The Health Information Technology Summit San Francisco – March, 2005

## Sutter Health's System HIT Initiatives

#### Presented By: **Todd Peterson** VP & CIO, System Support Operations



### Leadership

- Pull the string and it will follow wherever you wish; push the string and go nowhere.
- The Best leaders have sense enough to pick good people and the self restraint to keep from meddling with them while they do their good work.
- Leadership and communications are inseparable; you can't have one without the other.
- Sutter Health's CEO, Van Johnson, defines
   Leadership as a change agent in the transformation of Healthcare Delivery.

### **Sutter Health System Demographics**

- Northern California / Hawaii
- 28 Hospitals, 9 Medical Foundations, 27 other Business units across 100+ communities
- 41,000 employees
- 4,500 aligned Physicians
- 1% of all USA Births occur in Sutter Health Hospitals
- Over 5,800 lic Beds
- \$5.8 Billion 2004 Net Revenue
- \$1.4 Billion in IT Capital through 2014
- Long Term View of IT Change vs. Short term projects

### **IT Leadership**

#### **Change Leadership - It's All About Trust**

- Requires the long view
- Focus on strategic alignment, not control
- Communicate personally and relentlessly in all directions
- Respect and adapt to the operational priorities
- Continuously draw the connections to operational priorities
- Humor and humility
- Count to 10

#### Sutter Health Information System Achievements in 2004

Computer World's "2<sup>nd</sup> year "Top 100 Places to work – North America" ( Top places for opportunities for Women in Technology Information Weeks "Top 500 Innovators (4th year in a Row) Information Weeks "Innovators and Leaders 2004 " Hospital and Health networks : 100 Most Wired Hospitals (3rd year) **Diversity Awards : Diversity Magazine** E-Healthcare Leadership (Gold) for PAMF's "Best Interactive site and best Care / Disease Management Site (Supported by System Support IS) Cover Story for Patient safety : Information Week Cover Story for Data Integration : Information Week Cover Story for IT Leadership : Advance Health Information Executives Cover Story : Healthcare Leaders Feature Articles on Sutter IT : Healthcare Informatics, Information Week,

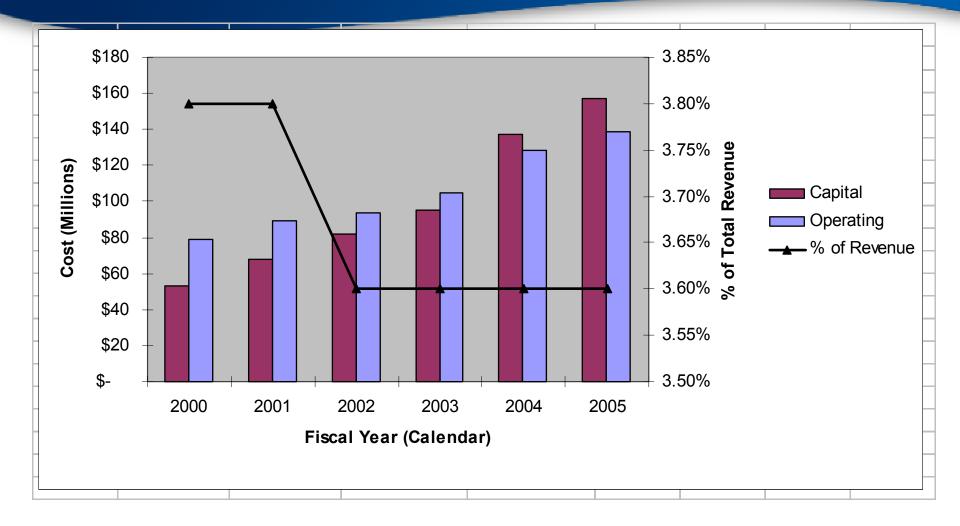
E-Week, Health Data Management, Diversity Magazine

### **IT Cost Statistics**

Capita	
2000	\$ 53 Million
2001	\$68 Million
2002	\$ 82 Million
2003	\$ 95 Million
2004	\$137 Million
2005	\$157 Million
Operat	ing
2000	\$79 Million
2001	\$ 89 Million
2002	\$ 94 Million
2003	\$ 105 Million
2004	\$ 128 Million
2005	\$ 139 Million

Combined 3.8 % Combined 3.8 % Combined 3.6 % Combined 3.6 % Combined 3.6 %

#### **IT Cost Statistics**



#### Enterprise-wide SHIRE

•Enterprise Master Person Index and Common/Enterprise Scheduling •SHEW •Clinical/Case Management and Outcomes Reporting (Health Status, Health Risk, Patient Satisfaction, Clinical Results) •Clinical Decision Support •Protocols/Guidelines •Rules-based Order Entry

Integrated Patient Care at the Regional Level

Clinician View, Patient View (MY CHART)

#### **Data Model and Standards**

Patient Care In-Patient

Nursing/Documentation, Electronic Medical Record

**Communications Between Ancillaries /Nursing/Billing** 

Order Entry and Results Reporting (SHIPER & EPIC WEB)

#### **Clinical Department Workflow and Billing**

Laboratory & Radiology (SunQuest), RX, Niche Depts, Transcription

#### **Transaction Systems to Support Billing**

ADT/REG(MS4), Medical Records(MS4), Patient Accounting(MS4), Financial Decision Support System (TSI), Regulatory Compliance, Contract Mgmt, Eligibility/Referral Mgmt(MS4/HDX), Managed Care **Patient Care Ambulatory** 

Clinical Documentation, Electronic Medical Record (EPIC)

**Communications Between Ancillaries/Offices/Billing** 

Order Entry and Results Reporting (EPIC & EPIC WEB)

#### **Clinical Department Workflow and Billing**

Laboratory & Radiology (SunQuest), Transcription, Niche Depts

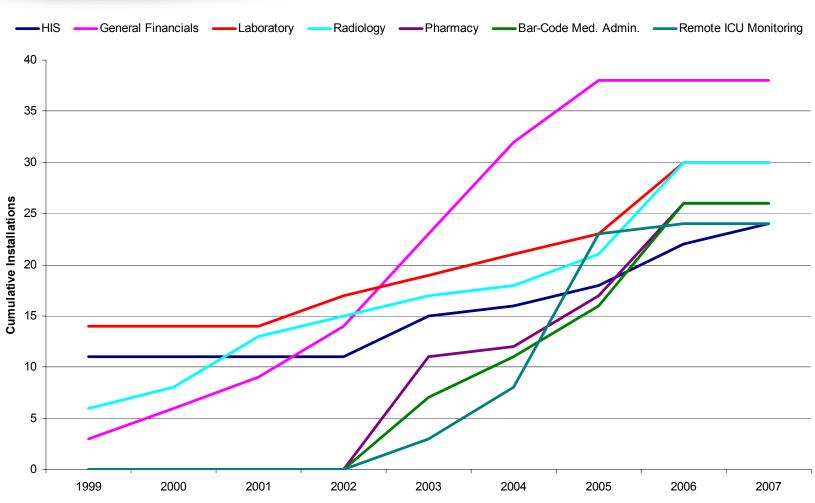
#### **Transaction Systems to Support Billing**

Physician Practice Mgmt(IDX), Managed Care, Contract Mgmt, Eligibility/Referral Mgmt

Technical Infrastructure IDX Lawson IT Cost Containment Data Standards Reporting Links IT Value Web Enabled Apps Project Management Security

#### **Standard Application Activity**

**Application Installation Activity** 



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5 year IT forcast for Standards												
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### **Example of IT project life Cycle**

- Bar Coding "impact" to Patient Safety
- Technology Challenge
- IT Challenge
- Project Start
- Project Review

## **Real Time Automated Checking**

Starting with the "Five Rights"...

- Right patient
- Right drug
- Right dose
- Right time
- Right Route of Administration



#### **Intercepting Medication Errors**

	Prescribing	Transcribing	Dispensing	Administering
Medication Phase Error Distribution	39%	12%	11%	38%
Per 100 Errors	39	12	11	38
Intercept Rate	48%	33%	34%	2%
# Errors Reaching Patient	20	8	7	37
True Error Rate	28%	11%	10%	51%

(California Health Care Foundation, July 2001)

(Leape LL et al. Systems analysis of adverse drug events. JAMA 1995;274:35-43.)

### **Bar-coding**

- Prevents medical mistakes
- Significantly curtails simple, human errors
- Reduces stress for overworked nurses
- Provides real cost savings

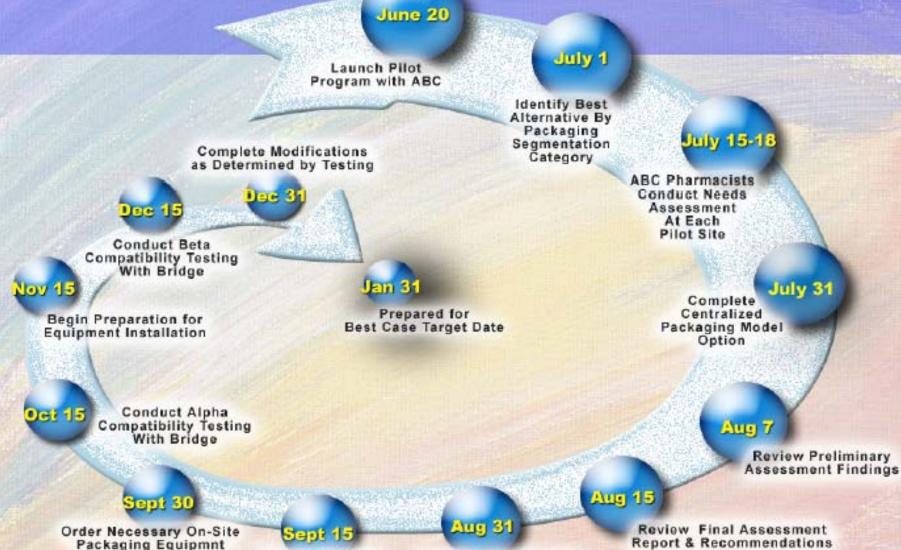
"Bar-coded technology is needed for drug administration. It would prevent most of the errors that we see, even with the labeling and naming problems."

Institute for Safe Medication Practices President Michael R. Cohen, MS, FASHP

#### **Bar Code Packaging Pilot:**

#### Partnership with AmerisourceBergen

#### Outcome = "Go-live" In First Pilot



**Finalize Detailed** Pilot Work Plan

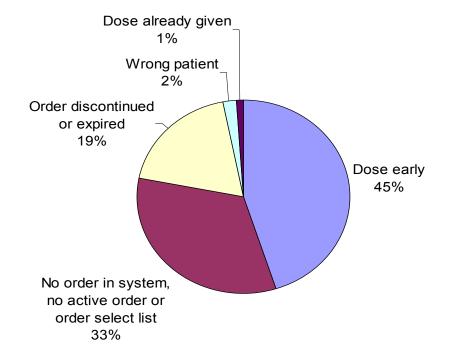
Joint Planning Meeting with ABC & Bridge

### **Medication Errors Due to Similar Packaging**



Prompts to remind the nurse to check for "soundalike" and "look-alike" drugs

#### 300 Prevented Medication Errors, by Type 1% of Attempted Med Administrations in Sample



#### **Lessons Learned from E-Map**

- Do the Pharmacy FIRST !!
- Don't assume that any medication can't be barcoded
- Get Nurses and Pharmacists into the design as early as possible
- Put Carts at the beds side and THE CARTS MATTER !!!!
- Don't assume that this will make a change in patient care.

### **EMR Project History**

- IT asked for a review of EMR for combined In-Patient and outpatient by End of 2004
- IT was to review effect of a EMR on current work loads such as Lawson, E-Map and E-ICU
- EMR would reflect Foundation, IPA and other Care givers connecting into a united EMR as well as :
  - Review Clinical / Strategic and other time line needs
  - Recommend Vendor
  - Recommend Time line
  - Recommend Cost Model

#### **EMR Review**

#### Business Drivers

- Institute of Medicine (IOM) Reports for EMR/ CPOE
- Leapfrog Group Requires EMR / CPOE
- Federal "E.H.R." Initiative Announced Time lines . Political time lines shortening (President Bush, Senators Frist, Clinton, Kennedy, etc.
- Emerging Standard of Care requires EMR
- Patient Satisfaction / EMR Access ( PAMF)
- Cost Factors in how current vendors used
- Changes in Technology with further consolidation of hardware.

### **EMR Review IOM Core**

- I: Health Information Data
- 2: Results Management
- 3: Order Entry/ Order Management
- 4: Decision Support
- **5**: Electronic Communication
- 6: Patient Support
- 7: Administrative Processes
- 8: Reporting

#### EMR Potential for Cost Savings (ROI)

- Coding 10 % Increase per encounter \*
- Faster completion of billing (Documentation complete at time of billing) \*
- Improved accuracy in documentation leads to fewer claim/bill denials; avoids costs of reconciliation and challenge.
  - 33% decrease in Medicare disallowance of ordered tests at Geisinger Health System
  - \$1.1m to \$1.5m savings opportunity at Geisinger through online documentation, eligibility checking, and COB.
  - Immediacy in documentation avoids billing delays; accuracy reduces bill/claim denials.20% reduction at ThedaCare26%
  - 65% to 75% decrease in "missed" charges at TehdaCare
    - \* Hekman Group 2004

# EMR Potential for Cost Savings (ROI)

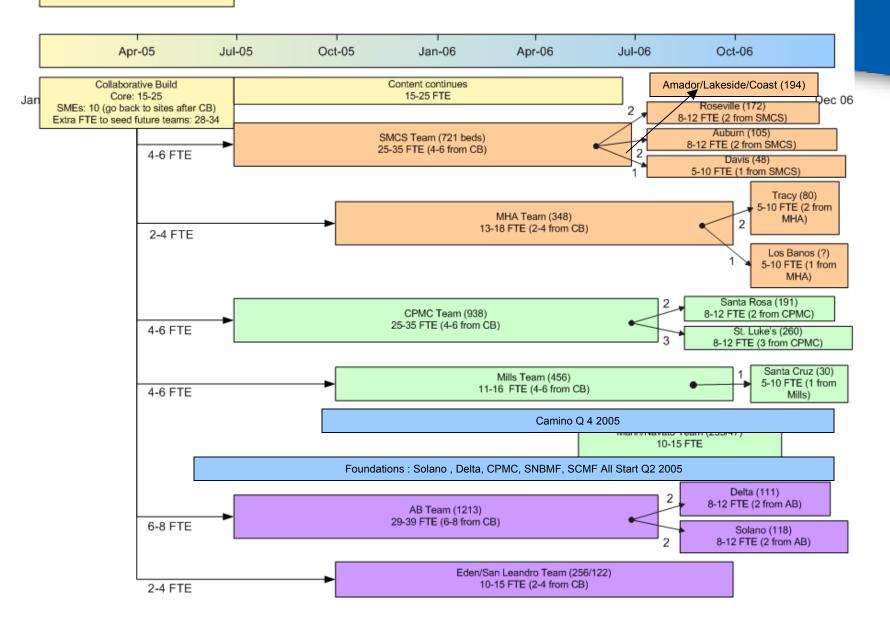
- Transcription \$ 8,000 / year / MD decrease \*
- Med Records \$ 3,000 / year / MD \*
- Decrease in paper, forms and folder costs. Geisinger saves printing and filing of 372,000 chart documents annually

\* Hekman Group 2004

# EMR Potential for Cost Savings (ROI)

#### Increased Patient Safety/ decrease in patient errors

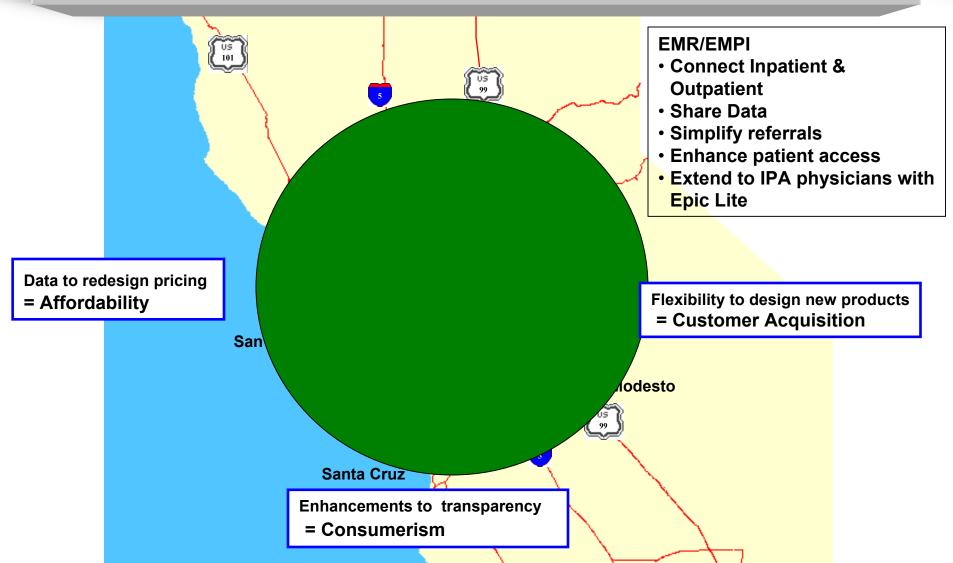
- Alert functions decrease ADE risk. \*
  - Savings estimated at \$28k annually Per ADE \$17k in meds, \$7k in radiology, \$3k in lab, and \$1k in other ADE-related costs.
- Study: Additional LOS attributable to ADE = 1.91 days; excess cost of hospitalization = \$2,262 \*\*
  - \* "Study: EMR/ CPOE Costs Can Be Recouped In Short Order", Modern Physician, Joseph Conn, Feb 10, 2004
  - \*\* Classen et al., "Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality." JAMA 1997; 277:301-306



### **2007 Strategic Alignment**

- Alignment of Information Systems to System Strategic Plan for 2007 convergence
- Allows for "Patient Centric" Healthcare
- EHR Shared across all forms of Sutter Health Medical Services
- Allows for "Consumerism" in Healthcare Delivery

#### Creating A Virtual Healthcare System Electronic Medical Record (EMR)/Electronic Master Patient Index (EMPI)



#### Responding To Our Marketplace Meeting Customer Needs

