



# Information Services Focuses on Future



At its core, health care will always be about people caring for people — but the ability of medical professionals to provide care has been greatly enhanced in recent years by information technology. From networked computers that enable e-mail communications, to complex software programs that improve financial and clinical operations, information technology touches the lives of health care co-workers and customers every day.

In the mid-1990s the Sisters of Mercy Health System (Mercy) created the Information Services Division (ISD) to coordinate the planning, implementation and operation of information technology across Mercy. Since its creation, the ISD has been in a constant state of motion to keep



up with rapidly changing technology and meet Mercy's multiple needs. The ISD recently announced a newly refined strategic vision and direction, which is intended to further improve how information technol-

ogy (IT) is used throughout the System.

"We developed the IDS with specific goals in mind, and we are still on the same path today. But our new vision strengthens our commitment to developing information technology solutions that benefit the entire System while providing maximum value to customers and co-workers at each location," said Skip Hubbard, Mercy vice president and corporate chief information officer (CIO). "It's a simple concept, but imple-

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menting common technology solutions across Mercy allows us to develop expertise for specific technologies, improves the service we provide to our customers, leverages our ability to work with IT vendors, and saves money."

### New Leadership Structure

The ISD's vision is supported by a new leadership structure that strengthens communication within the division and improves operations. Previously, ISD senior

leadership was organized by location. Today, three regional CIOs continue to work within distinct geographical areas but now have responsibility for specific IT functions across the entire System.

Larry Blevins, regional CIO for Arkansas, is responsible for clinical information technology across the System. He serves as the key contact to Cerner, Mercy's vendor for clinical software used in areas such as pharmacy, nursing and laboratory. Blevins' geographical area of responsibility also includes Oklahoma.

Hubbard, who currently is serving as interim CIO for the St. Louis region, is responsible for all financial information technology. He maintains Mercy's relationship with McKesson, the key vendor for financial software programs.

The St. Louis CIO also oversees the newly established Mercy Data Center.

Pat McGuire, regional CIO for Springfield, has responsibility for physician, home health and customer service IT. He also has executive oversight of information services in Kansas and Texas, and at Mercy Health Plans.



"The new leadership structure helps us focus more on what benefits the System as a whole, not what benefits a specific location," Hubbard explained. "It also allows us to develop System experts for specific IT solutions, and provides a key contact for our important vendor relationships."

### Achieving Bigger Benefits

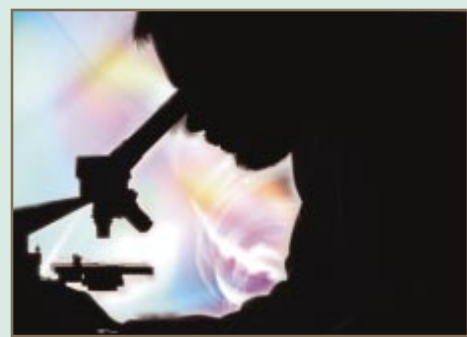
Purchasing common IT solutions through Mercy's two primary vendors, Cerner and McKesson, has allowed the System to save more than \$10 million over the past three years and \$1 million yearly in maintenance and support services. But the economic benefit of System contracting is only one element of potential savings. Even greater savings are possible when the installation, training and operation of that software are strategically planned across the System.

"Mercy's initial IT strategy focused on implementing common clinical and financial software solutions in as many locations as we could support. But as a result of moving rapidly to accomplish this goal, our facilities now use multiple versions of a single software application. This is in direct conflict with our goal of standardization," Hubbard pointed out.

"Our new strategy calls us to adopt standard software versions and improve how we manage internal, labor-intensive activities such as installation, upgrades and testing, and ongoing support and education. This will allow us to achieve far more in savings than we now realize through System contracting," he continued. "This is the next big step in our evolution."

### A Transparent Transformation

While the ISD's reorganization and new strategic focus are big changes for the division's co-workers, the transformation should be somewhat transparent to other Mercy co-workers. Over time, what should be visible to end-users is the ability to better share information across the System and improved IT customer support. As a further commitment to improved customer support, the ISD will establish Mercy user groups to focus on specific software applications, promote shared knowledge and best practices, and address user concerns. •



## Mercy Looks at Impact of New Health Care Technologies

Every day health care professionals are flooded with information about new kinds of medical technologies that may improve patient care and recovery. In the race to keep up with new technologies, the Sisters of Mercy Health System (Mercy) has established the Emerging Medical Technologies (EMT) team. This multidisciplinary group of co-workers is a branch of the Resource Optimization Group's performance consulting division.

Formed in the fall of 2001, the primary purpose of the EMT team is to research and identify new technologies, and present objective recommendations to Mercy leadership and clinicians. To date, the EMT team has produced two comprehensive briefings — the first on cardiac resynchronization therapy and the second on drug-eluting stents. The team also plans to distribute information through frequent EMT bulletins. These bulletins will provide updates to previously published briefings, as well as feature technologies that do not require a full briefing but merit attention by Mercy.

The EMT team's goal is to provide balanced information on the advantages of new and emerging technologies. Barbara Harvath, EMT team member and director of resource management planning, explained, "We look at all aspects of the technology — safety, efficacy, clinical, operational and financial — to determine the potential impact on our patients and on our organization. We want to provide Mercy leaders and health care professionals with accurate and accessible information for making decisions about new technologies, rather than defaulting to industry sales representatives for information."

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The EMT team's findings have been well received by the Mercy Leadership Council and the Physician Leadership Advisory Council. As a result of the first briefing, strategies to improve the cost-effectiveness and quality of care for patients with congestive heart failure are being planned. The second briefing resulted in a live videoconference that promoted further discussion between leadership and clinicians on drug-eluting stents. Representatives from across all Mercy regions, an expert panel of clinicians and the EMT team participated in this high-level presentation.

To further support the study of new technologies, both St. John's Mercy Health Care in St. Louis and St. John's Health System in Springfield have technology teams in place and it is anticipated that other Mercy organizations will implement similar teams.

As the EMT team continues its intensive research schedule, it will next focus on technologies involving breast imaging, surgical robotics, atrial fibrillation and bone regeneration.

"This is an exciting program for Mercy," said Harvath. "New technologies are exploding on the health care market, and we are proactively preparing for them." •

## Message from the President

This issue of *Mercy* provides a summary of the numerous capital projects that are taking place across the Sisters of Mercy Health System. In the past three months alone, we've had dedication ceremonies and new facility openings in Hot Springs and Fort Smith, Arkansas; Fort Scott, Kansas; Oklahoma City and Ardmore, Oklahoma; and St. Louis. Other major facility improvement projects are under way in St. Louis, Springfield and Washington, Missouri. Over the next year, we will complete a planning process to address future facility needs in northwest Arkansas. All of these current activities follow the opening of a brand new medical campus in Laredo, Texas, in 1999.

This facility renewal process is exciting, but it's also unique. Like other health care organizations, Mercy is facing an environment of constant change. Across the country, health care providers are struggling with shortages of qualified professionals, rapidly changing health care regulations, decreased payments, an aging population, and rising costs — particularly in areas such as technology and pharmaceuticals. To undertake capital projects of the size and scope we are currently experiencing throughout Mercy is uncommon in today's challenging health care environment. Few other health care organizations are making the kind of investment that Mercy is making today in the communities we serve. But these decisions are not made lightly — they are based on our ability to effectively manage our capital resources. They require us to be highly focused on operational efficiency to ensure that we are able to sustain our mission of service for the long term.

Even so, some might say that this level of investment represents unnecessary risk, given the economics times that we are in. In my opinion, these projects are a tangible, positive response by the Sisters of Mercy to the challenge of providing health care today. We are committed to providing the highest level of health care possible in an environment that reflects our faith and our dedication to service. We believe our customers and communities, and our co-workers, deserve the very best facilities and equipment that we can provide.

High standards? You bet. But to hold ourselves to lower standards would be the greatest risk of all.

Sincerely,

**Ron Ashworth**

President and Chief Executive Officer  
Sisters of Mercy Health System

