

# Q&A

An Interview From HealthLeaders Magazine

## Emergency Department Information System ...from Selection to Implementation

*Saint Clare's Hospital is the flagship hospital for Ministry Health Care, a 14-hospital integrated delivery network serving communities in Wisconsin and Minnesota. Based in Weston, Wis., one of the fastest-growing sections of the country, emergency care is of top priority for Saint Clare's. In response to growing demand and in anticipation of future needs, Saint Clare's built an emergency department (ED) of the future, anchored by the MEDHOST Emergency Department Information System (EDIS). Saint Clare's chose MEDHOST because it needed a vendor whose EDIS was intuitive, easy to use and scalable to meet the ED's need for better communications, reduced medical errors, improved clinician satisfaction and enhanced patient safety. Stewart Watson, MD, medical director for emergency services at Saint Clare's, answers frequently asked questions about the vendor search, deploying the product and measuring the return on investment.*



*Stewart Watson, MD  
Medical Director for Emergency  
Services, Saint Clare's Hospital*

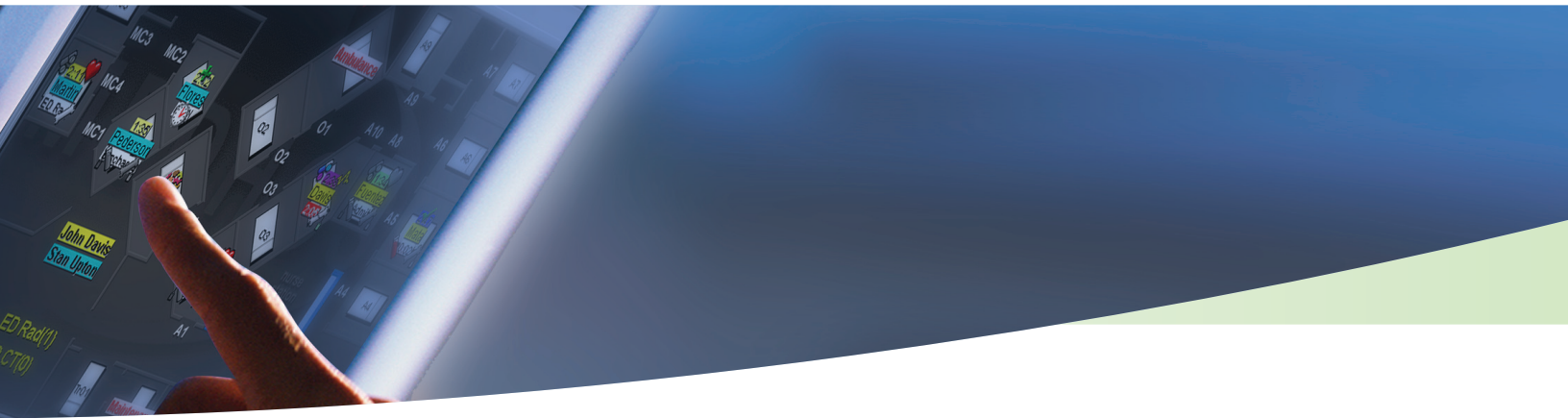
### The Vendor Search

*When did your vendor search begin for this new EDIS and how many vendors did you consider?*

Our vendor search began in April 2005 prior to the opening of the hospital. When we decided to transition from paper to an electronic medical record, we researched all different types of products and began with a list of 25 EDIS providers. After completing a detailed analysis, we narrowed that list to 13. We then consulted the KLAS reports and narrowed the field to six vendors who completed an RFP.

*Can you discuss the RFP that you sent to the potential partners?*

We developed an RFP that would address the different effects that an EDIS would have on our practice, as well as the deliverables that each of the top vendors would offer to its client. This included evaluating the EDIS' ability to interface with the hospital's existing IT systems; specifications on order entry, nurse-physician charting, tracking and discharge instructions; as well as support for software upgrades, maintenance and training.



***How did you evaluate the responses to your RFP? What kind of scorecard did you use?***

We read through each RFP in detail and summarized them based upon the most important functions and service components of that particular vendor. Then we ranked vendors as a positive, neutral or minus in each category specified in the RFP and tabulated the results. Based on the scorecard totals, we considered three vendor finalists. We traveled around the country conducting multiple site visits, observing each vendor's actual product being used in a live environment to see how the clinicians utilized it. We also collected feedback from the product users, including nurses, physicians and IT directors.

***How did you involve the nurses, physicians and other ED staff in the vendor selection? What role did they play as you were considering this partnership?***

We asked our clinical and IT staff if they would be interested in participating in a selection team. We created a team of six – including two physicians, two nurses, a project manager with an extensive IT background and an IT director – which evaluated the RFPs and met with members of the department to discuss the pros and cons of each vendor. The team weighed heavily in the final selection process.

***What piece of advice would you offer your peers who are conducting a similar search?***

You need to do your homework and look at the different products from a demonstration viewpoint. You can do this at trade shows or the national meetings. Meet the vendors and get a feel for what these products look like and how they differ. However, I think the two most important things are developing an RFP and conducting site visits. The RFP can

be very specific about what deliverables you need for your environment. Probably the most simple and single most important part of the evaluation process is the site visit where you get to actually see the product in use in a live environment, where you can talk to the staff, get their feedback and see for yourself how easy the EDIS is to use.

## The Deployment

***Prior to your go-live with MEDHOST, you set up three basic test environments. Can you please explain what you did?***

Practicing using MEDHOST in test environments led to the success of our go-live and our subsequent deployment of the product. At Saint Clare's we set up three distinct environments and three separate servers all loaded with MEDHOST. We created a test environment where we could actually download the software and test it prior to installing it for the go-live. We also set up the obvious go-live environment which would be the actual server that is in use every day. Then we set up a third training server so that staff could practice with the product after customization was complete.

***Can you talk about your approach to training staff? What did you do to develop super users?***

Training began before the go-live. We sent two nurses and two physicians to MEDHOST's headquarters where they were trained to use both the clinical product, as well as the customizable application software called ToolKit. An important and unique aspect of MEDHOST is that it is possible to customize your program on site through the ToolKit application and then download all the changes into MEDHOST. We spent three days learning about the product, and we then



returned to Saint Clare's so that we would be available to all the other staff that would use the product – the nurses, physicians, paramedics and registrars. Following our visit to MEDHOST and just prior to go-live, MEDHOST's clinical team worked with our staff in small group settings. Once they left, the super users were on site to assist with ongoing issues.

*Can you address how you customized this software prior to the go-live and what was your thinking? How did you tailor it to meet the needs of your clinical staff?*

To have a successful rollout it's important to spend time setting up the customizations prior to the go-live. For example, each physician has a different style of charting. With ToolKit, each physician can create an order set, a program for his/her charting template that includes his/her personal preferences for common symptoms and exams. Given a patient that displays one of the common symptoms, the physician can click one button and information would automatically be placed in the chart.

*Did you create order sets prior to go-live?*

Yes, we created approximately 25 discrete order sets for different clinical diagnoses, and all of those order sets included laboratory tests, radiology tests, medications, nursing interventions and respiratory therapy treatments. When a patient comes in with a common complaint, a physician can touch one button that will implement all of those orders in mass. The physician also has the ability, once they touch that button, to add or delete items on that list if they choose to. The touch-screen technology makes it is easy to document and use your order sets. A physician can stand in front of a large, touch screen and quickly move through each one.

## Measuring the Return

*Why did Saint Clare's want to measure your return on investment in this new EDIS? Many hospitals don't even bother. What prompted your measurement effort?*

Our hospital's mission statement states that we have to be good stewards of our financial resources. When we make decisions to deploy any new product, we have to take a look at its cost, as well as its potential return on investment to make sure that we're spending our community's money wisely. That's why we chose the return on investment financial analysis as a benchmark that would determine whether this product was a success.

*What key areas did you measure?*

Three measures that impact any business, particularly in healthcare, are quality, service and financial return. We evaluated how the deployment of an EDIS would affect our operating efficiency, and we did that by measuring our ED throughput times prior to and after go-live. We did the same for our patient satisfaction scores and financial impact.

*What are a couple of examples of improvement that you have documented?*

Prior to go-live our throughput time was approximately 120 minutes, and we measured that after go-live, as well as four months later. Our times have dropped. Additionally, our patient satisfaction scores improved from the 90 percentile to the 98 percentile.

I think this is because MEDHOST allows us to document while in a patient's room. We're able to show patients and their families what we're doing. We're able to sit down with a tablet in our lap and take the history while looking at the patient. We can put their orders in right in front of them and tell them what we're going to do and when they can expect their test results back. It's made for a much better interactive process with patients and has enhanced the overall patient experience at Saint Clare's.

*Have you determined how long it might take you to recoup your initial cost?*

We estimated that we would be able justify and pay for the product within 18 to 24 months. As it turns out, based upon the financial data we've had since go-live, we're getting payback much quicker. We look at our return on investment coming in somewhere around 14 months. Initially, we expected a 10 percent increase in revenue, based upon better charge capture through better documentation, and we've actually seen an approximate 13 percent increase in revenue.

To find out how MEDHOST can positively impact your ED,  
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or call 1-888-218-4678.