

# HCMC SCANNER

Go Live

Be Heard Again

Room Service  
at Hennepin

HENNEPIN COUNTY MEDICAL CENTER, MINNEAPOLIS, MINNESOTA 55415 VOLUME 28, NO. 1, MARCH 2007

## VP of Professional and Support Services joins HCMC

Jeanette Taylor Jones joined HCMC on Feb. 20 as Vice President of Professional and Support Services – a new position combining the former facilities management associate administrator role and ancillary and support areas.

Taylor Jones worked most recently as Clinic Site Executive for HealthPartners Riverside Clinic. Prior experience includes serving as Assistant Commissioner for the Department of Human Services, health management consultation for Model Cities Healthcare and Allina, Director of Operations for United Health, and CEO for Nursing Support Services Corporation.

“We are delighted to have Jeanette with us,” said Lynn Abrahamsen, hospital

Administrator and CEO. “She brings an incredible base of experience to us and has quickly become a member of our

See pages two and three for John Fineberg's articles, "Hennepin goes hi-tech on fourth wave of go-live day" and "Nurses take a giant step into the virtual world."

Pace University School of Law. She was selected as the McKnight Fellow to the International Health Conference in Austria, and has served on numerous Board of Directors for organizations such as the United Way, American Red Cross, Model Cities, Cancer Society, Minnesota Council of Black Americans, Women Venture and Minnesota Board of Optometry.

## Emergency Express Care to provide a fast track for patients

new Emergency Express Care opens on Red 1. The new center will replace the current Urgent Care located on Seventh Street.

“When the Emergency Department was remodeled in 1999 the original intent was to incorporate a fast track for these patients, but the space wasn’t available,” said Kendall Hicks, RN, clinical administrator.

Acute Psychiatric Services recently expanded into half of the space that used to house the auditorium and the new Emergency Express Care will

occupy the other half, making Red 1 the central location for emergency care.

“This will make a huge difference for patients who currently present in the ED, but either have to take a back seat to more acute patients who continue to arrive, or are sent a block away to Urgent Care,” said Hicks. Now, patients will report to ED Triage and cross the hall to Emergency Express Care.

An open house will be held in Emergency Express Care from 3 – 6 p.m. on April 17.

*The waiting space in the new area will look out to a healing garden. Elements from the outside garden, including a pergola and stone path, are also incorporated into the interior design of the waiting room.*

Patients with minor acute illnesses, simple injuries, and other non-emergency illnesses and injuries will get a fast track through the Emergency Department starting April 18 when the

# Hennepin goes hi-tech on fourth wave go-live day

It's not as if we were chiseling our records onto stone tablets. On the contrary, our computer system was just fine — for the 1980s. So it was time for a change, and on Feb. 1 we upgraded software from yesterday's technology to today's, diving head-first into implementing a state-of-the-art electronic health record (EHR) system.

The fourth and largest wave of the transition made the most dramatic change in how we do business. Almost everyone working at Hennepin can feel the effects, as Epic has many advantages over the previous system. Even more important, the new system is already having an invisible, yet very positive impact on our patients' experience, from scheduling and registration to their own safety while under our care.

## Meeting the deadline

The logistics of getting everything entered into Epic on time was a major challenge. In early January, more than 25,000 registration and/or scheduling "touches" began getting converted from one system to another.

Much of the scheduling and registration data made the switchover with ease, as

the software fields matched up nicely in both systems. When a match did not occur, however, information had to be entered manually. Employees worked every evening and Saturday to meet the deadline.

Some of those entries were "pretty complex," says Larrie Pittelko, one of the business owners for the EHR conversion. "Fortunately for us, the revenue cycle conversion began nearly a month before 'going live.' So hundreds of employees had a head start in working with Epic. It gave them real, live experience, without the anxiety of having long lines of people standing in front of them or hanging on the phone."

Similar to Y2K, there was plenty of time to prepare for the worst. And, just like Y2K, due to hard work and a great deal of preparation, the crossover turned out to be more of a ripple than a splash.

## An unexpected side-effect

A positive side-effect of the conversion was the interaction between departments during the training period. People who had corresponded via e-mail finally met face-to-face. People who had passed each other in the hallways final-

ly spoke. "The conversion got us communicating with other groups of employees," says Pittelko.

Staying connected with those employees may have a long-lasting effect. "Now that I've been exposed to some of the gurus in other parts of the hospital, I'm more open to asking for help," says Jen Pierce, clerical supervisor in the Orthopedic Clinic. "We now know that there are many resources within reach."

No one expected the conversion to go flawlessly — and it lived up to expectations. But those problems are being addressed and corrected. "In our clinic," says Pierce, "the conversion went extremely well. The overtime hours paid off. And now that data is entered into one standardized system, we'll have faster and more complete information at our fingertips, which will make it a lot easier for us to help patients." And that alone makes the work all worthwhile.

- John Fineberg  
Contributing Writer



## Nurses take a giant step into the virtual world

While change is frequently a positive thing, it is often met with apprehension. So it is at HCMC and HFA, where there was a palpable tension in the air, in anticipation of the monumental switch from a paper-based system to an electronic health record (EHR).

For the nursing staff, a major hurdle was cleared on Feb. 1, when a big part of the Epic EHR system successfully went "live." As with any new system,

there were glitches in the transition, yet they were minimal — and the sky didn't fall.

## Upgrading the process from physical to virtual

Instead of writing information on paper records, then later reentering that data into a patient's permanent record, Epic streamlines the process. Medical histories and physicians orders are recorded

just once. Up-to-date information is accessible to nurses at report, a patient's bedside or wherever is most convenient. Virtual charts are as close as the nearest computer-on-wheels.

Saving even more time, the system automates the redundant tasks (like entering the same data over and over again). Although physicians' orders for medications and therapies may still require clarification, time isn't lost

struggling to read hand-written orders. With clearer communication, not only is Epic a time-saver, it ensures a safer environment for patients.

For some nurses, there is a concern that EHR will take the focus away from their patients. “In the long run, though, just the opposite will be true,” says Kenn Carlson, a registered nurse in Psychiatry. “Once people get comfortable with the system, both physically and mentally, there should be more time to spend with patients, not less.”

“Our nurses made the leap pretty well,” says Julie Curti, nurse manager in Pediatrics and PICU. As she expected, the second shift went more smoothly

than the first, “And, by the third shift, they were already beginning to help other nurses.”

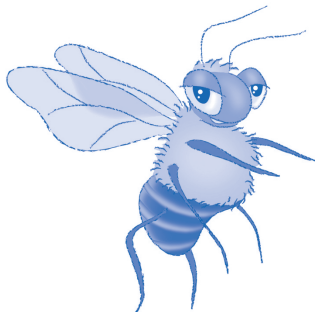
#### **A promising future just beyond the learning curve**

“Nurses who have worked with Epic at other hospitals keep telling me once you use it for a while, you’ll never want to go back,” says Curti. Michelle Noltimier, nurse manager in CCU and Cardiac Rehabilitation, concurs. “Having worked with EmSTAT in the ED, I know that once you get past the learning curve, once you’re able to focus more on the clinical aspects than on the computer, you’ll never want to go back to paper.”

Carlson foresees a similar vision for the future. “A year from now, we’ll hardly remember the struggles we faced in the changeover. I think we’ll look back and say, ‘How in the world did we ever do this work in the paper world?’”

Another wave of the Epic implementation “goes live” on May 1. This phase will add documentation to the already completed waves. While the upcoming transition will be an even larger change for nurses, it is anticipated that the positive experience with the Feb. 1 “go live” will provide a solid foundation for further growth.

- John Fineberg  
Contributing Writer



## “Be Heard” Gallup Employee Satisfaction Survey coming in April

Hear the buzzzzzzzz in the air? It can only mean that the “Be Heard” Gallup Employee Satisfaction Survey is right around the corner.

This year’s survey will take place April 17 – 30. New this year is that in addition to English, the survey’s automated phone lines will also be available in Spanish, Somali, Russian, and Tibetan in order to reach more members of HCMC’s multicultural staff.

Employees will also have the opportunity to complete the survey on-line. Those employees who have e-mail addresses will receive an e-mail from Gallup with instructions for accessing the web survey.

This marks HCMC’s third year of the Be Heard Gallup survey, which measures employee satisfaction and engagement and has become a useful tool in

helping department managers and staff work toward improving their work environments.

“Employee engagement is very important to HCMC and is one of our key strategic goals,” notes Twanya Hood Hill, Director of Organizational Development & Learning, whose department is heading up the survey effort at HCMC this year. “Gallup research has shown that higher employee engagement rates correlate positively with improved business outcomes, increased employee productivity and retention, and increased customer engagement as well. That’s why we take this survey process very seriously, but that doesn’t mean we can’t have fun along the way!”

As in years past, the Be Heard Gallup survey will be confidential, fast and

easy to take by phone or on-line, usually in less than five minutes. This year’s survey will include a few new questions (added to the original 12) that focus on change in the workplace and whether feedback and planning from past surveys has been used effectively in the employee’s department.

The goal for employee participation in the survey this year is 68 percent, with a hospital-wide celebration in May if that milestone is reached. “We’ll celebrate if we reach our goal together,” says Hood Hill.

Staff will receive their Be Heard Gallup survey packets from their managers in mid-April. In the meantime, watch for more information in the coming weeks, and check out the Be Heard intranet pages on hcmcnet.

-Shannon Kelly



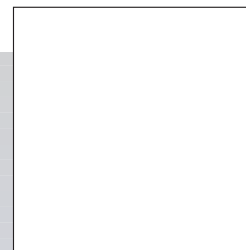
Richard Kyle, MD



David Templeman, MD



Andrew Schmidt, MD



Thomas Varecka, MD

## Orthopaedic surgeons on national stage

HCMC orthopaedic surgeons were in the spotlight at the recent meeting of the American Academy of Orthopaedic Surgeons (AAOS) in San Diego.

As president of the AAOS, HCMC Orthopaedic Department Chair Richard Kyle, MD presided over the entire event, which included educational lectures, attending meetings, and hosting international society presidents. He also made the opening remarks at the

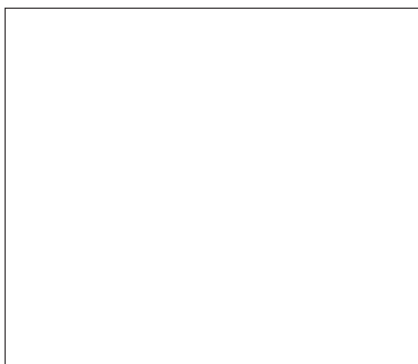
annual meeting, marking the end of his term as president.

His colleague, David Templeman, MD, who holds committee positions with the AAOS, was named 2nd President Elect of the Orthopaedic Trauma Association (OTA) at the meeting.

AAOS Program committee chair Andrew Schmidt, MD had the daunting task of planning the annual meeting;

specifically, leading the committee that selects, schedules and evaluates the educational materials to ensure the course offerings meet CME standards.

Thomas Varecka, MD, assistant chair of the Orthopaedic Department, delivered the welcoming address to the Fellowship Class of 2007, where he encouraged new members to “Be a hero, and leave this world a better place.”



EMS dispatcher Paul Jacobs using the new CAD system.



The new EMS upgrade includes enhanced information and communication to paramedics in the field.

## EMS upgrades technology and increases public safety

HCMC EMS is using the latest in public safety technology to improve emergency response. This enhancement to dispatch and field operations went live in March after more than two years of planning.

Working in conjunction with the Minneapolis Emergency Communication Center, Minneapolis Police and Fire, and the University of Minnesota Police, the multi-million dollar project replaced a shared Computer Aided Dispatch (CAD) system that was more than 15 years old. The new Tritech VisiCAD uses integrated Geographical Information and Automatic Vehicle Locator functionality. The CAD increases interoperability and better manages incident information.

TriTech’s VisiNet Mobile application also provides seamless communication from CAD to field personnel. VisiNet Mobile integrates with CAD to provide field personnel with real-time incident details, integrated mapping and caution information. A desktop solution gives office staff access to CAD information, historical records and messaging.

To prepare for the upgrade, EMS Communication Center personnel completed over 40 hours of CAD training. All ambulances and response vehicles had mobile computer installations and field personnel completed an orientation to the new application.

*-Chris Kummer, Paramedic  
EMS Communications –  
WMRCC Supervisor*

## Room Service at Hennepin focuses on serving up patient satisfaction

You might think that food is one of the last things patients are concerned about during a hospital stay for illness or injury.

Are you kidding?! In fact, studies have shown that the quality and selection of food served in hospitals has a major impact on how satisfied patients report being with their overall hospital stay. So it's no surprise that improving patient satisfaction is among the primary reasons that HCMC will begin offering the *Room Service at Hennepin* meal delivery service in the hospital over the next several months.

### How will *Room Service at Hennepin* work?

Room Service is an innovative style of meal service that many hospitals nationwide are moving toward, according to Nelson Hard, HCMC Food Service Director. As the name suggests, Room Service will allow patients to order their meals by calling a centralized nutrition call center. Patients will have an extended restaurant-style menu to order from that will offer a greater variety of foods and more culturally diverse selections.

Each Room Service meal will be prepared fresh at the time of ordering and will be delivered within one hour, offering patients control over the time they eat from 6:30 a.m. to 6:30 p.m. "We think that patients will be more apt to eat their meals when they can choose both when and what they want to eat," Hard said.

Dietary restrictions will be managed for each patient with dietary software, and patient likes and dislikes will be retained as well. The software will be

also be able to track who hasn't ordered a Room Service meal; in these cases a "house" menu tray will be delivered. The house menu will continue to closely follow the guidelines set by the dietitians and the previously used nutrition requirements. A standard meal delivery time will also be kept in place for patients not using the room service option and on a non-select menu.

"HCMC's PressGaney patient satisfaction scores for meals are in the lowest 25th percentile when compared to U.S. hospitals nationwide," Hard said. "HCMC cannot settle for less-than-average patient food service. We expect that Room Service will improve the patient dining experience and rapidly increase patient satisfaction with HCMC meals on future PressGaney patient satisfaction surveys."

Nelson noted that there are eight reasons that HCMC decided to implement the Room Service program:

- 1) To improve the patient dining experience.
- 2) To improve patient satisfaction.
- 3) To improve HCMC's image in the market.
- 4) To be able to offer more diverse ethnic food.
- 5) Patients are more apt to eat the food that they can choose themselves.
- 6) A large capital investment would have been required to maintain the current cook/chill system. Capital dollars will be used instead to support the Room Service initiative.
- 7) Room Service will improve the overall cost effectiveness of food service.

- 8) Room Service can be implemented with minimal disruption.

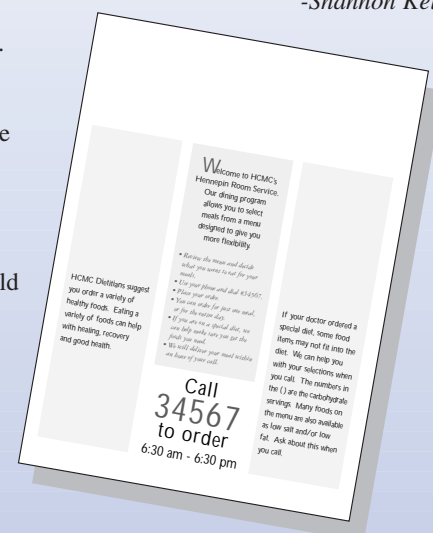
Here's another good way to remember the goals of the *Room Service at Hennepin* program:

**H**.....for Hotel Quality  
**C**.....for Customized to each specialized diet  
**M**.....for Made to Order  
**C**.....for Customer Satisfaction

Partnering with HCMC to plan, implement and manage *Room Service at Hennepin* is Sterling Support Services, which has implemented Room Service models in many other hospitals similar to HCMC.

Questions on Room Service? Call Tara Forrer, Room Service manager, at (612) 873-3286. Or, for more information including FAQs, sample menus, and presentations, go to the hcmnet intranet, and click on HCMC News and Information, then on *Room Service at Hennepin*.

-Shannon Kelly



# HCMC HIGHLIGHTS

## 100,000 hours of labor

During one 8-hour labor and delivery shift at HCMC, a nurse helps deliver an average of 1.5 babies. For this and thousands of other reasons,

Yvonne Allen, L&D Manager Peg McCoy, Bonnie Benson and Ginny Eyler

Thursday, Dec. 28 was a remarkable day: Labor & Delivery said farewell to retiring nurses Virginia Eyler, Yvonne Allen and Bonnie Benson, whose combined years of work brought approximately 22,614 babies into the world (which is more than Wabasha county, and the cities of Chaska, Hastings, Crystal, Elk River, Ramsey, and Fairbault). Congratulations!

## Level 1 Trauma Center reverification

After a comprehensive two-day survey of HCMC's trauma services in January, the American College of Surgeons recently reverified HCMC as a Level I Trauma Center. This reverification takes place every three years. HCMC was the first hospital in Minnesota to be verified as a Level I Trauma Center in 1989.

## HCMC chefs serve up smiles

"Special orders" don't upset our chefs who go the extra mile to prepare foods that make patients smile. The family of pediatric patient Allie Jeffords recently shared their recipe for Swedish

pancakes with the chefs, who were happy to whip up a batch for Allie. At the request of the dietitians, the chefs prepare approximately 10-15 "special orders" each week for patients with special nutrition or comfort needs.

## Burn Center receives reverification

The Burn Center was recently verified as a burn center by the American Burn Association and the Committee on Trauma of the American College of Surgeons. This achievement recognizes the Burn Center's dedication to providing optimal care for its patients.

"We're very proud of our program and the remarkable outcomes we've seen in our burn and complex wound patients," explains the Burn Center's Medical Director John Twomey, MD. "The verification process is very thorough, and recognizes our team accomplishments in delivering the best possible care to each patient."

## HCMC SCANNER

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## Dr. Carlos H. Schenck authors *Sleep: The Mysteries, the Problems, and the Solutions*

In his second book about sleep disorders, Carlos H. Schenck, MD, one of the leading experts and research pioneers in sleep disorders at the Minnesota Regional Sleep Disorders Center, dives into the world of sleep in **SLEEP: The Mysteries, the Problems, and the Solutions**. In the book, Dr. Schenck offers readers insights into the range of common problems, as well as a rare glimpse of the extraordinary and sometimes terrifying, or even life-threatening, phenomenon of parasomnias, such as night terrors, sleep-eating, violent dream-enactment, complex sleep-walking, sexsomnia and other dissociated states. Dr. Schenck's book is now available in bookstores nationwide and on Amazon.com.

## Psychiatric residency program reaccredited

The psychiatric residency program was recently reverified by the Accreditation Council for Graduate Medical Education (ACGME). Hennepin-Regions Psychiatry Training Program has distinguished itself with its second-in-a-row, five-year full accreditation with no citations.

Just as the Joint Commission assures high standards of patient care by reviewing and accrediting hospitals, the ACGME improves health care by assessing and advancing the quality of physician residency programs. Five years is the maximum accreditation period awarded by the ACGME. Hennepin-Regions was given no areas for improvement. Last year only 3.8 percent of all residency programs received similar validation.