

# Mission Matters

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM



## QUALITY & SERVICE EXCELLENCE

We will achieve  
top performance  
in quality and service.

### INDUSTRY ISSUE

## Quality a critical national issue

**"The nation's  
current  
health care  
delivery system  
is in trouble."**

Based on his extensive knowledge of the quality landscape in this country, Brent James, M.D., M.Stat., has diagnosed that "the nation's current health care delivery system is in trouble." He presented this assessment at the Spring 2007 Leadership Conference Quality Summit of the Sisters of Charity of Leavenworth Health System (SCLHS).

Dr. James, executive director, Institute for Health Care Delivery Research, Intermountain Healthcare, identified multiple symptoms of the current problematic state of quality in U.S. health care. Stated another way, a study published by the Rand Corporation on the quality of health care delivered to adults in the United States concluded that American health care "gets it right" only 54.9 percent of the time.

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### SYSTEM STRATEGY

## Beyond quality to performance excellence

For Mary Jo Gregory, System executive vice president/COO, there is no doubt about it: performance excellence is the ultimate goal of SCLHS. "This goes beyond quality," Mary Jo explained. "It is our objective to manage the experience of every patient with safety, quality and compassion as our guide."

**This means that excellence is the standard and the expectation.**

That we measure excellence as defined by patients, their families, physicians, accrediting agencies and by our Mission. That striving for excellence is part of our System DNA; that we facilitate it; live it; recognize it; reward it; and celebrate it.

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## LETTER FROM PRESIDENT/CEO



To capture the essence of the Spring 2007 Leadership Conference Quality Summit, I turn to a quote from Sr. Doris Gottemoeller, RSM, SCLHS Board chair, who reminds us that “an overarching characteristic of our behavior is our commitment to excellence...The ‘why’ of Catholic health ministry inspires a passion for excellence which is of another order entirely than continuous quality improvement.”

At the Quality Summit, we focused on performance excellence as both a moral and strategic imperative. We acknowledged that achieving excellence is directly related to our Mission. We heard and agreed that improving care has the added outcome of reducing costs. We reaffirmed that not only will we survive amidst the changing forces of the volatile health care industry, but that more definitively SCLHS *will thrive* with renewed commitment to our unyielding pursuit of excellence and by living our Core Values.

By actualizing our Common Calling through collaboration, shared resources and standardization, we will be able to achieve the SCLHS Vision of performance excellence *and* fulfill our Mission of improving health. This will require building the infrastructure for accelerating change and extensive involvement by leadership and governance.

As we look at the opportunities ahead and harness the power of teamwork, we will climb this mountain – our quality summit – together and change its face through diligence and dedication. Please join me as we make this climb to excellence.



*Bill Murray*  
William M. Murray  
President/CEO

## INDUSTRY ISSUE

# Quality a critical national issue

(From page 1)

With guarded optimism, key themes and highlights from the *2006 National Healthcare Quality Report (NHQR)* ([www.ahrq.gov](http://www.ahrq.gov)), released by the Agency for Healthcare Research and Quality on behalf of the U.S. Department of Health and Human Services, noted that overall the quality of health care in this country continues to improve, but that significant opportunities remain.

NHQR measures around four dimensions: effectiveness, patient safety, timeliness and patient centeredness. Themes emerging from the 2006 report demonstrated that:

- ▶ Most measures of quality are improving, albeit with a modest pace of change.
- ▶ Quality improvement varies by setting (hospital, ambulatory care, home health, nursing home, etc.) and phase of care.
- ▶ The rate of improvement has accelerated for some of the 42 core measures and deteriorated for others.
- ▶ Variation in quality remains high.

The good news from the government study is that hospitals demonstrated the highest rates of improvement with greatest rates occurring in heart attack care and high rates also in pneumonia care and for heart failure patients. Acute care improvement rates outdistanced those of preventive and chronic care.

The NHQR study attributed improvements in hospital quality to heightened public reporting, focused quality improvement programs and policies supporting improvement initiatives. Others would add to this list, pay for performance systems and enhanced reporting capabilities. Moving forward, NHQR anticipates an acceleration of improvement across a wide range of

## STATE OF QUALITY IN U.S. HEALTH CARE TODAY

- ▶ There is massive variation in practices.
- ▶ There are high rates of inappropriate care.
- ▶ Unacceptable rates of preventable injuries exist.
- ▶ A striking inability to “do what we know works” characterizes the delivery system.
- ▶ There are huge amounts of waste, spiraling prices and limited access (45 million uninsured Americans and still climbing).

—Brent James, M.D.  
*Intermountain Healthcare*  
Spring 2007 SCLHS Quality Summit



diseases, including heart disease, diabetes, respiratory diseases and colorectal cancer.

Even with these improvements, disturbing shortfalls in American health care, as originally documented in the seminal Institute of Medicine studies, remain a glaring national concern. This has elevated the discussion with calls to action to ensure that quality has prominence at the governance level on both hospital and health system board agenda. Similarly, there are growing expectations that health care executive leadership must spend as

much time discussing patients and quality as they spend on hospital finances. There is also recognition that performance excellence has positive effects on the bottom line.

In support of a culture of performance excellence, in Dr. James' words, quality leaders need to communicate the vision; supply staff and management with the right and necessary tools to achieve, monitor and measure quality; coordinate across teams; remove institutional barriers to improvement; and celebrate success.

*“The journey  
to becoming a world-class  
organization begins  
with a firm and  
measurable commitment  
to excellence.”*

—Quint Studer  
*Hardwiring Excellence*

## Beyond quality to performance excellence

Accomplishing a culture  
of performance excellence  
across all our Hospitals  
and Clinics for the uninsured  
is no small task.  
However, SCLHS Leadership  
has reaffirmed that  
the unyielding pursuit  
of excellence is our Vision  
and the focus of the  
Common Calling we share;  
excellence is our  
Mission imperative.

As articulated by William M. Murray, SCLHS president/CEO, “Excellence in delivering clinical care is our core business. Excellence is not only the right thing to deliver from our Mission perspective, it is also a prudent business strategy for reducing the costs of care.”

Mary Jo Gregory, SCLHS executive vice president/COO, agreed and said that as a System, SCLHS needs to continue to be clear about what our Values are and then provide the environment where staff can live these Values. This means both providing necessary resources and removing barriers that might exist.

### **SCLHS performance excellence journey**

In support of this journey toward excellence, SCLHS has several initiatives in place as detailed by Richard T. Lopes, M.D., chief clinical transformation officer:

- ▶ Reorganization of the System-wide infrastructure for performance excellence.

- ▶ Fostering a culture where quality and patient safety receive priority attention at governance and administrative levels of the organization.
- ▶ Education regarding performance excellence and accountability for living out this Core Value in the workplace.
- ▶ Tools, technology and systems that support performance excellence and its measurement.

In November 2006, the System convened a task force to learn, discuss and formulate recommendations to help better engage governance and leadership in clinical process improvement and to accelerate the process for implementation of this improvement. Rick co-chaired this effort with Matthew Lambert III, M.D., SCLHS Board member and senior vice president clinical operations, Elmhurst Memorial Healthcare, Elmhurst, Ill.

Brent James, M.D., M.Stat., Intermountain Healthcare, helped facilitate the meeting. Dr. James also presented advanced training in



process improvement at the two-day Quality Summit during the Spring 2007 SCLHS Leadership Conference.

#### Current SCLHS strategies

- ▶ Expanded focus on the private face of quality (specific to patients and communities).
- ▶ Broader education in process management and improvement.
- ▶ Providing System Office and Affiliate resource requirements to support clinical process improvement.
- ▶ Sustained and focused clinical process improvement activities initiated in support of careQuest, the major clinical transformation initiative currently in progress that will be supported by advanced information technology.
- ▶ The infrastructure to support accelerated change and performance improvement.
- ▶ Continued collaboration with Intermountain Healthcare through the careQuest partnership with General Electric.

These steps represent movement toward what Michelle Boylan, SCLHS director of quality performance, described as unity of effort and alignment of people, processes, strategies and structures. The journey is continuous on the path that leads to a culture of performance excellence.



▲▲ **TOP PHOTO:** Mary Jo Gregory, SCLHS executive vice president/COO; Michelle Boylan, SCLHS director quality performance; and Carolyn Smeltzer, SCLHS Board member and partner, PricewaterhouseCoopers LLP, discuss quality with Brent James, M.D., at the Spring Leadership Conference.

▲ **BOTTOM PHOTO:** Leaders brainstorm in small groups during the Quality Summit at the Spring Leadership Conference. Left to right: St. Francis Health Center team – Darrell Dodge, director quality; Thomas Anderson, M.D., medical advisor; Mike Kongs, vice president finance and IS; Mike Schrader, CEO.

## SYSTEM STRATEGY



Bill Murray, president/CEO



Mary Jo Gregory, executive vice president/COO



Rick Lopes, M.D.,  
chief clinical  
transformation officer

# SCLHS Leadership perspectives on performance excellence

Critical components of creating a culture of performance excellence

include a shared vision and engagement of leadership across the organization.

In the following “panel discussion,” three System leaders offered their perspectives on this SCLHS strategic goal.

## Why the shift from the language of “quality” to the focus on “performance excellence?”

**BILL:** Through our Common Calling, we stress the importance of a common language – with the belief that if we use the same language we share common meaning and effort to bring our goals to fruition. Performance excellence has a broader and more pervasive meaning than quality. It encompasses quality and safety, but it goes beyond these two key elements to pervade the organizational culture with a striving to be the best and offer the best for patients because it is the right thing to do in alignment with our Mission, Values and Vision.

**MARY JO:** I think of performance excellence as the environment where we are constantly striving to live and actualize our Core Values in every patient’s experience, every physician encounter, every interaction with one another and with our communities.

## What’s the difference between the “public face” of quality and the “private face”?

**RICK:** SCLHS adopted this language from our consultations with Brent James, physician and process improvement expert. The public face is what we measure and report to different national

organizations – the Centers for Medicare and Medicaid (CMS), HealthGrades, JCAHO, etc. The private face includes those elements of care that are equally important to our patients and communities, but not necessarily reported as part of mandatory reporting requirements – things like a hospice program, service lines offered, etc.

## Relate this striving for performance excellence to the SCLHS Common Calling, our Mission and Vision.

**MARY JO:** Performance excellence *is* our Common Calling. Common Calling represents the integration of our Mission, Values and Vision in the work we do every day. Performance excellence is the fundamental component of our ministry. It goes beyond getting awards and meeting targets; it gives us the inspiration, courage and commitment to serve our patients.

**RICK:** We are accountable to develop a culture of quality and safety, a culture of performance excellence that operationalizes our Vision. We are obligated to do this. An organizational culture receptive to changes to improve quality, and willing and eager to learn continuously is key to achieving excellence.

**BILL:** Our Common Calling is both the context in which and the vehicle by

# Creating, sustaining a culture of performance excellence

which we have chosen to operate as a Catholic health system. I think of SCLHS as riveted on the unyielding pursuit of excellence. We move toward that Vision in the spirit of our Mission – improving the health of the communities we serve. The Common Calling leadership model equips us for our journey with accountability, shared learning, strategic direction and a strong sense of interdependence. Our Common Calling mandates a common approach for the achievement of the Vision priorities of the System – one of which is performance excellence.

## What's the value/impact of performance excellence as a core business strategy?

**RICK:** Studies have shown that doing the right things clinically results in decreasing costs of health care delivery. This means – again in Dr. James' words – eliminating quality waste (processes with little or no demonstrated value or that do harm) and efficiency waste (not operating as efficiently as possible). careQuest, our clinical transformation initiative, is a major step designed to minimize this waste. We anticipate that most of the return on our careQuest investments will come in the realm of improvements in quality and patient safety.

**BILL:** Quality has clearly caught the public's interest in that multiple studies and reforms are linking the analysis of quality with health care economics, costs and pricing. We see this demonstrated in the pay for performance models that have had a positive impact on quality improvement through financial incentives. From our perspective, there is no doubt about it: excellence in clinical care is our core business and must remain our primary organizational focus. Doing this right is inextricably linked to achieving both our Mission and financial success in the future.

As SCLHS director of quality performance, Michelle Boylan described her role as facilitating movement of the organization toward performance excellence. She said that through quality and patient safety reports and briefings, SCLHS staff meets regularly with Affiliates and with affinity groups. Michelle describes



Holy Rosary nurse Noelle Rice, R.N., cares for the smallest of patients.

these groups as “communities of learning” on their way to becoming “communities of practice” – going from being groups that do research and experiment with options for improvement to those that have clear, mature metrics and are achieving measurable outcomes.

Lynda Grimm, vice president strategy and operations improvement, was instrumental in establishing the foundational infrastructure – including the Quality Council and the Dashboard Indicator Report – in support of quality as a System-wide strategic initiative. SCLHS continues to have a well-established Quality Council that serves in a coordinating leadership/management role. John C. Beeson, M.D., vice president medical affairs, St. Mary's Hospital and Medical Center, Grand Junction, Colo., chairs this Council. At its April 2007 meeting, the SCLHS Board of Directors discussed separating the System governance level Quality and Planning Committee into two distinct groups – to accentuate the organizational commitment to performance excellence.

At the Quality Conference, Brent James, M.D., quality and process improvement expert, said that professional goals and values are important for physicians. “They are the heart and soul of every clinician.”

Dr. James also stressed that organizational structure and data flow must follow core work processes: hospitals must collect data at the patient level, use data for disease management and also roll-up the data for reporting and accountability. “Quality improvement,” Dr. James said, “is the science of process improvement.”

Michelle noted, “In achieving this change in organizational effectiveness and developing agility to address change, we are aligning for the future.”



## SYSTEM STRATEGY

### SCLHS JOURNEY TOWARD PERFORMANCE EXCELLENCE

- 2000** System-wide Quality Council established.
- 2002** SCLHS Patient Safety Committee named.
- 2003** careQuest clinical transformation initiative budgeted and launched.
- 2004** Vision metrics published.
- 2004** Quality assessment conducted by David Nash, M.D., the Dr. Raymond C. and Doris N. Grandon professor and chairman of the Department of Health Policy at Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pa.
- 2004** Quality Council reporting realigned to SCLHS Quality and Planning Committee.
- 2004** System-wide Quality Plan developed.  
CMS Premier Demonstration Project adopted by SCLHS.
- 2005** Quality monthly operating reviews developed and implemented.
- 2006** Our Common Calling leadership model adopted.
- 2006** System-wide Quality Task Force convened.
- 2007** Quality Summit presented at SCLHS Spring Leadership Conference.

The Quality Council met during the **Spring Leadership Conference** to discuss the System's commitment to performance excellence.

Kathy Cherin, R.N., director resource management and continuum of care, St. Mary's Hospital and Medical Center.



John Beeson, M.D., vice president medical affairs, St. Mary's Hospital and Medical Center, Quality Council chair, and Michelle Boylan, SCLHS director quality performance.



Doreen Campbell, director performance improvement, St. James Healthcare.





# CRGs, CTT helping set the stage for performance excellence

**A**cross the System, teams of clinical experts are redesigning order sets and protocols to ensure alignment with best practices and standardization to minimize variation in clinical practice – all directed toward helping ensure clinical excellence.

Members of Clinical Resource Groups (CRGs) and the careQuest Transformation Team (CTT) are collaborating on this major undertaking that is part of the careQuest initiative. CRGs are organized around the following categories: cardiovascular, critical care, maternal/child health, medical/surgical, orthopedics, perioperative services, risk reduction and emergency department. Order sets are roadmaps for care delivery based on diagnosis.

“Our goals,” said Mary Clare Wilson, CTT clinical lead, “are standardized care and ultimately the best outcomes for patients based on best practices and research.”

The teams have collected every order set from every Hospital within the System (including those specific to physicians who have their own order sets). They have “decomposed” an extensive number of order sets and protocols – looking for similarities and differences. Their next step has been to compile the data into what is called a “starter set” – a template in Zynx, an evidence-based clinical decision support system. Pharmacists review each template to ensure medications are appropriate. CTT members then build the new order set in Zynx; CRGs and CTTs review, recommend and sign off on the order set.

Coders will review each new order set that then will go to the SCLHS Collaborative Care Committee for review and approval. The final step in the process before implementation is dissemination to each Affiliate for approval through appropriate channels and medical staff committees.

*While not technically a CRG, the work of infection control practitioners across the System is yet another example of process management to enhance performance.*

Similar to other careQuest efforts, this group has reviewed and recommended revised work flows specific to their discipline and related to isolation practices, preventing infection and treatment of infections.

Twila Mattingley, CTT functional lead working with this team, said that the group conducted a gap analysis to determine the current state of infection control management compared with national best practices and Centers for Disease Control and Prevention guidelines. As part of improving infection control practices, they are updating current practices and anticipating the electronic alerts and cues to be built into careQuest that will signal protocols for clinicians to follow.

Phillip Williams, R.N., director of oncology nursing, with a patient at Saint John's Health Center, Santa Monica, Calif.



# It's all about the patient and grounded in loving care

*When discussing the importance of patient satisfaction as a key component of performance excellence, Bob Donaldson, SCLHS director of operations improvement, said,*

*"This is all about the patients. They are why we are in business.*

*Our goal is to treat everyone with respect - the way we would each want to be treated."*

The SCLHS Patient Satisfaction Program specifically supports the Core Values of Excellence and Respect. Additionally, patient satisfaction has been proven to contribute to enhanced financial status, increased market share, employee retention, employee satisfaction and improved clinical quality.

FY 2007 goals for the System-wide Patient Satisfaction Plan include incorporation of several themes from *Radical Loving Care: Building the Healing Hospital in America* by Erie Chapman into all SCLHS patient satisfaction programs. Those themes reinforce the System's faith legacy and source of the calling as caregivers; the sacredness of the work of caregivers; and the servant's heart grounded in love.

### Measuring satisfaction

Along with achievement of overall patient satisfaction scores, Affiliates and the System Office have several other related goals. These include implementation of improvement principles that reflect commitment to excellence, leadership development and alignment of behavior with goals and Values.

SCLHS is also participating in the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS), the first national, standardized, publicly reported hospital patients' perspectives of their care. For this project, multiple national patient satisfaction vendors have added 27 standardized questions

to their satisfaction surveys. The data will be publicly reported in April 2008.

Out of the 27 questions, Bob said that he believes responses to "Would you recommend this hospital to others?" are the strongest indicators of patient satisfaction.

SCLHS has used Avatar International as its patient satisfaction vendor for the past six years. The System has built its program and plan around Avatar, the Studer Model (*Hardwiring Excellence*, Quint Studer) and, more recently, the tenets of *Radical Loving Care*. These approaches to patient satisfaction have three core components: culture, leadership and basic customer service actions.

### Managing satisfaction

SCLHS has further elaborated its plan to include:

- ▶ Focus on culture.
- ▶ Leadership and management accountability.
- ▶ Staff accountability.
- ▶ Physician communication.
- ▶ Focus on selected improvement opportunities.
- ▶ “Must haves” from the Studer model: rounding for outcomes; key words at key times; discharge phone calls or post-visit calls; selection and the first 90 days; and employee thank you notes.

Bob has conducted on-site visits to Affiliate Hospitals to ensure congruence of Affiliate efforts with the System-wide plan. During these two-day visits at each Hospital, Bob talks with staff, does “secret shopping,” visits randomly selected patients and reviews relevant meeting minutes. His meetings begin and end with senior leadership.

Recommendations flow from these site visits. Bob also shares information about best practices, toolkits and training suggestions – all directed toward improved scores and ultimately very satisfied patients.

## Key accomplishments related to patient satisfaction

In May 2007, **Saint John Hospital**, Leavenworth, Kan., received the prestigious Five Star Service Award in Obstetric Services.

In May also, **Providence Medical Center**, Kansas City, Kan., received an Avatar Innovation Award 2006 for the patient satisfaction program in Rehabilitation Services.



**Providence** and **St. James Healthcare**, Butte, Mont., received recognition in 2006 for the most improved patient satisfaction scores.

**Holy Rosary Healthcare**, Miles City, Mont., produced a patient satisfaction DVD that models performance excellence.



**Saint John Hospital**, Leavenworth, Kan., achieved greater than top quartile score for overall patient satisfaction in fiscal year 2007.

**St. Francis Health Center**, Topeka, Kan., has sustained patient satisfaction performance as an outcome of its *Kindness Connects* initiative.



▲▲▲ **TOP PHOTO:** Physical therapy assistant Elaine Walker, Providence Medical Center, leads a rehab class in the Joint Center.

▲▲ **MIDDLE PHOTO:** Joellen and Neil Martin were satisfied patients featured in Holy Rosary's performance excellence video.

▲ **BOTTOM PHOTO:** Aimee Gross, advanced RN practitioner, St. Francis Health Center, assists a new mother in the Breastfeeding Resource Center.





Krystal Cannon, CNA,  
Saint John Hospital, Leavenworth,  
comforts a patient.

To help make  
patient satisfaction  
a priority,  
SCLHS hospitals  
have programs  
to educate and  
support efforts by  
employees, physicians  
and volunteers.

## *Culture of Loving Care* rooted in Values

One example of a successful initiative is the *Culture of Loving Care*, developed by Providence Medical Center (PMC) and Saint John Hospital (SJH), Kansas City and Leavenworth, Kan. This effort has proven exceptional in ensuring that caring is at the heart of the culture.

This homegrown initiative had its roots in invaluable feedback from approximately 120 employees in 11 focus groups conducted by Carolyn Bowmer, PMC-SJH vice president human resources, and Sister Catrina Bones, SCL, who was then vice president mission integration.

“In order to become hospitals of choice, where patients want to seek their care, employees choose to work, physicians prefer to practice and community members give of their time,” Carolyn said, “we asked participants what they would like our Hospitals to *look* and *feel* like for our patients and employees in terms of each of our Core Values.”

From this feedback, a Service Culture Steering Committee developed service behaviors for the Core Values. The Mission, the traditions and history of the Sisters of Charity of Leavenworth and the book *Radical Loving Care* by Erie Chapman, influenced the group’s thinking and writing.

Next Carolyn engaged Performance Enhancement Group to assist in developing a three-hour comprehensive program that all employees completed in fall 2004. Brenda Farwell, employee relations specialist, adapted the presentation for new employee orientation.

*Culture of Loving Care* service behaviors were also incorporated into the employee appraisal process. “This is where we recognize individual accountability,” Carolyn said. “Pay changes are directly linked to delivery of caring service to patients and each other.”

One way staff can acknowledge another person’s contribution to the *Culture of Loving Care* is through a three-part NCR recognition form they submit. As part of their application process, physicians at both Hospitals are asked to make a commitment to the service behaviors of the *Culture of Loving Care*. Similarly, the Hospital volunteers receive orientation and ongoing encouragement to adopt behaviors consistent with the service model.

Carolyn noted that the Hospitals have demonstrated improvement in patient satisfaction ratings and employee engagement surveys since the inception of the initiative.

## Performance breakthroughs shared, learned

In support of performance excellence and knowledge management, SCLHS has offered a Breakthrough Performance series for the past six years.

What started as a way for Affiliates to share best practices has evolved into a forum that also provides expert-led presentations by outside resources, explained Lynda Grimm, SCLHS vice president strategy and operations improvement. The scope of the series includes clinical, operational and strategic topics of interest. There are additional best practice teleconferences hosted specifically for patient satisfaction and legal topics.

“When, as a System, we began to report a common set of performance indicators through our Dashboard Report,” Lynda said, “we needed a vehicle to share our learnings and best practices. We developed the Breakthrough Performance program for this purpose.”

SCLHS staff of the strategy and operations improvement department coordinates and arranges the series. Tracy O'Rourke, director of strategic development, said that



One teleconference focused on emergency services, “Overcrowded EDs May Need More Patients Not Less,” presented by Eleanor Ramirez, executive vice president/COO, Saint John's Health Center, Santa Monica, Calif., and team. From left: Partner physician for emergency services at Saint John's Victor Candiotti, M.D., Saint John Foundation's NexGen board member Jennifer Lee with her daughter Taryn Lee, Belinda Baca, R.N., and Angel in the ER Teddi Tindall.

Hospitals have the discretion to present a best practice of their choosing. The SCLHS team selects topics and external speakers based on consistent themes or issues identified in the Strategic Plan, trends in SCLHS data, priorities of Hospitals or research that might be of interest. The series occurs on the third Tuesday of the month via teleconference with sessions recorded for interested persons unable to attend.

## Powerful tool implemented System-wide

Early reports generated by Quantros indicate that the new online occurrence reporting system adopted by SCLHS is achieving desired outcomes.

The number of safety events reported increased System-wide for the first quarter of data captured – pointing to the efficacy of this streamlined and automated process coupled with the SCLHS policy that encourages staff to report actual safety events and near misses.

Kathleen Tulipana, director corporate risk management, said that SCLHS implemented and trained for Quantros from July through October 2006 at which time the last Affiliate came online with the new application.

Feedback from department managers and risk managers has been favorable and positive with the experience of increased reporting, appreciation of “real-time” notification of safety events and ease of managing follow-up. If

equipment is involved in the incident, Kathleen said that Quantros provides a reminder/alert to sequester the equipment – another benefit of the application.

As the system is designed, any staff member can complete the computer screen to report safety events. Kathleen called the screens “intuitive” and user-friendly. The minute the report is entered and submitted, it is sent to the appropriate department director and the risk manager and into a database for tracking and reporting. Quantros replaces the SCLHS paper method for collecting data on safety events, medication variances, adverse drug events and patient complaints.

## Hospitals earn national recognition

### ST. MARY'S HOSPITAL AND MEDICAL CENTER,

Grand Junction, Colo., earned a ranking among America's best hospitals for urology services in the special annual report issued by *U.S. News & World Report*.

For 17 years, U.S. News & World Report has published "America's Best Hospitals," a report that identifies medical centers that excel. After evaluating 5,289 hospitals, *U.S. News* named only 176 to its list of America's best. Scoring considered reputation, mortality rates and a mix of care-related factors such as nursing and patient services. The July 16, 2006 published report listed the top scoring 50 hospitals in each of 16 specialties.

St. Mary ranked 48 in the top 50 hospitals in the country for urology. To learn more about St. Mary's ranking, visit [www.usnews.com/besthospitals](http://www.usnews.com/besthospitals).

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### ST. VINCENT HEALTHCARE, Billings, Mont., recently

was named to the Community Value Index™ (CVI) 5 Star hospitals list. In its fourth annual

CVI study, Cleverley + Associates conducted an evaluation of the U.S. hospital industry in three core areas: financial viability and plant reinvestment, cost structure and charge structure.

Measurement in these areas suggests that hospitals operating with a high degree of community value are those that are low cost and low charge and that use a strong financial position to reinvest back into the provision of care at the facility. Those hospitals with scores in the top 20 percent are designated as "Five Star" facilities.



Neal Sorenson, M.D., and Sister Mary Lou Mendel exemplify the spirit of award-winning health care at St. Vincent Healthcare.

## SYSTEM STRATEGY

# Momentum builds for careQuest go-live

Following successful change impact analysis sessions in Billings and Grand Junction, attention is now concentrated at St. Vincent Healthcare scheduled to be the first careQuest go-live site in 2008.

Members of the careQuest Transformation Team (CTT) have relocated to St. Vincent's where they are working with Nancy Kallem, Affiliate careQuest project manager; the St. Vincent Project Steering Team; department directors; subject matter experts; System Office staff; and consultants.

Teams are addressing change management and developing remediation plans that will allow the Hospital to transition from current state to future state with updated policies, procedures, roles and responsibilities. One team is developing testing scripts and scenarios that will be played out when another team completes the next phase of the careQuest build.

At St. Mary's, Grand Junction, staff is reviewing change management opportunities to be made in preparation for the careQuest implementation at St. Mary's, the second careQuest go-live site. Elaine Barnett is careQuest project manager at St. Mary's.



# SCLHS senior leaders update



**Rose Mary Boyd** is the new vice president mission integration at St. Francis Health Center. Rose Mary assumed her responsibilities in late February.

She comes to the System from Mercy Medical Center in Des Moines, Iowa, where she was director of spiritual care. Preceding her focus in ministry and ethics, Rose Mary was involved in data management. She has two master's degrees: one in human development and the second a master of divinity for lay ministers. Her bachelor's degree is in applied ethics/communications/business.



**Michael A. Dorsey** has been named president/CEO of Providence Medical Center and Saint John Hospital. Mike had filled this position on

an interim basis since October 2006. He joined SCLHS in 2000 as vice president for network development at St. Francis Health Center. In 2003, he became COO at St. Francis. Prior to joining SCLHS, Mike was COO of Deaconess Hospital, a 275-bed hospital in Oklahoma City, Okla. He first served in Catholic health care at St. Joseph Medical Center, Wichita, Kan. Mike earned his bachelor's degree in medical technology and his master's in business administration from Wichita State University, Wichita, Kan.



**Tajquah (Tawana) J. Hudson** has assumed the role of vice president strategy and business development of Saint John's Health Center and John Wayne Cancer Institute, Santa Monica, Calif.

Tajquah worked over the past 10 years with the University of Kansas Hospital Authority that operates the University of Kansas Hospital, the primary teaching hospital for the University of Kansas School of Medicine. Tajquah previously served in several executive positions with Aetna Health Plans and Equicor-Equitable HCA Corporation. She has a master's in health administration from Wichita State University and a bachelor of science in business administration from East Central Oklahoma State University. She also completed an executive program in managed care from the University of Missouri, National Center for Managed Healthcare Administration.



**Cherelle Ireland** joined the leadership team at St. Francis Health Center on March 5 as the new vice president of strategy and business development.

She holds a master's degree in social welfare from the University of Wisconsin-Milwaukee. Cherelle comes from the St. Anthony Health System in Denver, Colo., where she was the director of physician services. Prior to that position, she was the director of medical staff relations at St. Joseph Regional Medical Center, Milwaukee, Wis.



**Donald L. Klusmeier** has been with SCLHS since December 2006 leading the supply chain initiatives. Prior to joining SCLHS, he led supply chain and facilities programs for five years for the University of Missouri in Columbia. Previously, Don directed supply chain and other initiatives for BJC Health System in St. Louis for

12 years and was vice president administration for Elmhurst Memorial Hospital in Illinois. Don has also worked for the AMA. Don holds undergraduate and MHA degrees from the University of Indiana.



**George M. Noonan** transferred to the position of vice president mission integration for Providence Medical Center and Saint John

Hospital from a similar position at St. Francis Health Center. Prior to joining the System, George spent more than 20 years with the Diocese of Kansas City-St. Joseph, Missouri, most recently as chancellor and corporate secretary. He received his master's degree in divinity from Yale University Divinity School, New Haven, Conn., and his bachelor of arts in religious studies and philosophy from St. Michael's College, Winooski, Vt.



**Janis Yergan** is the new vice president of strategy and business development for Providence Medical Center and Saint John Hospital. Janis has

more than 20 years of health care experience working with academic, profit, not-for-profit, mission-driven and specialty hospitals. Most recently, she served as senior vice president of business development at California Hospital Medical Center in Los Angeles, Calif., a Catholic Healthcare West facility. Prior to that, she was associate administrator, business development, with Centinela Hospital Medical Center, Los Angeles, Calif., and a regional business development executive for Tenet Health Systems, where she had oversight for the development activities of 15 hospitals in six counties.

Twenty-six leaders from across the Sisters of Charity of Leavenworth Health System (SCLHS) were in the first class to graduate from the System's Leadership Academy. Graduates received special recognition during a ceremony on April 26 in Annunciation Chapel on the campus of the Mother House of the Sisters of Charity of Leavenworth.



## First class breaks new ground for future SCLHS leadership

William M. Murray, SCLHS President/CEO, presented special plaques to each graduate and described the occasion as a “landmark event for the System as it advances to the future with a cohort of leaders who share the common experience of the Academy and the SCLHS Values.”

Graduates included Beverley Askin, Annette Ban, Janice Hirsch and Christopher Hopkins, **Holy Rosary Healthcare**, Miles City, Mont.; Terry Jett, Teresa Phillips Lienhop and Dawn Walters, **Providence Medical Center**, Kansas City, Kan.; Dawna Hendel, **Saint John's Health Center**, Santa Monica, Calif.; Jodi Fincher, **Saint John Hospital**, Leavenworth, Kan.; Kimberly Brown, Ron Marshall and Kirk Starr, **St. Francis Health Center**, Topeka, Kan.; Susan Kerschen, **St. James Healthcare**, Butte, Mont.; Carol Applegeet, Terri Chinn, Mary Crumbaker, Sheila Goldsmith and Terry Stefaniak, **St. Mary's Hospital and Medical Center**, Grand Junction, Colo.; Steve Ballock, James Greely and Nancy Kallem, **St. Vincent Healthcare**, Billings, Mont.; and Renee Budzenski, Ty Coup, Tracy O'Rourke, Sharon Owens and Winifred Williams, **System Office**, Lenexa, Kan.

“The Academy is part of our strategic initiative to further develop our future leaders through a structured and consistent program,” said Winifred Williams, Ph.D., SCLHS director of education and organizational development. “This first class broke new ground and paved the way for future cohorts of the Leadership Academy and for future leadership of SCLHS.”



Bill Murray congratulates Chris Hopkins, vice president finance and operations, Holy Rosary Healthcare.

### MissionMatters

This newsletter is published by Sisters of Charity of Leavenworth Health System to inform its constituents of strategic developments and news across the organization.

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