



# Teamwork Advances Mercy Spirit in Laredo



Jeff Oldenettel, System Office network administrator, and Raul Patino, IS consultant, install computer equipment donated to Mercy Ministries of Laredo.

more than simply a name change for the outreach ministries. All of the technology and computerized record keeping systems used by the ministries had been provided and supported by the hospital and were therefore no longer available. Hearing of the need, ISD co-workers from other Mercy locations came to the rescue.

"Our intention at the time was to give them good working equipment to help

them get on their feet," said John Ward, information services manager at the System Office in St. Louis. Ward and his team worked to create e-mail and log on accounts and support Laredo's local area network, while co-workers from St. John's Health System in Springfield, Missouri, built a server to support the ministry's computer network. Two of St. John's co-workers, Mark Pasquale, director of technical services, and Bryan Hardy, lead application developer, voluntarily developed a Web-based registration system called Lupita that runs from Springfield across the Mercy network to Laredo.

Last fall, Pasquale, Ward and Diana Silvey, Mercy's community outreach services executive director, visited Laredo to help move equipment and install the computer network and server, so that Mercy Ministries of Laredo could officially open its doors at its new location. A few weeks later, Pasquale returned with Ricky Hobbs, executive

director of information services at the Arkansas Regional Data Center, and other data center co-workers to install more equipment, while the System Office provided remote support from St. Louis. The ISD co-workers were so impressed by the ministry's work with the economically disadvantaged of Laredo that they wanted to do everything possible to help them succeed.

"What began as an initiative to aid in the hospital transfer turned into a volunteer effort," Hobbs explained. Upon returning home, he enlisted the help of Nancy VonderHaar, director of information services finance at the System Office, and the two began efforts to solicit new

network administrator, spent several days in Laredo installing a large donation of used equipment from the St. Louis office and checking to make sure that software and virus programs were up to date.

The time and materials donated to Mercy Ministries of Laredo over the past months has been greatly appreciated. "The transition has been challenging," Mercy Ministries CEO Daniel Guevara admitted. "But we are moving forward and continuing Catherine's legacy, thanks to the wonderful relationships we have built with our co-workers throughout Mercy. We are extremely appreciative of the help they have given us so far and look forward continuing to work as a team in the future."

This continued collaboration is already taking shape. In mid-April, Springfield's Customer Service Department began staffing the "Laredo Help

Desk," a free office support and technical troubleshooting service for the ministry. Pasquale also returned to Laredo in late April to evaluate a new medical management system to handle registration, billing and data tracking. •

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computers to replace the ministry's antiquated machines. Dell has since donated several brand new computers for use in Laredo. In addition, this past February, Jeff Oldenettel, System Office

The Mercy Service Standard "work as a team" is being embraced in a special way by Sisters of Mercy Health System (Mercy) co-workers in support of the System's newest member, Mercy Ministries of Laredo. Following in the footsteps of Sisters of Mercy foundress Catherine McAuley, who always had a helping hand for those in need, Information Services Division (ISD) staff from Missouri and Arkansas have "adopted" the Laredo ministry by providing technical support and equipment.

When Mercy Health Center in Laredo, Texas, was sold in 2003, many of the outreach programs sponsored by the Sisters of Mercy in that community – including health and education services, a domestic violence program and a food pantry – were transferred to a new non-profit organization, Mercy Ministries of Laredo. However, the sale of the hospital meant

## Quality Measures continued

initiative has the potential of creating a national standard for hospital quality.

Currently, more than 3,000 U.S. hospitals have voluntarily agreed to submit data related to the initiative's 10 quality measures. Approximately 1,400 hospitals are already reporting data, and all of Mercy's hospitals are included in that number.

## Using a Web-based approach to reporting

Members of the Outcomes Measurement Team began their work knowing that an electronic reporting system was key to Mercy's ability to gather and analyze data. Their research and discussion led them to a plan of developing three Web sites, rolled out individually throughout 2004. The first, Measuring Mercy, was introduced in February on the Mercy intranet (<http://inside.mercy.net>) to all co-workers and physicians with access to the intranet.

"We thought it was important that the first Web site be geared broadly to all Mercy co-workers and physicians. It answers the question, 'How do we measure up?' in key areas of clinical service and patient satisfaction," said Sinclair.

The site offers information on quality measures related to the National Hospital Quality Initiative and patient satisfaction scores from Press Ganey survey results. Information also is provided on women's services and Mercy's clinical quality areas of focus: clinical safety, disease management, medication transformation, computerized physician order entry and framework for quality.

The second intranet-based Web site, which includes more in-depth information and measurements on Mercy's clinical quality activities, will launch in early May. During its first nine months of operation, this password-protected site will be accessible by Mercy CEOs and their executive teams, physician and nursing leaders, and quality and risk management directors. Expanded access is expected in the future.

"This is a content-rich site that provides data and information on more than 50 measures," said Sinclair. "The site is constructed for easy access by users and can be viewed from various perspectives. For example, users may view information that is condition specific, based on regulatory measures or clinical quality team measures."

The third Web site, planned for launch later this year, will be an Internet site accessible to the public. Research is under way to determine the best way to present outcomes measurement data to Mercy's patients and other customers.

"We are viewing this public Web site as an opportunity to go beyond statistics and provide users with a more in-depth look at Mercy, our values and our commitment to exceptional quality care," said Aubuchon.

## The pros—and cons—of reporting clinical outcomes

Ronnie Brownsworth, M.D., senior vice president, St. John's Health System, Springfield, Missouri, summarizes in three words the positive aspects of outcomes measurement reporting: focus, accountability and image.

"Mercy has always been concerned with clinical quality, but making our outcomes more visible and accessible to a broader audience really focuses our attention on how well we're doing," he said. "In turn, that focus increases institutional accountability. While we can take pride in the areas in which we excel, we also have easy access to data showing where our opportunities for improvement exist."

That data can enhance consumers' image of Mercy and healthcare as a whole. "Our industry has taken a beating the last few years from the standpoint of people becoming concerned that the care they receive is not safe," said Dr. Brownsworth. "Overall, Mercy has good outcomes to report, and I think that hard evidence will restore consumer confidence."

Unfortunately, these positives have the potential for resulting in negative perceptions as well. "Consumers are hungry for information about their healthcare facilities," said John Hoffman, M.D., president/CEO of St. Edward Mercy Medical Center, Fort Smith, Arkansas. "However, data over which we have little control is on the Internet. This information may or may not be an accurate indication of what we think is important and what people should know about Mercy."

One problem, according to Dr. Brownsworth, is that some measurement systems fail to account for differences among patients. "The information we report to government or regulatory agencies should be adjusted to equalize differences, and that might not always happen," he commented. "For instance, how can you compare a tertiary center's mortality rates—where patients are much sicker—to those of a community hospital? Without some adjustments, skewed information can result."

Overall, the Outcomes Measurement Team believes sharing of information will have a positive impact on Mercy's future. "We are confident that sharing our quality measures with co-workers and patients will strengthen Mercy's image as a provider of quality care in our communities," said Aubuchon. •

## Message from the President

With people turning to the Internet for advice on virtually every topic, it's no surprise that healthcare consumers expect to find Web-based information that will help them make choices regarding their care. Further, organizations ranging from the Centers for Medicaid and Medicare Services to the American Hospital Association have joined forces urging hospitals to voluntarily report measurements related to their quality of care. In the near future, Medicare reimbursements will provide an additional incentive for hospitals to report these measures.

These are valid reasons for Mercy to develop new methods of sharing information about the quality of care provided by our hospitals. More importantly, doing so demonstrates our commitment to not only provide this information, but to use it to develop best practices and improve the care we provide to our patients.

Mercy's outcomes measurement and reporting activities are described in the article beginning on page 1 of this newsletter. By collecting quality performance data and reporting it on our intranet and Internet Web sites, Mercy hospitals will be able to inform others about the quality of our care and identify areas for improvement. The focus on monitoring results and comparing ourselves to national benchmarks allows Mercy to remain a leader in quality improvement efforts.

Currently, the "Measuring Mercy" site provides clinical measures and other information to all co-workers and physicians with access to our intranet (<http://inside.mercy.net>). In early May, a more comprehensive clinical quality site will be available on the intranet to senior leaders and quality and risk managers across the organization. By next fall, an external Web site will provide measures and other information about our clinical quality to the general public.

These activities represent a significant commitment of time and resources by the Systemwide Outcomes Measurement Team and co-workers at our SSUs who are involved in data collection. Your efforts are appreciated, and I look forward to continuing to share the message of clinical quality with Mercy co-workers, physicians and those we serve.

Sincerely,

Ron Ashworth

President and Chief Executive Officer  
Sisters of Mercy Health System

