Garnet River

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Karen B. DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for Health Information Technology
Acting Assistant Secretary for Health
United States Department of Health and Human Services

Dear Dr. DeSalvo:

Started in 2000, Garnet River LLC is a technology firm that specializes in systems integration and building enterprise software and mobile applications.

Garnet River Health is the division of Garnet River LCC that focuses solely on health and human services, mostly statewide public health databases and healthcare systems/hospitals. We have worked in the healthcare space for over 10 years and have worked closely with our hospital customer base in the deployment of mobile applications and associated technologies since 2009, mostly around three themes: **Rounding, Dashboards, and Interoperability**.

We are writing to comment on the draft Interoperability Roadmap from the perspective of a vendor.

Tracking Progress and Measuring Success
Pages 102-112

Perhaps the biggest challenge our customers continually face is how to extract and compare clinical or other data from disparate databases. Many healthcare organizations (hospitals, healthcare systems, RHIOs, etc) struggle at the most basic level to truly and easily understand their workflows – especially, again, when processes traverse technological barriers (e.g., when multiple systems are involved) and/or organizational ones (e.g., when there are handoffs between multiple departments).

Concurrent Process Monitoring

Over time, and with the help of key alliances with other technology and healthcare subject-matter experts, we have shaped a proven solution that allows healthcare organizations to

graphically visualize business and clinical processes by converting data into a visual sequence of events—we call this *process intelligence*.

Users are able to analyze the different stages of a process and chain them together for comparison purposes. We map the process being monitored so that one can see, in real-time, a model of what they thinks the process is versus what is really happening. From there, the user can determine the time it takes to perform each activity in the process, the volume of instances being handled, and the productivity of the individual or system performing the activity.

We can also display this same data in swim lanes, which is a more Lean-oriented view, though unlike traditional Lean charts and tools, our view is dynamic and concurrent, not a snapshot in time. And we can monitor and alert when the flow of activities bottlenecks or deviates from the recommended pathway, if activities were skipped, and/or which ones were repeated or performed out of sequence. From a statistical study of this data, an organization can also begin to predict future bottlenecks or deviations (i.e. predictive analytics).

By gathering every instance of a process, along with all steps taken, we discover specific operational inefficiencies and risk exposures that would otherwise remain undetected. This can be applied to any process that involves a sequence of events. No other business intelligence tool offers this capability.

The net result is new visibility into where waste, inefficiencies, and loss (in time, effort, and resources) are occurring. From there, users can begin to understand when and where processes span multiple operational systems and can determine how often the recommended pathway is followed, which in turn allows for the creation of fully documented workflows and a full auditing of the process from end to end.

Community Health

One case we are presently exploring with two regional healthcare organizations is how to better monitor the transfer of requisite patient-centered clinical information during care transitions. With multiple entities involved, scattered both geographically and across technology platforms, we are presently mapping out how we might monitor and alert on the exchange of clinical information between hospitals, primary care providers, home health, and skilled nursing facilities within a given community or Regional Health Information Organization (RHIO).

Data Collection

In 2010 we began work with a healthcare system on the development of a mobile surveying application. And while today such apps are relatively common, at least in the vendor community, we have enhanced our app by pairing it with our process mapping application, providing customers with a true start-to-finish means by which to measure and report critical clinical and business data. Today the app, called Owl, is a proven accountability tool that helps healthcare organizations gain an understanding of current patient satisfaction, safety, and compliance data, analyze and correct trends in real time, and markedly improve operational efficiency.

Thank you for the opportunity to provide comments. We believe that the vendor community should be looked upon as a source of ideation and fresh perspective. Vendors can take business risks that stakeholders at healthcare organizations cannot, and that more often than not leads to rapid innovation.

Thank you,

Greg

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