

# Mercy Advocacy Agenda to Address Community Health Challenges



During the Genesis-Epic midpoint review meeting, Genesis-Epic team members Chris Davis, M.D. (left) and Ryan Vogel acted as doctor and patient in a simulated clinical situation, while the Epic software that corresponded to their situation was projected on large screens behind them.

In order to demonstrate these applications in a concrete way at the gathering, Genesis-Epic team members acted the parts of physicians, nurses and other clinicians, while Epic software applications for admission, surgery scheduling, emergency department visits, clinical documentation and medication administration were projected on large screens behind them. As the caregivers simulated serving patients, the screens showed how the Epic system would handle the workflows and functions associated with each task.

The other 30 percent of system elements and workflows that are not part of the enterprise work will be customized at local and facility levels through regional DBV sessions. Groups working on the physician clinic applications will begin meeting in April and May in regional sessions to design and customize the system in preparation for the physician clinic go-lives that will begin in January 2008.

While all of this is going on, another cross-functional team is assessing the hardware and facility requirements to support the Genesis-Epic system. This activity includes an evaluation of equipment needs such as computers, scanners and other electronic devices, the appropriate placement of these devices, and whether or not facilities have the necessary network and electrical systems to support this equipment. These assessments are taking place first at physician clinics, followed by Mercy Health System of Northwest Arkansas and proceeding in the order of the Genesis-Epic implementations.

**Supply Chain** – The Lawson supply chain system was implemented Systemwide on February 1 and approximately 3,600 co-workers began entering supply orders and viewing inventory in the system on February 5. Members of the Genesis Supply Chain team and Mercy Information Services Division were on-site at facilities across Mercy to assist co-workers during the month of February. Learning labs also stayed open after go-live and additional training materials were made available to serve as extra resources.

**Finance** – Mercy Accounts Payable Shared Services began processing all purchase orders across Mercy on February 1 as part of the Systemwide implementation of the Lawson supply chain system. All invoices are now processed and paid from one consolidated accounts payable department in Springfield.

The ERP Finance team continues to support other business areas as it operates in an ongoing maintenance function. They recently assisted the Supply Chain team with its go-live and continue to support the payroll side of the upcoming human resources/payroll implementations. They are also beginning to be involved in Genesis-Epic discussions related to extracting general ledger data from Epic for Lawson.

**Human Resources (HR)/Payroll** – The HR/payroll team has been busy with parallel testing activities for the Lawson HR/payroll and Kronos automated time and attendance systems at the three Arkansas SSUs. Testing began in February and will continue through April. The team also is working with Springfield, Oklahoma and Kansas on data conversions and is investigating issues discovered in design resolution. The Arkansas SSUs will implement Lawson and Kronos in July, following by Springfield in October and Kansas and Oklahoma in January 2008. •

**E**nsuring access to affordable healthcare is one of the greatest challenges facing our country today. As healthcare leaders, the Sisters of Mercy Health System (Mercy) joins with other members of the health profession as well as with local, state and federal governments in responding to this challenge. Mercy's advocacy agenda for 2007 will include a principle focus on the core community health challenges of access and resources. More specifically, Mercy will work in partnership with communities and health advocates to improve access locally and support public policies that increase healthcare access and maintain community health resources.

*“The challenges facing healthcare today are larger than the healthcare industry or the public and private sectors can solve alone.”*

Each year, Mercy develops an advocacy agenda based on health system priorities that will serve as the foundation for public policy efforts by Mercy's Strategic Service Units (SSUs). Advocacy coordinators across the System work together with SSU leadership to shape and implement this advocacy agenda.

“The challenges facing healthcare today are larger than the healthcare industry or the public and private sectors can solve alone. Increasingly, we have seen community efforts responding to these challenges. Mercy is committed to working hand in hand with our communities to search for ways of bringing people together to help create healthier communities,” said Roy Mitchell, Mercy's director of advocacy.

Collaborative efforts that enhance the capacity of local community health resources provide sustainable benefits to the whole community, Mitchell noted. In the coming year, Mercy co-workers will be encouraged to engage in advocacy activities to address the ever-expanding list of community healthcare challenges.

“Individuals at our SSUs possess a unique view of the community health concerns most important to

policymakers,” he said. “For Mercy to realize our full potential, we must strive to view our public policy advocacy efforts as integral to our mission. We must embrace our roles as partners working collaboratively with others to improve access and health status for those most in need in our communities.”

*Mercy's priority advocacy issues for 2007 are:*

## Access

Mercy will continue to support congressional efforts to seek accessible and affordable healthcare for all. We also will advocate for measures with a goal of reducing the number of uninsured

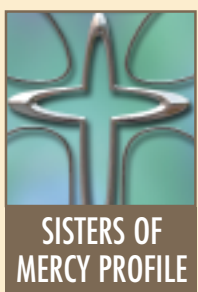
individuals in our nation, particularly vulnerable populations such as children and low-income families.

## Resources

Because our communities depend on us to provide the vital care they need, Mercy will advocate against proposed Medicare and Medicaid cuts and will work to continue to develop community resources to improve access to needed care.

## Quality/Safety

Mercy will continue to support the Hospital Quality Alliance as a platform for providing transparent quality information. Mercy also will continue to encourage a collaborative process between purchasers and providers in selecting quality measures. In addition, Mercy will advocate for careful consideration by Congress of the Centers for Medicare & Medicaid Services' hospital-based purchasing (pay-for-performance) plan. Pay-for-Performance approaches should not adversely affect hospitals and the patients that Mercy serves, but rather reward hospitals for both improvement in performance and attaining certain performance thresholds. •



## Sister Annrené Brau, RSM

**H**ealing – in both its physical and spiritual aspects – is a thread that runs through virtually every element of the life of

Sister Annrené Brau, RSM. However, in spite of this constant theme, Sr. Annrené hadn't planned on a career in healthcare.

“I had no real inkling I would be a nurse,” she said. “But when I was working as an aide in a psychiatric hospital, a lay woman who was a graduate of the Mercy School of Nursing in Fort Scott, Kansas, suggested I give it a try.”

After enrolling at the Mercy School of Nursing in Hutchinson, Kansas, Sr. Annrené was advised by Sister Victoria Clark, one of her instructors, that she would make a good sister. “I think she saw in me the makings of a good and creative nurse, and she thought that it would be a good thing for me to do it as a Sister of Mercy,” Sr. Annrené said.

Sr. Annrené took her instructor's advice and joined the Sisters of Mercy in 1958. She served as an X-ray technologist before finishing her nursing

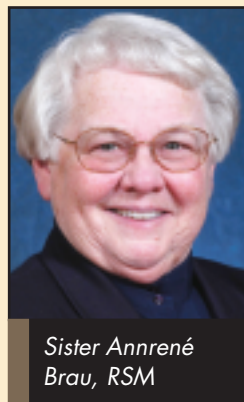
degree 12 years later at Incarnate Word College in San Antonio, Texas.

Following the Second Vatican Council, the Sisters of Mercy embarked on a journey of community renewal and Sr. Annrené left healthcare to become part of a four-member, full-time renewal team studying the documents from the council and their implications for the community.

“We functioned as change agents, working with local communities within the St. Louis Province to address our need for renewal. Our criteria for renewal were measured with Community and Church documents, as well as Scripture,” Sr. Annrené explained.

By 1976, a full-time renewal team was no longer needed and she returned to nursing, serving in the urology area at Mercy Health Center in Fort Scott, Kansas. In 1980, she helped establish and manage the first dedicated intensive care unit at the hospital.

Sr. Annrené's focus shifted to congregational leadership in the mid-1980s, when she served for six years on the Regional Leadership team. She capped off her service to the community with a year's sabbatical in Ireland. There she was enrolled in a religious education program which also provided her the time to enjoy many travel



Sister Annrené Brau, RSM

experiences throughout Ireland, England, Scotland, Wales, Russia and Israel.

“I went to Ireland because I was hankering to get in touch with Mercy's roots,” Sr. Annrené said. “But I also picked Ireland because I

am only English-speaking. However, what I found was that there are so many nuances and meanings to the English that the Irish speak that at times I thought they were speaking a different language!”

Sr. Annrené moved to Independence, Kansas, in 1989 where she continues to live today. Since then, she has served in a variety of administrative roles with Mercy Health System of Kansas, including vice president of mission services, a position that she left in 2003.

After earning her master's degree in Christian Spirituality at Creighton University in 2000, Sr. Annrené began to focus on holistic healing of the body, mind and spirit. In 2003, she established Mercy Centre in Independence, where she provides spiritual direction, Reiki, reflexology and

Healing Touch ministry, as well as hosting retreats and Scripture study classes. She also is a primary board member with the boards of the Sisters of Mercy Health System's Arkansas Strategic Service Units.

Sr. Annrené cannot imagine what her life would have been like if she had chosen another path and not become a sister. “Life is a mystery unfolding,” she said. “All of the decisions of my life have been part of that mysterious unfolding and each day brings a new piece of the mystery to light.” •

## TOP 10 “FUN FACTS”

1. **Favorite food:** All food, except oysters
2. **Favorite hobbies:** Reading, knitting, fishing, gardening
3. **Favorite movie:** The *Pink Panther* series with Peter Sellers
4. **Favorite beverage:** Water and tea, and on a hot day, a cold beer
5. **Favorite place:** The plains of Kansas
6. **Favorite travel spot:** Australia or China
7. **Favorite holiday:** Easter
8. **Personal motto:** “Amen, Come Lord Jesus”
9. **Favorite season:** I like the variety of them all
10. **Role model:** Sister Mary Bertrand Daily, RSM, Provincial of the St. Louis Province, 1960-1966