

# TODAY'S OFFICE

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## RENAISSANCE MANAGERS:

**A new breed  
for tomorrow's  
electronic office**



**Twelve steps to  
better spreadsheets**

**Choosing a  
long-distance  
phone service**

**The OA chauffeur:  
Driving the  
executive's system**

*In the past, its financial reports were handwritten—and forty-five days late. However, hardware and software systems installed by Queen's Medical Center, in Honolulu, now provide timely, accurate reports.*

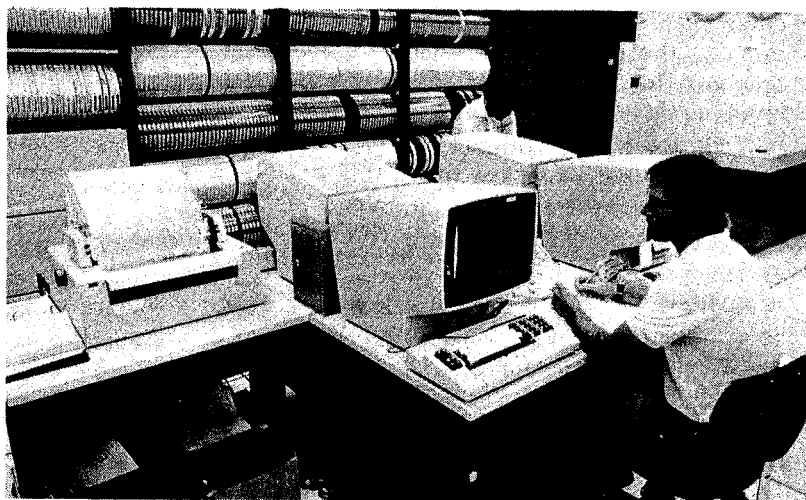
## OA reigns supreme at Queen's Medical Center

Joseph Evans,  
Vice President,  
Information  
Services, Queen's  
Medical Center

Once a monarchy, Hawaii has few reminders of its past royalty. However, one prominent institution retains, in name at least, its link with the islands' former monarchy: The Queen's Medical Center, which was founded by King Kamehameha IV for his queen, Emma, 125 years ago.

Today, Queen's is a progressive 506-bed medical center in downtown Honolulu. It incorporates a hospital, an acute-care center, outpatient clinics and the University of Hawaii Medical School.

Early in 1983, our administrators determined that 1984 would be a year of change for both Queen's and the entire hospital industry. That is, reimbursement for patient care under Medicare was changing due to federal regulations that stipulated payments to hospitals must be based on a diagnosis-fee schedule rather than on the actual cost of treating patients.



*Micro-to-mainframe software at the Queen's Medical Center links one hundred PCs to the CPU. Here, Gary Bretton, computer operator, is shown in the data center.*

"This new policy means hospitals have to know hourly costs for patient care," says Rix Maurer, vice president of Finance and Fiscal Services, "as well as exact costs for procedures like appendectomies and open-heart surgery. The industry has never had to do cost accounting before. Suddenly, information systems became strategic tools."

Facility redevelopment was also in our future. This included the construction of a ten-story building behind the hospital. "Consequently, quick turnaround financials became a necessity," explains Maurer.

We were also faced with the problem of having decentralized personnel and payroll schemes. "Every department was keeping its own payroll system because we had no central way to distribute labor costs," says Gordon Bruce, director of Computer Services. "Queen's also has several unions, each of which cal-

culates wages and benefits differently. We pay more than two thousand employees and operate around the clock. Some employees work part-time, some permanent part-time and some are called in on an as-needed basis."

Once it was determined that an information-systems solution was needed to resolve the medical center's accounting and payroll problems, I was enlisted by the center's administrators to find appropriate hardware and software. The hardware solution involved purchasing personal computers since we felt that, in the future, we would rely heavily on a micro-to-mainframe link. Our search for a software vendor that could provide such a link led us to Management Science America (MSA), an Atlanta-based software firm, and three other software vendors.

During our vendor evaluation,

## Queen's uses several methods to acquaint the staff with technology. The first is through an internal user group.

Queen's personnel visited hospitals that utilize MSA packages. Bruce took an entourage of users so they could get a good feel for the software and for the type of support the vendor provides.

The Queen's users then talked to users in other industries, and ultimately recommended MSA on-line, real-time systems. In March 1983, we selected MSA's General Ledger, Accounts Payable, Payroll/Personnel, Fixed Assets Accounting and MSA PC Software, its microcomputer-to-mainframe product. We also chose an IBM 3083 to replace our existing 3031 computer. IBM Personal Computers were selected as mainframe tie-in devices.

Queen's was committed to start the new fiscal year, which began July 1, 1983, with two of the systems in place. One programmer/analyst and the accounting manager dedicated their time to implementing the General Ledger and Accounts Payable systems during the ninety days that remained in the 1982 fiscal year. They also changed the chart of accounts and went to thirteen-period accounting, which is essential for any operation that works around the clock.

Although the Payroll/Personnel System implementation had a less pressured timeframe, it was "no small undertaking," according to Bruce. The first estimate for full implementation was two years, but the system was in full operation in just eight months.

The real payoff, however, came via ExpertLink, a feature of the micro-to-mainframe software. With this, our personal-computer users have direct access to the mainframe systems. Approximately one hundred IBM PCs are linked to the mainframe, along with about two hundred terminals.

The Budget Department uses ExpertLink extensively, according to Maurer. "If we need to project our supply and expense costs for the coming year," he explains, "we download account information from the General Ledger system to Lotus 1-2-3. We then apply inflation factors and determine costs per unit for everything from housekeeping supplies to heart valves. Later, we can look at those projections to see how close we came to meeting them, and cut back or increase supplies as needed."

ExpertLink is also used with other systems at the medical center, including patient care. For example, the Admissions, Discharge and Transfer System (ADT), which carries patient demographics and registration, has one thousand screens under CICS (customer-information control system), IBM's interface between the operating-system access methods and the applications programs.

"If I need information from ten or twenty of them," Maurer explains, "I slip an ExpertLink disk into the PC and log-on to the ADT system. I then select the screens I want and consolidate them into one screen."

ExpertLink also speeds up administrative tasks by gathering summary information that concerns delinquent payments. The process goes like this: We set up an ExpertLink model that selects particular patient-class informa-

tion. We choose patients' names, addresses and amounts owed. Then, using a word processing package, we put this information into a programmed format and send reminder letters—without typing anything.

Queen's uses several methods to acquaint the staff with new technology. The first way is through Queen's Users in Computing (QUIC), an internal user group. One representative from each department that uses computers attends the monthly meetings. QUIC's agenda includes problem solving and discussions about day-to-day operations.

The second information medium is INFO, a quarterly newsletter published by the Information Services Department. It lets employees know what changes are taking place in the information-systems area.

A third communication tool is the Information Center, which helps employees learn how to use PCs and the MSA software through hands-on experience. "Employees get on-line demonstrations here," says Edna Tsukamoto, of the planning support branch that's in charge of the Information Center. "And, if they don't have a PC in their department, they can use the ones in the Information Center."

Bruce sums up the results of Queen's move into high technology: "We've gone from manual, handwritten reports that were thirty to forty-five days late to accurate financials that are ready two weeks after the month-end closing. And, with real time, we can get financials daily." ☐

*Evans had six years' experience with IBM, as vice president of Information Services, before moving to the Queen's Medical Center.*