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## ROi Celebrates Five Years of Supply Chain Progress for Mercy

**A**n ancient proverb states, “necessity is the mother of invention.” While this phrase was coined long before the formation of Resource Optimization & Innovation (ROi), the supply chain operating division of the Sisters of Mercy Health System (Mercy), it just as easily could have been created to describe the reason behind the formation of this unusual supply chain venture five years ago.

In 2002, Mercy’s supply chain system operated very differently than it does today. All of Mercy’s facilities handled supply chain functions independently, which led to differing business decisions, multiple suppliers and intermediaries, and little-to-no standardization of processes. At the same time, costs associated with the purchase and use of supplies were growing exponentially – making Mercy’s supply chain a viable area for potential process and cost improvements.

The inefficiencies associated with the system and a vision of the ideal supply chain model were the main drivers for the creation of ROi, according to founding leaders Lynn Britton, Mike McCurry and Shannon Sock. They saw a chance to move toward integration, making supply chain a common thread across Mercy while harnessing the revenue potential that was unreachable through a traditional model.



“The supply chain system we had in place was clearly fragmented, so we chose to pioneer a new business model for healthcare by assuming accountability for all operations and outcomes, from product manufacturing all the way to final use at the patient’s bedside,” said Britton, president of ROi from 2002 to 2004 and currently Mercy senior vice president.

The result was a bold move that would set Mercy apart from other healthcare organizations: an internalized supply chain organization that encompassed three key areas of service – group purchasing, performance consulting and supply

chain management. ROi presented Mercy with the opportunity to make its own decisions, leveraging the System’s size for the good of its patients, co-workers and physicians.

“Our goal with ROi was to simplify the supply chain process and give Mercy ownership to make decisions that would benefit our caregivers, rather than outside vendors,” said McCurry, president of ROi from 2004 to 2006 and currently Mercy’s chief information officer. “We did this through a strong focus on service, a commitment to maintaining the

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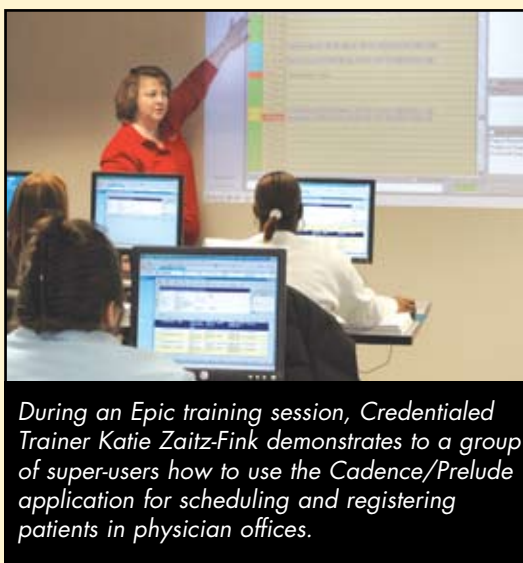
## Ready, Set, Go-Live!

*Physician Offices Begin Using the Epic System in February*

**A**fter nearly a year and a half of building, testing and training, the Sisters of Mercy Health System (Mercy) is about to flip the first switch on the Epic clinical and revenue system, as part of the Genesis Project. Physician offices and clinics in Northwest Arkansas, St. Louis and Springfield, Missouri, will begin serving patients with the new computerized system in early February. Offices in Kansas and Oklahoma are scheduled to go live starting in September and October respectively.

The complete rollout to nearly 900 Mercy physicians and their staffs will continue in two phases over the next year, beginning with practice management software, followed by clinical applications. By early March, nearly all physician offices and clinics in Northwest Arkansas, Springfield and St. Louis will be live on Epic practice management applications, which cover patient scheduling and registration, as well as patient insurance and billing information.

Epic clinical applications will be added on a staggered schedule over the next year. These applications are the computerized tools that



*During an Epic training session, Credentialed Trainer Katie Zaitz-Fink demonstrates to a group of super-users how to use the Cadence/Prelude application for scheduling and registering patients in physician offices.*

physicians and their staffs will use to document care, create and route prescriptions and orders for diagnostic tests, and begin building an electronic health record for each patient.

From the patient’s perspective, the electronic record is the heart and soul of the Epic system. It contains a complete and continually updated history of a patient’s care, problems and test results, and it will be available to caregivers wherever a patient is seen – at a Mercy doctor’s office, hospital or emergency department, once these facilities also are live on the Epic system.

Another key element of the Epic clinical software is the ability to provide patients with a printed summary of their visit as they leave a physician’s office. The printout might include instructions and patient education covering tests results, prescriptions and diet.

“This is a great new tool,” said Stephen Spurgeon, M.D., a member of Mercy’s Genesis-Epic team. “Research shows that patients only recall about 30 percent of the conversation they have with their physicians. Having a printout of instructions they can refer to or share with family members will be a big help in managing their healthcare.”

When it opens in March, the new Mercy Medical Center in Northwest Arkansas will be the first Mercy hospital to go-live on the Epic system. Other hospitals scheduled to go-live in

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KEY TO PEOPLE, SERVICE AND CAPITAL PILLARS

The pillars that illustrate articles throughout this newsletter highlight activities and initiatives that support Mercy’s strategies in these key areas:



Developing Mercy co-workers, physician partners and others who are actively engaged in the Mercy healthcare ministry.



Delivering medical and healthcare services that are of the highest clinical and service quality and marked by service excellence.



Managing our resources, both human and capital, to ensure the financial strength to support renewal and growth.