

MESSAGE FROM THE PRESIDENT

Transforming the Future of Healthcare Together

As I look back at all we have accomplished with the launch of the Epic electronic health record system, I can't help but be amazed at how far we've come. When the Sisters of Mercy Health System (Mercy) first considered the project in 2003, the idea of connecting all of our hospitals and physician offices electronically was considered ambitious at best. Today, more than 1,200 Mercy physician offices and five hospitals in three states are live on the Epic system, and electronic health records are part of the national healthcare agenda.

Mercy facilities using Epic now are part of an elite group. Only about two percent of all healthcare organizations in the nation are effectively using a comprehensive, integrated electronic system. As an early adopter, Mercy is well-positioned to capture some of the highest levels of government stimulus funds and incentives that are part of the American Recovery and Reinvestment Act of 2009. On February 17, President Obama signed a bill that includes \$19.2 billion to reward healthcare providers for the "meaningful use" of an electronic health record. To that end, Mercy has organized an executive-level team to coordinate activities around this opportunity.

Epic, along with other technology-driven programs such as Mercy Meds and Mercy SafeWatch, improves the way we record and access patient information across large geographic areas, administer medications and treat our most critically ill patients. All of these programs share a common goal: to improve the patient experience. By providing seamless transmission of information between caregivers, a safer environment and remote access to specialized around-the-clock care, technology has allowed us to build upon the foundation of exceptional care established by the Sisters of Mercy so many years ago. And this is only the beginning.

As we look ahead to the challenging, complex and oftentimes unclear future



of our industry, one thing is certain – we can no longer depend on the ways we have done things in the past to fully support how we deliver and sustain healthcare services for future generations. This means moving beyond the "bricks and mortar" of individual facilities and increasing our focus on creating new touchpoints of care, such as online services and telemedicine, as well as achieving further physician integration, building strong customer relationships, influencing how health services are financed, and supporting research and development related to innovative ways of meeting the health needs of our customers.

But we cannot do it alone. Just as we have made it a priority to hold on to the "high touch" aspect of our ministry while going "high tech," we will need the continued support of those around us as we look to dramatically transform healthcare. Although our future certainly will include increasing amounts of virtual and digital solutions, the relationships that we have already built with our patients, physicians, co-workers and communities are vital to our success. Only by working together, in tandem as healthcare providers and consumers, will we be able to provide the best possible care to meet the changing needs of our communities, both now and in the future.

Sincerely,

Lynn Britton
President and Chief Executive Officer
Sisters of Mercy Health System

Epic System continued

the product, which currently is referred to as "MyChart."

A group of four Mercy family practice physicians in St. Louis, led by Raymond Weick, MD, is the first to offer this service to patients. Currently, nearly 150 patients have signed up for the online EHR service. Mercy plans to offer MyChart through several more St. Louis-area physician offices starting in September and expand into other Mercy regions in 2010.

Both patients and physicians are praising the benefits of the Epic application. "I think this is a wonderful program," said one patient in response to a survey sent as part of the pilot. "I think I will find it even more helpful when I have established several test results in the system. It is much easier than calling and leaving a voicemail."

Another participant in a recent focus group marveled at how he was able to see results online from a test taken less than 24 hours earlier, while a third lauded the opportunity for increased teamwork with his doctor. "I see healthcare as a collaboration between my doctor and me, and MyChart really helps promote communication and teamwork," the patient said.

Dr. Weick offered similar praise for the ability to communicate electronically. "The online EHR allows patients to take a new and expanded role in managing their health. It is easy and convenient for our office and patients," he said. "It is great to

be able to send patients test results online or e-mail them with answers to basic questions about medications or medical issues. It's efficient and saves everyone the hassle of phone calls." •

Five Live, Five to Go

HOSPITALS LIVE ON EPIC

- Mercy Medical Center, Northwest Arkansas – March 2008
- Mercy Health Center, Fort Scott, Kan. – October 2008
- Mercy Hospital, Independence, Kan. – October 2008
- St. John's Hospital, Springfield, Mo. – January 2009
- St. John's Mercy Hospital, Washington, Mo. – July 2009

HOSPITALS SCHEDULED TO GO LIVE THROUGH 2010

- St. John's Mercy Medical Center, St. Louis, Mo. – August 2009
- Mercy Health Center, Oklahoma City, Okla. – June 2010
- Mercy Memorial Health Center, Ardmore, Okla. – June 2010
- St. Edward Mercy Medical Center, Fort Smith, Ark. – September 2010
- St. Joseph's Mercy Health Center, Hot Springs, Ark. – September 2010

Advocacy Center continued

a sense of safety for the children and their families.

"It's vital for children to feel comfortable while talking with us," McCutcheon explained. "They come to us because of something that adults, let alone children, can have difficulty talking about. We ease their burden by making them feel comfortable and asking them to tell their story only once, rather than having to repeat it to a series of adult questioners."

McCutcheon adds that everyone benefits from the center's multidisciplinary approach of working closely with a team of professionals from the fields of medicine, law enforcement, child protection services, prosecution and crisis services. All work together to coordinate the identification, investigation, intervention, treatment and prosecution of child abuse. "This collaboration allows us to successfully share information among the different agencies and improve the quality of the investigation," she said. "In addition, we make more efficient use of our talents and resources, which has a positive financial impact on the community."

A Silver Lining

The Cooper-Anthony Mercy Child Advocacy Center's legacy is known far

beyond its four walls. Child victims, families and the community at-large sing its praises. In 2006, a grateful aunt donated a new garden in her 11-year-old niece's name. The garden, known as Chloe's Garden, serves as healing refuge for children who are seen at the center. In addition, U.S. Senator Blanche Lincoln recently visited the center to help bring attention to its work.

"Children are our most precious blessings, and every day, Cooper-Anthony Mercy Child Advocacy Center workers and partners devote themselves to protecting our most fragile children so that they can once again be safe and happy," said Sen. Lincoln. "I deeply admire their labor of love and the hope that goes on each day inside the center."

This spring, the Cooper-Anthony Mercy Child Advocacy Center celebrated its sixth anniversary. While the number of reports of child abuse has increased significantly since its inception, the center's staff are able to see the silver lining. "It saddens me that everyday we are subjected to more and more cases involving the physical and emotional harm of children," said Marcie Hermann, RN, a sexual assault nurse examiner at the center. "But I find comfort in the fact that we have the talent and resources to meet the growing needs of our area's children and families. We are here for them and they are beginning to realize that." •

Mercy Takes Necessary Steps to Prevent Patient Falls

Patient falls are among the top five safety events reported in hospitals across the country, and as many as half of those who fall suffer severe injuries. Reducing falls is a critical part of patient safety for the Sisters of Mercy Health System (Mercy). There are many reasons that falls occur – unfamiliar surroundings, physical injury or disability, multiple medications and altered mental status. As a result, falls are extremely challenging to prevent. Regardless of the challenges, Mercy is doing everything we can to keep our patients safe.

"Mercy facilities have been very successful in implementing effective fall prevention strategies," said Sue Sinclair, executive director of the Mercy Safety Center. "But until we are confident that we can prevent 100% of patient falls, there is still work to be done. The recent development of a Mercy-wide, multidisciplinary Falls Prevention Team will help us to better determine the causes of falls and apply practical interventions across the System."

Following are some of the fall prevention strategies already in place at Mercy facilities:

Pharmacy Fall Prevention Program – Certain medications can cause dizziness and weakness, increasing a patient's risk for falling. Mercy Health Center in Oklahoma City has developed the Pharmacy Fall Prevention Program, which considers patients' medication profiles when determining their fall risk. The hospital has won several national awards for the development of this program, and its success in decreasing fall rates has strengthened the expansion of medication safety into fall prevention strategies across Mercy.

Standard Wrist Band Program – Following recommendations from the American Hospital Association, all Mercy facilities now use yellow wrist bands to identify patients at risk for falls. Using the same color wrist bands across the entire continuum of care prevents caregiver confusion, especially during patient transfers.

Advanced Event Reporting – Mercy's new standardized electronic event reporting system, Mercy Event Reporter, allows for more thorough reporting and analysis of data related to patient falls. Not only is this data being used to drive System-wide

improvement, it also will contribute to statewide falls prevention efforts through the Missouri Center for Patient Safety.

In addition, the data collected has helped the Mercy Safety Center modify the focus of its fall prevention efforts. While attention was traditionally directed toward preventing falls in the hospital setting, data collected through Mercy Event Reporter revealed a need to expand prevention strategies to other venues of care, such as home health, long-term care and rehabilitation facilities. The Mercy Falls Prevention Team is now reaching out to experts in those areas to develop appropriate strategies.

Reduced Call Light Response Time – Call lights are provided to patients at risk for falling at all of Mercy's facilities. Patients are instructed to pull the call light when they need a caregiver's assistance to get out of bed or walk across the room. Through intense evaluation of individual fall cases, St. John's Mercy Medical Center's skilled nursing care facility in St. Louis identified insufficient response time to call lights as a major factor contributing to patient falls. By cutting nurses' response time in half, the facility was able to drastically reduce fall rates.

"I am pleased that Mercy is taking this important issue so seriously and am proud to be a part of Mercy's Falls Prevention Team," said Ginny Moseley, executive director of St. John's Mercy Medical Center's skilled nursing facility. "By working together, we will be able to implement solutions that far surpass what we could have done as individual facilities, and that is a win-win situation for our patients. Their safety always has been and always will be our top priority." •



All Mercy facilities now use the same color of wrist bands across the continuum of care to prevent confusion. Yellow wrist bands identify patients at risk for falls.