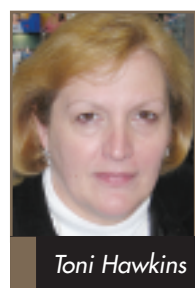


Genesis Team Members Sound Off: “What I Know Now”

A little more than a year ago, co-workers from Sisters of Mercy Health System (Mercy) facilities were recruited for an exciting, slightly mysterious, somewhat abstract assignment called the Genesis Project. These co-workers were asked to step out of their comfort zones and place themselves at the epicenter of a process and technology transformation that would change the way Mercy works. More than 70 Mercy co-workers accepted the challenge and are actively working as part of the Genesis Project core team. Now, more than a year into the project, here is what a few of these co-workers have to say about their experiences as part of Genesis and their expectations for the future of Mercy.

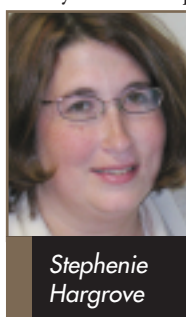


Toni Hawkins, Senior Consultant–Emergency Department (Clinical Track), from St. John’s Hospital, Springfield, MO – “The Genesis Project will bring monumental change to the Mercy system. It has taken the ‘collective IQ,’ hard work, sacrifice and input from hundreds of co-workers to develop best practice systems and processes. Their efforts will help Mercy ensure that the services provided to patients are cutting edge in healthcare. Catherine McAuley was known for being a change agent who was ahead of her time – I think she would be proud.”



Teresa Wood, Senior Consultant (Revenue Track), from Mercy Health Center, Oklahoma City – “While many Mercy hospitals are using the same information systems, such as STAR, they are all using them differently. As a result, it can be difficult for facilities to assist each other with issues and to share information. The Genesis Project allows us to look at all of the systems, including Kansas and Oklahoma hospitals which are not on STAR, pull out the best pieces and put them all together to give every hospital the best system possible. We want the technology to work for our co-workers, so that our co-workers can focus on our patients.”

Cheryl Fritz, Director–Human Resources (ERP Track), from St. John’s Mercy Health Care, St. Louis – “The Genesis Project is bringing us together as a health system. By making this investment, Mercy’s leadership is ensuring that we will continue to be the healthcare employer of choice far into the future.”



Stephenie Hargrove, Senior Consultant–Inventory Management (Supply Chain Track), from

ROI, St. Louis – “Since Supply Chain is already standardized, we are focusing on improving our processes. We looked at best practices and hope to have captured those to share with the entire System. We designed our processes with our patients’ and customers’ needs in mind.”

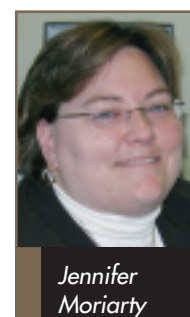


Sheri Long, Physician Adoption Liaison/Arkansas (Clinical Track), from Arkansas Regional Data Center, Fort Smith, AR – “Statistics indicate that the majority of medical errors involve the ordering process – be it misinterpretation or errors in transcribing the orders. This is one of the many reasons for the national push toward computerized physician order entry (CPOE). It will create a much safer environment by circumventing the potential for this type of error. In support of CPOE, Mercy physicians are working hard to develop evidence-based order sets. By gathering our physician experts together to review detailed order process flows, we are enhancing our quality of care.”

Bill Lambert, Senior Consultant–TechSys Conversion (Supply Chain Track), from Consolidated Services Center, Springfield, MO – “The work the Supply Chain Management track is doing will make it possible for co-workers to have more



information at their fingertips when ordering supplies.”



Jennifer Moriarty, Director–Finance (ERP Track), from St. John’s Mercy Health Care, St. Louis – “Genesis has brought Mercy co-workers together to share best practices and ideas for the benefit of all hospitals throughout Mercy. Prior to Genesis, many co-workers never met or talked with peers at other facilities. However, through the Expert groups and future state design sessions, co-workers have gotten to know one another and share their knowledge and experiences. This sharing of ideas and best practices is an outcome of the Genesis Project.”



How Mercy will Change *continued*

Centralized scheduling, a longer-term enhancement that will come about as a result of groundwork laid by Genesis, will allow Mercy hospitals to respond more quickly to physician needs in scheduling procedures. Ultimately scheduling will be handled by a dedicated unit at the hospital, rather than each department needing to respond to scheduling requests along with a wide range of other duties.

Goal #3: ENHANCE CO-WORKER SATISFACTION AND PRODUCTIVITY

Clinical co-workers, including nurses, therapists and other clinicians, will benefit from new technology tools that will allow them to better organize and more easily document the care they provide. Time will be saved because communication about interdisciplinary care becomes immediately available. No longer will nurses need to track down the paper documentation to determine if, for example, a respiratory therapy treatment has been completed. This will improve the nurse’s ability to accurately assess the patient’s reaction and continuing needs.

Beyond the clinical areas, a wide range of information will be more easily accessible to improve co-workers’ abilities to make better decisions about both their work and personal matters.

Electronic routing of patient correspondence will reduce time co-workers must spend copying, filing and forwarding of these documents. Requisition Self Service, a key feature of the new Supply Chain system, will make ordering supplies and pharmaceuticals simpler and faster,

particularly using the new system’s query (look up) capability.

As a co-worker benefit, a random numbering system will be implemented to replace use of co-workers’ Social Security Numbers for identification purposes, to improve confidentiality and security. And, from a personal perspective, in time co-workers will be able to directly access information about their pay, accrued vacation time, health benefits and work schedules, even from their own homes via the Internet.

Goal #4: ATTAIN BETTER BUSINESS AND OPERATIONAL OUTCOMES

Today, most of our business and outcome-related data exists on a wide range of different systems at each Mercy Strategic Service Unit (SSU). This makes gathering information time consuming and runs the risk of comparing apples with oranges. With Genesis, each of Mercy’s SSUs ultimately will be using the same computer systems to support the major areas of finance, human resources/payroll, clinical, revenue and supply chain. Changes made in how we collect or report information will be more consistent.

Examples of ways this will benefit Mercy include having more complete and accurate co-worker information that can be used in responding to JCAHO or HIPAA-related requests, having faster access to financial results so that department managers can do better planning, being able to identify patients with financial concerns so that assistance can be provided earlier in the care

cycle, and streamlining the online purchasing process to more easily identify contracted items that provide better pricing.

Overall, reduced costs and increased productivity will enable us to redirect resources – both monetary and human – toward achieving our primary mission of making a difference by touching lives of those that we serve.

Having the ability to confidently make comparisons across departments and facilities also allows us to identify our strengths and weaknesses, so that we can build on best practices and address problems in a more timely way.

Goal #5: ADVANCE SENSE OF “SYSTEMNESS” AND TEAMWORK ACROSS MERCY

The approach that the Genesis Project has used to gather input toward decisions about work process and technology changes has been a major contributor toward this goal. Recruiting Genesis team members from throughout Mercy’s hospitals, then bringing in more than 500 SSU co-workers

to serve as Subject Matter Experts, is a direct acknowledgement of the value of “Systemness.” Many Experts have commented that they learned things from their peers that they have been able to take back to their own hospitals and apply immediately, well ahead of the first wave of formal Genesis implementations.

“The Genesis Project really is only a beginning – the beginning of a new future for Mercy,” said Ron Ashworth, president and chief executive officer. “We certainly will not be able to solve every problem. But we will, at the end of the project in 2008, have a shared process and technology base which will allow us to continue to move forward in more effectively serving the needs of our customers, physicians and co-workers.”