

CASE STUDY

Memorial Health System

CHALLENGE

Since 1904, Memorial has grown from a small hospital to a world-class health system. Today, Memorial is a level II trauma center with three hospitals - Memorial Hospital Central, Memorial Hospital North and Memorial Hospital for Children in Partnership with The Children's Hospital - and outlying clinical facilities throughout Colorado Springs. Briargate Crossing added an additional 98 beds to the health system as well as numerous diagnostic services on April 25, 2007.

The biggest challenge in opening the new facility was that Memorial was still working through the Cerner post live issues at the Central hospital and at the same time building at the North location. Everyone in the department was going at full speed. Clinical Systems at Central went live in April 2006 in preparation for moving to the new ED system in January 2007, setting the stage for the opening of Memorial Hospital North in April. The staff was tested.

PROCESS IMPROVEMENT & SOLUTION

ICG was engaged from November 6, 2006 until May 4, 2007 and provided a PM to oversee a team of project managers, identify potential risks to the project and coordinate both testing as well as issue resolution for the Cerner clinical applications. With over 100 applications ranging from design and build to acquisition and integration. The ICG consultant also organized system and integration testing for all the applications.

The original initiation of the project manager responsibilities were defined by both the CIO and Director of Information Services and communicated to the Information Services team accordingly. When the ICG consultant began, she immediately began 'planning' an implementation plan for all 100 systems applications and the Cerner EMR. Although 'formal' PM processes were not utilized at Memorial (i.e., Project Charter, Scope Management Plan, etc.), the ICG consultant was able to glean the 'gist' of the project and set forth a plan to encompass all systems (including the EMR) up and running on time, within budget, and with high quality for patient care.

Once the system applications and Cerner EMR began 'execution' (i.e., build/tested), the ICG consultant was to monitor status for all systems and report the status to the CIO and Executive Management team (using a customized Access Database) and communicate 'down to the moment' status on any/all system applications.

By using the method/approach above, the ICG consultant was able to monitor and control each system application and communicate risks to the CIO and Executive Management team (via a Status Report and weekly meeting). Any/all risks were high-lighted in Red to define urgency and remain on the Status Report until resolution was achieved.

Facility: Memorial Hospital
Colorado Springs, Colorado

Beds: Memorial Central: 477 acute care beds; Memorial North: 89 acute care beds

Services: General medical and surgical care, intensive care, outpatient surgery services, inpatient surgery, 24-hour emergency services for adults and children, diabetes education, cystic fibrosis program for adults and children and outpatient rehabilitation services.

Vendor & Product: Cerner: INet, CareNet, PharmNet, PathNet, FirstNet, Profile

Inpatient Visits: 27,805/year

Outpatient Visits: 322,983/year

Employees: 3,500 employees / 700 physicians

Target: Project Management services for over 100 system applications being implemented at a new hospital with a hard target date, to include: Case Treadmills/Holter, EKG/GE Muse, Pace Art, McKesson Cardiology/MedCon, Zymed, Centricity, API Report Services, Cactus, Credit Card via Warp, Horizon Pathways, Lawson Manager Self Service, Risk Envision, Charges, Avatar, Care Science, Crystal Reports/Crystal Enterprise, Lawson EDI, Lawson Requisitioning, McKesson Series, C-Bord, Computrition, Health Touch, Pediatrix, QS Monitors, Birth Certificate Program, PACS (McKesson), PACS (Fuji), Zebra Printers and Multi-functional devices.

RESULTS

The new facility opened on time and under budget with a high level of quality patient care. The systems were ready and the networks were in place. There were very few changes or rebuilds required after the opening. In addition, the 'command center' had very few issues to resolve - none of which prevented the hospital from earning an income. The command center was closed within 2 days.

"Our ICG consultant had the attitude that she was part of the organization. We didn't look at her as an outside consultant. She knows what she's doing; she proves it and we trust her. She was really here to make sure we succeeded."

- Tom Kerwin

VP of Information Systems and CIO

"Our ICG Consultant was very good at risk identification."

- Marilyn Goodloe

Director of Information Systems

ICG CERNER SERVICES

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