Yanking a privacy curtain shut, emergency physician Trevor Lewis, M.D., rushes into a small room and sits down at a keyboard. Two large rectangular monitors hang from the wall. They display the day’s patient census on oversized spreadsheets, which Lewis dubs “electronic grease boards.” Red, blue and green icons demarcate the acuity of patients—who may sport anything from sore throats to gunshot wounds.

Lewis works in one of the industry’s celebrated EDs—that of the newly built, 464-bed John H. Stroger Jr. Hospital of Cook County, or simply “County” to local Chicagoans. The department treats as many as 600 patients a day.

That’s one reason Lewis appreciates having patient data within close electronic reach. Deftly navigating one screen with a mouse, he can check a patient’s initial complaint, retrieve lab results and read prior discharge summaries. “You don’t have to run around asking the nurses,” he says. “The information is in front of you.”

Lewis’s observation could serve as Stroger Hospital’s IT mantra. Since opening its new facility in December 2002, the hospital has been electronically delivering a host of clinical and administrative information to its 5,000 employees. Its predecessor a near-IT disaster, Stroger is becoming an automation showcase.

And well it should, declares Cook County Bureau of Health Services CIO Mike Sommers, who spearheaded the new facility’s nearly $100 million technology makeover. Spending great sums generates great expectations, he explains, especially among staff who disdained the old hospital’s computer systems. “We decided to fix what could be fixed and kill what needed to be killed,” Sommers says.

The old hospital—the linchpin of 30 community health centers run by the Cook County Bureau of Health Services—had entrenched data woes. A mishmash of legacy systems, lowest-bidder applications, and cumbersome paper processes, County would confound even dedicated caregivers, says 27-year Cook County veteran Gordon Schiff, M.D., director of clinical quality research and improvement for the Department of Medicine. Tracking patient documentation across the clinics—or even within the central hospital—was challenging. “We had a lot of blood on the tracks from failed systems,” he says.

Now, buttressed by a clinical information system from Cerner Corp., and a host of niche applications from other vendors, Stroger Hospital is moving forward. The focal point of a wide area network, the central hospital serves as the technology hub for its clinics, which treat one million patient visits annually. Stroger adds 10 gigabytes of new patient and administrative data every day.

“IN terms of hospital IT, we went from the bottom 5 percent to the top 5 percent,” Sommers declares.

That effort required great sacrifice, the CIO acknowledges. Just before the
Sommers’s deft use of committees helped speed the implementation. His 39-member vendor-selection team represented all key departments—except finance. That deliberate exclusion helped Stroger sidestep its old habit of choosing systems based solely on price. To broaden consensus, each department contributed weighted questions to the request for proposals.

Compiling the top score, Cerner edged out three competitors, snaring a $27 million contract for clinical and administrative applications. Later, the selection group spawned some 20 “process committees,” which facilitated projects such as order-entry implementation.

These groups recruited system champions, notes Krishna Das, M.D., an attending physician who became medical staff trainer and IT missionary. To promote user awareness, Das passed out hundreds of training CDs. These enabled caregivers to practice applications, such as order entry, on their home computers. Some applications were also installed in the old hospital for users to learn. Although doctors were quick studies, they undervalued password protection, Das recalls.

Although there have been no serious security breaches, Das has had to drive the lesson home to physicians, cautioning them that “if you give someone your password, it’s like giving them the ability to sign your name. Your license is on the line.” Stroger also enacted tough policies against sharing passwords.

Glitches continue to aggravate Sommers. The PACS icon occasionally disappears from workstation monitors, explaining the numerous Post-It notes with workaround instructions. “Do NOT remove!” blares one. And sluggish system-response times dog caregivers like Schiff.

Nevertheless, Schiff has embraced the electronic tools. His favorite feature is the online progress notes. Written on paper, the notes are scanned and added to a patient’s electronic record as an image, or the notes can be directly typed into the electronic record online. “You could argue the value of scanning paper notes,” he says. “But if you multiply it by thousands of patients, you’ll see the value.”

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