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Winter 2008/2009

CATHOLIC HEALTH EAST

HORIZONS

CHE Connect: Building Systemness with Enterprise-Wide Portal Solution

Catholic Health East is engaged in a system-wide project, called **CHE Connect**, to establish an enterprise-wide portal strategy. This strategy will incorporate system-wide requirements with RHC-specific functionality, expanding the capabilities of the current CHE portal to provide fully-operational portal sites for the RHCs.

The information services and system communications departments have been working in conjunction with other department leaders to create a unified portal solution for CHE across the system. SMART Business Consulting is developing the deployment plan strategy and has been conducting focus groups with RHC and System Office colleagues to help determine the direction and functionality of the Portal.

The *CHE Connect* objectives are to:

- Develop a centralized, trusted location to interact with colleagues

- Develop standards for content and improved communications
- Present content and services to the appropriate people or role

A centralized portal will provide many benefits to colleagues system-wide, allowing them access to a complete, consistent view of the overall organization (see figure 1). Other benefits include:

- Relevant information is quickly available
- Shared knowledge across organization
- Application integration

"The ultimate goal of this program is to develop an enterprise portal that harnesses our vast 'collective' expertise, ultimately improving the lives of our employees and those individuals in the communities we serve," says Robert Kagarise, M.B.A., P.M.P., director, IS strategic planning, CHE. "To achieve these goals we are leveraging CHE's existing expertise and prior experience with 'portals' while

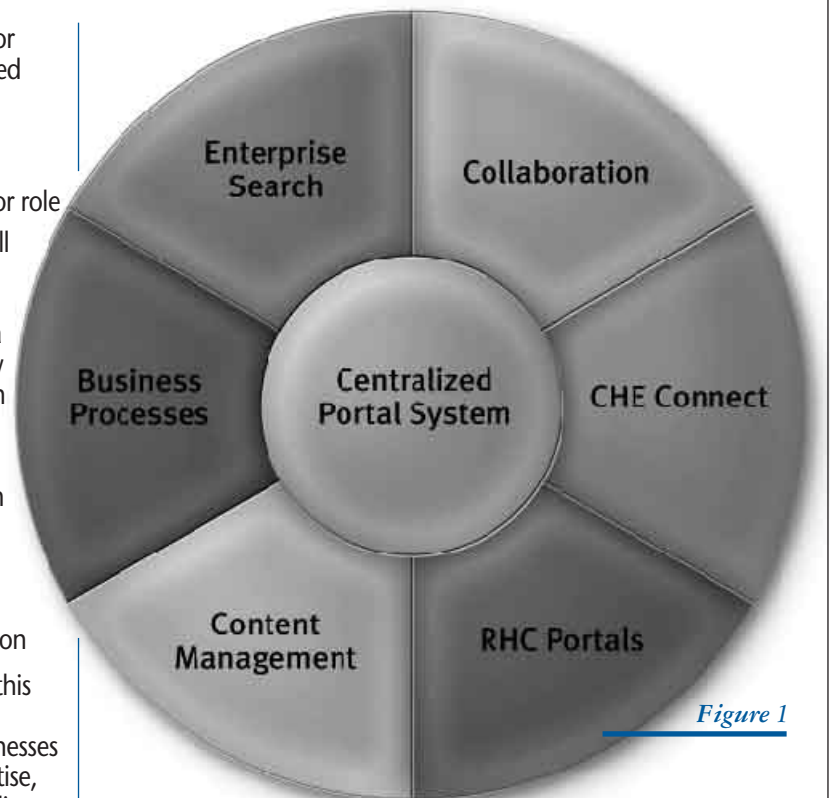


Figure 1

also utilizing the resources of our external partner."

Two RHCs have already developed and deployed new portal/intranet sites using the Microsoft Office SharePoint software with great success. St. Peter's Health Care Services in Albany deployed its intranet

in November 2006; and Saint Joseph's Health System in Atlanta deployed its physician portal in 2007 and plans to deploy a new employee portal in 2009.

Leveraging the knowledge and lessons learned from these experiences will benefit all RHCs

continued on pages 8 & 9

BayCare Launches Biometric Technology to Simplify Patient Registration

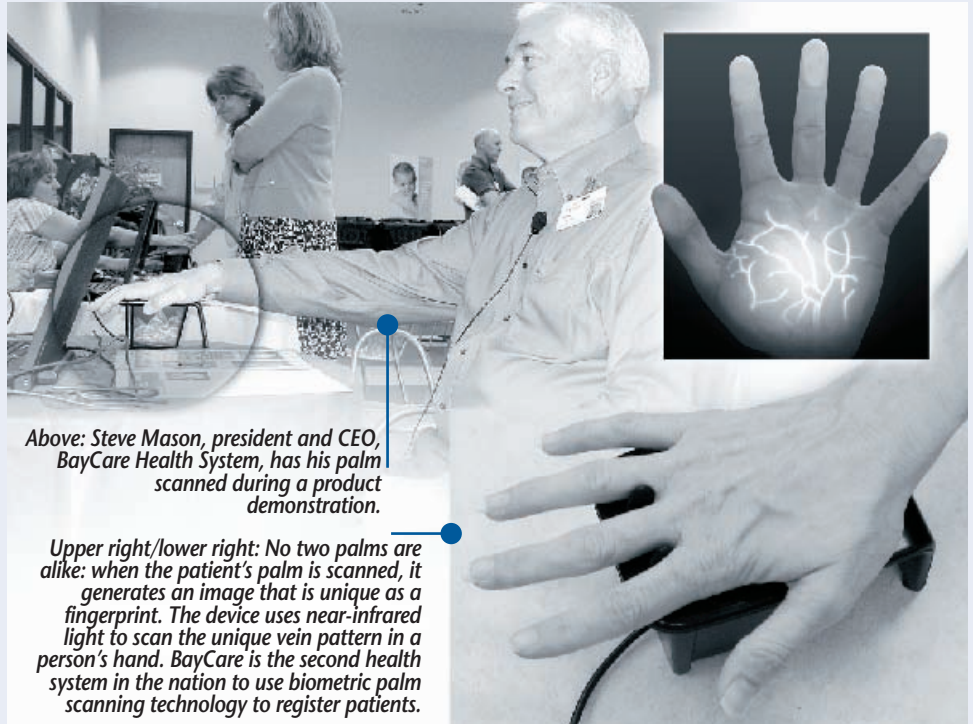
Palm readings in the admissions office of your hospital? No, these are not attempts to read the future. Rather, several CHE hospitals have decided that the future of patient registration lies with a new technology that literally puts the patient identification process "into your own hands."

BayCare Health System, a joint operating agreement of Catholic Health East, is the first health care system in the state of Florida and the second in the country to use biometric palm scanning technology to register patients. Called Patient Secure Identity, the system uses near-infrared light to scan the unique vein pattern in a person's hand.

"Patient Secure Identity greatly streamlines patient identification and helps prevent the misuse of Social Security numbers and insurance cards," said Jim Schwamb, vice president, financial services, BayCare Health System. "Once a patient is initially enrolled with Patient Secure Identity, he or she can be identified at registration within a matter of seconds."

For the initial registration, a patient presents his/her palm for scanning, along with pertinent identification documents such as a driver's license, insurance card and Social Security Number. The right palm is placed onto a scanning device which scans the hand to capture an image of the blood flowing through the veins. The hand rests palm-side down just above the scanner. The veins appear as a black pattern on a light background. Once the image is scanned, it is converted into a number based on the vein pattern and registered in the system. From that point, patients and their medical records can be identified by their unique vein patterns each time they register at a participating BayCare Health System hospital or outpatient facility.

"In addition to improving the speed of patient registration, biometric palm



Above: Steve Mason, president and CEO, BayCare Health System, has his palm scanned during a product demonstration.

Upper right/lower right: No two palms are alike: when the patient's palm is scanned, it generates an image that is unique as a fingerprint. The device uses near-infrared light to scan the unique vein pattern in a person's hand. BayCare is the second health system in the nation to use biometric palm scanning technology to register patients.

scanning can minimize the amount of personal information a patient needs to communicate either verbally or through written forms during registration," said Schwamb. "We also expect to be able to minimize duplication of patient records and improve accuracy of patient identification."

For patients in an emergency situation, Patient Secure Identity can help in confirming a patient's identity and accessing his/her medical record just through a scan of the palm. "We are able to access patients' records if they have been enrolled previously at a BayCare Health System facility using this technology," said Schwamb.

Another benefit is that biometric palm scanning can link to a patient's electronic medical record. As BayCare begins a multi-year process to bring an electronic medical record initiative to its nine hospitals, the Patient Secure Identity biometric patient identification process can interface with BayCare's data bases to gather the necessary information including electronic medical records.

Patient Secure Identity, manufactured by Fujitsu Computer Products of America, Inc., uses near-infrared light similar to the light used in television remote controls. A patient's palm does not make direct contact with the scanner itself. There is no cost for enrolling with the biometric palm scanning system. A patient who chooses not to participate will be registered using the current method at each visit by providing name, address, date of birth, Social Security Number and other information.

BayCare facilities currently utilizing this technology include St. Anthony's Hospital, Morton Plant Hospital, Morton Plant North Bay Hospital, Mease Countryside Hospital and Mease Dunedin Hospital, as well as several outpatient facilities. The remaining BayCare hospitals all plan to implement this program in the near future.

For more information, please contact Beth Hardy at 727.298.6199 or elizabeth.hardy@baycare.org.



Gearing Up to Quiet Down

At Sisters of Providence Health System in Springfield, Massachusetts, efforts to provide a quieter environment for patients took a recent step forward. Members of the hospital's Noise Reduction Committee took their message "on the road" for the kick-off of a new noise reduction initiative.

Led by Shawna Biscone, quality improvement specialist, committee members met with nurses and staff members at Mercy Medical Center, Weldon Rehabilitation Hospital and the Family Life Center for Maternity to explain the importance of a quiet environment in the healing process.

"Research has shown that a peaceful, quiet environment helps patients heal more quickly and lessens stress levels for their family members. Unnecessary noise can also be a distraction for nurses and staff members, leading to miscommunication and the need to repeat information," said Biscone. "Our new initiative is designed to improve patient care and satisfaction, as well as employee satisfaction with their work environment."

Staff and visitor involvement is important to the success of this initiative. Mercy nurses were asked to pose for the "Quiet, please" stanchion signs and posters that have been placed throughout the Mercy campus. Staff members have also been asked to contact Mercy's engineering department about equipment and carts with noisy wheels and drawers. Such repairs have become a top priority.

To help support the effort, "Yacker-Trackers" have been installed near nurses' stations on patient floors throughout Mercy Medical Center. These devices, equipped with sound sensors, resemble traffic lights; they shine from green to yellow to red, as noise levels increase and reach unacceptable levels.

The Noise Reduction Committee efforts are also designed to help improve Mercy's

Right: Stanchion signs placed throughout the hospital support the noise reduction initiative. Hospital employees are featured on these signs; here, the image of Julie Crowe, R.N. helps to visually reinforce the healing powers of "quiet."




Installed near nurses' stations throughout Mercy Medical Center, "Yacker-Trackers," equipped with sound sensors, shine from green to yellow to red as noise levels increase and reach unacceptable levels.



Quiet Healing Please. in Progress.

patient experience scores on the Hospital Compare website, a consumer-oriented website that provides updated information on how well hospitals provide recommended care to their patients.

For more information about Sisters of Providence Health System's "Yacker Tracker" Noise Reduction Program, please contact Mary Orr, SPHS communications and media coordinator, at 413.748.7217 or mary.orr@sphs.com. 

Research has shown that a peaceful, quiet environment helps patients heal more quickly and lessens stress levels for their family members.

To build awareness about Mercy Medical Center's noise reduction initiative, meetings were held throughout the hospital to explain the importance of a quiet environment in the healing process.



Fore River Campus Opens its Doors to Community

Mercy Hospital is an enduring presence in Portland, Maine. Founded in 1918 as Queen's Hospital during a devastating flu epidemic, the original hospital had 25 patient beds. A new facility opened on State Street in 1943 and was named Mercy Hospital for the Sisters of Mercy, who had assumed full responsibility for the new hospital. The facility grew to include a major addition in 1952, and underwent extensive renovations in the 1980s.

However, the demand for services at Mercy eventually exceeded the available capacity of the facility. It became clear that in order to continue providing clinically excellent, compassionate health care to the community, Mercy needed to build a new hospital at a different location. After a great deal of planning and analysis, the decision was made to open a new facility that would increase the overall size of Mercy Hospital by more than 50 percent, allowing Mercy to continue its standard of health care excellence while preserving its mission.

Dubbed the Fore River Project (after the location of the new facility ... along Portland's Fore River, some two miles from the existing hospital campus), Mercy held the much-anticipated grand opening of its new facility, Mercy Fore River, on September 10, 2008 and welcomed its first patients on September 22.

Several hundred attendees watched reverently as Bishop Richard J. Malone blessed the new hospital. Excitement mounted as Mercy board members, Sisters of Mercy, senior executives, donors and community representatives cut the ribbon, and officially opened a new chapter in Mercy's history.

The Fore River campus is located on a 42-acre waterfront site, on which now sits a hospital and a medical office building. The 151,000 square foot hospital is home to The Birthplace, a pioneering birthing center; inpatient and outpatient surgical services; diagnostic imaging; and laboratory services.

The 80,000 square foot office building is home to Fore River Urology, New England



Mercy held the much-anticipated grand opening of its new facility, Mercy Fore River, on September 10, 2008. Pictured from left: Bishop Richard J. Malone; Sister Michelle Aronica, R.S.M., vice president, Sisters of Mercy of the Americas—Northeast Community; Eileen Skinner, president and CEO, Mercy Health System of Maine; Sister Ellen Kurtz, president, Sisters of Mercy of the Americas—Northeast Community; and Judith Persichilli, executive vice president, acute care for CHE participated in the ribbon cutting event.

Foot and Ankle Specialists, Mercy Oncology-Hematology Center, Breast Care Specialists of Maine, Mercy Breast Imaging Center, Mercy Lymphedema Treatment Center and Fore River Family Practice, all departments of Mercy Hospital, as well as several non-Mercy physician practices.

"It's hard to put into words how much hard work and dedication to Mercy's mission was required to see this project through to completion," said Eileen Skinner, president and CEO of Mercy Health System of Maine. "So many people gave so much to make the vision of a new Mercy Hospital campus a reality. Thanks to them, we will be able to continue to deliver clinically excellent, compassionate care to every person who walks through our doors for generations to come."

The new hospital incorporates several familiar features from the State Street location: the Mercy shield, which is carved in cast stone above the new entrance; Portland red brick; and a chapel featuring the original stained glass from Mercy Hospital's chapel on State Street. The buildings are oriented along a north-south axis, which gives all patient rooms a breathtaking view of the Fore River.

To beautify and enhance the healing environment, hospitality touches include a lobby fireplace and beautiful, comfortable waiting areas with views of the Fore River.

The patient rooms and public areas make abundant use of natural light, and the interior design reflects Maine's sandy beaches and coastline. Original art work with a Maine theme—all created by Maine artists—is on display throughout the hospital.

As part of Mercy's commitment to provide the healthiest environment possible for patients and visitors, Mercy's new Fore River campus is entirely tobacco-free.

Several services will remain at the State Street campus, including a 24/7 emergency department, inpatient and outpatient surgical services, inpatient medical services, and X-Ray and advanced imaging services.

"With the services in place at Fore River and the incremental space now free at State Street, we can provide a superior level of care at all campuses and take full advantage of the latest patient care technologies already at our fingertips," said Tim Prince, Mercy Hospital's vice president of planning. "It's exciting to know that at the end of the day, the completion of this project will result in much improved care and a better experience for our patients and their families."

For more information about the new Mercy Fore River campus, please contact Diane Atwood, manager, marketing and public relations, at 207.879.3377 or atwoodd@mercyme.com.



Spirituality in the Workplace: Connecting Meaning & Purpose in the Work Environment

Since 1998, when Catholic Health East was founded, our health system has promoted lay leadership taking increased responsibility for ministry. During this time of exponential growth in the complexity of the health care environment, there has been growing realization that today's leaders need enhanced competencies. Future leaders also need to be prepared for the increasing responsibilities entrusted to them by our Sponsors.

To give colleagues information and experience for leading the ministry, the mission integration team at CHE, led by Sr. Juliana Casey, I.H.M., executive vice president, mission integration, formed the *Institute for Excellence in Ministry* in 2007. The Institute is a vibrant and ever-growing resource of educational offerings, seminars, written materials and consultative services. It provides a comprehensive series of opportunities for ministry formation—a dynamic growth process that takes into consideration the personal experience of participants, the Catholic tradition as it affects health care, and the demands of today's health care environment.

Dozens of programs and services are available for CHE colleagues, leaders and board members ... ranging from bi-weekly ethics webinars, to intensive two-day programs for excellence in ministry formation sessions, to the new Spiritual Care Champions initiative. And one of the most important collections of initiatives to take shape is known as ***Spirituality in the Workplace***.

What is it?

Basically, *Spirituality in the Workplace* is the practice of reflection and celebration that reminds colleagues of the meaning of

life and the dignity of our work. It is a series of structures and processes that provide colleagues with the opportunity to realize the sacredness of everyday encounters. *Spirituality in the Workplace* aims to connect meaning and purpose in the work environment. It is consistent with one of the expressed strategies of CHE 2017: Our Strategic Framework, which is to “... integrate spirituality into the workplace, colleagues' experiences and CHE's mission and values to create an organizational culture that is demonstrably values-based.”

“To reach the vision of CHE 2017 where the health care environment will be substantially changed, we will need colleagues who are reflective and reverence all persons. Practices that support our colleagues have the great effect of fostering excellence in patient-centered care,” says Sr. Julie.

Many of the elements of *Spirituality in the Workplace* have existed for years, such as the education about mission that is shared with all new colleagues, mission-related material shared at Values in Practice orientations, the practice of offering prayers before meetings, celebrating religious observances of many faiths throughout the year, inspirational e-mails and various blessings and rituals. Two of the newer offerings that have been introduced include:

- **Spirit at Work**—monthly meetings for colleagues to take part in conversations about life experiences that may be called to mind by a poem, a story, a current event or perhaps a short reading, and to reflect together with other colleagues on the meaning of life and work. Several RHCs offer similar opportunities for colleagues at their sites.
- **Best Practices in Spirituality**—a bi-monthly coaching conference call to support those who provide spiritual care to patients and families, as well as those who lead and facilitate *Spirituality in the Workplace* activities at the local level.



Linda Paoella, executive assistant, office of the chief medical officer, takes a moment with Sr. Karen Helfenstein, S.C., director, mission services and spirituality, to discuss *Spirituality in the Workplace*. Linda invites colleagues to participate in group prayer. Sr. Karen leads colleagues in meaningful conversations on the integration of values and virtues in their everyday life and work.

“Colleagues seem to enrich each other with conversation about our concerns, our hopes and our satisfaction with life and work,” says Sr. Karen Helfenstein, S.C., director, mission services and spirituality for Catholic Health East. “We share gratitude for blessings and we wonder together about the mystery of God and our place in the world. Community is nurtured as we realize that we are in this together and we are here for each other.”

Benefits for colleagues who take part in *Spirituality in the Workplace* activities are many. In addition to helping colleagues incorporate spiritual practices into their workday and to learn more about different faiths and spiritual practices, these sessions will help connect workplace activities to CHE Core Values in action; help colleagues connect their work to the heritage and history of CHE's Sponsors; and assist colleagues in speaking easily about the sacredness of our ministry and to clarify their own personal story and place in this history.

“The practices found in our *Spirituality in the Workplace* sessions provide colleagues a great opportunity to integrate their personal sense of meaning and purpose with the larger story of faith-based health ministry. It is great to be part of an organization that is as concerned about patients as it is its colleagues,” says Philip Boyle, Ph.D., vice president, ethics and mission for CHE.



Pittsburgh Mercy Health System Refocuses Mission

In January 2008, CHE completed the sale of the Mercy Hospital of Pittsburgh to the University of Pittsburgh Medical Center. As a result of this transaction, the hospital remains Catholic under the auspices of the Diocese of Pittsburgh; residents of Pittsburgh have uninterrupted access to quality health care; and employees retain jobs and pensions. While the difficulty was significant for the Sisters of Mercy in Pittsburgh, surrendering 160 years of providing acute care opened the door to a true re-founding moment for them.

Pittsburgh Mercy Health System (PMHS) has re-focused its mission from acute care to community-based services, carrying forward its faith-centered mission and core values. In some ways, the 1840s ministry of the walking sisters, as the Sisters of Mercy were known, has come full circle. Today, these programs have helped to shape the re-founding of Mercy from an institution-centered acute care system to a person-centric provider of care:

- **Mercy Behavioral Health (MBH)**, with nearly 60 locations throughout Allegheny County, provides community-based mental health, mental retardation, and alcohol and other drug programs and services.
- **Community Outreach** includes several nationally-recognized programs: Operation Safety Net® serves the region's unsheltered homeless population; A Child's Place at Mercy addresses the needs of children who are the victims of abuse or who live in foster care; and the Mercy Parish Nurse and Health Ministry Program collaborates with faith



Through Mercy Behavioral Health's Life Sharing through Family Living program, people can open their hearts and homes to individuals with mental retardation.



Grants from McAuley Ministries will support initiatives in the Hill District, Uptown and West Oakland, neighborhoods traditionally served by the Sisters of Mercy.




St. Pius X residence offers the comforts of home to nursing home eligible seniors who are poor.

communities across Pittsburgh neighborhoods to provide holistic health and wellness services.

- **Senior Programs** include St. Pius X Personal Care Home, an assisted living facility, and an affiliation with Life Pittsburgh, a collaboration with Lutheran Affiliated Services, serving indigent, nursing-home eligible seniors.
- **Pittsburgh Mercy Foundation** raises funds for PMHS programs and services.
- **McAuley Ministries** is the new grant making organization of PMHS, funded by proceeds from the sale of the Mercy Hospital of Pittsburgh.

"This year has been an interesting journey," noted Sister Susan Welsh, president and CEO of Pittsburgh Mercy Health System. "Through all the legal and structural changes involved in re-organizing PMHS, our legacy programs haven't skipped a beat, thanks to our staff. They are the heart of this ministry, carrying forward the mission of Pittsburgh Mercy Health System in the spirit of its founders."

The loss of the first Mercy Hospital in the world required some time for grieving and a great deal of letting go. However, the future looks bright for Pittsburgh Mercy Health System to influence the shape of health care delivery models into the future. 

Change Agents: Managing and Driving Change Throughout CHE

In the health care field, change is a 'given'. Everyone who is part of our ministry is well aware of the incredible changes that we are witnessing in our organizations, as well as in the health care industry throughout the United States. The pace and intensity of change is swifter and stronger than anything we have experienced in our professional lives.

Fueled by increasing competition, the growing cost and complexity of technology and IT infrastructure, the need to constantly improve quality and patient safety, reduced reimbursement rates, and the vast number of uninsured and underinsured Americans ... change is an everyday occurrence in our professional lives. Think about how much change occurs in an organization as large as Catholic Health East, with over 54,000 colleagues working in dozens of facilities located throughout eleven states ... it's mind boggling!

To help our leaders develop and enhance skills for leading effective change, Catholic Health East launched its Change Leadership Clinics initiative in 2008. Created and led by Anita Jensen, CHE's vice president, leadership development, the program consists of three 1-2 day clinics held over a four month session, interspersed with three individual coaching sessions. Clinic sizes will range from 10-15 attendees.

A total of 11 CHE colleagues were part of the 'pilot' group that recently completed the initial three Change Leadership Clinics sessions. Based on the feedback received thus far from attendees, this initiative is meeting its key goal of helping leaders to identify how to successfully influence and execute change in a manner consistent with our culture, values and ministry.

Sue Monte, service line administrator for radiology/oncology at St. Mary Medical Center, Langhorne, Pa., applied techniques she learned to an issue related to dropped calls from her hospital's call center; she estimates that the changes she is implementing should result in a multi-million dollar revenue enhancement for the hospital.



Sue Monte

"During my participation in the pilot group, I quickly felt a sense of confidence and support ... related to our individual and collective ability to champion initiatives in the field," says Monte. "I have benefited from many aspects of the experience."



Michelle Young

Michelle Young, administrator of Franciscan Care Center, Hockessin, Del. (part of St. Francis Hospital), credits the Clinic with helping her to learn a great deal about managing change within an organization.

"The Change Leadership Clinic was the most professional, informative, engaging and impacting educational opportunity I have ever attended in my professional career," she says. "The way the clinic was approached, it is common for me to easily recall something I learned and apply it to my issue at hand. I used what I had learned from the organizational savvy portion of our clinic to support and enhance our efforts in improving our facility."

Mark Sullivan, who recently assumed the newly created position of executive vice president and chief operating officer at Catholic Health, Buffalo, N.Y., is in the process of leading a number of changes at his organization. Catholic Health is in the midst of shifting to a patient-centric,



Mark Sullivan

system-wide service line organizational structure, and is also moving from a holding company to an operating company model. Sullivan is also leading the process of merging two Catholic Health hospitals: Sisters of Charity and St. Joseph's Hospitals.

"While we are all challenged by the ever-changing health care environment, it is particularly inspiring ... and humbling ... to think back about the enormous changes that our founding Sponsors experienced and worked through in order to lay the foundation for where we are today," says Sullivan. "Change is pervasive ... unrelenting ... and often uncomfortable. There isn't a person within CHE that is not going through change right now. Once we recognize and accept the necessity for change—and we have the resources, the tools, the leadership, the commitment of our colleagues and the conviction of our faith to help get us through—then we will not only survive ... we will thrive!"



Anita Jensen

Leaders throughout CHE are in the process of being enrolled in Change Leadership Clinics scheduled to begin in 2009. If you have questions or would like more information about these sessions, please contact Anita Jensen at ajensen@che.org.



CHE Connect: Building Systemness with Enterprise-Wide Portal Solution

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as the enterprise-wide strategy plan is created and the solution is deployed.

"We have received excellent input and feedback from the System Office and RHC project team members during our focus group discussions," says Bonnie Buehler, project management specialist, CHE. "Additionally we have benefited from all the hard work and accomplishments at St. Peter's Health Care Services and Saint Joseph's as we target completing the deployment plan for CHE Connect this January."

St. Peter's Health Care Services

In 2006, St. Peter's Health Care Services re-launched its intranet site in hope of creating a more efficient, easier-to-navigate tool for colleagues to access information and share best practices.

"We outgrew our old intranet," says Jonathan Goldberg, chief information officer for St. Peter's Health Care Services. "It didn't afford us the flexibility we needed so we knew it was time to take it to the next level."

Two years later, they would call it a success.

"Since we re-launched in 2006, our intranet site has enjoyed enormous use," says Goldberg. "It is the place to go—a point-of-entry—for access to hospital and system-wide information and news."

St. Peter's intranet is used by administrative staff as well as nurses and physicians. Physicians can access a number of clinical software programs and nurses can access the nursing portal where they can share continuing education information, best practices, scheduling and more (see figure 2). Goldberg says that one key to its great usage was the encouragement from nursing management.

The re-launch didn't come about overnight. After much time spent developing a navigation strategy, conducting focus groups and choosing a vendor who could offer them the options

that they were looking for, St. Peter's information services department initiated a 30-day awareness campaign. Snippets were sent to colleagues about the re-launch to begin building awareness. Slowly they began to reveal more information, until finally ... the site launched (see figure 3).

St. Peter's intranet is set as the default homepage on all computers hospital-wide; when employees sign on and open their browser, they are automatically taken to the intranet site.

"It is like a landing zone," says George Zimmerman, Internet administrator and webmaster for St. Peter's. "Through the site, employees have access to Lawson, clinical programs, news, policies, HR forms, classified ads and the cafeteria menu. They can even book meeting rooms."

"It is a point-of-entry for access to hospital and system-wide information and news."

Jonathan Goldberg, CIO, St. Peter's Health Care Services

Saint Joseph's Health System

Saint Joseph's original intranet was built because there was a need to have a centralized location for documents and application access. Since its go-live in 2002, they have added a number of solutions to extend its functionality and benefits to the hospital.

"The intranet has become the focal point of communication for the hospital," says Peter Yungel, manager, development services for Saint Joseph's Hospital. "Marketing maintains the 'Daily Pulse' newsletter, and the site provides seamless access to HR applications such as position requisition, performance reviews and position control."

In addition to application development, the site was set up to allow departments to have their own sites to use as a



Figure 2

Figure 3

Figure 4

Figure 5

communication tool. While there were benefits with this model, each new site required IS to build and set it up in addition to providing training. So, IS began looking for alternative solutions that would be more time-efficient. They chose SharePoint, which they began implementing in 2007 (see figure 4).

"The original idea was to give senior administration the ability to store information of different projects in a centralized location," says Yungel. "As we progressed with the use of the site, we began to roll the department functionality out to more and more departments. And since SharePoint came with pre-built templates, we could swiftly put together a project site that teams could use to store documents related to their work."

At the same time, Saint Joseph's was also looking for a unified communication tool for physicians.

"We had a newsletter and a physician site on our intranet, but neither resource gave the physicians a complete picture or access to all available applications and information," says Yungel.

In 2007 they 'went live' with Saint Joseph's MD—a physician portal (see figure 5). This portal is also built on SharePoint technology and provides physicians with a single point of access for information from the medical staff office (MSO), physician services, the library, information services and any other department or area of the hospital that interacts with physicians.

"The goal was to include as many physician contacts as possible to achieve the best possible view and understanding for what physicians wanted in a website."

Peter Yungel, manager, development services, Saint Joseph's Hospital

The physician portal took approximately four months to complete. Saint Joseph's marketing, physician services, MSO and IS departments collaborated on the development.

"The goal was to include as many physician contacts as possible to achieve the best possible view and understanding for what they wanted in a website," says Yungel.

They held monthly meetings with physicians to demonstrate the site and elicit feedback. And they conducted multiple mock-ups and trial runs before they arrived at the layout that is used on the current site.

The main benefit of the portal is that it is a centralized access point for all physician-related information. It features links to web-based clinical applications and hosts help guides for the applications, as well as surveys and training material from corporate compliance to CME programs. The portal also allows Saint Joseph's to relay information quicker and more efficiently to physicians in a cost effective manner.

One of the challenges has been keeping site content current. The portal was set up to allow departments the ability to maintain the content on the site regardless of their department or area of expertise. However, due to multiple and increasing responsibilities in many departments, some of the content has become out of date.

"IS often has to step in and update pages to keep the site current," says Yungel. "This often presents a challenge because IS may not be a subject matter expert in many physician-related areas."

Yungel also says they are currently reviewing substantial changes to the way physicians reach the portal and the type of content that is supplied. "We are looking at processes such as automatic forwarding of physicians after VPN login into the portal, adding multiple security groups based on physician specialty to provide a method of providing better audience targeting and increasing the bi-directional communication with the site to improve interactivity," he says.



CATHOLIC HEALTH EAST



Across *the System*



Congratulations to **Regina M. Benjamin, M.D., M.B.A.**, who was one of 25 Americans recently named by the MacArthur Foundation as a 2008 MacArthur Fellow in recognition of her lifelong efforts to deliver high-quality medical care to diverse, underserved communities in Alabama. A member of Hope Ministries and former CHE board member, Dr. Benjamin is founder and CEO of Bayou La Batre Rural Health Clinic, Bayou La Batre, Ala. The MacArthur Foundation, one of the nation's largest independent foundations, supports creative people and effective institutions committed to building a more just and peaceful world. Each fellow receives \$500,000 in "no strings attached" support over the next five years.



James Dunlop, 38, senior vice president and chief financial officer of Catholic Health in Cheektowaga, N.Y., was recently recognized by *Modern Healthcare* as one of twelve awardees in its annual Up & Comers recognition program, which recognizes deserving executives age 40 or under working in the health care industry. Profiles of Dunlop and the other awardees can be found in the Sept. 15, 2008 edition of the magazine, or on the magazine's website (www.modernhealthcare.org)

Kronos Incorporated, a worldwide leader in developing and delivering software and services that enable organizations to reduce costs, and increase productivity, presented Catholic Health East with its 2008 Best Practices Award. This award, which honors outstanding organizations that have achieved excellence in the use of Kronos applications, was presented at the Kronos annual meeting in Orlando, Fla. CHE was recognized for best practices in implementation. CHE established an enterprise-wide productivity program that uses the Visionware tool to monitor performance and examine hospital comparative data.

(In photo, left to right): Debbie Coakley, director, divisional services and Anna Marie Butrie, vice president, operations improvement, who have been leading this initiative system-wide, along with Mirjana Jetic, productivity program coordinator, proudly accepted the award on behalf of CHE.



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Jake Bell has been named president and CEO of Mercy Medical, Daphne, Ala., effective January 5, 2008. Jake is a longtime member of the Catholic Health East family, joining St. Joseph of the Pines in Southern Pines, N.C., as director of health services in 2004, and serving as its executive director since 2007.



Mercy Hospital in Portland, Maine, opened a new facility, Mercy Fore River, on September 10. The Fore River campus includes a 151,000 square foot hospital building, which is home to The Birthplace, a pioneering birthing center. An 80,000 square foot medical office building is situated next to the hospital. The buildings are oriented along a north-south axis, which gives all patient rooms a breathtaking view of the Fore River (*see page four for complete story*).



CHE bids farewell to **Tom Fitz, F.A.C.H.E.**, president and CEO of St. Mary's Health Care System (Athens, Ga.) since 1999. Tom announced earlier this year that he will retire from St. Mary's at the end of 2008. All of us at CHE thank Tom for his 10 years of dedicated service to our ministry, and we wish him well in his future endeavors.



After nearly 10 years of service with CHE, **Elaine Bauer**, vice president, strategy development, recently joined the Catholic Health Association (CHA) as vice president for strategic initiatives. Elaine is based in CHA's Washington, D.C. office.

Among Elaine's most significant contributions included supporting RHC strategic plans, annual operating plans and capital plan development; participating in the visioning for CHE's 2017 Preferred Delivery System; and leading CHE's approach to addressing environmental concerns. While we will miss Elaine, we congratulate her for her years of dedicated service ... and look forward to working with her in her new role at CHA.



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Across the System



Shelba Davis's team members at **BayCare Health System's South Florida Baptist Hospital** recently organized a surprise party in recognition of Shelba's 50 years of dedicated service to the hospital. During her tenure, Davis has worked in the fundraising, finance, plant operations and education departments. Shelba was presented with a framed photo signed by team members of the hospital as it looked 50 years ago and as it appears today. Attendees at her reception included BayCare President and CEO Steve Mason, and other BayCare staff and board members.



Shelba Davis

Pictured (l-r): Steve Mason; Steve Niernan, South Florida Baptist Hospital chief operating officer; Shelba Davis; and Isaac Mallah, president and CEO, St. Joseph's and South Florida Baptist Hospitals.

Hundreds of people turned out for the Sisters of Providence Health System's **Sister Caritas Cancer Center Survivors' Day** celebration at Elms College, **Chicopee, Mass.** The annual event, now in its fifth year, featured the theme, "Celebrate Life." In addition to an informative lecture on cancer detection and treatment and a keynote address about the importance of positive attitude and laughter in everyday life, participants were offered massage therapy and the opportunity to explore a Labyrinth Walk. The program ended with the release of hundreds of balloons, many of which bore individual messages from cancer survivors and their family members.



CATHOLIC HEALTH EAST



Hundreds of people came together recently to celebrate **Mercy Philadelphia Hospital's** 90 years of health care ministry. The ceremony included an invocation, rededication and blessing, musical selections by the hospital choir and special tributes. Sister Christine McCann, R.S.M., chair of the Mercy Health System of Southeastern Pennsylvania board of trustees and president of the Sisters of Mercy of the Americas—Mid-Atlantic Community, called the hospital "a beacon of hope in this community."

On National Disability Mentoring Day, 12 local high school students with special needs were hosted by **Lourdes Medical Center of Burlington County**, Willingboro, N.J. The day was designed to inspire students with various capabilities to consider the field of health care through one-on-one mentoring in various departments, as well as a brief tour of the hospital. Here, the students posed with their school leaders in front of the statue of Our Lady of Lourdes.



Sandhills Community College student Joyce Moore (left) gets to know **St. Joseph of the Pines** resident Emmy Foss while they take part in a reminiscing exercise developed by gerontology class instructor Trish Harris, M.Ed. The session was geared to "leaving the classroom and duties behind" to help students get first-hand experience at working with seniors.



Global Health Ministry:

Back in 1989, at the invitation of the Sisters of Mercy in the Diocese of Chulucanas, Peru, medical volunteers from Philadelphia traveled to a distant, impoverished Peruvian community to provide medical care for the poor who had no options for care.

From its humble beginnings in 1989, this global outreach effort grew over the years and is now known as Global Health Ministry. In 2008, teams of clinical and lay volunteers—over 125 in number—from throughout our Catholic Health East ministry served the needy in several remote locations throughout Latin America and the Caribbean.

Four to five times a year, teams of approximately 20 volunteers are sent on a Global Health Ministry mission, each of up to two weeks' duration. Using donated medical equipment, supplies and medications, the volunteers provide free health care—ranging from needed surgical procedures, diagnostic testing, physical exams, etc.—as well as a wide range of educational services that empower residents to learn ways to take better care of themselves and their loved ones.

In 2008, primary care mission trips to Jamaica, Guatemala, Peru and Haiti were completed, as well as a large surgical mission trip to Peru. Teams of physicians, nurses, administrators, social workers and other supportive clerical staff were assigned to one of five teams. In addition to giving their time, volunteers also help collect needed medicines and supplies and make personal donations or raise funds to help cover the costs.

In all, thousands of patients were treated in 2008. Services provided ranged from primary care for adults and children, eye care, dental procedures and maternal-child health care. The October Team in Haiti served in Cabaret, a town ravaged by Hurricane Ike. Hurricane Relief donations sent to GHM were used to purchase over \$25,000 in food and emergency supplies for the hurricane

"Their goal is simple: to help others. Yet, our volunteers tell us the work helps them personally and professionally as much as it helps the communities they serve."

Mary Jo McGinley, R.S.M.,
Executive Director, Global Health Ministry



Dr. Joe Krajekian (left) repairs the disfigured jaw of a young man. Jim Sullivan, who represented St. James Mercy Health System in Hornell (in back) and William Manteris, D.M.D., from Pittsburgh Mercy Health System (at right) assisted.

victims. The November surgical mission to Peru itself recorded nearly 200 surgical procedures, including many performed on children.

Besides directly touching the lives of thousands of poor people in developing countries, Global Health Ministry has inspired others to begin their own initiatives. Earlier this year, they mentored Catholic Healthcare West in its first-ever international medical mission to rural Guatemala. In addition to having Mary Jo McGinley, R.S.M. (executive director, Global Health Ministry) as part of the planning and on-site support for this mission, Global Health Ministry also provided templates for team formation, site-specific supply lists, orientation materials and a point-of-service electronic medical record.

While the on-site volunteers have the opportunity to personally touch the lives of those who need help...there are many other ways to support the outreach efforts of Global Health Ministry. Catholic Health

"The dedication and compassion of this team of volunteers far exceeded my every expectation. With no sterile environment available, the team found ways to provide quality health care, while never compromising patient care."

Joe Krajekian, D.M.D., M.D.,
Cleveland Clinic

(Introduced to GHM through a Pittsburgh Mercy Health System colleague, Dr. Krajekian traveled to Esquipulas, Guatemala in April and provided dental, medical and surgical treatment for over 3,000 patients.)

Helping Others Help Themselves

East system office and some Mercy Health System of Southeastern Pennsylvania colleagues have "globe banks" sitting on their desks, a constant reminder of the great work of Global Health Ministry, and a place to deposit spare change that is routinely collected; several thousand dollars has been raised through this method. Anyone interested in receiving his/her own globe bank to help raise funds for Global Health Ministry should contact Andrea Divers-Murph at 610.355.2042 or amurph@che.org.

Global Health Ministry, a 501 (c) (3) not-for-profit entity, receives overhead support from Catholic Health East, but depends on contributions from individuals and corporations for ongoing support of its missions. This holiday season, please consider making a tax-deductible donation to Global Health Ministry to help support its life-saving outreach work to thousands of our hemisphere's most needy residents. Please fill out and mail the attached form with your donation, or you can donate via PayPal on the website at www.globalhealthministry.org.

"... I have a new found respect for those who donate their time and services year after year to this cause. And I have an enormous amount of admiration for those patients we left behind to learn and grow with the knowledge we left with them."

Alicia R. Beeman, P.T.
St. Peters Health Care Services
Guatemala Team, April, 2008



Left: Harold Stein, M.D., with a patient in Peru.



Middle: Victoria needs surgery in the U.S. to correct extensive facial disfigurement that occurred at birth. Dr. Joe Krajekian is working to have that happen for her.



Far right: Alicia R. Beeman, P.T., with a patient in Guatemala.

"One of the most difficult things I am experiencing is the inability to find the proper adjectives to describe to others the experience we all shared ... Unquestionably, whoever participates in a program like this gets back much more than one gives."

Harold Stein, M.D., President
Nazareth Hospital Medical Staff
Peru Team, June, 2008



YES! I want to reach out to my neighbors in Latin America and the Caribbean who have little or no access to health care. Enclosed is my gift of:

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10 Minutes with... Donette Herring

Donette Herring was promoted to her current position as CHE's vice president, information services/chief information officer in May 2006. She joined CHE in August 2004 as the vice president, information technology shared services to lead the development of CHE's enterprise information services operation.

Prior to joining CHE, she served as the chief information officer (CIO) for Catholic Health Services of Long Island, the CIO for the Eastern Region of Catholic Health Initiatives (CHI) and the director of information systems for the Franciscan Health System. After starting her career as a nurse, Donette transitioned to information systems management. Herring holds an M.B.A. and a B.S. in nursing from Villanova University.

How and why did CHE develop its enterprise approach to information services?

Leveraging our technology capabilities as a system provides us with the opportunity to provide greater value and improve efficiencies more than any RHC could accomplish on an individual basis. For this reason, the Shared Services program was launched in January 2005.

The business plan focused on areas of IS that CHE deemed would bring biggest value to RHCs. By mid-2006, we had made some significant progress. But we realized we couldn't drive as many efficiencies and economies in our "decentralized model" as we could in a truly enterprise approach with common systems that could "talk" with one another and share data.

To this end, we adapted the focus of the CIO Council, which consists of the CIO from each RHC and the leadership of Shared Services. Our initial discussions centered around how to modify delivery of service and enhance existing capabilities. Those discussions grew into how we could provide additional services to impact individual RHC markets.

What are some of the big projects that Information Services is currently working on?

Many of our efforts today are directed toward developing electronic medical records for each care setting by automating clinical documentation and care processes, integrating data from diverse diagnostic and clinical systems, and scanning remaining paper documents. We are also currently involved in the implementation of Bar Code Medication Administration (BCMA) to reduce medication errors and meet our patient safety goals.

Information services is also leading a system-wide portal strategy project, called *CHE Connect*, to



Donette Herring, M.B.A., B.S.N.

establish a centralized portal solution that will facilitate information sharing and collaboration across the health system.

Our IS team is assisting with implementation of the Lawson system as part of CHE's BPR initiative to roll out best practices in supply chain, human resources, payroll and finance. We are also supporting revenue management to provide information and integration with a myriad of new software tools to improve collections, reduce bad debt, increase revenue and ensure compliance with regulations.

Since RHC and System Office operations are becoming increasingly dependent on information systems to carry out their responsibilities, we are taking steps to improve the reliability of our systems including implementation of a disaster recovery plan to ensure systems are available as rapidly as possible, so as not to interrupt patient care delivery and operations.

What are some of the changes that have been implemented in IS over the last year?

In 2007, our CIO Council embarked on an IS organization transformation initiative because we realized that further efficiencies and better customer service could only be achieved by changing how IS was organized to deliver services. One change was bringing all of the technology services professionals under one enterprise umbrella. This supports our goal to provide a reliable, secure and standard infrastructure to support CHE system-wide, while applying the most efficient and cost saving methods. The CIO Council also recognized that how we deliver service to our customers is as important as what we do ... so we developed an 'IS

Service Pledge' that defines behaviors that exemplify our commitment to customer service.

These activities led us to changing our identity from 'Information Technology' to 'Information Services' reflecting a growing service orientation to our work. As information services professionals we have a responsibility to understand the needs of our customers, work collaboratively to identify and recommend solutions, and assist our customers with leveraging these IS solutions to transform their operations.

What can we expect over the coming years?

Our focus going forward is to continue the journey to an electronic medical record that will eventually lead to a cross-continuum electronic health record that can be utilized by our clinicians and patients. We have begun to work with physicians, nurses and other clinicians to plan for the implementation of CPOE (computerized physician order entry) enabled with evidenced-based order sets and to enhance clinical documentation using evidenced-based plans of care to improve quality and support our clinicians in their delivery of safe and effective care.

I see three areas where IS will expand its role—biomedical engineering, clinical informatics and project management. In recent years, we have seen the convergence of voice and data systems. Now that has expanded to include biomedical devices that are communicating with clinical data systems over the network. In light of the growing importance of information systems in clinical practice, clinical informatics will strive to streamline the processes of patient care, provide clinicians with accurate data in a timely manner, improve the quality of care and reduce costs.

CHE identified IS as one of eight core competencies critical to enabling the strategies required to achieve our future vision for health care. We are beginning to look at technologies that support this vision. In the near term, we are working on creative solutions to support pilots of CHE's new Comprehensive Care Management Model at three RHCs. This Model is a step towards our future vision and introduces a different approach to coordinating care for persons across the care continuum.

We will continue to adapt the IS function to CHE's evolving clinical and business strategies and help support new technologies in accordance with CHE's information services guiding principle: *"The overall strategic imperative for information services will be to provide the right information, in the right format, at the right time, to the right person, in the right place, at the right cost to ensure optimal decisions and outcomes resulting in excellent clinical and administrative services."*



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