

careQuest

April 2005 Edition

Sisters of Charity of Leavenworth Health System

careQuest—the journey: transforming care delivery

What is careQuest and what will it mean for the Sisters of Charity of Leavenworth Health System (SCLHS) and for the patients we serve?

For the past two years, extensive planning has gone into finalizing the business case and leading up to the roll-out of this significant System-wide initiative. Bob Boysen, SCLHS chief information officer, spearheaded development of the business case and vendor selection for this major undertaking with active engagement of an executive level committee. Input from 80 persons representing various clinical and business disciplines across the Health System helped inform executive level decisions. The sum total of these initial efforts led to what is now called careQuest.

Always the first to emphasize

that careQuest is not an information technology (IT) initiative, Bob said, “careQuest’s thrust is to reduce variation and to provide easy access to patient information through information technology tools.”

M. Michelle Hood, president of the Montana Region SCLHS Affiliates, has likewise been engaged with careQuest’s development since its earliest phases. She likened the initiative to a journey—“a journey to create a new health care system through extensive clinical information sharing based on a new level of understanding of processes behind care and how the processes impact the bigger whole.”

Richard T. Lopes, M.D., who joined SCLHS as chief clinical transformation officer last year, elaborated, “careQuest will



Jim Lichauer, Marva Cowger-Leach, St. Francis Health Center, Topeka, Kan.

ultimately allow us to standardize clinical and business processes across the Health System; apply information technology to facilitate ease of access to information for both patients and clinicians; enhance care delivery and ensure improved patient safety and quality outcomes; and lead to the (continued on page 4)



Susan Bray, Saint John Hospital, Leavenworth, Kan.



letter from the president

This is truly an exciting time in the history of our Health System as we embrace the careQuest initiative wholeheartedly in fulfillment of our SCLHS Mission and in full pursuit of our Vision.

Our Vision states our intention to “be recognized for our vitality, best in class performance and providing easy access to compassionate and trustworthy healthcare.” While several major System-wide and Affiliate-specific initiatives support movement toward this Vision, careQuest is the most comprehensive in its scope.

careQuest entails transformational change. Change of this magnitude does not come easily; it comes with a price; but most importantly, it promises enhanced quality and patient safety.

The challenge of change and the “price” associated with careQuest are integrally related. We have had good outcomes and good results in the past. We are used to processes for providing care and doing business. At the same time, we recognize that there are abundant opportunities to use technology to our advantage as providers and for our patients—ways that incorporate best practices and reduce variation that lead to enhanced quality and patient safety outcomes.

The price we “pay” for this transformation is one of letting go of comfortable, tried and proven ways of doing things; facing change head-on; and redesigning

care delivery based on what is best for patients and providers. For the entire Health System, the “price” is the major commitment of funding (\$105 million) that requires us to be even more diligent as good stewards of our financial and human resources.

Yet, the promise of change far outweighs the challenges, the risks and the expense. With careQuest, we will actualize both our Mission and our Vision. This initiative captures the intent and spirit of our Core Values: Response to Need, Respect, Wholeness, Excellence and Stewardship.

careQuest is focused on patient care that is highly responsive to needs of patients and families and that is safe, trustworthy, appropriate and best of practice. It should allow caregivers more time for delivering compassionate care and result in less time required for administrative duties. We also anticipate that careQuest will lead to improved access to care and to vital information for all patients, providers and staff.

As we embrace this challenging “quest,” we seize this exciting opportunity for change. With careQuest, SCLHS will shape the future of our valued Health Ministry.

Bill Murray
William M. Murray, President

careQuest

A picture worth a thousand words

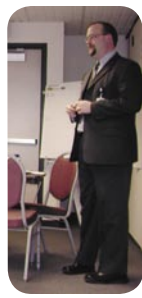
To visualize the careQuest initiative, SCLHS has created a “brand identity.” Hence, the careQuest logo art/mark unveiled with this inaugural edition of the newsletter. The logo carries the following meaning:

- By lowercasing the “c” in “care,” the reader’s eyes are drawn to the “Q” in the center, standing for quality in the acronym “Quest” (see article, page 4).
- The stylized “Q” resembles the profile of a person, also emphasizing the patient- and person-centered focus of careQuest.
- The links in the middle of the “Q” represent the linking of the SCLHS Affiliates in the transfer of knowledge and the sharing of best practices.
- The “swoosh” at the bottom of the “Q” symbolizes a journey and forward movement.

The careQuest brand identity was designed by Chance Tee Goldston, HOTMETAL Creative, LLC. The logo is for the careQuest initiative and does not replace the SCLHS heart/cross logo/symbol.



Michael Wright, Terry Chavez, Annette Ban, Rick Lopes, Tim Bader at Holy Rosary Healthcare, Miles City, Mont.



CTT orientation at System Office



Jim Paquette, Rick Lopes, Mary Dailey, Kelly Thornton at Providence Medical Center, Kansas City, Kan.

TRAs first major step in development phase

Through April 2005, SCLHS staff and careQuest consultant partners are making weeklong site visits to each Affiliate Hospital to conduct a "Transformation Readiness Assessment" (TRA). These assessments include meetings, focus groups, interviews and visits to hospital departments. The TRAs are critical in providing background for process redesign, explained Renee Budzenski, R.N., SCLHS careQuest project manager.

Mary Dailey, vice president, patient care services, Providence Medical Center and Saint John Hospital, Kansas City and Leavenworth, Kan., said that the TRA was comprehensive, intense and highly participative. The two Kansas City area Hospitals were first in line for the assessment.

"Staff appreciated the opportunity to look at how we deliver care and to anticipate doing things in new and different ways," Mary said.

The TRAs have multiple purposes, according to Renee. They include:

- understanding current-state clinical and revenue cycle processes at each Affiliate;
- ensuring consideration of best practices and issue resolution as part of the process and system redesign;
- identifying Affiliate readiness for change at all levels of the organization; and
- providing communication and learning opportunities about careQuest and the anticipated transformation of clinical and revenue cycle processes.

The TRA at Holy Rosary Healthcare, Miles City, Mont., went well in the estimation of Deb Tonn, vice president of patient care services. "By mapping our processes during the TRA," she commented, "clinical staff members were energized to see how they could eliminate rework and redundancy in patient care."

From the assessment process, physicians at Holy Rosary appeared ready for change, according to Deb. She also noted that, even though implementation is a few years away, clinical staff anticipates readily available information, efficiencies that will be gained and standardization of processes.

The TRAs continue with final sessions scheduled April 25-28 at St. Francis Health Center, Topeka, Kan.

Executive oversight plays key role

Throughout the development of the careQuest initiative, SCLHS has fostered Senior Leadership engagement and ownership of this transformational change process. Key to providing high level review are members of the careQuest Executive Oversight Committee (EOC). The EOC meets monthly to review project status, address issues, resolve scope questions and define ongoing project strategy.

This committee reports to the SCLHS Senior Leadership Team (SLT). Chairing the EOC is Richard T. Lopes, M.D., SCLHS chief clinical transformation officer. Other members include Forest "Buzz" Binder, chief financial officer, St. Mary's Hospital and Medical Center, Grand Junction, Colo.; Mary Ellen Blakely, RN, vice president, patient care services, Saint John's Health Center, Santa Monica, Calif.; Bob Boysen, SCLHS chief information officer; Renee Budzenski, R.N., SCLHS director, application systems; Mary Dailey, R.N., vice president, patient care services, Providence Medical Center and Saint John Hospital, Kansas City and Leavenworth, Kan.; Michael Dorsey, chief operating officer, St. Francis Health Center, Topeka, Kan.; M. Michelle Hood, president and CEO, Montana Region; William M. Murray, SCLHS president; Irma Napoli, SCLHS vice president, human resources; Chuck Pietrafesa, M.D., executive medical director, Saint

John's Health Center, Santa Monica, Calif.; and Michael Rowe, SCLHS chief financial officer.

Ex officio members include consultant representatives: Deb Davis, executive vice president, Healthlink; Jennifer Naval, project executive, IDX; Michael Raymer, vice president and general manager, IDX; and Kelly Thornton, client services vice president, Healthlink.

Partners bring expert experience to process redesign, applications

SCLHS has engaged two nationally recognized partners for the careQuest initiative.

Healthlink, Inc., is facilitating redesign of clinical and patient administrative processes and will guide business transformation in conjunction with implementation of clinical applications. Healthlink team members have experience and expertise in identifying the need for process changes and the implementation of standardized work flows and best practices. Kelly Thornton is the Healthlink client services vice president.

IDX will provide technical knowledge and clinical applications that support the transformed care delivery processes. Functional application areas of the careQuest initiative will include physician/clinician access to patient information, computerized physician order entry, clinical documentation, pharmacy, emergency department, critical care, referring physician on-line, patient on-line, registration, scheduling, medical records, patient accounting and document imaging. IDX project manager is Suzanne Lundberg.

Imagecast, the IDX Imagecast Radiology Information System (RIS), is currently being piloted at three SCLHS Affiliates. Work is also underway to finalize plans for a Perioperative Information System for surgical services

Project Steering Team pivotal to process

The Project Steering Team (PST) is responsible for the day-to-day success of careQuest throughout its various phases. The PST is co-chaired by the Healthlink project manager and consists of the following members:

SCLHS Project Team

- Joy Babich, Revenue Cycle Team leader
- Renee Budzenski, R.N., director, application systems
- Kent Gaff, director, technical services
- Charley Morrison, manager, patient administrative systems
- Ken Oliver, manager, clinical systems
- Mary Clare Wilson, Clinical Team leader

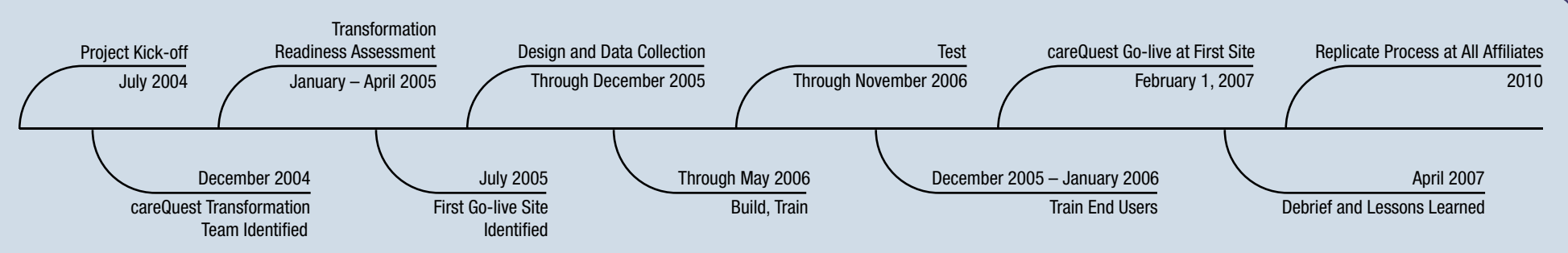
Healthlink Project Team

- Greg Adams, business process manager
- Tim Bader, R.N., clinical process manager
- Diana Domonkos, R.N., clinical process manager
- Lee Lavergne, business process manager
- Paul E. Pancoast, M.D., clinical process manager
- Dale Resch, RPh, clinical process manager
- Kelly Thornton, project manager

IDX Project Team

- Suzanne Lundberg, project manager
- Jennifer Naval, project executive

careQuest timeline



Team leaders enthusiastic about initiative

Mary Clare Wilson has been an employee of St. Francis Health Center, Topeka, Kan., for 27 years; Joy Babich joined the Leadership Team of St. James Healthcare, Butte, Mont., just last year. Mary Clare's experience is on the clinical side; Joy has an extensive business background including a major transformation project with a physician company.

While the two women had never met before, their paths have converged as team leaders of the careQuest Transformation Team (CTT)—Mary Clare as Clinical Team leader and Joy as Revenue Cycle Team leader. Both bring enthusiasm, commitment and a high level of energy to their key roles in the transformation process.

"This is a once in a lifetime career opportunity," said Joy, vice president of operations at St. James. "I love hospital operations, and the chance to integrate quality and clinical care through this initiative is exciting."

Mary Clare, director of several St. Francis nursing units and clinics, acknowledged the Health System for being visionary in taking on careQuest. "I think we will see improvements to patient care and patient safety and increased customer satisfaction beyond what we can even begin to comprehend now," she noted. "careQuest is going to take us places we haven't been before. The ease of access to information is going to be tremendous for everyone—patients, clinicians and physicians."

As team leaders, both Joy and Mary Clare will play a major role in managing change. Both are up for the challenge and for what they consider an

amazing opportunity. "I've never been satisfied with the norm," said Joy. "careQuest is a quest for me personally as well as for the entire Health System."

Mary Clare's philosophy and management approach involve working with staff to "think outside the box" and to ask "how can we do things better and more efficiently." She anticipates that the biggest challenge at the staff level will be acceptance of standardization. "We are used to customizing to our particular way or organization," she said.

Plus, Mary Clare observed, "We are blending eight cultures into one process, one transformation from an organizational standpoint. Putting the teams together the way it's been done is an excellent approach."

For now, each team leader is getting to know members of their respective teams and working to emphasize the "Systemness" of careQuest. "We're talking about letting go of our 'Affiliate-ness' as CTT members," said Joy, "and embracing the team spirit of the initiative for the greater good."



Mary Clare Wilson and Joy Babich

Introducing the careQuest Transformation Team

Twenty-nine Affiliate employees have been selected as members of the careQuest Transformation Team (CTT). This team is made up of employees from across the SCLHS Hospital Affiliates and encompasses different clinical and business functions.

The CTT will work on the careQuest initiative with SCLHS staff and consultants at the Health System Office in Lenexa, Kan., over the next two to three years. Team members' responsibilities will include redesigning care delivery processes from start to finish—from how patients are admitted to the hospital and cared for during their stay to how orders for tests are placed and discharges are handled and documented. CTT members also will be "change leaders" for this initiative at their respective Affiliates as careQuest moves toward implementation.

"Because of the size and scope of this initiative, the element of 'ownership' is very important among employees and physicians of our SCLHS hospitals," said Renee Budzenski, R.N., SCLHS careQuest project manager. "What better way to accomplish this than by engaging Affiliate staff in the process redesign from the very beginning."

"We are pleased to have representation on the CTT from across the Affiliates. We anticipate that other staff will have the opportunity to give input and feedback throughout CareQuest's development."

Approximately 60 individuals applied for the various careQuest Transformation Team positions. Throughout the recruitment process, efforts were focused on ensuring representation from across the Health System and different clinical and business disciplines and also on not burdening any one Affiliate by reassigning staff to careQuest. Each Affiliate has a plan in place to ensure that responsibilities performed by the CTT members are covered during their absence for the careQuest initiative.



Karen Younes and Pema Dolkar, Saint John's Health Center, Santa Monica, Calif. CTT orientation at System Office



Bob Boysen, Sisters of Charity of Leavenworth Health System

Physician engagement secured early in process

From its earliest phases, the development of what has come to be called the careQuest initiative has sought and benefited from physician input.

"As we move toward evidence based medicine and computerized physician order entry," said Richard T. Lopes, M.D., chief transformation officer, "our commitment to involving and engaging all clinicians will become increasingly essential and critical."

At the present time, in addition to physician representation on the Executive Oversight Committee, there is also a careQuest Physician Advisory Committee. Members of this committee include John Beeson, M.D., St. Mary's Hospital and Medical Center, Grand Junction, Colo.; John Kleinholz, M.D., St. Francis Health Center, Topeka, Kan.; John Nelson, M.D., Providence Medical Center, Kansas City, Kan.; Chuck Pietrafesa, M.D., Saint John's Health Center, Santa Monica, Calif.; Dennis Salisbury, M.D., St. James Healthcare, Butte, Mont.; and Paul Pancoast, M.D., Healthlink, Inc.

careQuest Transformation Team members

CTT members are identified by their job titles at their respective Affiliate Hospitals. A legend follows with Affiliate abbreviations.

Clinical Team members

- Mary Clare Wilson, team leader, director of nursing units and clinics, SFT
- Aileen Bowman, clinical specialist, perinatal services, SMGJ
- Joyce Burner, R.N., admissions, PMC
- Joseph Carolan, network administrator, SJB
- Tonya Douthitt, clinical pharmacist and pharmacy systems analyst, SJB
- Jill Flaherty, physical therapist, SMGJ
- Todd Henderson, pharmacist, SFT
- Charles Hendricks, R.N., clinical information analyst, SVB
- Dean Hodges, R.N., orthopedics, SVB
- Cheryl Johnson, R.N., ICU, PMC
- Deborah Knott, R.N., orthopedics, SMGJ
- Catherine Linn, R.N., oncology outpatient clinic, SMGJ
- Twila Mattingly, central sterile manager, SMGJ
- Mary Renz, radiologic technologist, PMC
- Beth Scott, pharmacist, PMC
- J. Kevin Stefek, director, respiratory care, neurodiagnostics and sleep center, SVB
- Helen Suddreth, clinical manager, outpatient surgery, PACU, endoscopy, SMGJ
- Kathleen Thompson, R.N., ICU, SJL
- Shelley White, R.N., emergency services, SVB
- Kareen Younes, R.N., ICU, SJSJ

Revenue Cycle Team members

- Joy Babich, team leader, vice president, operations, SJB
- Elaine Barnett, director, health records information services, privacy officer, SMGJ
- Linda Barrett, director, IT and materials management, St. James Healthcare, Butte, Mont.
- Norma Cleveland, ADT system application analyst, SVB
- Pema Dolkar, project manager/interim director, patient access centralization, SJSJ
- Patty Harris, director, admissions/patient accounts, SMGJ
- Cindy Kerns, regional director, HIM, PMC/SJL
- Lois Reynolds, regional reimbursement specialist, PMC/SJL
- Kimberly Weis, practice manager, cardiovascular and thoracic surgery, SMGJ

Legend:

PMC=Providence Medical Center, Kansas City, Kan.
SFT=St. Francis Health Center, Topeka, Kan.
SJB=St. James Healthcare, Butte, Mont.
SJL=Saint John Hospital, Leavenworth, Kan.
SJSJ=Saint John's Health Center, Santa Monica, Calif.
SMGJ=St. Mary's Hospital and Medical Center, Grand Junction, Colo.
SVB=St. Vincent Healthcare, Billings, Mont.

Please note:

To avoid undue burden due to size and staffing requirements, Holy Rosary Healthcare, Miles City, will be represented on the CTT by other SCLHS Montana Region Affiliates.

careQuest kudos

- To Mary Dailey, vice president, patient care services, and the team at Providence Medical Center and Saint John Hospital who hosted the first Transformation Readiness Assessment (TRA) and paved the way for these important meetings at the other Affiliates.
- To Tracy Shepard, functional leader, applications training, and to the team of SCLHS technical analysts who organized and facilitated the intense orientation for the new careQuest Transformation Team. CTT members greatly appreciated the quick immersion process!



Rose Oller, Keith Payne
St. Francis Health Center,
Topeka, Kan.



Nick DiGiovine, M.D.,
St. James Healthcare,
Butte, Mont.



Reagan Litzinger, St. Vincent
Healthcare, Billings, Mont.



Connie Gibson, Providence
Medical Center, Kansas
City, Kan.



Sharon Stein, Holy Rosary
Healthcare, Miles City, Mont.

What's in a name?

In its evolutionary stages, careQuest was called ACPs, short for Advanced Clinical and Patient Administrative Systems. It then transitioned to be called Clinical Transformation Management. Much as those phrases describe key elements of the process, the search was on for a more lasting and memorable name.

William M. Murray, SCLHS president, invited an email brain-teaser "competition" to name the initiative. The group started with meaningful words, then reversed the process to reflect key attributes of the initiative. Brainstorming yielded words including quality, efficiency, safety, uniformity, technology-enabled, transformation and excellence. From there on, it was a game of Scrabble and acronyms to make the pieces fit!

And the winner was and is: "careQuest," submitted by Chuck Pietrafesa, M.D., executive medical director of Saint John's Health Center, Santa Monica, Calif. "The acronym 'QUEST' was the best fit," Dr. Pietrafesa said, "a magical word to convey the sense of an enlightened journey. Then, to make it more specifically ours, I added the 'care' both to represent the human and clinical nature of our work and to tie it into IDX CareCast, our selected advanced clinical software product."

The acronym "QUEST" stands for:

- Quality
- Uniformity
- Excellence and Efficiency
- Safety and Satisfaction
- Transformation and Technology



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 re-engagement on track

SCLHS has re-engaged in the continuing implementation of the Lawson Enterprise Resource Planning (ERP) system that supports business applications for general ledger, asset management, accounts payable, human resources, payroll and supply chain management.

"Changes have been made to the Lawson ERP system to improve performance in terms of scalability and reliability," said Bob Boysen, SCLHS chief information officer.

Phase 1 of the re-engagement work plan, migration to a new hardware and technology platform (from Microsoft Windows NT/SQL to UNIX/Oracle) was completed on Feb. 20, 2005. Phase 2 re-engagement activities, scheduled to be completed in May 2005, are focused on upgrading current ERP applications software to the vendor's latest release. The upgrade will provide ERP users with enhanced functionality and improved performance. These two phases directly affect current Lawson ERP users, which include Providence Medical Center, Kansas City, Kan.; Saint John Hospital, Leavenworth, Kan.; St. Francis Health Center, Topeka, Kan.; and the System Office.

Concurrent with Phase 2, Phase 3 activities will entail an evaluation of the use and setup of the software currently installed and in use by the above noted existing users. This phase will be supported by a third party software consulting firm that will re-evaluate the implementation process to date and determine if opportunities exist for greater standardization in business practices for all SCLHS Affiliates. Based on the consultant's evaluation, assessment and recommendations, business processes will likely be modified appropriately to reflect greater standardization at those Affiliate locations currently using the Lawson ERP applications.

Phase 4 will involve rapid deployment of the refined system to other Affiliates. The schedule and timeline for this are pending.

Ty Coup, SCLHS ERP project manager, said that agreement will be reached on standardized processes with input from internal stakeholders

from finance, accounts payable, payroll, human resources and supply chain management. Affiliate stakeholders will also serve on "expert teams" to help define redesigned processes that will lead to greater standardization and use of industry best practices.

"Now that we have overcome the obstacles related to capacity and software issues," said Michael Rowe, SCLHS chief financial officer, "I am very confident this will be a successful process."

At the human resource level

With a mid-February implementation at St. Francis Health Center, Topeka, Kan., the KRONOS time and attendance system is now operational at all SCLHS Hospital Affiliates and the System Office. Affiliates are using telephones, time clocks and/or computers for recording time and attendance.

The KRONOS system is also interfaced to the Lawson ERP payroll application at the Kansas Hospitals and the SCLHS Office. KRONOS, a Web-based application, allows SCLHS the flexibility to standardize pay rules where applicable while accommodating pay practices specific to a single site or state based on three exceptions: local markets, state regulations and union contracts.

Larry Evans, SCLHS System Office human resources director, explained that the Lawson ERP application will eventually integrate the KRONOS time record with payroll functions for all Affiliates. Additionally, the human resource application component of the Lawson ERP system will allow for many other features. These include the ability of employees and managers to make pre-authorized changes to information and to generate reports, electronic check stubs, electronic performance appraisals and personnel requisitions.

"KRONOS will provide our management team more accurate and timely payroll information," said Irma Napoli, SCLHS vice president of human resources. "In preparation for our System-wide Lawson conversion, we are researching best practices to standardize and design the human resources practice model that best meets the needs of SCLHS. Ultimately, this should result in more cost-effective services across the Health System."

careQuest — the journey *(continued from page 1)*

advent of a lifetime, electronic medical record."

careQuest will touch and impact virtually every clinical, business and information technology function across the Health System. It will involve everything from order entry for diagnostic tests, medication administration, risk management and case management to admissions/discharges/transfers, billing and collection and the management of health information. Because of this, staff representing these disciplines continues to be involved actively as the initiative has advanced to another stage of development.

"Through careQuest," Dr. Lopes concluded, "we will redesign our clinical and patient administrative system, using SCLHS and health care industry best practices as the model. Then we will apply information technology—a suite of applications standardized across the Health System—to support the new processes we have designed."