

## Message from the President

**T**he concept of service is a common theme at the Sisters of Mercy Health System (Mercy). We hold ourselves to high standards of service, both as a reflection of our heritage as a sponsored ministry of the Sisters of Mercy and as an organization whose very mission is to serve the needs of our communities. As healthcare providers, we touch the lives of people in a very personal way – at times of stress and vulnerability, and at times of great joy. And as a faith-based healthcare provider, we have a special obligation to not only provide safe, high-quality care, but to do so with compassion and kindness. At Mercy, we refer to this personal brand of caregiving that encompasses personal service, clinical quality and patient safety as “Mercy Service.”

How do we know when we’ve provided Mercy Service? One measure is our Systemwide patient satisfaction survey process. Mercy has been using Press Ganey, the nation’s largest healthcare patient satisfaction vendor, for six years. By asking our patients about their service experience at Mercy, and comparing our patient satisfaction scores to Press Ganey’s national database of healthcare organizations across the country, we gain an objective opinion of how Mercy’s service is perceived by those who come to us for care.

Since implementing a standard patient satisfaction survey process, Mercy facilities have been better able to measure our progress over time, compare results within the System and with our peer organizations across the country, and share best practices for improving patient service. The article beginning on page one of this issue of *Mercy* explains more about the connection between Mercy Service and patient satisfaction, and describes some of the activities that Mercy facilities have implemented in recent years as we strive to improve the service experience for our patients, family members and friends.

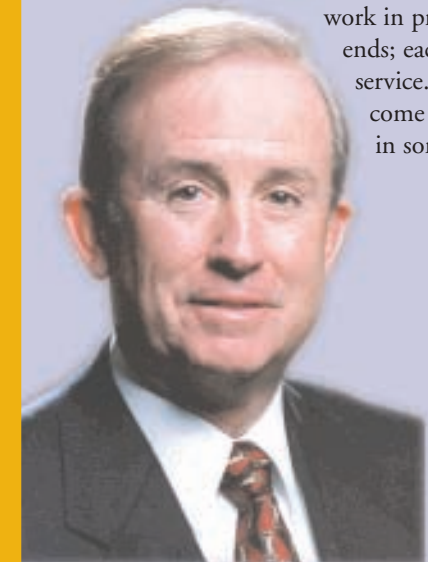
While we consider Mercy Service to be a hallmark of our organizational culture, our work in providing exceptional service is a journey that never ends; each passing year brings us new opportunities for service. We look forward to continuing to help those who come to us for care in the hope of improving their lives in some small way.

Sincerely,



**Ron Ashworth**

*President and Chief Executive Officer  
Sisters of Mercy Health System*



### Patient Satisfaction *continued*

customer service at Mercy Health System of Kansas. “Our patients have told us that they feel we truly care about their welfare because they have seen our response to their needs.”

### Step Up to Service Awards

In order to ensure that each facility is recognized for its patient satisfaction efforts and achievements, Mercy recently instituted the Step Up to Service Awards. The awards are an internal acknowledgment of improvement in a facility’s Press Ganey inpatient, outpatient surgery or emergency department patient satisfaction scores from the previous fiscal year. The awards are based on a sliding scale for annual cumulative changes in percentile rankings, with the 85<sup>th</sup> percentile being considered top tier performance. Awards are given in four categories based on percentile ranking and point increase. From fiscal year 2004 to fiscal year 2005, nine Mercy facilities received awards, with three facilities receiving awards in multiple categories.

“The Step Up to Service awards are a wonderful recognition of our co-workers’ efforts, but they go beyond simply being another award,” said Rick Henvey, vice president of support services at Mercy Health Center in Oklahoma City, a facility that received two awards this year. “They reflect the quality of care that is provided at Mercy and are a visible reminder that we are part of a larger whole. We are not just Mercy Health Center – we are Mercy.”

### Service for the 21st Century

Because it is a reflection of Mercy’s culture – both our beliefs and actions – Mercy Service will always be a part of who we are as a health system. As a result, Mercy’s facilities are constantly discovering new ways to incorporate service into daily interactions with patients and underscore its importance with co-workers. At St. John’s Hospital in

Springfield, Missouri, co-workers have taken the seemingly mundane task of presenting the meal tray and preparing a patient for their meal and turned it into an opportunity for service. This new program, called Feeding His Sheep, focuses on collaboration between food and nutrition, nursing, and pastoral care co-workers and emphasizes the use of encouragement and a positive attitude to make mealtime a pleasant experience for patients.

“Everyone recognizes the genuine care behind this program,” said Julie Jones, vice president of marketing and customer service at St. John’s Hospital. “Our patients are thankful for the extra step and our food and nutrition co-workers appreciate being recognized for their contribution to patient care.”

In addition to active demonstrations of service, a training curriculum has been developed that emphasizes Mercy Service at orientation and other key periods during co-workers’ employment with Mercy. This education will help to ensure that co-workers throughout the System receive the same training and will be periodically reminded of what makes Mercy different

***Mercy Service is expressed through the care, compassion and personalized attention co-workers extend to patients and to each other.***

and why they chose to be a part of it.

“Mercy Service is the acknowledgement that there is a person inside each patient,” said John Sullivan, chief operating officer at Mercy. “No matter what part of Mercy we represent, our attitude of service has a huge impact on the way that people remember us. When we give of ourselves, our patients and co-workers see more than just a facility – they see the human face of Mercy.” •

### Genesis Update *continued*

activities. Epic was judged as best able to help Mercy achieve our vision for the future of healthcare delivery.

“The new approach we are pursuing will better meet the needs of Mercy’s patients, physicians and co-workers, as well as the long-term goals of Genesis,” said Ron Ashworth, Mercy president and chief executive officer. “During the first two years of the Genesis Project, the need for reliability, system integration, customer service and ability to access information through the Internet emerged as the most important characteristics for any technology investment we make. We also recognized that, for the sake of our patients and physicians, a major technology transformation project like Genesis should include not only hospital inpatient health information but also the care provided to those patients by our allied physicians. An integrated solution improves our ability to care for patients from a safety standpoint and a customer and physician satisfaction perspective.”

Epic, located in Madison, Wisconsin, is a recognized leader in healthcare information systems. “Their systems are very focused around the patient,” said Dick Escue, vice president and chief information officer at Mercy. “Epic and Mercy’s visions seem to be an excellent match. Epic also has a highly satisfied user community, including many nationally recognized healthcare organizations, so we feel confident in selecting them to be part of the Genesis Project.”

Additional important steps continue in other parts of the Genesis Project:

**Human Resources/Payroll** - The first “go-live” of the new Genesis Human Resources (HR)/Payroll system occurred on July 2. This implementation included activating a new time and attendance system as well as a new payroll system for co-workers in Mercy’s corporate departments and divisions. The go-live of the same systems for St. John’s Mercy Health Care co-workers in St. Louis and Washington, Missouri, originally scheduled for July 2, was postponed based on testing results related to specialized payroll situations at St. John’s Mercy. A team is analyzing the issues that remain to be addressed and expects to make a recommendation later this summer for a new go-live date for St. John’s Mercy.

**Finance** – In June, Mercy’s new Accounts Payable Shared Services (APSS) group, located

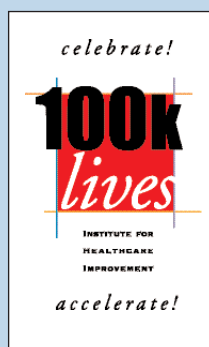
in Springfield, Missouri, took on responsibility for processing non-purchase order invoices in the new finance system for several of Mercy’s corporate entities. This represents the first step in building Mercy’s new shared services functionality. APSS will begin processing non-purchase order invoices for additional entities across Mercy throughout the rest of 2006 and early 2007. The Genesis Finance team is continuing its preparation for an October 1 simultaneous go-live of the new finance system. Although this system has been in use in St. Louis since mid-2005, testing must be repeated to identify unique situations that may exist at the remaining facilities.

**Supply Chain** – In mid-July, a Supply Chain meeting with representatives from across Mercy continued readiness planning for the February 1, 2007, simultaneous go-live of the organization’s new supply chain system.

**Revenue** – The Genesis Revenue team has transitioned into Mercy Revenue Management, a new shared services unit supporting revenue processes and related applications throughout Mercy. This unit will continue to be responsible for Genesis-related build and implementation activities as well. Standardization of revenue processes that can be made at all Mercy SSUs, regardless of technology, are being planned with the help of local revenue management leaders. Med Assets, a system to support consistency and compliance in billing activities, will be implemented throughout Mercy by July 2007, with the first go-live scheduled for September at Mercy Health System of Oklahoma.

**Clinical** – Physician Experts from Mercy SSUs have completed the first phase in developing standardized order sets – a group of orders placed by a physician for a particular phase of care related to a certain diagnosis. This initial group of 170 evidence-based order sets, which cover the most common patient conditions in Mercy hospitals, will serve as the basis for developing computerized physician order entry and the practice of knowledge-based medicine. The Genesis clinical and revenue teams also have been involved in a “design/build/validate” decision mapping process to identify which decisions made during the Genesis future state design process will be applicable to the Epic model. •

### 100,000 Lives Campaign *continued*



milestone on June 14. Early calculations estimate that in its first 18 months, the nationwide campaign saved approximately 122,342 lives. At Mercy, that translates into 320 lives that were positively impacted – meaning that interventions by Mercy co-workers either eliminated or limited complications that otherwise could have resulted in death.

“The 100,000 Lives campaign is a perfect example of Mercy Service in action,” said Myra Aubuchon, vice president of strategic planning at Mercy. “Mercy Service represents a combined focus on service, quality and safety, and the 100,000 Lives campaign is a tangible example of Mercy’s commitment to providing a safe and clinically effective environment.”

During the campaign, Karla Strange, manager of Mercy Service at St. John’s Mercy Hospital in Washington Missouri, noted how her facility’s rapid response team, MERCI (Medical Emergency Response to Critical Incidents), is an example of this balanced, three-pronged approach to service.

“When a patient’s vital signs raise concern, co-workers on the rapid response team leave their area to help other co-workers, which is an example of personal service. They freely share their expertise to improve the knowledge of their fellow co-workers and their response saves lives, which is part of patient safety. This ability to quickly integrate evidence-based practice into our daily routine demonstrates clinical quality,” Strange noted.

In addition to possibly saving lives, all of Mercy’s hospitals have learned important lessons along the way. One of the biggest learnings was the value of teamwork and collaboration.

“By requiring our departments to work together on the interventions, the campaign has taught us how to better communicate and rally around our patients. We have learned that we are each other’s own best partners,” said Shirrell Henry, director of quality improvement and patient safety at St. Edward Mercy Medical Center in Fort Smith, Arkansas.

The next phase of the campaign – “Six by Seven” – challenges all enrolled hospitals to fully implement all six initiatives by January 2007. Some Mercy facilities are already at that point and are focused on hardwiring practices into daily routine, while others are working toward achieving that goal.

“Mercy has accepted the challenge and we are ready,” said Sherry Kwater, executive director of clinical excellence at Mercy. “Improving patient safety never ends. We are excited to be able to participate in a program that aligns so closely with our mission and will benefit both our patients and co-workers.” •