Dignity Health is going through big changes. It has already seen extensive growth over the past few years, a recent name change (from Catholic Healthcare West), and is now in the process of upgrading its technology infrastructure and Electronic Medical Record (EMR) system to offer better collaboration and integrated, patient-centric care. This is especially critical due to growing governmental healthcare mandates. As the fifth largest hospital network in the U.S., which delivers services across 17 states, 41 acute care hospitals, and 300 care sites, and employs about 60,000 people, this is no small task.

The organization is working with Cisco and World Wide Technology (WWT) to consolidate disparate systems and upgrade all sites to a modern networking and wireless infrastructure. The ultimate goals are to facilitate better communication and collaboration among business and clinical users, improve efficiencies, and drive down the rising cost of patient care. Two important ingredients in Dignity Health’s multiyear, cross-team communications improvements are its adoption of the Cisco WebEx® Meetings collaboration platform and its rollout of Cisco Jabber™ instant messaging software.

Doing more with less

“As with any large organization, we are expecting growth over the next few years, but we are also in an industry where we are being asked to do more with less,” says Ash Shehata, senior director of enterprise IT operations at Dignity Health. “In a very paper-based industry, we are looking to streamline the process and maximize the returns by leveraging technology.”

According to Shehata, the organization is looking to expand its operations and individual clinic business by another 30 percent in the next two to three years. Due to growth from hospital and clinic acquisitions, Dignity Health already has a severe mismatch of unified communications and PBX systems.

In addition, prior to the infrastructure upgrade, about 80 percent of the facilities had no wireless networks. But since the implementation, the organization is moving rapidly from that environment to “an extremely clinical-dense” voice over IP (VoIP) wireless infrastructure that is able to deliver data directly to clinicians at their patients’ bedsides.

Moving toward Electronic Health Records

The main reason a stronger, more integrated network is necessary for the success of Dignity Health’s enhanced collaboration vision lies with the organization’s $1.8 billion electronic health record (EHR) program where Shehata is responsible for infrastructure upgrades.

“We are going from hospital to hospital and delivering a complete technology refresh. We are rebranding and re-implementing our local area and wide area networks, and implementing wireless—and it’s all Cisco infrastructures,” Shehata says.

To date, Dignity Health is about a third of the way through implementing the new networks at all the care sites—more than a dozen hospitals and 100 clinics so far—and is already seeing positive changes in both productivity and the meaningful use of data, according to Shehata.
“The data that we have been able to collect has enabled us to deliver just-in-time, consistent patient care,” he says. “Just as important is the connectivity from a physician’s perspective. We have been able to demonstrate and give them seamless access to patient data in an anywhere-anytime secure fashion. We’ve never been able to do that before.”

**Business and patient care improvements**

Laura Young, vice president of IT clinical improvement at Dignity Health, said success of the project, from a business perspective, was built on three criteria: how people adopt the technology; if the technology works as intended; and if the hospital has been kept financially viable. According to Young, the project has been successful on all three fronts.

“One of the really important lessons learned early on is that the clinicians need to be using the system, and be part of the implementation and activation process, so that it is not just seen as something being done by IT,” she says.

“From a financial perspective, the hospitals have been able to generate significant revenue on a weekly basis through being able to track workflow or other billing options that weren’t achievable before,” Young says. “For example, maybe before a nurse couldn’t document her observation time. Or maybe it was just easier to ignore charging a peripheral, an IV bag, or something along those lines. And so there was revenue that was lost.”

And according to Dr. Elise Dempsey, vice president of clinical informatics at Dignity Health, there is a noticeable increase in throughput as a result of the new technology. This translates into a better patient experience, she says, because it minimizes delays. And because the data is stored centrally and is available wirelessly in real time, it allows clinicians to access it whenever they need it.

“Patients know when the nurse takes their history and notes it in their records that the data will be available for all their care providers and they won’t get asked the same questions over and over again,” Dempsey says. The new system also enables them to give patients more detailed, consolidated information about their care.

“You want to make sure that you send patients home with information they can look at later,” says Dempsey. “We spend significant time making sure patients have all the education they need to be able to take care of themselves, and get well more quickly.”

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