



CASE STUDY: INTERVIEW WITH JEWISH HOSPITAL, LOUISVILLE Transplant Services Director Viewpoint

Ms. Colleen Wilson is the Director, Transplant Services for Jewish Hospital in Louisville, Kentucky.

Velos: What were the major improvements you were looking for with a new system?

Ms. Wilson: We looked for a system that could take us through the entire process so that we could start first with the patient being referred to the transplant center, take them through the evaluation process, through being listed, being transplanted and then have the continuum of follow-up care until the patient either lost the graft or died. We were looking for a connected continuum where we didn't have to add information in (patient demographics) at the time they were referred and we didn't have to repeat that information along the way. If it could be in one record, it would give us a continuum.

Velos: From the standpoint of efficiency, what's been your experience with Velos?

Ms. Wilson: We had a database system before we went to Velos. We had it doing a lot of things that were important to us and it was important that the new system continue doing the same things that our original system had.

Also, it was particularly important that we could interface with our hospital systems and labs. And, we've been able to download medical imaging reports into the system, so we don't have someone manually entering that information. All that's very nice.

Also, we have people off-site who can connect into our database. This has proven very useful, particularly for our kidney transplant program, since we have coordinators who work here in the office, but we also have a group of coordinators who work for the University nephrologists who are about two and a half blocks down the street. We've set it up so that they can be in their office, dial into the system, and enter their patients into the kidney transplant database. For us, that was important, and something we looked for in a system.

In addition, in Velos we have user-defined sections in each module which we've been able to adapt to the way we work without needing software programming. That's been extremely helpful and something we really like.

Velos: What were the major challenges in rolling out Velos?

Ms. Wilson: The data migration was a big challenge. I don't think our IS department had done anything quite this big. Even you (Velos) found it challenging, I think. Our implementation of HL7 (the healthcare information exchange standard) was very customized. The amount of data from our old system to migrate into Velos was indeed an issue. We had done thousands of transplants and had upwards of 3000 or more patient records. Getting that right was more work than we all expected.

Velos: When you were looking for a new system, did you look at many different systems?





Ms. Wilson: Yes, we did. We identified a number of systems that might meet our needs. We also had a selection committee that represented IS, administrators, coordinators, myself, surgeons, and physicians. We pretty much knew what we were looking for with everybody's input.

Velos: What are your future plans for using Velos?

Ms. Wilson: We plan to continue removing paper with the goal of being almost entirely paperless. One of the things we plan to do is have our in-patient coordinators take laptops when they make rounds. We don't have a delay in downloading our labs and related electronic information. With our labs drawn at 5:00 AM and back by 8:00 AM, when the coordinators log-in to Velos, at 9 or 9:30, the data is there; they shouldn't have to write down the data on flow sheets. So, we will continue to evolve to where we don't have a routine flow sheet. Even when we get ready to go to the clinic, we can take our laptops, plug them in, and if a physician wants to see a patient's lab for the last three weeks or whatever, we can pull it up and show them without having to print out hard copies all the time.

Velos: From what we've seen, many other transplant programs do not have any kind of a system. If you imagine a world without a system, versus what you have today, what are some of the differences?

Ms. Wilson: First, I think that is probably very true. Until I came here in 1995, even though Jewish Hospital had a database, it was virtually unused.

With an information system like Velos, it's wonderful when we get a call as a referral to be able to type the name in and see if we've seen that patient before. We get hundreds of referrals a year and you can't remember every patient. Rather than a coordinator sitting down and writing down all the information, she just goes directly into the Velos system, and if the patient isn't already in there, she enters the data as they give it to her over the phone.

I actually have evaluation coordinators who wear phone headsets - it frees up their hands so they don't have to hold the handsets and they really like that feature because they don't have to write it on a piece of paper and then re-enter it again. They just sit with their headset on, and enter the data. When we do the initial screening of the patient over the phone, they do it as the system brings up the questions, for medical history, medications, etc. So, it really has decreased duplication of work.

I talked to someone at the UNOS Meeting who recently had another system installed and were not migrating data and were not downloading labs. I looked at them and said, "Well, why not?" They said, "Well, are you doing it?" I said, "Of course we are!"

