

## Go-live schedule altered at SVB

Based on the recommendations of the careQuest Project Teams of both St. Vincent Healthcare (SVB) and the System Office, the go-live date for this major clinical transformation initiative of the Sisters of Charity of Leavenworth Health System (SCLHS) has been reset for May 2008.

"We set this new date," said Richard T. Lopes, M.D., SCLHS chief clinical transformation officer, "after careful review of the master project plan, the St. Vincent project plan and the resource requirements to compress project activity timelines wherever possible.

"Concurrently, we have begun work on the Phase II project planning for the implementation of Imagecast, the Picis perioperative suite and

a number of bolt-on applications at St. Vincent," Dr. Lopes continued. "This is a necessary step to projecting our go-live dates for site two and beyond."

The new schedule is the result of delayed code delivery by GE that was foundational to the build of careQuest.

"While we are disappointed in the delay," Dr. Lopes said, "we want all systems to be 'go' with an initiative of this magnitude to ensure the best possible experience for staff, physicians and ultimately patients when we implement careQuest."

## Pilot site, vendor selected for aEHR initiative

St. Francis Internal Medicine and St. Francis Health Center will be piloting the Ambulatory Electronic Health Record (aEHR) initiative of the Sisters of Charity of Leavenworth Health System (SCLHS) to develop and support electronic health records in physician offices. This first site is expected to go live by December 2007.

Based on the recommendation of an aEHR Selection Team with substantial physician representation, eClinicalWorks has been selected as the vendor for this major System-wide initiative. eClinicalWorks is a leading provider of ambulatory clinical information systems with a U.S. customer base of over 500 medical practices. eClinicalWorks is headquartered in Westborough, Mass., and is CCHIT-certified. (The Certification Commission for Health Care Information Technology is a private, not-for-profit organization that serves as the recognized U.S. certification authority for electronic health records and their networks.)

Richard T. Lopes, M.D., SCLHS chief clinical transformation officer, said, "We will pilot this initiative first with our employed primary care practices and then with employed specialty practices. We anticipate going live with our employed

physician practices over the next 24 to 30 months."

Dr. Lopes added that SCLHS is also investigating a business model that is compliant with legal and regulatory statutes to support independent members of Hospital Medical Staffs and other non-affiliated physicians and clinics.

Members of the SCLHS aEHR Advisory Committee include Thomas Anderson, M.D., Ph.D., Mike Schrader and Dennis Tietze, M.D., St. Francis Health Center, Topeka, Kan.; John Middleton, M.D., Dennis Salisbury, M.D., Mark Wakai and Jeffrey Zavala, M.D., SCLHS Montana Region; David West, M.D., St. Mary's Hospital and Medical Center, Grand Junction, Colo.; Jeffery Martin, M.D., and Juanita Roy,

SCLHS Kansas City Region; Mark Needham, M.D., Saint John's Health Center, Santa Monica, Calif.; and Dr. Lopes, chairperson. Hal Schierts is the SCLHS project manager for the aEHR initiative.

Dr. Lopes said that the aEHR initiative has as its objectives to improve access to care and health information while protecting the privacy and security of the information. "We look forward to working collaboratively with both employed and non-employed physicians," he added, "to facilitate and demonstrate improvements to the clinical outcomes of care delivery across the continuum."

Nationwide, the expectation of the industry is that health care providers will adopt health information technology

to follow patients' care in a seamless and secure manner. Dr. Lopes explained that the use of advanced information technology and decision support in physicians' offices has the potential to improve quality of care, reduce medical errors, lower costs, provide better access to services and information, and improve the satisfaction of patients, physicians, consumers and payers.



Left to right: Hal Schierts, Thomas Anderson, M.D., Ph.D., Bob Craig, Jeff Hall, Mike Kongs, Susan Runyan and Chelle Ireland.



Thomas Anderson, M.D., Ph.D., with staff of St. Francis Internal Medicine Group (standing) Stephanie Wyckoff, Karolyn Sharp and (at the computer) Cris Dawson.

### What is aEHR?

aEHR is the introduction, adoption and effective use of advanced information technology in the ambulatory setting of physician offices and other community-based (non-hospital) settings. The ambulatory electronic health record (aEHR) is a secure, real-time, point-of-care, patient-centric information resource for clinicians in the ambulatory environment. (Source: HIMSS Electronic Health Record Committee)

For more information, contact [aEHR\\_Initiative@sclhs.net](mailto:aEHR_Initiative@sclhs.net).



Bob Jaime

## New revenue cycle director joins SCLHS

With extensive experience in revenue cycle consulting and information technology, Bob Jaime is an ideal addition to the SCLHS finance division as the System finalizes preparations to implement the careQuest initiative. Bob worked previously as a principal with Ernst & Young and vice president of revenue cycle and IT for ACS-HCS, a fortune 250 company. He earned his bachelor of science degree in business administration from Rockhurst University, Kansas City, Mo., and his certification from HFMA.

Bob joined SCLHS in late May. Since then, he has immersed himself in careQuest by helping solidify the scope of the revenue cycle implementation. In addition, he is assisting with many of business decisions needed to proceed with the initiative. This has involved understanding the future state Hospital requirements and the bridge technologies needed to support day-to-day processing activities in the areas of health information management (HIM), patient access, scheduling, patient accounting, denial management and payment processing.

Bob's overall duties encompass the entire SCLHS revenue cycle process including reimbursement. He will work with Hospital finance, revenue cycle and HIM directors to implement best practices and define future needs.

### careQuest kudos

Go out this edition to Debbie Ruggles, perioperative informatics nurse at Providence Medical Center, who championed the Picis go-live that occurred at the Kansas City, Kan., Hospital in late June. Debbie received praise from Elaine Ransom, her department director; co-workers; and anesthesiology staff on her leadership in coordinating the initiative, training and troubleshooting. Great job, Debbie!

## Change management in progress at SVB

News of the delayed go-live date at St. Vincent Healthcare (SVB) did not catch staff off-guard. In fact, it brought somewhat of a sigh of relief with the recognition that there will be more time to do the work that needs to be done.

Nancy Kallem, SVB careQuest project manager, said that the change management is going well and that SVB has highly engaged end-users who are working through discussions, challenges and details with the careQuest Transformation Team (CTT) members on site. For example, she said that staff spent considerable time discussing "point of care scanning" that will capture information documented on paper real-time to bring it into the patient record. "This creates a whole new culture," Nancy added.

Other examples of discussion points that surfaced in the focus groups included the need for technologies to bridge the gaps in the revenue cycle information processing; change management and control going forward; retrofitting hardware and devices for point of care access, e.g., computers, hand-held tablets, etc.; and ensuring adequate space on clinical units to accommodate the hardware.

One hundred thirty-one staff participated in the change management focus groups at SVB. These groups examined workflows and discussed the way things are currently done at the Hospital and the vision for the future state with careQuest. Staff identified gaps in terms of technology, policies, job responsibilities and other areas. Through the "change remediation" process over the next several months, SVB staff will work to close these gaps.

### Staff perspectives

Ellen Brazelton, lead unit clerk on the 5-South Med/Surg Unit, said that while she is a little nervous about the changes, she considers careQuest a good thing for the Hospital and the next step in



Ellen Brazelton

computerizing her work.

"This is going to change everything that I do," Ellen said. "What I do now is paperwork. That's all going away! I will be entering everything directly into the computer. I won't be filing; I won't be working with charts such as we've known them. It's going to be so much easier, particularly in interacting with doctors' offices and other departments."

Dianne Kimm, clinical coordinator, neonatal intensive care unit, has been involved with computerized documentation since its inception at SVB. She said that through the recent focus group



Dianne Kimm

process, staff were exposed to many different dimensions of careQuest—a positive outcome in her estimation. She wants the build and testing phases to advance to the point of staff being able to use careQuest (GE Centricity) and to see how it will function before the application goes live.

At this point, Dianne shared that she is very concerned about the ability to integrate the multiple applications into a product that will be seamless and efficient for the end-user. She hopes that the Hospital and the System are sensitive to resources required both in terms of technical support (IT/IS staff) and hardware devices.

"I'm participating in this," Dianne said, "because I want to see it work. If careQuest can do what we say it's going to do, it will be great."

## Moving careQuest forward at SMGJ

One hundred fifteen employees participated in the careQuest change management focus group activities conducted earlier this year at St. Mary's Hospital and Medical Center (SMGJ), Grand Junction, Colo. Elaine Barnett, SMGJ careQuest project manager, said there was lively discussion during the review of the proposed workflows, which supported the vision of design to promote best practice patient care.

Traci Rodgers, nurse manager, participated in the emergency department (ED) group and shared her thoughts following the group session. "The ED staff felt the focus group process was informative and fun. It really generated excitement for careQuest. The most exciting aspect to learn about was the electronic whiteboard, which will be such a valuable tool for tracking patients in the ED. The group was impressed with the consistency in charting by exception and elimination of duplicate charting in the documentation design."



Traci Rodgers

Another participant, Connie Danekas, health records associate, explained, "The group meetings were very useful. I learned about the direction the Hospital is going with careQuest. I found it most interesting to learn about the clinical documentation. Because each worker will be doing electronic documentation at the time of service, all the documentation throughout will come together in one record automatically at the time of discharge."



Connie Danekas

Elaine said that some of the "big ticket" items that evolved from the focus group discussion included:

- Studying devices to be used through demonstrations of different products.
- Ensuring that the physical layout and blueprints of the major Century renovation project support careQuest workflows.
- Sharing the key change management impacts with department directors so that they can begin working on elements specific to their departments.

She added that all staff members have had an assessment of their computer skills to allow leadership to budget and facilitate training in preparation for careQuest. This will include basic keyboard skills, online tutorials and other opportunities.

Elaine has found it helpful that she spends time each month at St. Vincent Healthcare, Billings, Mont. In her role there, she supports Nancy Kallem, the St. Vincent careQuest project manager, in planning and project coordination for bridge technologies.

# Patient access transition at SVB in anticipation of careQuest go live



Kay Wagner

As she starts her 26th year of employment with St. Vincent Healthcare (SVB), one of Kay Wagner's recent roles will be transitioning as the Hospital prepares to go live with careQuest. For the past four years, she has had responsibilities for patient business services that encompassed both patient access and patient accounts.

Based on a decision by System leaders during the 2005 Vision Week and emphasizing the ever more critical importance of patient access with careQuest, Kay's responsibilities are becoming more focused on scheduling, registration and financial counseling. She participated in the change management focus groups at SVB earlier this year, has completed gap analysis with other staff and is beginning

to work to bridge the gaps.

She is hopeful that the new system will be more friendly and intuitive than the one currently in place at SVB. In a perfect world, she would have as many built-in prompts to alert staff to regulatory requirements and requirements by different payers.

She has great confidence that Norma Cleveland, a fellow SVB staff member who is very knowledgeable about patient access, has been a member of the careQuest Transformation Team (CTT) and involved in the design and build. Kay also acknowledged the behind-the-scenes work to advance careQuest that is going on at SVB by CTT and at the System Office.

## Providence goes live with Picis application

After extensive preparation and training and an aggressive timeline, Providence Medical Center, Kansas City, Kan., went live with Picis with all systems go in perioperative services on June 26. Elaine Ransom, R.N., director of surgical services, said that the Picis applications are up and running in scheduling, pre-op, the operating rooms, the post anesthesia recovery unit (PACU) and the endoscopy lab.



Barbara Jefferson (foreground), Debbie Ruggles.

Mary Anne Chernoff, M.D., anesthesiologist, said the transition went fairly well. "We invested a great deal of time beforehand to prepare and educate our staff," she explained. "We made it through the first day and felt like we had accomplished a major milestone. In fact, the go-live day was one of our busier operating room schedules, and even though it was quite hectic, and we had many questions, we still managed to maintain our high quality patient care services in a reasonably timely manner."

Elaine agreed and with Dr. Chernoff and other staff credited the successful go-live experience to Debbie Ruggles, perioperative informatics nurse. Dr. Chernoff said, "Debbie's patience with us and her willingness to accept our frustrations and our suggestions was enormous. She has been most accommodating and understanding. She truly did (and does) an outstanding job. Her super-users—Debbie Leshner, Janet Wright, Julie Porterfield and Mary Conaty—were wonderful also."

Janet, an OR staff nurse, also complimented Kelly Fehlhafer and Cathi Burrows, both SCLHS system analysts, for their assistance in the go live. She said that as with any new application, the staff is still

working out a few "bugs." Janet is confident it will get better and appreciates the detail that Picis provides.

"I love it because it is so user friendly," said Debbie Leshner, PACU staff nurse and a super-user. "It flows well, and it doesn't slow me down taking care of patients. Staff was a little apprehensive getting started. As they get more hands-on experience, they will be as excited as we are."

### Endoscopy lab

Providence activated Picis in the endoscopy lab two weeks after perioperative services. "This transition has been challenging for the staff," Debbie Ruggles observed, "because they are working in two systems simultaneously for very quick cases."

She said that endoscopy staff members have been great about supporting and helping each other and that they are working diligently to adapt to the new workflow and continue to persevere each day. Debbie added that, "Super-users Marsha Racki, staff nurse, and Christine Stark, outpatient department supervisor, have been extremely helpful educating the staff and guiding them through the Picis activation."

### Lessons learned?

Extending the parallel testing period was an important step in the preparation process, Elaine said. This allowed for adjustments to improve the system. Providence tested Picis



Janet Wright at the OR circulator's desk (left), Debbie Leshner at the nurse anesthetist desk.

parallel to doing conventional paperwork on 100 percent of surgery patients for a three-week period.

Even more training would have been more helpful, Dr. Chernoff said. She said that her staff had limited training because of clinical responsibilities. Plus, the more bugs removed from the system beforehand, the better.

"The Picis system was still undergoing modifications when we went live," she added, and we are still making modifications to the system. I guess not everything can be perfect. And at some point you just have to jump in and try to swim."

Janet thought that, in retrospect, it would have been helpful if the training had also engaged central processing and OR core staff. Debbie Leshner said she would consider making the training classes mandatory and assigning staff to attend on certain days.

Dr. Chernoff suggested that it might have been better to bring

up a couple of ORs at a time instead of all at once. Because there were so many changes and "helpful hints" on a daily basis for the first two weeks, she recommended starting each day with a 30-minute briefing session as a group with the project lead to review the changes.

### Benefits of Picis perioperative

Elaine said that staff is finding efficiencies in documentation, particularly in PACU. The "Smartrack" big board allows for real-time information on patients wherever they are in the OR system. Elaine said that there is even a monitor in the family waiting room that is HIPAA-compliant and provides limited, but helpful information for tracking individuals by their patient identification numbers.

"From my perspective," Dr. Chernoff commented, "I hope that over time, the system will be beneficial, especially in the area of quality improvement. Having so much information available for analysis will provide us with the opportunity to really look at our patient care and our processes. For instance, I hope that we can analyze our turnover time and OR utilization to understand better how we can improve these areas."

Dr. Chernoff added that the system enables some standardization of charting to occur. She anticipates being able to look at patient outcomes and develop best practices for certain surgical procedures. She also appreciates the opportunity to compare data with other SCLHS Hospitals.



Standing, left to right: Joe Snook, Margaret Yoakum, M.D., and Mary Anne Chernoff, M.D., at the computer, with Priscilla Woodliff in the foreground.



## 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.

# System-wide coding to advance to best practice model

Health information management (HIM) representatives from across SCLHS are on course with the design of the enterprise-wide coding product that will integrate with careQuest/GE Centricity.

SCLHS has selected the 3M™ Health Record Management (HRM) software as the System-approved coding product. Kim Enriquez, SCLHS manager of coding and regulatory compliance, explained that most SCLHS Hospitals are currently using the stand-alone version of the product. “When we go live with careQuest at each Hospital,” Kim said, “we will implement the integrated HRM module.”

Kim described HRM as a sophisticated software with tools that allow coders to ensure compliance and help HIM departments achieve standards required to submit claims. The software’s capabilities include:

- **Standardized reporting.**
- **Real-time inpatient auditing and monitoring.**

With HRM, coders will read charts, apply codes and run their work through the expert system to be audited or evaluated against a series of proprietary edits to ensure compliance with CMS coding regulations.

Phase I of the initiative will establish the database system whereby the written data will be encoded in an electronic, compliant form. When St. Vincent Healthcare goes live with careQuest, the Hospital HIM department will go live with HRM.

Phase II will occur three to six months later. At that time, the audit expert functionality will be applied. Phase II will also include implementation of the 3M Ambulatory Revenue Management (ARM)



First row, left to right, Tana Billman, SVB; Cyndi Richards, 3M; Kim Franzen, SJB; and Jane Logan, HRMC. Second row, left to right, Cindy Kerns, CTT; Kim Enriquez, SCLHS; Diana Callen, SFT; Pat Uelmen, SMGJ; back row, left to right, Ellen Whitley, SCLHS; June Bartholome, SMGJ; Louise Notson, PMC/SJH; Prudence Gwartney, PMC; and Maria Alizondo, SJSJ.

software. This application will allow the coders to evaluate all chargemaster data and HIM data in a real-time process for all billing edits before going to the billing office. Kim said that this should result in less rework and faster billing processes.

Working with Kim and HIM representatives on this initiative and interfaces with GE Centricity are Charlene Ankenman, manager, patient administrative systems; Toni Blitsch, system analyst; Mike Spence, manager, technical project; and Amy Yankovich, interface/conversion programmer.

# Upgrades, new applications with ERP

Efforts continue to enhance functionality for users of the SCLHS Enterprise Resource Planning (ERP) system. Ty Coup, manager, financial and administrative systems, said that the Project Team is now working on Phase V of the plan.

The previous four phases involved standardizing processes and procedures and completing the base software installations at all eight SCLHS Hospitals. Examples of projects currently in progress as part of the Phase V initiative include implementation of the Lawson asset management application and deployment of the employee and manager self-service applications.

### Requisition Self-Service product

In mid-May, SCLHS completed the first major upgrade of the Lawson software since the original 2002 purchase. One of the enhancements that came with the updated software was an updated online product-requisitioning tool known as Requisition Self-Service or “RSS.”

Ty explained that this application facilitates the purchasing of both stock and non-stock supplies across SCLHS (with the exception of office supplies). He said that this product has the same look and feel as other commercial Web purchasing sites.

“If you are already comfortable with online shopping” Ty noted, “the look and feel of this application will be very familiar.”

Ty also explained that the new requisitioning application was designed to load much faster than the prior application and contains the much anticipated ability

*“I believe that this [RSS] is the best system I have ever used for my equipment/disposable ordering processes. I have used many systems but never one that has been this user friendly. It is easy to navigate, easy to utilize for searches/product information and very easy to change my order specifications. It is also very fast – I like that a lot as we have many busy, busy days.”*

Kevin Fischer  
Respiratory Care Manager  
St. Mary’s Hospital and Medical Center  
Grand Junction, Colo.

to set spending parameters on supply orders based upon the requisitioner’s department or role within the organization.

### Moving toward role-based security applications

ERP Project Team members are now working on what is referred to as the Lawson System Foundation 9 or “LSF 9” upgrade. Ty said that this development is critical because it will enable Lawson to utilize role-based security to control access to sensitive data or processes.

Ty said that the current process for assigning Lawson access security is almost completely manual. The new LSF9 application should allow SCLHS to complete the Lawson access request process in a much more timely fashion.

### KRONOS advanced scheduling

Julie Boresow has recently joined SCLHS and will be responsible for the implementation and support of the

KRONOS advanced scheduling application. Julie will work closely with the assigned Hospital scheduling subject matter expert (“SME”) at each SCLHS facility.

The KRONOS scheduling software is designed to replace the paper-based staff scheduling processes that exist within many health care facilities. The new tool will allow staff and individuals responsible for developing and maintaining schedules to interact with their respective department schedules via the Internet. Additional functionality within the product will provide staff with the ability to view and request additional shifts that the staff member is qualified to fill.

Implementation planning and schedule development efforts are currently underway with the Hospital chief nurse executives.

Kansas City Region SCLHS Hospitals (Providence Medical Center and Saint John Hospital) will be the initial installation sites.

“This is an exciting time,” Ty said in anticipation of being

able to improve staff and departmental leadership’s experience with the staffing and scheduling process.



Julie Boresow