

Success Story



Company
St. Claraspital

Sector
Healthcare

Number of locations
2

Customer since
2008

Services in use
- Business Ethernet
- Business Internet mit Managed Security
- Business Voice ISDN-PBX (PRI)

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“We are ready for e-health”

If all goes according to the Swiss Federal Council's schedule, full networking of service providers in the healthcare system will be in place in less than five years. How far has e-health progressed in hospitals? Yves Laukemann, Head of IT at St Claraspital, talks about the matter on the basis of the facts. BUSINESSFACTS visited him in Basel.

Mr Laukemann, the current 2009 annual report for St Claraspital devotes two pages to IT projects. It conveys a mood of great anticipation. What can you tell us about the state of digitization in the healthcare system?

Digitization is taking place in two areas: firstly, in supporting treatment processes and the associated electronic patient files, and secondly in medical engineering. Hospitals have made huge advances in digitization of medical engineering over the last ten years. Practically all medical equipment today has digital interfaces. Whether in the laboratory or the operating theatre - medical staff are today confronted with IT-supported processes everywhere. This results in enormous quantities of data, which inevitably places greater demands on data management and the IT infrastructure. The exponential growth in data quantity, combined with statutory requirements with regard to security and archiving, are among the major challenges for IT in our sector.

However, networking between hospitals and external medical practitioners is still very much in its infancy. This is despite the necessary technical conditions being in place, and the availability of both proper standards and suitable exchange platforms.

In which healthcare business areas and processes can IT make a significant contribution to reducing costs and increasing efficiency, without jeopardizing the quality of patient care?

IT can help significantly through standardization. Standardized processes do place some restrictions on the flexibility of some individuals, but the hospital is more efficient overall as a result and there is also an improvement in patient safety. A good example is the system for prescribing drugs. At St Claraspital we are in the process of replacing handwritten and verbal procedures. Doctors must now use the hospital information system for prescribing drugs. This application enables doctors to access all medications available in Switzerland and our



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Profile



Yves Laukemann went into IT after obtaining a degree in geography in Basel in 1984. Since 1994 he has occupied various managerial IT positions in administration and logistics and in the retail industry. Since 2004 he has been Head of IT at St Claraspital and is the overall project manager in charge of introducing the Hospital Information System (HIS). Laukemann has three grown-up daughters.

“IT reduces time spent searching, actual physical effort and unproductive periods considerably.”

hospital catalogue with around 1,300 medications. The system also provides doctors with important information about the interactions of medications. The new process standardizes the communication between doctors, nurses and pharmacists, creates the necessary transparency for optimum inventory management, and above all benefits patients. This is because the new medication management system guarantees that the right medication is prescribed at the right time.

IT also helps significantly by acting as an enabler. It maps all information in the system and makes it available everywhere. As a result, time spent searching, actual physical effort and unproductive periods are cut considerably. Finally, IT's role as an enabler also facilitates the exchange of information with our external partners. As long as the patients have control over their data, this flow of information is in their own interests.

St Claraspital is a privately owned limited company and run on business management principles. What is your recipe for success?

Any successful company attributes sustained success primarily to its performance and a healthy cost-income ratio. This also applies to hospitals, particularly in a market with excess capacity. We focus on a clearly defined range of services and we communicate this consistently in our marketing. It is not simply a marketing claim, but about quality. Quality is dependent on the performance of the consultants and the nursing staff. Good consultants carry out the necessary amount of treatments. Increased caseloads enhance quality even further, because treatments are carried out by consultants for whom such procedures have become routine. St Claraspital's good reputation also owes much to its professional and highly motivated nursing care and high standards of accommodation.

From 2012, the system of financing will be changing throughout Switzerland. This means that hospitals will no longer be able to set their pricing according to the duration of the patient's stay. Prices will instead depend on the condition for which the patient is treated. Furthermore, basic health insurance will give patients the option of choosing the hospital where they wish to be treated. What steps is St Claraspital taking in response to this new competition?

For patients from the canton of Basel-City, we currently charge according to DRGs (Diagnosis Related Groups). The combination of flat-rate charges and free choice of hospital should make our medical facilities more attractive and reduce excess capacity. We have taken a number of steps to ensure that we survive in business terms as a private hospital. These steps fulfil three main objectives: continuing to promote ourselves as a specialist hospital, reducing the length of stay and increasing the number of cases we treat.

In view of this change in system, we restructured our hospital last year. One of the things we did was to set up a Case Management system. Processes for the management and treatment of patients have been thoroughly reviewed and are continuously being improved. We go as far as ensuring that proposed post-discharge measures are taken into account at the time of admission. Medical progress also helps. Nowadays, many interventions are far less invasive than before, which reduces the length of stay.

The mission statement for St Claraspital states: "Our work is centred upon the human being, whether as a patient, a colleague or a business partner." As a result of its trusteeship, St Claraspital is bound to the social and Christian ethic. However, in the 2009 business year there is also much talk about "productivity", "efficiency" and "cost-saving opportunities". Doesn't this represent a conflict of purpose?

Yes, it does. Pressure to perform and a sense of wellbeing are usually regarded as being contradictory. This makes it even more important to find a systematic way of looking at corporate culture. Greater efficiency should not mean simply reducing costs, but also increasing quality at the same time. We pay a great deal of attention to our nursing care and standards of accommodation. We want our patients to feel comfortable here. Our corporate culture is based upon this feeling of wellbeing. We pinpoint any weaknesses by obtaining feedback from patients about their levels of satisfaction and use the results to take action and check whether it has been implemented.

The Swiss federal government and the cantons have produced a strategy document on e-health. The core elements of the national e-health strategy are the gradual establishment of an electronic patient record system, and a health portal with quality-assured online information and with patient access to their own records by 2015. This requires all



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St Claraspital AG

The Claraspital is a private specialist hospital for gastric complaints, oncology and metabolism, with its particular fields of expertise being pulmonology, urology, cardiology and orthopaedics. As the most important acute-care hospital on the right bank of the Rhine, the St Claraspital is also a city hospital, providing general basic care and outpatient services.

Since its foundation in 1928, the hospital has been under the trusteeship of the Sisters of Mercy of the Holy Cross, Ingenbohl. Until the 1960s, most of the nursing care at the St Claraspital was carried out by nuns. Since then the proportion of agency nursing staff has continuously increased. Today, there are only a few religious sisters still working at the hospital. The trustees continue to be represented on the board of directors.

In 2009 the hospital treated 19,304 outpatients and 8,707 inpatients. It employed 878 staff, around half of whom are nurses.

Infos: www.claraspital.ch

“ KIS is not only an information hub, but also a wonderful planning tool. Well planned treatment is the key to cost-efficiency. ”

service providers to be networked, and clearly structured data to be exchanged using standardized processes. What are your views on this ambitious project?

Most hospitals are currently in the process of constructing high-technology islands. What is still lacking is someone who is prepared to make the initial investment required to establish an e-health platform. There has been much debate so far on e-health and we are all well aware of what needs to be done, but all the players in the healthcare system balk at making this crucial initial investment. The general attitude is wait and see. Slightly more progress has been made abroad.

Isn't this passive attitude a consequence of our federal system?

Our healthcare system is an amalgamation of 26 healthcare systems. In projects of this scale the lead ought to be taken by the federal government. However, it does not have the necessary expertise. Legislation requires the cantons to take the initiative, but they are unwilling to do so because they are worried about the costs and the coordination work. The industry on the other hand is not very interested in stepping into the breach left by the government and cantons, because investing in a small and highly complex market is barely profitable. In my opinion, I think the best solution would be for the cantons to volunteer their expertise to the government.

Is the establishment of the governmental/cantonal body E-Health-Suisse a move in this direction?

The coordination body is our only chance to implement e-health. E-Health-Suisse is appreciated and taken seriously, but not yet off the ground. What's needed is a capable architect who says "Let's create something great for Switzerland". The existence of E-Health-Suisse, in itself, is not enough.

What do you think about the e-toile project in the canton of Geneva?

E-toile is a promising regional initiative which is well placed to be used as a pilot project. E-health will probably spread in the form of regional projects. There will be a coexistence of technologies, projects and players, where hopefully the best ones will ultimately win through. The process of evolution is more gruelling than a Public-Private Partnership solution with strong leadership. Without this provincial mindset, we would reach our destination more quickly and cost-efficiently.

Will service providers be networked in five years' time?

The flat rate per case system will be introduced in 2012, on time - by the skin of its teeth. The next step will be exchange of data by 2015. The hospitals are now preparing themselves for this stage. I would cautiously predict that networking will also be up and running, even if only partially.

Hospital information systems and digital workflows are also hot topics in St Claraspital. Where do you stand with regard to e-health?

As regards electronic patient records, we have made enormous progress in the last three years. Our HIS will soon be finished. By the end of the year, it will be possible to retrieve all information and data essential for medical treatment from the HIS in a single operation. The tedious process of tracking down reports and documents and searching for therapies and regulations will become redundant.

The HIS should in future also benefit referring doctors. The reason is that the information they require is integrated in the system, providing an overall picture of the recuperation process and the investigations and therapies that the patient has undergone. We are just starting to network and archive.

How are referring doctors going to be integrated?

Referring doctors will be able to feed important information directly into our HIS from their practice software when their patient is admitted. On the basis of this automated and structured interaction, our Case Managers are able to plan appropriate treatments as specified by our doctors and organize the necessary resources. If we are also networked with external service providers, organizing treatment becomes even more efficient. We will have achieved the ultimate solution when, at the end of the treatment, the discharge report is automatically transferred to the referring doctor and arrives in his practice software.

Networked hospital information systems therefore provide the greatest benefit if the resources required for a treatment process are used optimally across institutions. HIS is not

“ Greater efficiency does not mean simply reducing costs, but increasing quality at the same time. ”

only an information hub, but also a wonderful planning tool. A well-planned treatment is the key to cost-efficiency. A good plan optimizes the utilization of available capacity and shortens the duration of the treatment.

HIS data also provides the basis for learning processes. Its scientific analysis enables the system to be tweaked in the right places. This is particularly important in a flat-rate, per-case system in which treatments are carried out in a standardized way.

What is the best way of organizing and managing such innovative projects?

These can only work with tangible support from hospital management, i.e. senior consultant physicians and nursing managers. If this support is given, the project team must familiarize itself with the relevant processes in the hospital. Everyone involved in the project, i.e. all specialist departments, must develop a joint understanding of everyday operations. In an IT project involving several specialist departments, it is a good idea to choose a neutral person to manage the project. For example, I was the one - as an IT expert - who was called upon for the interdisciplinary HIS project. On the other hand, a project in a specific subject area becomes more productive if the project management, and therefore the drive to implement the project, comes from within its own ranks.

How do you ensure that the users will support your projects?

First of all it is necessary for those affected to become involved. As an IT person, I naturally have to find out what arguments the subsequent users will come up with and what benefits are relevant to them. It is essential that these benefits are explained in practical terms. Involvement also means getting the users to participate in implementation at an early stage. This is achieved by involving them in pilot projects where expertise is developed. An introduction should not be dominated by IT, but carried out directly in the specialist departments by training and knowledge transfer. The project staff must not only convince their own colleagues, but must also be prepared to think beyond their own requirements.



St Claraspital traditionally devotes particular attention to its nursing care.

What have you learned from your experiences with e-health projects so far?

If best-practice solutions become standards, everybody's a winner. However, standardization forces everyone to change the way they act. If people are to change their approach willingly, they must be able to gain a personal advantage from doing so. Anyone who strives for change is therefore well advised to look carefully at the situation of those affected and understand what will be to their advantage. Likewise, criticism must not only be invited, but used for the purpose of improvement. There are no hard and fast solutions, and therefore exaggerated promises should not be made. IT-supported processes always have positive effects. As soon as these become apparent, IT can fade into the background again. IT itself is merely a work-simplification tool. The actual impact should be the subject of debate. Let's talk about positive effects and best practice.

How can IT make a big impression on someone in their everyday work?

It is mainly the small improvements that win people over. For example, the first stage of our HIS implementation enabled us - for the first time - to display lab values on the screen. They can be called up quickly and at any time, from any PC in the hospital. Access to laboratory reports has never been so simple.

What requirements do e-health networks have to fulfil to ensure that progress in digitization does not turn into a nightmare?

If we wish to connect to a partner in order to transfer confidential patient data, we need to be absolutely certain that the data is protected against unauthorized access. We would like to buy in the technology required for this purpose as a service, since it is not something that any hospital is willing or able to do by itself. It is also important for us that the network is able to transfer huge data volumes quickly. We also expect the network to have high avail-

Statement



Dr. Peter Eichenberger, Director of St. Claraspital:

"With the introduction of the new hospital financing method (flat rate per case system), hospitals are being forced to review their costs and find ways of making savings. Our hospital responded to this challenge in good time by undergoing a process of restructuring. The new process-related organization consists of five management areas: Medical Department, Surgical Department, Nursing Care and Accommodation, Cross-Disciplinary Areas and Central Services.

The inpatient and outpatient processes developed with the flat rate per case in mind, as well as the new centralised bed allocation system, are having the desired impact. Tangible examples are targeted planning and allocation of outpatient and inpatient investigations, improved allocation of patients to beds, shorter waiting times and earlier discharge. As a result, stays of patients with general insurance in the Medical Department have been cut by a day and those in the Surgical Department by more than half a day.

A key factor in creating savings in the right place is computerizing routine tasks that resulted from the process enhancements. IT guarantees that quality does not have to be sacrificed in order to reduce costs. Instead, costs can be saved because the organization is operating more efficiently. Service partners such as upc cablecom have supported us with some pleasing initiatives of their own in the implementation of our e-health objectives."

ability. The IT concepts will become more flexible as networking increases. I am thinking, for example, of cloud computing or web services. The network needs to be permanently available in such scenarios.

How do you rate the current data network infrastructure in Switzerland?

Are the offers for service providers sufficiently attractive to ensure rapid implementation of the e-health strategy?

The public service providers basically have an advantage in that they already have their own network infrastructures via the federal government and the cantons. Private service providers such as private hospitals, laboratories, health insurance companies and pharmacies must network themselves via the Internet. As a result, we have to ask ourselves who offers the best possible combination of data security, bandwidth, availability and price?

St Claraspital has been using upc cablecom for its telephone system since 2005. Which solution do you use, and why did you choose upc cablecom as your voice carrier?

Our telephone exchange is connected to the upc cablecom network via ISDN PRI. We chose this solution because of the attractive conditions. Quality and reliability are of course the minimum requirements for a hospital.

How satisfied are you with the Business Voice Service from upc cablecom?

This solution has served us very well from the start. The service is reliable and we save money.

Last year you set up an Ethernet between your site at Kleinriedenstrasse 30 and the pain therapy clinic in order to transfer x-ray images. Why did you select upc cablecom again?

When a hospital is preparing for the networking of the future, only one technology is feasible: optical. upc cablecom recognized this need and made us a fair offer for a fibre optic connection. upc cablecom's Ethernet and Internet Services are just as attractive as its Voice Services. It was therefore an easy decision to order the entire communications package from upc cablecom. This package consists of fibre optic connection and scalable voice and data services, making us ideally prepared for the challenges to come.

How satisfied are you with the Business Voice Service from upc cablecom?

We are very satisfied. I can't comment on their support as I have not had call to use it yet.

When you think about the FTTH projects that have been announced in Basle, what potential do you see in the partnership with upc cablecom?

Since we already have a fibre optic connection thanks to upc cablecom, we have already been able to gather valuable experience, while other companies still have to wait quite a long time for the FTTH connections. St Claraspital is ready for e-health and looking forward to a long-term collaboration with upc cablecom.

Mr Laukemann, thank you for talking to us.

Interview: Guido Biland, alphatext.com
Photos: Daniel Hager and St Claraspital

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