

CEO Roundtable: Top Initiatives for 2004

EXECUTIVE SUMMARY

On the threshold of 2004, it's safe to say there's a heightened sense of movement within the healthcare industry toward a digitally-enabled transformation of clinical processes and business operations. It's driven in part by the recent IOM report—which recommends a standards-based, national health information infrastructure—the Medicare reform law and other quality initiatives. The intersection of these factors is causing us to accelerate thinking about using IT to help track, report and manage outcomes. That means process and cultural change and IT initiatives to support that change.

Given this national climate, for our first issue of 2004 we asked a handful of Scottsdale Institute CEOs what their top five initiatives are to improve quality and operations using IT as an enabler.

Geographically we cast our net fairly wide, talking to CEOs of organizations based in Florida, Kentucky, Illinois, Minnesota and California, the latter covering several states in the west. These top-down initiatives cover patient safety and quality, governance, operations, measurement, workforce issues and business development of clinical service lines. Consider this a sampling of strategies that launches a dialogue for the New Year. We welcome your

feedback because, if there's one thing for certain, we're all in need of more solutions.

Mary Brainerd, President and CEO, HealthPartners, Bloomington, Minn.



HealthPartners

Snapshot

Beds: 427

Employees: 9,200

Health plan

members: 660,000

Establishing clear, specific aims for quality and getting the entire organization committed to them

"We have made a specific commitment to transformation which we define as breakthrough levels of performance," says Brainerd. "There's an important role for IT. Most of those aims aren't achievable with paper-based processes. It starts with technology."

HealthPartners has specific criteria for quality of care based on the IOM Crossing the Quality Chasm goals. For example, the organization launched its Advanced Access program in 2001; this initiative allows patients to get same-day appointments with primary care physicians. Now, that work is being enhanced using a scheduling link on the HealthPartners website that allows patients to select appointment

January 2004
Volume 10, Number 1

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WELCOME NEW PROGRAM PARTNER

The Scottsdale Institute is pleased to announce Hill-Rom as a Program Partner.

Hill-Rom helps caregivers safely deliver effective and efficient care to their patients in acute care, long term care and home care environments. The company's comprehensive offering can include: facility assessments, patient beds, stretchers, therapy surfaces, communication systems, modular headwalls and lighting systems. The company also offers expert, clinical and equipment services and programs that can help improve asset productivity, operational efficiency and patient outcomes. Hill-Rom's global headquarters is based in Batesville, Ind., and employs approximately 6,000 people worldwide and is an operating company of Hillenbrand Industries.

Welcome Ernest Waaser, CEO, Tony Orsini, Chief Operating Officer, Mike Murren, Chief Financial Officer, Matt Weismiller, Executive Director of Marketing, Workflow Solutions and the entire Hill-Rom team.

slots the same way airline customers select their plane seats. Besides helping the organization differentiate itself in its local market, the application has a reporting capability that tracks how its physicians are performing in terms of providing access to patients.

HealthPartners will unwrap its full-fledged EMR this year, eliminating not only all handwritten prescriptions but also paper medical records. Last year, it offered a read-only version for all 600 physicians doing prescribing or notes. This year is different. "We'll start doing our documentation and test ordering online," says Brainerd.

The read-only version served its purpose, however, by allowing physicians to become comfortable using the EMR in the exam room. Patients have responded favorably as well, she says, because they realize they have the most current medical record online. "Now, if you go to urgent care in our system, they will know prescriptions or the lab results from the test you had yesterday. It's really a breakthrough and will result in better care."

Establishing vehicles for measurement, including determining the results the organization desires to achieve

Establishing measures of quality using clinical information has enormous significance for HealthPartners, says Brainerd. "That's another important tie to IT."

The organization has process measures such as the percent of time it is holding to same-day appointments by doctor, clinic and week. It also measures, for example, care results for its 5,000 diabetic patients to determine what portion of them have their blood sugar under control. "I get into it plenty," says Brainerd of measurement efforts. "We have organization-wide goals

of improving care for patients with chronic conditions." Incentive programs for compensation at HealthPartners are tied to such measurements.

Indeed, HealthPartners has benefited from a hefty grant from the Pursuing Perfection program funded by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement to support this work.

Creating organizational capacity—a toolkit—for redesigning processes

"Another goal that is enormously linked to IT," notes Brainerd. This effort involves standardization and automation of processes as well as integration of stand-alone systems. To achieve this goal, the organization is preparing to roll out the Toyota "Lean Production" process across its clinics, hospital and plan. Lean production is a method to analyze processes in order to eliminate waste and rework. A driving factor, she says, is that big payer General Motors Corp. is training hospitals across the country in the technique in order to rein in healthcare costs for automakers, who claim that \$1,100 of the cost of every car made in this country goes to healthcare costs for workers and retirees.

HealthPartners has completed an analysis of the flow in cardiac catheterization laboratory using the lean process. HealthPartners is also analyzing processes to eliminate redundant questions and other "hassles" for the patient upon admission. Studies have shown, says Brainerd, that in addition to making the patient experience better, there are quality gains from eliminating waits and delays for patients.

Building the capability for innovation within the organization

Brainerd anticipates an important role for IT in innovation. "We're moving out of the Dark Ages in healthcare using technology."

The organization is focusing on breakthroughs, not just improvements; for example, leveraging the web to enhance patient choice and services. “We’re giving people permission to change the way care is provided,” she says.

“Our company stresses the importance of getting a common IT infrastructure across the organization. With that in place, the breakthroughs in patient service come more easily.”

Creating more customer value

“We know in healthcare we have tremendous opportunity to use the web to build customer value,” says Brainerd. “Whether they click, call or visit, we want the same information available. We’re adding more depth to the customer experience, giving people access to their own medical information, allowing them to get prescriptions filled whether through the mail, walk in or clicking it on the website. That allows us to leverage our system-wide application of the EMR.”

Minor Anderson, CEO, University of Miami Medical Group, Miami.



Snapshot
Employees: 5,700
Patient encounters:
1.3 million
Inpatient days:
357,000 (The medical group admits patients to 53 hospitals in S. Florida)

“We continue to pull together the pieces of the EMR, but it’s a painful and gruesome process,” says Anderson. The University of Miami Medical Group is focused on three main areas:

Facility constraints

On behalf of the University of Miami, 750 physicians practice in 14 buildings and admit patients to 53 hospitals in south Florida. Jackson Memorial, a tertiary 1,400-bed hospital may give the University of Miami the distinction of having the only medical school in the country with a county hospital as its main teaching hospital. “We’re never in total control of decisions affecting our teaching hospital,” says Anderson.

“Our single biggest financial challenge is medical malpractice. In the last two years liability has tripled in Florida,” which ranks as one of the highest states in the country.

“We have a serious and pressing need for an EMR for patient safety and quality control,” he says. Given the malpractice climate, the EMR has a necessary dual role of helping improve patient safety and reduce liability. It’s a more serious issue for organizations like the University of Miami because physicians in Florida are not required to carry individual malpractice insurance. “We’re the deep pocket,” says Anderson.

The complexity of dealing with 14 facilities, a county hospital as a teaching hospital and 52 other hospitals creates a problem in finding all the pieces of the medical record. It can also be a problem trying to solve the problem.

Managing the infrastructure

“This is the year I’m pushing to better manage our facilities. We have constant complaints that we don’t have enough space. I think we do. We need to borrow from the hotel industry in our approach to managing exam rooms, clinical space,” says Anderson.



The Scottsdale Institute is proud to welcome new member Sentara Healthcare in Norfolk, Virginia.

Sentara Healthcare, a nationally recognized leader in the healthcare industry, is a not-for-profit serving more than 2 million residents in southeastern Virginia and northeastern North Carolina. It has over 15,200 employees and includes over 3,200 physicians on its medical staff. Sentara operates more than 70 care-giving sites, including six hospitals with over 1,500 beds, nine nursing and assisted-living centers, over 38 primary care sites, home health and hospice services, ground and air medical transport services, mobile diagnostic vans and two fitness facilities.

Welcome David Bernd, CEO, Howard Kern, President & COO, Bert Reese, VP & CIO and the entire Sentara Healthcare team.

MEMBER
IN THE
NEWS

Kudos to Lloyd Dean, CEO, Catholic Healthcare West, San Francisco, whose photo graced the cover of the Dec. 3, 2003 issue of HealthLeaders magazine. Lloyd was interviewed for the cover article entitled "Mission & Margin," which explored how Catholic hospitals balance their mission with their business objectives.

The organization is talking to its business-systems vendor to come up with a solution to automate its facility management, including the ability to identify what rooms are available at what times of the day.

Patient registration

"I'm looking forward to a day when registration can be done on the front line, not unlike the airlines," says Anderson. The idea is that patients would input their own registration and appointments through a website.

"We will have 300,000 discrete patient visits this year, so it's a very busy clinical practice. I have to reduce my costs, first and foremost," and that will be achieved through automating the registration process, he says, adding that the move also reduces the hassle factor for patients.

Anderson is not sure if the right system for the University of Miami is available on the market. "It will require a fair amount of artificial intelligence to coordinate the various medical specialties and navigate the patient through an algorithm. Do I need to see a sub-specialist or an internist first? It will be able to put power into the hands of patients by giving them a decision tree," he says. Adding to the complexity of such a system is the need for it to be bilingual, because 60% of the university's patients are Hispanic.

Integration of provider and payer systems

An even longer-term solution for Anderson is the standardization and integration of transaction systems between the medical group and health plans. "I've talked with several payers in our market, and between us we have mirror-image systems. How powerful would it be if you could integrate

the two systems instead of each of us checking the other."

Anderson envisions a truly integrated system or central clearinghouse function that would eliminate waste, much like industry systems that match manufacturer and supplier.

The question is, he says, "Can payers become involved administratively so they know when a bill leaves here that it's clean and they can pay it without further review?"

Lloyd Dean, CEO, Catholic Healthcare West, San Francisco



Catholic Healthcare West
CHW

Snapshot
Beds: 7,088
Outpatient visits
annually: 3,540,504
Employees: 36,000

Quality Care and Patient Safety

"In the coming year we're going to make substantial investments in our new Clinical Information System. This will help clinicians access the information they need, such as clinical documentation, adverse drug event rules and will make computerized physician order entry available," says Dean. "That should also improve patient satisfaction by making our care more timely." The new system, he adds, will also help reduce redundancies.

"We see information and data as key to improving quality and safety. We've embedded CIS as one of the strategic priorities of the organization ongoing until it's accomplished. The CIS budget is in excess of \$100 million, and data standards are key." Dean continues, "As a system we're committed to optimizing patient and clinical data across

our organization. And we're emphasizing standardized methodologies. Even in different states. We want to make our best practices our usual practices.

"To meet our quality goals we need to connect all the dots in our organization. That means bringing all our quality initiatives together through clinical IS and technology."

While CHW has been spurred in these efforts by national data pointing to a need for increased quality and safety, such as that featured in the IOM reports, "what's really driving this is what we want CHW to be known for: quality, compassionate care," says Dean.

Employee Satisfaction

"Our biggest challenge continues to be retaining and recruiting the very best healthcare professionals. To retain quality staff, we are restructuring our benefit packages. For example, in 2003 we began offering free dependent care to all our employees," he says. In terms of recruitment, CHW has a focused effort underway to leverage our current workforce to help recruit additional staff.

In 2004, CHW will also continue with a number of initiatives aimed at improving the work-life quality of employees. For example, the CHW Learning Institute, established to train and develop personnel, enhances employees' skills and gives them more options for advancement.

Another employee-focused initiative involves workplace safety. "It's a big issue," says Dean, "it's much more than needle sticks."

A third initiative focuses on patient satisfaction. Through it CHW is working to increase its employees' awareness of the importance of patient satisfaction. "In general, all our initiatives aim to give our employees the resources they need to do the job," he says.

Governance and Management

CHW's administrative and medical leadership both want to ensure that everyone in the organization is working in alignment. "We're looking at it from all sides: clinical data, clinical protocols, education (how to get information and best practices out to caregivers throughout the system), and care management (the role of medical leadership).

Performance Improvement

"That's code for looking at all our operations, putting in place processes to improve the financial picture," says Dean. CHW has a performance improvement task force that helps hospital leadership identify what is performing well and what's not, and then supports the creation of "bridge plans."

"We've already made great strides in eliminating redundancies, improving productivity and reengineering processes from the time the patient gets in the door," he says.

CHW's key objectives for operational improvement in 2004 are:

- Utilization of best practices;
- Holding people accountable;
- Improving productivity; and
- Working with labor partners.

Alan Goldbloom, MD, President and CEO, Children's Hospitals and Clinics, Minneapolis/St. Paul.



Snapshot
Beds: 299
Outpatient visits annually: 405,650
Employees: 3,946

"Like many other places, we're well on our way to the EMR as the backbone," says

Upcoming Events

For information on any of these programs, please contact the Scottsdale Institute office at 952.545.5880 or register on our Website scottsdaleinstitute.org

February 3, "Johns Hopkins: Risk and Safety Management Alert System." Wayne Sparkes, Senior Project Administrator, Center for Innovation in Quality Patient Care, Johns Hopkins University School of Medicine and Hospital, describes an innovative system for managing recalls and other product alerts that saves both time and lives. This hidden safety issue, often handled as a back office function, can be better managed to positively impact patient care. (Patient Safety Interest Group)

February 5, "Sutter Health Bar Code Implementation Case Study." Debbie Sleight, CIO, IT Enterprise Strategic Development & Integration, Sutter Health, Sacramento, CA, reviews Sutter's implementation of a medication bar code system to reduce drug errors, part of Sutter's \$50 million patient safety initiative. Six hospitals currently live on the system with a variety of lessons learned are reviewed. Debbie will describe Sutter's strategic direction in Patient Safety, the importance of Pharmacy system and formulary readiness, the significant impact on Pharmacy Operations, workflow, and staffing, nursing satisfaction as a major driver, nursing

more events on next page

Upcoming Events continued

and patient “testimonials,” the new Pharmacy/Nursing workflow, and the measured impact on medication administration and patient care. (Bar Code Interest Group)

February 10, “Geisinger on Learning Management Systems: Needs Assessment and Selection.” Jack Latshaw, Manager of Technology Education Services, Geisinger Health System, Danville, PA, presents their needs assessment and vendor selection approach for a Learning Management System. He describes how the learning/training needs of the entire organization are taken into account and how professional, departmental and regulatory requirements are met with the adoption of an enterprise strategy. (Knowledge Management Interest Group)

February 16, “Ambulatory ADE’s: Research Data on Causes and Resulting Strategy at Partners.” Dr. Tejal K. Gandhi, M.D., M.P.H., Director of Patient Safety-Brigham and Women’s Hospital, Partners HealthCare System, Inc., Boston, MA, reviews her NEJM published research study. She will describe the study data on 661 patients demonstrating the occurrence of ADE’s, and the severity, preventability and causes. Dr. Gandhi will also discuss other significant ambulatory patient safety *more events on next page*

Goldbloom. Specific IT initiatives include:

Web-based Safety Action Team Reporting System

All medical errors, near misses and incidents, which were previously filed manually and might have taken months to discover, are now going into Children’s new online safety reporting system. Besides incorporating near misses, which the latest IOM report recommends as an important component of any patient safety reporting system, users can opt for anonymous reporting on the system.

What’s perhaps more important, according to Goldbloom, is that they can share the stories in a secure database available to all users. “It means the incident is instantly reported to our office of patient safety. It forms its own database of safety reports. We’ve seen a dramatic increase in electronic reporting and a similar decrease in paper reports,” he says. There’s also been a reduction in delays in getting reports done.

The reporting system covers all caregivers including physicians, nurses, respiratory therapists and others and does not require supervisor approval.

“This effort underlies an overall theme of patient safety. We’d like to think of ourselves as leaders in this area,” says Goldbloom. Children’s is putting its money where its mouth is by making 25% of annual incentivized pay for managers and directors based on achievement of specific safety directives.

Safety action teams have been established in every area of care. “From the top down this is clearly one of the priorities for our organization,” he says, adding that it helps to have Children’s COO, Julie Morath, as a national figure in this movement.

“We’ve built the system and are encouraging full deployment and use of the data this year. This is a highly visible strategy and we’ve got lots of feedback. People like it and prefer it over paper,” Goldbloom says, adding that the system is user friendly, has been supported by a huge education effort and managers are able to see and evaluate the response to the system.

Online Children’s Medical Organizer

The Online Children’s Medical Organizer is a secure, web-based tool residing on the Children’s website (www.childrenshc.org), available to families as a means of tracking and recording their child’s medical information.

“This is part of our continuing effort to empower the children and families,” says Goldbloom. “One of the themes of patient safety is getting the patient involved. Let’s face it, parents tend to be the best custodians of their children’s information.” Parents can input information like the names of their child’s doctors, diagnoses, medications and test results and can access the record from anywhere. Parents in European countries have been maintaining such records manually in “health passports” for years, he says. At present, the parents enter information themselves, but plans call for certain data (such as lab results) to move automatically into the Medical Organizer.

PACS

Having just introduced a PACS system to one campus last year, Children’s plans to roll it out to the remaining campus this year. The system allows ubiquitous, 24x7 access by primary care physicians and other non-radiologist specialties to x-rays, MRIs and other digital images, using their desk-

top computers. Radiologists maintain high-resolution monitors to read for diagnostic purposes.

“The biggest advantage is that the image follows the patient and we can easily get a hold of x-rays and not lose them,” says Goldbloom. He says that in the future Children’s envisions establishing pediatric radiologists—a scarce resource—at a central site to provide interpretive services to community hospitals. “It’s a lot easier to move images than patients.”

Development of a data warehouse

Children’s is planning to develop additional uses for their data warehouse, including tracking information related to resource planning such as identifying peak periods of activity for better staffing. “It shouldn’t seem like rocket science, but when people see the data for the first time it’s often a revelation,” says Goldbloom.

Children’s is participating with the Child Health Corp. of America in the Pediatric Health Information System (PHIS), which allows Children’s to benchmark data about clinical outcomes, costs, resource use and nursing ratios with other children’s hospitals across the country. “It’s a knowledge-based approach: you measure yourself, compare those results to others, and then make plans to improve,” says Goldbloom.

CPOE

Children’s expects to roll out CPOE to its ambulatory sites this spring and to inpatient areas by the end of the year. “Everybody understands this is a critically important step to improve both safety and quality. It eliminates transcription errors, requires rules-based ordering and supports development of order sets. Because it will be a smart system, it will provide auto-

matic alerts when the wrong dose is ordered,” says Goldbloom.

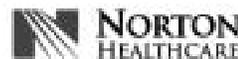
He should know, having helped oversee implementation of a similar system a decade ago at The Hospital for Sick Children in Toronto. “I’ve lived through this. The key is to have your physicians very closely involved in the system’s design and deployment,” Goldbloom says.

Children’s physicians are also fairly well prepared for using CPOE because the organization has invested heavily in IT in recent years. “Most of our physicians are comfortable with technology. It will be a new step to enter the orders, but there seems to be a hunger in the organization to go further,” he says.

Simultaneously to developing the CPOE, Children’s is also developing a secure, web-based physician portal, which many of its physicians can already tap into to retrieve patient, scheduling and referral information. “We’re going to further develop this so any affiliated physician can use it,” says Goldbloom.

He notes that to do all these initiatives, Children’s is investing a hefty 6% of its operating budget in IT, about twice the average for healthcare providers. “That is what it’s going to be necessary to catch up with other industries,” Goldbloom says.

Kevin Wardell, President and Administrator, Norton Hospital, Louisville, Ky.



Snapshot
Beds: 2,031
Outpatient visits annually: 360,000
Employees: 9,279

Upcoming Events continued

issues such as medication reconciliation and follow-up of abnormal test results. (Patient Safety Interest Group)

March 1, “IOM Findings: Implications for Nursing.” Carol Ann Cavouras and Chrysmarie Suby, Labor Management Institute. (Nursing Management Interest Group)

March 3, “Partners Signature Initiatives.” Dr. Thomas Lee, MD, Medical Director, Partners HealthCare Physician Network, Partners HealthCare, Boston, MA, will present Partners’ major objectives for funding the infrastructure that will increase overall system value. He will cover the strategic imperative, and review the five resulting funded initiatives: information system infrastructure, patient safety, quality metrics, disease management and trend management. (IT Management Interest Group)

March 8, “Customer Service: Using Technology to Support Award Winning Improvement.” George Miller, CEO, Provena St. Mary’s Hospital, Kankakee, IL, and his team review the exciting results they achieved in customer service improvements and the role of technologies in their strategy. (Consumer Driven Care Interest Group)

March 10, “Six Sigma Revenue Cycle Results at
more events on next page

Upcoming Events continued

CHRISTUS Health." Gary Prala, Team Leader at CHRISTUS Health, Dallas, TX, will describe their approach to "Service Sigma": a common, portable approach that is sustainable by people and technology. He will review results from the 12 hospitals using the redesigned process, including one teaching, one suburban and one rural facility, all with significant bottom line results. (Six Sigma Interest Group)

March 18, "Performance Metrics: Measuring IT Impact on Operations." Tom Wegert and Erica Drazen, Vice Presidents, First Consulting Group, review operational performance metrics and the use of these metrics in client organizations. We want to determine how many SI members would be interested in creating/collecting a common core set of metrics for the purpose of benchmarking and sharing best practices via an ongoing series of calls. (IT Value Interest Group)

March 19, "Status of CPOE in Community Hospitals." David Classen, MD, Vice President, FCG, Associate Professor at University of Utah, and advisor to the IOM, Leapfrog Group and JCAHO, reviews his research and his personal observations on the status of this initiative in non-academic, research settings. (CPOE Interest Group)

more events on next page

Business development on a service-line basis

The Norton Healthcare system is modifying its internal organizational structure to focus upon developing new sources of revenue. "This is a major initiative, the planning for which started early last year," says Wardell, and Norton has just announced appointment of service-line heads in the areas it expects to aggressively pursue:

- Oncology;
- Spine/neurosurgery/orthopedics;
- Women's services;
- Cardiac services;
- Emergency medicine.

Wardell says areas like oncology are quite well developed and the organization has committed itself to maintaining its strong market share in them. Norton wants to strengthen its high-risk obstetrics and grow market share in cardiac services, where it's the number two player in size. Growing and reengineering emergency medicine is viewed as key. "The ER is the front door for many of our patients. We view it as a leg into the community," he says.

Continuing focus on deployment of clinical IT

The system-wide focus is on EMR, PACS and eventually CPOE. "It's the link into our physician practices, and an opportunity to make them more productive," says Wardell of clinical IT.

"All of that's very capital intensive. The operational impact and the planning process are both huge," he says, adding that Norton is spending tens of millions of dollars on a comprehensive EMR for two downtown hospitals at present and will bring up its suburban facilities in 2005. Among other things, these systems will feed a resource database that will support care pathways, quality data and service-line planning.

The organization has hired a single vendor to provide it with a comprehensive EMR system. "We have a single medical staff for the entire health system and it's terribly important to have a single system," Wardell says.

Strategic development and physician recruitment and development

"There's nothing special about this," notes Wardell. "It means making sure we have the right mix of physicians with our service lines." This is more difficult than it sounds, however. Kentucky has an impending shortage of physicians in both primary care and many specialties. An increasing number of obstetricians, for example, is abandoning obstetrics or the region because of its negative malpractice climate and other factors like managed care.

As a result, Norton is using a variety of tactics to stem the outmigration of physicians in the area, including its partnership with the the University of Louisville School of Medicine.

Blocking and tackling

"What I call blocking and tackling is continuing to improve everyday processes and customer service," says Wardell. "Norton Hospital is a surgically dominated facility, so we're really focused on OR efficiency. Surgeons use multiple hospitals, so our goals include improving scheduling and turnarounds."

Norton is using proven continuous improvement methods to redesign its processes and integrate technology. "This is just doing the hard operations improvement work," he says, and that includes the area of revenue-cycle enhancement. "We have lots of people involved in systems design and redevelopment, and have seen remarkable improvement."

Nursing recruitment

Norton has done some of its most innovative work in the area of recruiting and retaining nurses and it's paying off. "We've got the lowest number of nursing openings in several years. It's been a very intense effort," says Wardell.

Norton Healthcare, the third-largest employer in the Greater Louisville area, has received regional recognition as a great place to work. The initiative, which includes flexible work programs that even provide hotel rooms for out-of-town weekend workers, has allowed it to completely eliminate reliance on the more costly outside nursing agencies.

Gary A. Mecklenburg, President and CEO, Northwestern Memorial HealthCare, Chicago



M Northwestern Memorial Hospital
Snapshot
 Beds: 720
 Outpatient visits annually: 552,616
 Employees: 5,842

Northwestern's strategic plan has three goals:

- Best Patient Experience (BPE): "To provide the *Best Patient Experience* from the patient's perspective."
- Best People (BP): "To recruit, develop and retain the *Best People*, who share the organization's values and achieve results."
- Exceptional Financial Performance (EFP): "To develop the resources to achieve our mission and vision through *Exceptional Financial Performance*."

To achieve these goals, Northwestern recognizes the significance of IT as a key enabler. Major ongoing investments in IT

are included in the long-range financial plan. The leadership team is actively engaged in the alignment, sponsorship and oversight of the IT strategy. Northwestern has 14 projects that use information technology to enable the BP, BPE and EFP goals for 2004. Mecklenburg and his staff have selected five projects to highlight for this year:

Evidence-based Care

Northwestern has implemented core technology and captured clinical information (results and nursing documentation) as a foundation step toward introduction of advanced systems for its physicians. This effort includes the introduction of CPOE and physician documentation to residents, hospitalists and APN's in June. In parallel, the hospital is preparing for clinical analysis and outcomes reporting through the implementation of a comprehensive data repository.

Effective Medication Administration

This initiative includes the implementation of an electronic medication administration record on all inpatient units in February.

Northwestern Memorial Physicians Group (NMPG) EMR

"The NMPG EMR represents our ongoing effort to achieve the 'paperless EMR vision' for our physician practice and is an early-stage development site for systems that will improve all aspects of Hospital-Physician communications," says Mecklenburg. NMPG represents about 60 practitioners in 10 locations around metropolitan Chicago. "This gives us a manageable subset of a 1,300 physician medical staff to use as a prototype. Our 500 physician faculty group practice—NMFF—is implementing EPIC," he says.

Upcoming Events continued

April 14-16, "Meeting the Future: The Role of IT and Process Improvement." Scottsdale Institute Spring Conference, Marriott Camelback Inn, Scottsdale, AZ

April 22, "Options for Procuring Software and IT Services." James W. Noga, CIO, Massachusetts General Hospital and the Massachusetts General Physicians Organization, Partners HealthCare, Boston MA, reviews his published work on the risks and benefits of different approaches to procurement of IT and IT services. (IT Value Interest Group)

April 27, "Innovations in Nurse Staffing." Erica Drazen, VP, First Consulting Group, and Saint Peter's Hospital, Albany, New York, present the web-based self-staffing tool that has been in place at St. Peter's for over 2 years, and the significant bottom line impact that it has had on satisfaction, retention, filled positions and agency cost reduction. (Patient Care Executive Group)

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Scottsdale Institute Conferences 2004-2005

Spring Conference 2004

April 14-16, 2004
Camelback Inn
Scottsdale, AZ

Fall Conference 2004

Sept. 30-Oct. 1, 2004
Partners HealthCare
Boston, MA

Spring Conference 2005

April 21-23, 2005
Camelback Inn
Scottsdale, AZ

Inpatient Scheduling

“Using our advanced scheduling systems, our goal is to increase patient throughput and productivity for all inpatient units and our Diagnostic and Therapeutic departments. In addition, we have targeted improvements in patient satisfaction through greater predictability and reliability of patient schedules,” says Mecklenburg.

Theradoc Clinical Analysis and Reporting

“Using our CDC grant funding, we are implementing a unique clinical decision support tool for antibiotic and infectious disease management. In April, we will begin to electronically report infectious disease information to the CDC and participate in a research collaborative with other academic institutions,” he says.

“Although we’ve selected five projects in support of our BPE objectives, we also have

technology projects that are for BP and EFP. All projects are on-time and on-budget,” Mecklenburg notes.

Conclusion

If there’s one commonality among our sampling of CEO initiatives for 2004, it’s the quest for the twin goals of quality and efficiency—and using IT to achieve them. These terms have become so intertwined over the past 10 years that they are almost cliché. However, anyone who talks to CEOs of healthcare organizations knows that this is a challenge that must be met over the course of more than a decade. The good news, as is evident from this roundtable, is that healthcare CEOs are absolutely committed to this effort and they are not only making progress, but fundamentally changing their health systems. And that’s a top-down initiative on a national scale.



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