentation.

What the internal medicine physician likes best is "not having to deal with paper or dictate any more. You just 'click' to document."

He appreciates being able to place electronic orders of prescriptions directly to the pharmacy. Dr. Anderson believes the aEHR application will allow him to spend more time visiting and interacting with patients. When patients return for later visits, he has information at hand in their electronic records for quick recall. He added that on the billing side, eClinicalWorks makes the clinician be very precise with codes for charges.

Dr. Anderson thinks that it was a wise decision to begin the aEHR initiative in a practice with a smaller number of providers and in close proximity to the System Office where the server is based. The group experienced a connectivity glitch on the first day of go live, but Dr. Anderson praised System Office IT staff for resolving the problem.

In fact, he gave special credit and accolades for the overall success of the go live to Hal Schierts, SCLHS aEHR project manager; Kevin Mapes, SFT project manager who was new on the job and "jumped right in"; Susan Runyan, RN, SFT



Documentation by computer frees Dr. Anderson for more time to interact with patients.

application manager; and Jay Norris, SFT device specialist.

On the lessons learned list, Dr. Anderson cautioned that future go-live sites should anticipate considerable, but essential, preparation that is required ahead of time—analyzing workflows step by step to understand what can be improved by using the computer as a tool. Based on his practice's experience, Dr. Anderson said the SCLHS aEHR team will be making the process for pre-loading charts more efficient.

## Hospital viewpoint—successful team effort

Recognizing that considerable passion and hard work went into the pilot site in Topeka, Cherelle Ireland, vice president strategic planning and business development at St. Francis Health Center (SFT), credited physician leadership, System Office support and the Health Center's IT department for the success of the first go live of this SCLHS initiative.

"It was a real team effort," she said. Cherelle acknowledged the time and effort of Dr. Anderson; Dennis Tietze, M.D., SFT member of the SCLHS aEHR Steering Committee; and Kennen Thompson, M.D.

She said it proved very helpful for SFT to have allocated additional resourcing in IT for the project. The initial implementation was both labor and time intensive.

Cherelle also noted that aEHR requires a cultural shift for physicians as they literally change the way they go about doing and documenting their work. Relationship-building, team-building and an abundant supply of cheerleading bolstered everyone involved.

"We're eager to reap the system's benefits," Cherelle said. "Physicians will be able to focus their attention more fully on patients because they'll spend less time on administrative tasks."

SFT has developed a business plan to implement the initiative with other employed primary care physicians and then with employed specialists. The next phase of aEHR in Topeka will entail establishing a central business office function to get all employed clinics on the same eClinicalWorks system for scheduling, coding and billing.

## Expanding aEHR to non-employed providers

With recent regulatory changes, SCLHS has new options to share the costs of the aEHR system with non-employed physicians for the benefit of the community and to further support and improve the quality of care delivered.

Ed Barker, SCLHS vice president/general counsel, said, "Through proper implementation of all applicable provisions, SCLHS Hospitals can expect to be able to donate a significant portion of the eClinicalWorks aEHR information system to their non-employed medical staff providers who meet eligibility requirements."

A Hospital board-appointed Physician Transaction Review Committee will make the determination of whether a given provider meets the eligibility criteria. Broadly, these criteria convey a willingness to share and exchange information for the benefit of the patient and the community.

SCLHS anticipates that the recipient non-employed practice would receive a donation from the System in the form of cost-sharing for the eClinicalWorks licensed software and services in compliance with Stark exceptions, anti-kickback regulations and IRS directives. This would include interfaces enumerated for interoperability requirements to allow connectivity with other providers in the community and to enable real time interoperable health records capabilities. The donation/cost sharing would also include maintenance necessary to support the donated software; upgrades and modifications; and IT implementation resources necessary to create and install donated software and interfaces.

The Hospitals are prohibited from donating/cost-sharing with non-employed practices on hardware and its installation; staff to assist with implementing an electronic records system and scanning historic patient information into the aEHR; and items/services used primarily to conduct personal/unrelated business.

Rick Lopes, M.D., SCLHS chief clinical transformation officer, said, "Each SCLHS Hospital should consider if this new opportunity is congruent with its strategic plan for the community it serves and take action as deemed necessary and within available budget."

## 'Self-service' features to enhance HR interactions

By the end of July 2008, the goal is that all employees System-wide will have online access to information about their benefits, their pay, PTO and other HR matters. Ty Coup, SCLHS manager, financial and administrative systems, said this will occur through the Lawson Human Resources (HR) application that allows "employee self-service" and "manager self-service" functions.

"While the initial deployment will be for information only," Ty explained, "SCLHS will layer on other functionalities over time."

For example, once the application is fully functional, staff will be able to modify their W-4 forms and enter their name and address changes online. Janet Jorgenson, interim HR/IS team lead, said the application will allow staff to view

year-to-date wages and check stubs, print their own direct deposit advices, change emergency contact and beneficiary information, and even preview how changes to personal tax exemptions might impact their paychecks.

Eventually, employees will enroll and maintain their benefits online, as well. Managers will also have the capability to process transactions related to their staff online. The ultimate goal is to move the HR departments toward a paperless environment while improving efficiency and reducing costs.

System Office employees have tested electronic access to their HR information. St. Mary's Hospital and Medical Center, Grand Junction, Colo., will pilot the application beginning in late February.



## 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.

# Application ‘streamlines’ journey to paperless records

In moving toward a paperless electronic health record (EHR) for each inpatient, SCLHS Hospitals will use the Streamline Health document scanning software to import paper-based documents into the patient’s electronic record.

This scanning is necessary because not all documents can currently be built into the GE Centricity Enterprise careQuest core application. Plus, there are other paper documents, like a patient’s advance directive, that will need to be scanned.

There will be scanners at points of care on nursing units and in all other clinical areas. Clinical staff will be trained on the Point of Care (POC) scanning process. Bar code labels specific to each patient will be affixed to the documents. Documents scanned will post to Streamline Health and be viewable to clinical areas via Centricity based on staff roles.

Health Information Management (HIM/ medical records) will scan all documents that do not have either a patient bar code label and/or document type bar code located on the form. The HIM staff will pick up “scanned” and “unscanned” documents every four hours from all the clinical areas. The HIM quality control process will be performed on all documents to ensure that all images captured are of good quality and to validate that the indexing of the document has been posted/ filed to the proper location in the EHR.

*“Our goal from day one of the go live is to go to a paperless environment. The Streamline Health document imaging system will allow us to move toward this environment.”*

*Rick Lopes, M.D.  
SCLHS Chief Clinical Transformation Officer*

Streamline Health does more than take an image of a document, said Cindy Kerns, lead CTT member for this application. With the appropriate document barcode label and the patient identification label, Streamline Health will “tell” the scanned image where it needs to go in the patient’s chart.

Preparing for this transition has required extensive behind-the-scenes work to ensure that all documents “fit” into the correct document type and that forms have been redesigned to meet requirements. This has also involved anticipating how scanning will occur in different situations, like an emergency.

HIM departments are undergoing a major transformation from a paper-based record to an electronic record. There has been an evolution of roles, responsibilities and workflow redesign for the HIM departments that also includes policies and procedures and job descriptions.

Based on this preparation and the integration of Streamline Health with Centricity, patient care staff will be able

to view the patient’s complete chart electronically at their workstations without shuffling reams of paper. Beyond this, the application will be the vehicle by which the HIM department will analyze the record for completeness. Cindy emphasized that all efforts will be directed toward ensuring that best practice is met to support the legal medical record, to reflect the care provided to the patient and to meet compliance for billing purposes and accrediting agencies.

Jo Sundblom, SCLHS HIM systems analyst, explained that another application of the software allows for release of information (based on authorized requests) to patients, physicians or insurance companies.

Champions of this initiative include Cindy; Jo; Nancy Kallem, SVB careQuest project manager; and Cheryl Johnson, CTT member.



Testing scanning devices at the System Office were (left to right) Carol Turbes, HIM director, SVB; Jo Sundblom, SCLHS systems analyst; Cindy Kerns, CTT member; and Brickel Sharp, SVB HIM supervisor.

## SJSM goes live with Picis Long hours, high volume, positive outlook



Rebecca Siason

With 1,000 surgeries per month, 15 operating rooms and an elective schedule that runs from 7 a.m. to 11 p.m., Saint John’s Health Center, Santa Monica, Calif. (SJSM), had a successful but challenging go live with the Picis perioperative application in November 2007.

“We went from the dark ages of being 100 percent paper-based,” said Rebecca Siason, administrative director, SJSM perioperative services, “to the age of enlightenment with a perpetual inventory and an electronic health record.”

The sheer volume of procedures, workflow design and some technical issues, and the need to provide technical staff support throughout the long surgery schedule complicated the go live. Rebecca explained that the perioperative work group had designed high level future workflows for the initiative, with the goal of building the application once and deploying at all SCLHS Hospitals. The fact that SJSM workflows were significantly different from workflows of

Providence Medical Center, the first go-live site, challenged the implementation in California.

The perioperative work group plans to meet in April at SJSM to ensure smoother go lives at subsequent sites.

“I can’t say enough good things about the committed SJSM staff, the System Office support and the Providence team that was on site with us during the go live,” Rebecca said.

In particular, she acknowledged Greg Packard, SJSM perioperative services business analyst; John Bullard, SCLHS clinical project lead; and Debbie Leshner, Julie Porterfield, Debbie Ruggles and Janet Wright from Providence’s perioperative services.

“There was a high level of commitment and passion for the project,” Rebecca noted. “Month by month, it is getting better. While we still have staff who would prefer the paper system, there’s a group that would say this is so much better, including the anesthesia staff who had the most challenging time with the go live.”



John Bullard

## Two SCLHS staff to present at 2008 Lawson users’ conference

Missy Duprey, systems analyst financial systems, and Craig Hopkins, functional leader financial systems, have been invited to give presentations at Lawson’s annual users’ conference in Las Vegas, Nev., March 17-20.

Missy will discuss advanced tips and techniques for implementing in-bound electronic accounts payable invoices. Craig will review the Lawson software configuration settings and operating processes required to support a large multi-facility, centralized accounts payable department.

Spirit **God,**  
companion  
us on our  
**journey.**