ABSTRACT

TECHNICAL COMMUNICATION, MEDICAL WRITING AND I.T. CONVERGE: AN INTERNSHIP AT CINCINNATI CHILDREN’S HOSPITAL MEDICAL CENTER

by Diane Elizabeth Alexander

This paper provides an in-depth report on a full-time internship completed in 2006 at Cincinnati Children’s Hospital Medical Center to fulfill requirements of Miami University’s Master of Technical and Scientific Communication program. The paper includes an overview of the internship, including details of major projects that integrate communications, marketing, information technology, and project management. An in-depth review of a project concerning change management communications follows. The paper concludes with a reflective analysis applying theoretical principles from graduate study in technical and scientific communication, such as audience analysis, collaborative writing, document design and linguistics, to work and experiences during the internship.
TECHNICAL COMMUNICATION, MEDICAL WRITING AND I.T. CONVERGE:
AN INTERNSHIP AT
CINCINNATI CHILDREN’S HOSPITAL MEDICAL CENTER

An Internship Report

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by

Diane Elizabeth Alexander
Miami University
Oxford, Ohio
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Advisor: ________________________
Dr. Jean Ann Lutz

Reader: _________________________
Dr. W. Michele Simmons

Reader: _________________________
Dr. Janel M. Bloch
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Dedication

To my parents, for helping me start this journey.
And to Jeff, who helped me finish it.
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Thanks to Jean, who never ran out of patience with me. I’m so glad.

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CHAPTER 1: Introduction

This report describes my internship with Cincinnati Children’s Hospital Medical Center (CCHMC) in Cincinnati, Ohio. I performed my internship between March 6 and June 16, 2006, to fulfill the requirements of Miami University’s Master of Technical and Scientific Communication program. However, I have continued to work for CCHMC and when appropriate, I have indicated the current status of my internship projects.

Organization

Cincinnati Children’s Hospital Medical Center is a world-class academic medical center and nationally-recognized leader in pediatric health care. At the time of my internship, it was ranked eighth nationally among pediatric hospitals by *U.S. News & World Report*. CCHMC has a reputation for excellence in all three of its integrated organizational areas:

- family-centered patient care
- life-enhancing research
- medical education

Organizational Culture

These seemingly diverse interests are brought together and driven by a strong strategic plan, revised in 2005 (see Appendix A). The organization’s ambitious vision is “to be the leader in improving child health”; its mission is to “improve child health and transform delivery of care through fully integrated research, education and innovation.” Cincinnati Children’s employees are encouraged to read the strategic plan and are empowered to take their own roles in innovation and health care transformation very seriously.

Cincinnati Children’s employees, more than 10,000 strong, are an exceptionally dedicated group. “Change the outcome,” the Cincinnati Children’s tagline, isn’t an advertising gimmick; medical center employees take this philosophy to heart, personally making a difference in children’s lives every day. Our CARES standards for employee behavior also help employees understand and live out the Cincinnati Children’s culture. They’re more than just words; our employees really are Courteous, Attentive, Respectful, and Enthusiastic in their interactions with families and one another, and they are dedicated to the Safety of our patients and employees. Cincinnati Children’s has been named a Hall of Fame “Best Place to Work” honoree by the *Cincinnati Business Courier* based on surveys of its own employees.

Personal responsibility is a way of life at Cincinnati Children’s. Staff members are expected and empowered to help if they see something that “isn’t right,” like calling about an icy sidewalk, cleaning up a wet floor or helping a lost family, whether it’s their area of responsibility or not. Patient care staff are expected and empowered to voice concerns about patients and escalate them

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1 The possessive is used throughout the paper to convey my relationship to the organization and a sense of ownership, common among Cincinnati Children’s employees.
until they’re resolved to keep patients safe. Families are asked to offer their valuable input in their child’s care and participate in rounds. Collaboration is the norm for professional, clinical and research staff.

**Organizational Structure**

As one of the largest employers in the Ohio, Kentucky, and Indiana tri-state region, Cincinnati Children’s has a fairly complex organizational structure, shown in Figure 1.1. As a not-for-profit organization, Cincinnati Children’s is overseen by a board of trustees; our CEO reports directly to the board.
Figure 1.1 Cincinnati Children’s Organizational Structure (March 2010). The Information Services and Marketing & Communications departments are marked in yellow. *Denotes members of President's Cabinet.
Cincinnati Children’s structure is most complex on the medical operations side of the organization. Physician care delivery can be broken down into four functional areas, each of which is governed by a department head or “chief”: pediatrics, surgery, anesthesiology, and radiology. The medical departments and divisions within the medical center are organized under these major departments and report to these four department heads. The majority of staff participating in patient care delivery, including nurses, pharmacists, therapists, and countless other roles, report up through the senior vice president for Patient Services. The senior vice president for Infrastructure & Operations oversees staff involved in home care, family relations and more (see Figure 1.1).

The “cost centers” side of the organization, on the other hand, includes all the other administrative and support functions of the medical center’s operations. Accounting, legal, and human resources, for example, all reside here. My position is on this side of the organization.

**Position**

I joined Cincinnati Children’s in January 2006 as a full-time employee in a unique, newly created position: Communications Associate in Marketing & Communications (M&C) “embedded” in Information Services (I.S.). Though my reporting structure has since changed, the essence of my position is the same: my title is based on the Marketing & Communications structure, but my work and physical location are with Information Services.

Both M&C and I.S. are on the administrative and support function side of the Cincinnati Children’s organizational chart. At the time of my internship, the Vice President of Marketing and Communications was Phyllis Goodman. The head of Information Services was Marianne James, Chief Information Officer (CIO) and now Senior Vice President of Information Services.

**Departmental Structure**

In 2006, Marketing & Communications had a unique departmental structure shown in Figure 1.2. The department was comprised of four functional teams: marketing, web, media, and communications, which included graphics. Within the teams, there were five position levels: director, senior associate, associate, coordinator, and assistant. As a communications associate, I was a member of the communications team, and I fell in the middle of this title/responsibility hierarchy. I reported directly to a senior communications associate, Monica Menke-Watts, who reported to our director of communications.
Figure 1.2 Marketing & Communications Department Organizational Structure (c. 2006). My position is circled in red.
In I.S., the reporting structure was at first unclear for my position. During my internship, I worked directly with four executives in I.S.: Marianne James, then-Vice President (VP) and CIO; Tony Johnston, then-Assistant VP for I.S.; Marilyn Slotkin, then-Senior Director of Epic/Clinical Applications; and Jason Napora, then-Senior Director of Integration Services.

The I.S. department’s organizational structure for the Epic implementation (see Figures 1.3A and 1.3B) is ever-changing. The chart below, from December 2006, showed the roles each of these executives were expected to play in the project.

**Figure 1.3A** Information Services Department/Epic Organizational Structure (c. 2006). Right side of organization chart; dashed centerline represents a fold (continued on next page). My primary contacts and my position are marked in yellow.
Figure 1.3B Information Services Department/Epic Organizational Structure (c. 2006). Left side of organization chart, with dashed centerline representing a fold (continued on previous page). My primary contacts and my position are marked in yellow.

**IS Department Organization**
as of 12/8/06
Position Details

Cincinnati Children’s is facing a tremendous information technology challenge. At the time of my internship, there were more than 20 different software systems being used at Cincinnati Children’s, virtually none of which communicated with one another. The organization had selected a software vendor, Epic, for its new core clinical information system (CIS), which would eliminate nearly all the current systems and centralize them into one enterprise-wide CIS over a period of approximately five to seven years. (For more information about Epic, see Epic Projects in Chapter 2.)

My position at Cincinnati Children’s was created specifically to facilitate communications throughout the organization regarding this new system. The aforementioned leadership team in Information Services felt communications would be critical to a successful implementation of the new CIS and worked with M&C to create my unique dual-reporting position.

Though the position was unique, the job description was very general (see Appendix B). Responsibilities included:
- Providing short- and long-term strategic communications counsel to I.S.
- Managing the implementation of targeted, effective marketing and communications initiatives, programs, events, materials and projects, ensuring quality, consistency and efficient use of resources
- Evaluating activities versus objectives and performance versus budget
- Writing, creating, and editing a variety of communications on behalf of I.S. and managing the projects to completion
- Developing knowledge and professional skills through cross-training, literature, and department meetings
- Serving on a variety of internal committees and projects to aid internal communications efforts

I believe this very general job description could be attributed to my position being new. During my internship, I worked with my supervisor and my contacts in I.S. to better understand my job description and what was really expected of me. This work has continued indefinitely.

Position Contribution

I believe I’ve been able to make key contributions to critical organizational goals in this position. Short- and long-term organizational goals have been tied to the successful implementation of our new Epic system, and the implementation could not be fully successful without effective communications. The effectiveness of those communications has rested, in large part, with me.

Thanks to my undergraduate education, previous professional experience and, largely, my MTSC education, I was well prepared for this challenge. With conciseness, audience-centeredness, collaborative writing, document design and other program principles in mind, I tackled a wide range of projects during my internship period. From drafting organizational policies to creating communication plans, writing awards applications and executing complete events, my contributions were significant.
Mentor

My supervisor at the time of my internship, Monica Menke-Watts, served as my writing mentor for my internship. Monica was a Senior Communications Associate with Cincinnati Children’s; at the time, she had worked as a communications professional for more than 13 years, with significant experience in healthcare communication. Monica’s Bachelor’s degree was in Speech Communication from Miami University in Oxford, Ohio.

Because I have been physically located on the fifth floor of our building with the I.S. department and Monica was located on the second floor with M&C, we communicated in non-conventional ways. We saw each other regularly and spoke often, but didn’t necessarily see each other every day, giving me a lot of autonomy. We attended department functions and meetings regularly, emailed virtually every day, and spoke by phone when necessary. When I had questions or wanted to discuss my progress or the status of my projects, Monica was available. We typically arranged an appointment and got together for an hour to discuss my work. I was also able to stop by her desk and the M&C offices frequently to visit and check in. We had a good working relationship.

Report Overview

This report provides an in-depth understanding of my internship, progressing from general information to more in-depth analyses. Chapter 2 provides an overview of my internship and details the major activities it included. Chapter 3 focuses in greater depth on one of those activities, an Epic open house event, and describes in detail the progress of this project. The report concludes with Chapter 4, a reflective analysis applying theoretical principles to my work and experiences at Cincinnati Children’s during the course of my internship.
Chapter 2: Internship Overview

As a full-time employee of Cincinnati Children’s, my internship was different in many ways from more traditional internship positions. Completing my internship in the context of full-time employment gave me an opportunity to interact more with employees from other departments, to learn about the organization and become a part of it, to experience a much broader spectrum of projects, and to delve into the projects in much greater depth. All in all, my internship—and therefore my MTSC theories and practices—were richer experience because I was able to complete them as part of full-time, deeply engaged, post-MTSC employment.

Thanks to my full-time status, the projects I worked on during this internship have also been different. As an undergraduate summer intern in a communications department, I worked on projects with predetermined (and usually very short) life spans. I dealt largely with day-to-day operations, and I had little or no training. By contrast, many of the projects I worked on during my MTSC internship period at Cincinnati Children’s had open-ended life spans, involved multiple people from various departments, and had vague or undefined parameters which had to be clarified as part of the project.

Cincinnati Children’s was also willing to invest in me as a full-time employee in a way that companies are normally reluctant or unwilling to invest in interns. I attended a wide variety of training courses, both required and elective. I received more substantive, more challenging projects than in a traditional internship situation, where I might have been passed over if I couldn’t provide continuity over the term of the project.

I believe these differences are clear in this section of the report, which details how I spent the 14 weeks of my internship period. It is broken down into sections based on the training I completed and the work I did for external use, for Marketing & Communications, for I.S. department communications, and for I.S. institutional communications. My description of each of the projects within these sections includes an overview of the project’s context, what I did or was asked to do, and where the project stands now (outcome).

Please refer to Figure 2.1 for an overview of how I spent my time during my internship period.
Training

Cincinnati Children’s has a well-developed training and education department. In addition to requiring a combination of web- and classroom-based courses for all new employees, the organization encourages participation in its voluntary professional development courses. As a full-time employee, I’ve also had an opportunity to attend departmental training events. This section describes both the required and elective training courses I attended, which took place before, during, and after my internship period.

Required Organizational Training

The following training was required by Cincinnati Children’s for all new employees at the time I was hired:

- **2006 New Employee Orientation Safety Training**, begun and completed 1/06: This 30-minute web-based training course introduces new employees to the basic safety policies and procedures at Cincinnati Children’s. The training includes lessons on correct hand-washing procedures, using personal protective equipment (PPE), and reading a Materials Safety Data Sheet (MSDS). New employees complete this course as part of new employee orientation; after their first year, all employees complete a required web-based “refresher” course annually.

- **HIPAA Privacy Training for CCHMC Personnel** and **HIPAA Security Training for CCHMC Personnel** (both web-based), both begun and completed 1/06: These courses, which total 1.5 hours, are an introduction to the federal Health Insurance Portability and Accountability Act (HIPAA) regulations and requirements for new employees at Cincinnati
Children’s. The privacy training course covers practices that affect patient privacy and the risks of confidentiality breeches through inappropriate access, use, or disclosure of patient health information (PHI). The security training course focuses on information security training and steps users should take to protect electronic health information. All new Cincinnati Children’s employees must complete these courses within two weeks of their hire date.

- **CARES Orientation** (web-based), begun and completed 2/06: Cincinnati Children’s has established “CARES” service standards for its employees. The acronym cares stands for Courteous, Attentive, Respectful, Enthusiastic team members, and Safe. Employees are expected to be able to tell a hospital official what the CARES standards are at any time; the standards now account for approximately 40% of every employee’s annual performance evaluation medical center wide. All new employees must complete the 15-minute web-based CARES Orientation within 30 days of their hire date.

- **Diversity Awareness**, begun and completed 5/06: This four-hour course is Part I of the two-part diversity training Cincinnati Children’s requires for all its employees. It asks employees to examine the way they look at the world and the assumptions they make about people they believe are different from them.

**Required Information Services Departmental Training**

The following training was required for all Information Services employees at the time I was hired:

- **The New Reality: How to Make Change A Competitive Advantage**, begun and completed 3/06: The executive leadership of the I.S. department has been working with Karl Schoemer, a change management consultant. They brought him in for seminars, scheduled all I.S. employees for one of the dates, and required attendance. Mr. Schoemer delivered his New Reality half-day (four-hour) seminar to those groups of I.S. employees over several weeks until every employee had attended the course. His program focused on three tenets: change is inevitable, we are accountable as individuals for getting ourselves through it, and change is here to stay. The program also dealt with phases of resistance people go through in times of change, similar to those people experience in times of loss, and kinds of communication they require during each of those phases to get them through. I was assigned to attend the very first session, reserved for members of leadership and management.

- **I.S. Problem and Change Management Class**, begun and completed 4/06: This three-hour course covered a new problem logging/change management system I.S. was implementing; it was required for all I.S. employees. Although I won’t have contact with the system, our CIO suggested that I attend for general knowledge purposes.

**Elective Training**

The following training is offered by Cincinnati Children’s to its employees:

- **How to Turn Change into Opportunity**, begun and completed 3/06: This four-hour classroom course said it would give employees “a concrete approach to change,” helping them adapt and be flexible in times of change by examining what they could and could not
influence/control. I chose to take the course because of all the changes coming with the Epic project, hoping it would give me some insight into preparing employees for the coming changes. In this sense it wasn’t as useful as I had hoped; the New Reality training I attended was much more useful.

- **How to Make Effective Decisions**, begun and completed 3/06: This four-hour classroom course discussed four “decision-making traps,” five steps attendees could take to make better decisions, ways to “monitor” a decision to see if it was a good one, and ways to evaluate results of a decision. Some useful techniques were discussed, such as pro/con lists and decision-making matrices that could be useful in a group setting, but altogether I felt the training amounted to common sense concepts.

- **Ease Stress: Ergonomics and Exercise**, begun and completed 7/06: I attended this one hour “brown-bag lunch” course to learn about proper ergonomics and stretches I could do at my desk to reduce physical stress at work.

- **Project Management**, begun and completed 8/06: This intensive, three-day, 21-hour course was spread over three weeks. It covered basic project management terminology and concepts, walking step-by-step through basic event and project planning using groups and sample projects. The course was taught by Dr. Timothy Kloppenborg, a project management instructor for Xavier University’s well-respected MBA program.

- **Improving Personal Productivity**, begun and completed 8/06: This two-hour course provided tips on prioritization, planning tools, and workload management. It also discussed behaviors that destroy productivity and how to stop them.

The amount of training I attended at Cincinnati Children’s in such a short time illustrates the organization’s investment in its employees as a whole and in me as an individual. It was also a very tangible benefit of completing my internship as a full-time employee at Cincinnati Children’s; the organization does not make this same investment in its interns, who are hired as short-term contractors through a temp agency.

**Marketing & Communications–Driven Projects**

Marketing & Communications (M&C) had a varying level of involvement in my internship projects, usually based on its degree of vested interest in the project. This section includes two types of M&C-driven projects: I.S.-related projects that were of special interest to M&C and thus required greater collaboration, and several projects that originated with M&C.

**Outcomes, Experience & Value Checklist**

In 2005, Cincinnati Children’s adopted a new mission statement which promised our care would “achieve the best: medical and quality of life outcomes, patient and family experience and value.” The Marketing & Communications department plays a critical role in whether Cincinnati Children’s effectively communicates its achievements in these areas. Therefore, at the Marketing &
Communications 2006 annual retreat we began talking about how we could more effectively communicate our successes and achievements. Members of our department were asked to form teams and hold follow-up meetings after the retreat to further develop our ideas.

Our discussions at the retreat were very theoretically based. M&C leadership challenged us in our follow-up sessions to find practical solutions and create plans for how we could communicate Outcomes, Experience, and Value, or “OEV,” as these concepts have collectively come to be known, in all our communications. For example, we might include data in the form of charts and graphs to communicate Outcomes, or patient stories and parent quotes to help communicate Experience.

Activities
When our team met, I brought to the table a list of questions or prompts I thought we could ask ourselves as we worked on a project, regardless of its nature. After a lot of discussion my team decided to develop these prompts as a “checklist” concept.

Results
At a department meeting, each of the groups presented the ideas from its follow-up meeting(s). Our group’s concept was well-received, and ultimately our content was only slightly modified to create a “Communications Checklist for Outcomes, Experience and Value” (see Appendix C). The document was distributed to every member of our department for use on all projects.

Endorsement Policy
Like most companies, Cincinnati Children’s is sometimes asked to provide endorsements for its vendors and partnering organizations. As a not-for-profit organization, however, CCHMC must be careful not to violate the terms of its tax status. Therefore, the medical center’s leadership requested that M&C draft an endorsement policy to regulate vendor endorsements and similar activities by Cincinnati Children’s employees.

Activities
I was asked by our Vice President of Marketing & Communications to work on the draft. This project was a challenge because the initial guidance was so vague—essentially, prohibit all endorsements. It was clear to me, however, that there were situations in which Cincinnati Children’s would want the freedom to work with and formally or informally endorse the work of another organization. Since I had only been at CCHMC a short time, it was difficult to speculate what those situations might be, but I knew they must exist. I began with a Google search for endorsement policies, and then tried to think logically about the kinds of activities Cincinnati Children’s did and the situations in which the organization might want freedom to endorse.

I completed a first draft and submitted it to our Director of Communications for feedback. She discussed it with our Vice President, and the consensus was that it was “too vague.” I felt this was to be expected without more specific direction on the project. I worked with the Director of Communications to solicit sample endorsement policies from other children’s healthcare institutions via a listserv, and using those as a basis, I redrafted a more specific policy. I submitted the new draft and was told it was now too detailed.
Results
The edits and feedback continued in similar cycles for months. My understanding is that four
departments—Legal, Education & Training, Marketing & Communications and Information
Services—were ultimately involved. I never received word on whether the policy (see Appendix D)
was completely finalized and put into practice.

CenterLink Update
At the time of my internship, we recognized that the CCHMC intranet, CenterLink, needed an
update. The site was providing information to more than 10,000 employees. While home to a
treasure trove of information, its poor navigational structure meant many users couldn’t find the
information they were looking for or didn’t realize it was available. The search function was
ineffective (a recent upgrade to a Google-powered search appliance has improved this). The site
editing tools were also very outdated and created a lot of rework.

Activities
I noticed this need through first-hand experience trying to find information on CenterLink.
Through a series of conversations, I realized that both M&C and I.S. were interested in revamping
the site—the departments are jointly responsible for our web content— but neither realized the other
wanted the same thing. I did what I could to bring this mutual interest to light. Soon I was asked to
participate in a conference call with Greystone, the consultant who was already performing a review
of our Internet site, to determine if the company might also perform a review of our intranet.

Results
When my internship ended this project was on hold indefinitely. Greystone did provide a proposal
for the intranet review, but they determined that until the completed recommendations from the
Internet review were implemented, an additional review would be redundant since many of the
issues, like the content management system, were the same. The new content management system
wouldn’t be in place for at least a year; Greystone suggested that at that time we review the project
again.

A lot of progress has been made since my internship. A new content management system has been
implemented to upgrade our outdated system and offer new functionality for administrators,
distributed authors and users. Our website, cincinnatichildrens.org, has undergone a complete
review and redesign; it will relaunch late this year. A review and redesign of the intranet will begin
shortly thereafter.

Information Services Departmental Projects
The following projects were focused on Information Services’ communication needs. At the time of
my internship, I.S. was growing exponentially and was faced with the uncertainty and sweeping
changes that were coming with Epic. I was asked to work on the following projects to help address
those challenges.
InformationWeek 500 Application

My position is, by nature, primarily focused on internal communications. But when a member of our public relations team forwarded me an email from InformationWeek calling for applicants for its annual InformationWeek 500 rankings, I saw an opportunity to draw attention to the great work being done at Cincinnati Children’s. As the designated communicator for I.S., the task of completing the application fell to me. This section describes this, my only externally-focused project.

InformationWeek bills itself as the “most timely and comprehensive source for news about information technology in both print and pixels.” The magazine has “identified and honored the nation’s most innovative users of information technology” for the past 18 years with its annual InformationWeek 500 listing. The survey is by invitation only–candidates must meet minimum annual revenue and other requirements to be granted access to the application.

Activities

When I received the forwarded request for applications from a member of our PR team, I first forwarded it to our CIO to find out 1) if we had ever applied, and 2) if not, if there were any interest in completing an application. I also requested a copy of the application from InformationWeek so we could determine what was involved before making a decision about whether to apply. There was less than a week left to apply by the time I received the initial email, so I needed to move quickly.

After I received the application I provided it to our CIO, who told me we’d never applied but if I was willing to work on the application I was welcome to. I agreed to do the work, and she told me who to contact for the necessary information.

The application was a four-page survey with three sections: checklist and multiple-choice questions about our organization’s IT strategy and tactics, two essays on IT innovation, and general questions about our operations and revenues. The first essay question asked us to describe our most innovative business technology initiative completed in the past year. The second essay was a choice of six questions. We selected one that asked us to describe how we had innovatively used wireless technology in the past year and how it had benefited Cincinnati Children’s and its customers.

I enlisted help quickly. For the questionnaire sections, I printed the application and delivered copies to the people who would be able to respond, highlighting the items I needed them to answer. I also met with a senior director for help with the application. We selected topics for the essays, and I was told who to interview for more information. It became clear to us that we might not have enough time to complete the application; I asked the InformationWeek 500 staff if the deadline was flexible, and we were pleased to be granted another week.

After conducting the interviews, I began drafting the essays, which were limited to 300 words or less (see Appendix E). After I had completed the interview for the first essay, the senior director told me he’d thought of a better project for that essay, and we started over. I completed the essays, submitted them to the senior director for his review, and submitted the completed application to InformationWeek online.
Results
Not only was Cincinnati Children’s named one of the InformationWeek 500, it was 139th on InformationWeek’s ranking of the Nation’s Top 250 Innovators—above corporate giants like Walt Disney Parks and Resorts, CBS, and Boeing. I had the honor of announcing the award to the I.S. department at its bi-monthly meeting, and I wrote a press release for our intranet and our media department. I also drafted an email for our CIO to forward to our CEO letting him know we won the award.

We’ve continued to apply for the InformationWeek 500 every year, and the results continue to improve. In 2009 Cincinnati Children’s was named the #1 most innovative user of information technology in healthcare, and #2 among all U.S. companies.

Winning this award in 2006—and then repeating the success, proving it was not a fluke—has been satisfying on a number of levels. When I asked if we could apply for the award, I was told we had applied for things in the past without success; I got the sense people felt it was pointless. Yet our InformationWeek 500 awards are bigger than any non-healthcare, “public sector” award we’ve ever applied for, with tremendous visibility, and we continue to be very successful not only against others in our industry, but against the largest companies in the world. Our employees are doing amazing work, and I’m tremendously excited to have helped bring that to light.

I.S. Rewards & Recognition Team
Every three years, Cincinnati Children’s conducts a hospital-wide employee survey. Following the 2004 survey, I.S. leaders worked with Human Resources (HR) to identify areas of improvement for the department. HR acted as a consultant, helping organize focus groups to learn more about employee satisfaction in I.S. The focus groups indicated that employees would appreciate a rewards and recognition program. I.S. leadership responded by asking for volunteers from those focus groups to form a team and create a rewards and recognition program for the I.S. department.

Activities
When I was hired, I was asked to help this team as they worked on the program. This request was my only guidance; I was very unsure what was expected of me. But as I worked with this group, it became clear there were lots of opportunities for me to help them. I helped the team craft and polish a series of presentations (including several to managers) and the kickoff presentation introducing the program to the department (see Appendix F). I coached presenters as they prepared to deliver these presentations. I helped the group review the rules and regulations they’d created for the program, helping them think through the content from the audience’s perspective to be sure it made sense to users. Over time, I became a member of the team and helped contribute to decisions about the program itself. My work with the group also gave me an opportunity to meet people from different teams in I.S.

Results
The Rewards & Recognition team completed and implemented an employee-driven Above and Beyond Award program; unfortunately, the program was discontinued after a short time for reasons beyond the team’s control.
I.S. Departmental Communications

At the time of my internship, Information Services was facing a variety of communication challenges. Growth was one—from 1996 to 2006, Information Services grew from fewer than 40 employees to more than 220. Change was another challenge. The Epic implementation would change the face of I.S. more than any initiative since the department’s inception, and with that change came a lot of fear and uncertainty.

Activities

I was asked to work with a senior director in the I.S. department on communication efforts within the department. I brainstormed a number of possible initiatives I thought had potential for I.S. communications, and the senior director and I met to discuss them. After talking through our ideas, the senior director took them to our CIO and assistant vice president. The ideas were well received, and we decided to move ahead.

As I considered the ideas we’d brainstormed and the direction of I.S. communications, I realized it made sense to employ a formal communications plan. I met again with the senior director and proposed this format and a more strategic approach. We couldn’t assume what was on employees’ minds and create a plan from there; we needed to ask. I suggested that we conduct research before moving forward.

Results

Though the senior director was concerned at first about delaying our project, once I explained the logic of verifying the problems we needed to address rather than working based on perceptions, we were quickly in agreement.

This project has been an ongoing effort since my internship concluded.

Information Services Institutional Communications

The projects described in this section are very different but have a common thread. Each is based on a need for I.S. to communicate information about its policies, procedures, or projects to audiences inside Cincinnati Children’s. The project descriptions show the diversity of audiences within the medical center.

Health Information Management (HIM)—ChartMaxx

At Cincinnati Children’s, health records are managed by the Health Information Management (HIM) department. In the time before Epic was implemented and its electronic medical record (EMR) was available for our patients, we operated, like most hospitals, with traditional paper records. The management of these records was a daunting task, and access was a constant problem. If, for example, a physician had a patient’s record in her office for review but forgot to officially check it out and the patient came to the emergency room, HIM was sometimes unable to locate the child’s record.
In 2006 HIM implemented an electronic imaging system called ChartMaxx at Cincinnati Children’s, in part to help it mitigate these issues until Epic went live. HIM began scanning certain parts of patients’ medical records, which were then accessible via ChartMaxx to care providers with password-protected access.

**Activities**
Not long after I was hired, I was asked to meet with representatives from HIM to see if I could help with communications for the ChartMaxx roll-out. I was given a tour of the medical records area of the hospital, which was eye-opening. A staff member from HIM explained the ChartMaxx system to me, how it would change HIM jobs, and workflows in their department. HIM staff referred to ChartMaxx as “a bridge to the electronic medical record,” a stepping stone to the ultimate goal of the integrated Epic clinical information system and EMR. I walked away very impressed and feeling like there was a lot of opportunity to help, though I did feel overwhelmed by the scope of the project.

As it turned out, I.S. and HIM had very different perspectives. I.S. leadership told me that ChartMaxx was the result of a multi-year debate about whether to do anything about medical records before the clinical information system was implemented. Leadership in I.S. told me the system was certainly not a “bridge to the EMR” and warned me that I couldn’t refer to it that way. They took issue with a number of other “facts” I had gleaned from my tour of HIM and had a very different idea of the kinds of messages I needed to present in my communications about the system.

I couldn’t help but wonder how the two departments could have such different views of the same system when they had worked together to select and approve it until finally I realized—the difference was one of perspective. To HIM, ChartMaxx was indeed revolutionary. This system would change the way HIM employees would do their jobs, and it was in many ways a dream come true compared to the world they’d been living in for decades. For I.S., on the other hand, this system was a rather reluctant stop on the road to Epic. They were looking at the bigger picture, at organizational need. ChartMaxx met only a tiny fraction of the organization’s needs and was in many ways a band-aid.

So I was in a difficult position as I began trying to figure out how to communicate about ChartMaxx, and it showed. After failed attempts to clarify what messages we needed to communicate, I went to leadership in I.S. and told them I needed help working with HIM to clarify these messages so I could communicate them. A meeting was arranged including the leadership of both departments and two senior vice presidents. I entered it a bit intimidated, but with a simple plan: to clarify the phases of the roll-out and what was involved in each, the audiences affected, the dates of the phases, and the key messages we needed to communicate during each phase. The day came, and I was glad I’d planned: the senior vice president briefly summarized what he thought we were there to discuss, turned to me, and said, “right?” I was able to tell them the information I needed and had a plan in mind for working through it; the meeting went very well.

**Results**
While I felt positive following this meeting, my initial excitement faded and not much real progress was achieved. I created a few announcement messages after continuing to struggle for information. HIM made edits, I.S. made edits, and there were conflicts. I asked the member of the I.S. leadership team I was working with whether she had the final say on the message, and if she would take the
lead in case of a disagreement; she agreed, and I made the edits we thought were best. There was a
disagreement, but because I had expressly clarified responsibility for the edits, I was on the edge of
the resulting storm rather than the focus of it.

In the end, I was not very helpful to HIM because it was so difficult to get “conclusive” information
about the messages that needed to be communicated.

**IT Capital Request & Project Management Educational Materials**

Each year, Cincinnati Children’s conducts an IT Capital Request process to determine which
projects get IT resources—personnel, funding, or technology—for the upcoming fiscal year, which
runs from July 1 to June 30. The IT Executive Steering Committee reviews Project Request Forms
submitted by applicants and works with project managers in I.S. to get additional details and
determine which projects should be approved.

The Project Management Office (PMO), which is part of I.S., manages this process. In 2006, the
Project Request Form underwent a complete redesign, and the new form was piloted during the
fiscal year 2007 capital request process (see Appendix G). The PMO conducted user testing and
focus groups to further refine the form’s design. I was asked to lend my technical writing and
document design expertise to the PMO by taking a look at the form and giving my feedback and
suggestions.

**Activities**

This project got off to a slow start, and in the beginning my objectives were unclear. The PMO has
created an internal Project Management website for the I.S. department with 400+ pages of
educational reference material on project management. The then-director of the PMO and I initially
discussed how I could help give feedback on the site. We also discussed, in vague terms, how I
could create pared-down materials for laypeople and give general feedback about the revised Project
Request Form.

**Results**

With vague direction, this project went nowhere for the remainder of my internship. After my
internship period ended, the project briefly moved forward again when I worked on the following
materials to facilitate the FY 2008 capital request process:

- “What is a project?” narrative helped laypeople understand the difference between the strict
  business definition of a project and a layperson’s definition
- “IT Capital Request” process document explained the request process step-by-step
- “Frequently asked questions (FAQ)” document addressed the most common questions from
  last year’s capital request process
- “To-do list” explained applicants’ responsibilities in the request process
- “Screening questionnaire” helped applicants determine whether they need to fill out the
  complete request form or just have a very simple work request, so they don’t waste their
time

I had been very excited about the opportunity to work as the “voice of the layperson” on this
project; I saw a real need and opportunity to advocate for users. The new IT Capital Request form
was very comprehensive, but it was also a bit like most IRS forms: it met the needs of I.S. but not its
users. While well intentioned, the form was so complicated I was concerned that users might throw
up their hands when trying to fill it out.

In the end, this project was put on hold due to a change in PMO leadership and was never resumed.
To my knowledge the content I had begun developing wasn’t used.

Clinical Notification Inbox (CNI)
Many I.S. projects have been halted or cancelled until the new Epic core clinical information system
is implemented so resources aren’t wasted on systems that will soon be replaced. A few existing
projects were allowed to go forward, however. Usually, these were projects that weren’t affected by
Epic or projects that were useful in the meantime and weren’t very expensive. The Clinical
Notification Inbox was a project from the latter category.

At the time of my internship, clinicians had to log on to ICIS, one of our existing siloed clinical
information systems, to check for and retrieve lab results and other notifications about their
patients. The Clinical Notification Inbox was a small bolt-on program (built on to the existing
system) that took these results and notifications and sent or “pushed” them out to clinicians’ email
inboxes, rather than forcing them to check or “pull” the information.

Activities
I was asked by the project manager to help with communication about this project. We met and he
explained the system to me and gave me a variety of materials to read about the project.
Interestingly, he already had a communications plan of sorts built into his project plan (as is
recommended in traditional project management methodology). I wasn’t exactly certain what he
needed from me.

I consulted I.S. leadership about this project, since they determine my priorities. They wanted more
information before they agreed whether I should work on it, and referred me to another member of
the leadership team (several levels removed from the project manager) to inquire about the project
and the communication needs. I followed up as instructed. Not long after, a manager from her
team (the project manager’s supervisor) contacted me very briefly to say there would be a need and
that the project manager would contact me at a later point.

Results
I have never been contacted again regarding this project. I’m not certain whether my senior
leadership determined it was not a priority and communicated that behind the scenes or if it died on
its own, but I never had further involvement.

Acceptable Use Message
Like most organizations, Cincinnati Children’s has policies governing the appropriate use of its IT
resources. It routinely monitors Internet and other activity to help enforce these policies, and
occasionally detects “spurts” of inappropriate Internet traffic and other network or computer
activity. At one point during my internship the organization experienced such a spurt. I was asked
to draft a message for the CEO to send to all employees via email to remind them of the organization’s policies about these activities and the consequences of violating the policies.

Activities
I began by researching the applicable policies. I used language directly from the policy whenever possible to keep the message content accurate and help expedite approval by our Legal Department.

I struggled most with the tone of the message. It was difficult to frame the message positively when it was obviously a veiled reprimand to employees who were violating the policy.

Results
In the end, I was pleased with the message, given the circumstances. I managed to frame it positively by reminding readers how privileged we are to work for an organization with such top-notch IT resources. I then noted that with great privilege comes great responsibility, and segued into a discussion of the organization’s policies regarding appropriate use of those resources. I concluded with a reminder to “continue” to maintain the integrity of our organization, which was intended to keep those who were not guilty of any violation from feeling accused.

After several rounds of edits to ensure the language met our legal department’s needs, the message was approved by legal and forwarded to the CEO for approval and distribution to employees (see Appendix H).

Epic Projects
As stated in my position description in Chapter 1, at the time of my internship Cincinnati Children’s was facing a tremendous information technology challenge. More than 20 different clinical software systems were in use, virtually none of which communicated with one another (see Figure 2.2). The organization had selected a software vendor, Epic, for its new core clinical information system (CIS), which would eliminate nearly all the siloed systems and centralize them into one enterprise-wide CIS and electronic medical record (EMR) over a period of approximately five to seven years (see Figure 2.3).
Figure 2.2  CCHMC Clinical Systems Structure (diagram c. 2006)
Figure 2.3  CCHMC Clinical Systems Structure Following Epic Implementation (diagram c. 2006)
This section discusses the projects I worked on during my internship period which were related to the Epic implementation.

**Project Name & Identity**
As mentioned throughout this report, at the time of my internship Cincinnati Children’s had just selected a software vendor, Epic, for its new core clinical information system (CIS). Not long after my arrival at Children’s, we agreed that it would be important to have both a name and a visual identity for the Epic project as we communicated about the roll-out. Helping determine the parameters of this identity and the identity itself turned out to be a major activity during my internship.

**Activities: Identity**
I participated in brainstorming sessions for the identity itself. Our first session was internal, and yielded a lot of ideas but none that stood out. In the meantime, members of I.S. leadership developed a few ideas on their own, some of which were given to them by well-meaning clinicians. Some of the ideas were interesting, but still none was an obvious choice. Months into the process and still no closer to a solution, we went outside the organization, bringing in a small, mixed group of clinicians from across the organization and outside marketing and communications consultants who volunteered their time for a two-hour focus group/brainstorming session. The session yielded a number of good ideas, but none that held up over time.

We finally held yet another internal meeting in Marketing & Communications (M&C) with our design department and a few other “creatives” to look at the ideas that had been generated so far and to determine how to proceed. At this meeting, we thought we struck gold with “epiCenter.” We decided to proceed with developing the concept, shown in Figure 2.4.

**Activities: Defining Identity Parameters**
Throughout the brainstorming period for the identity itself and the remainder of my internship period, I also participated in ongoing conversations about the nature of the project identity. We discussed whether the project should or should not have a mascot, and why this was or wasn’t a good idea. We discussed how to best create an identity for the project without creating a competing brand separate from the Cincinnati Children’s brand. We tried to visually reflect the technical nature of the content. We also went through many, many rounds of edits to develop and refine the visual concepts; these went on for months and involved the vice presidents of both I.S. and M&C and even our CEO.
It was interesting to see how Marketing & Communications’ involvement changed the nature and outcome of these conversations, in some cases dramatically. For example, I.S. leadership was very interested in having a mascot as part of the project name/identity; M&C was virtually dead-set against it. Members of the I.S. leadership team had visited Denver Children’s, another Epic client, which named its system eRex and had a large dinosaur mascot that wandered the hospital during the system go-live. Our leadership team loved this idea and initially wanted to do something similar, while M&C couldn’t fathom why Denver would give a cutting-edge system a dinosaur identity. The discussion illustrated the value of different perspectives; we ultimately nixed the mascot.

Results
We emerged with a tentative identity for the project, epiCenter, and an accompanying tagline, “your central connection.” Still, I found myself with nagging doubts about whether the epiCenter identity would work in practice.

- A web page with the epiCenter identity would have stood out like a sore thumb on our intranet, despite our work to ensure it didn’t compete with the Cincinnati Children’s brand.
- We were naming the implementation project, not the system, and communicating that distinction would be a challenge. I think it would have been easy to name, say, the Epic webpage “epiCenter: your central connection” and bill it as a central source of information about the project. I think it would have been easy to name the system itself epiCenter, because the system would be the central connection for virtually all clinical information in the hospital. But I think because of its natural cognitive connotations, the name didn’t translate as well into a name for the implementation project. After all, the word epicenter is most often associated with the center of an earthquake and therefore death, destruction and tragedy. As time went by, I found myself with strong concerns.
In the end, we gave up on the epiCenter identity in favor of “Our Epic Adventure.” We had learned that screens we couldn’t change would always say Epic, so some users would always call the system Epic. We decided to work with this rather than against it and kept the Epic name. The “Our Epic Adventure” project theme has worked well for our materials, in part because it isn’t time-specific. The theme was just as appropriate on materials a year before our first go-live as it is today. Keeping the project name is also turning out to be a long-term advantage since many hospitals now have Epic and the name is becoming familiar to patients and families.

Update Messages
The selection process for the new core clinical information system took place over the course of more than two years and involved more than 200 Cincinnati Children’s employees. It was important as we reached milestones in the vendor selection to keep everyone who had participated in the process informed and to share progress reports organization-wide to help build awareness of the Epic project. During my internship, I was asked to work on two major update messages announcing major project milestones. Both these messages were sent from the CEO to all employees via email.

Activities: Vendor Selection Message
The first message, released in early March, 2006, announced that Epic had been selected as the vendor for our new system. In February, I began working with our CIO and other members of the I.S. leadership team to be sure I understood the “big-picture” view of the selection chronology. I organized this chronology into an outline form, which I reviewed again several times with leadership. Only when I was certain I had clarified the chronology and the messages leadership wanted to convey with the announcement did I begin writing.

When I prepared to make the transition from the bulleted list of content to a message adapted to our audience’s needs, I realized I needed to think carefully about the format of the message. I believed it was important not only to tell people that the system had been selected, but also to give them context for the announcement. The majority of recipients would not have been involved in the system selection, after all, and might not have heard anything about this initiative. I was also concerned that if the message were too long, no one would read it.

I finally decided to organize the message in a frequently asked questions format (see Appendix I). The first paragraph included the announcement itself, and the rest of the message had subheadings formatted as questions that spoke directly to employees:
- What is a core clinical information system? Why do we need one?
- What will the system do? Who will use it?
- How was the system selected, and who made the selection?
- What happens now that Epic has been selected?

We tested the message to ensure the formatting remained intact when it was sent. Despite our best efforts to test the message, when our CEO’s office sent the message out, it lost its formatting. The subheadings were still there, but were in the same small font as the rest of the message.
Results
Despite the formatting problems, the frequently asked questions format and content were very well received. I was approached by many people in the following weeks who told me how impressed they had been by the message. Our then-vice president of Marketing & Communications even singled me out in an all-department meeting, praising the message for its audience-centeredness and clear treatment of a complex subject. She told the 30 attendees to read the message if they hadn’t because we would be “revisiting it as a model for future communications.” This is very uncommon behavior for our vice president, and I was extremely flattered; many members of our department told me how pleased I should be by her comments.

Of the many pieces I completed during my internship, this one truly reflected the principles I learned in the MTSC program, like conciseness, audience analysis and document design. This piece would have been very, very different—and neither as good nor as effective—had I written it before completing the program.

Activities: Implementation Plan Message
The second message, released in early June, announced the implementation phasing plan for our new system, the expected “order of go.” At the time, many departments across the medical center were vying for the opportunity to be the first to implement Epic. Others were just concerned to know when they might be affected. The phasing plan was therefore a critical step; our leadership team worked with Epic for months and consulted groups across the medical center before deciding how to move ahead.

As with the first message, I was provided with a list of key points and was asked to draft a message for our CEO to announce the phasing plan via a hospital-wide email. When I first met with our leadership team and was asked to create the message, I not only took the key points I was given but also provided whatever counsel I could on how we might present the information most effectively. For example, I noted the language I was provided, then asked questions about how we might rephrase a point if it was technical or if I thought the audience might not be familiar with the language. I proposed ways of presenting information; I asked if it would be accurate to say something they’d told me in an alternative way. Together we were able to work through not only the messages that needed to be delivered but also how to accurately and effectively deliver them to our audience.

Results
This message (see Appendix J) was also well-received.

Communications Plan
The Epic implementation will take five to seven years and affects most of the medical center in one way or another. Communicating the right information at the right time to the right people has always been and continues to be critical to the success of the implementation. Helping I.S. accomplish this by writing and executing a communications plan for the Epic project has always been my foremost responsibility.
Activities
From the time I arrived at Cincinnati Children’s, I began conducting research for the communications plan. I knew so little at the beginning, I really didn’t know what questions to ask, but I tried to think logically about what I’d need to know to write the communications plan, and I conducted my research on a common-sense basis from there. This process has continued throughout my time here.

First, I attempted to understand the structure of the medical center and how information flows inside it. I made lists of all the internal communications vehicles currently in place. I made notes of all the internal leadership group meetings as I learned of them. I found organizational charts on our intranet, printed them, and posted them in my cubicle.

I also researched employee communications and organizational change, both online and in print. I ordered books from amazon.com, though my reading wasn’t as extensive as I would have liked. I contacted professors from my MTSC program for advice and book suggestions, a few of which I ordered.

I also looked for samples. I talked to my bosses and others inside Cincinnati Children’s, and found as many sample communications plans as I could (which wasn’t many). I looked online for books that might discuss the superstructure of communications plans, particularly those dealing with internal/corporate communications, but with little success. Finally, I conducted research online, where I had some success; I found several superstructure outlines that were helpful.

Results
Several months after my internship, in late August, the communications planning got a kick start with two four-hour planning sessions with senior leadership (see Appendix K for a sample agenda). I conducted the sessions, which systematically led us through the information I needed from the leadership team to begin writing our communications plan: situation analysis, audiences, and key messages. The feedback from the sessions was very positive and gave me the information I needed to begin our communications plan.

Email Newsletter System
The Epic project required that we distribute information to a broader range of audiences—and to more segmented groups within those audiences—than any of our existing information vehicles could address. An electronic communications vehicle seemed the most suitable choice.

Activities
I began by thinking about features we might want, types of information we would want to send, the variety of audiences we would want to communicate with, and the suitable options. For example, we knew we wanted something that was more visually appealing than basic email and that we could brand with the project's visual identity.

There were a variety of challenges. For example, not all our target audiences had access every day to email. Some electronic vehicles, like webpages, require that users seek out the information, and we wanted to “push” information to our audiences rather than rely on them to find it.
Ultimately, we decided that an email newsletter system like the one Marketing & Communications already had in place would suit our needs well. While it wouldn’t reach every audience all the time, it would work nicely as one strong vehicle in a larger complement that would together be designed to reach everyone.

We contacted ExactTarget, the vendor for M&C’s system, for a demo. This e-marketing system provided not only e-newsletter features, but also e-marketing tracking features. It allowed recipients to opt out of emails if they preferred not to receive them. It gave us the option of monitoring the percentage of recipients who actually opened our emails and would even allow us to see which users opened the emails, which we thought might be useful if we eventually used it for mandatory messages. We expected the system would provide a lot of capability for segmenting our audiences into separate mailing lists as they diverged and followed different paths during the course of the project.

**Results**

After several months of stops and starts, we finalized a contract for our own ExactTarget system. Though we still use the system today, it was never used for Epic communications, the way we expected.

We were never able to build the necessary mailing lists to enable us to distribute information via ExactTarget. Without a list of all users’ email addresses and their group attributes (e.g., what division they were in), we couldn’t build meaningful mailing groups; we were never able to get this information. Instead, we created newsletters and emailed them to leadership of the areas going live; they distributed the information via email and other means.

We did use ExactTarget for a bi-weekly departmental newsletter (see Figure 2.5) known as RightClick, which is a valuable communication vehicle. With approximately 350 recipients, the system’s monitoring and other features are very useful.

*Figure 2.5 Information Services Email Newsletter.* In November 2006, several hundred Information Services employees received the first edition of our department e-newsletter, pictured here.
Epic Open House Event

Epic will affect departments across the medical center, perhaps none more dramatically or sooner than Information Services itself. The Epic project will permanently change the organizational structure of information services, and it has already created significant unrest. No layoffs have or will take place as a result of the project, but some positions will change and new positions are being created.

In an attempt to create goodwill in I.S. and communicate information about the Epic project, I.S. leadership asked me to help organize an “open house” event on June 23, 2006. This project is the focus of Chapter 3.

Conclusion

I am thankful that I completed my internship in the context of my full-time employment at Cincinnati Children’s. My interactions with others, the depth and breadth of my projects, and my immersion in the organization as a whole made my experience completely different from that of a traditional intern. I felt much more trusted, much more respected, and much less limited in terms of the opportunities presented to me because of my full-time status.

I also believe I wouldn’t have been able to devote my full attention to my internship if I had also been trying to secure full-time employment. Searching for a job is full-time work; it would be difficult to give an internship employer your full attention while searching for permanent post-MTSC employment. The security I had in knowing my employment was permanent allowed me to perform better as an employee and MTSC intern.

I’d strongly encourage technical communication interns, particularly those who’ve already been in the workforce and know what they’re looking for in a position, to consider completing their internship as part of a full-time job. While those who are new to the work world may want to “try out” a job and learn more about their likes and dislikes, I think those with experience will find that in a full-time job your internship is less stressful and you are better able to perform in your new role. More importantly, the internship experience is enriched by the context of full-time employment, and your new job is enriched by the unique motivation to learn about the organization that comes with your internship experience and its requirements.
Chapter 3: Epic Open House Event

Perhaps no department in the medical center was affected by Epic earlier or more dramatically than Information Services. By early June 2006, organizational changes in the department had been announced; employees knew some jobs were changing and new ones were being created, but they’d been told details weren’t available yet. I.S. employees were nervous about their job security despite assurances that no layoffs would take place; uncertainty and anxiety prevailed.

This was the communications climate when the leadership team in I.S. asked me to take the lead in planning and hosting an “open house” event for the Epic project from 8 a.m. to noon on June 23, 2006. I was told the event was primarily to share information about the project, but there were other goals as well:

- “celebrate” Epic
- share information about new jobs with potential applicants
- provide information about the new jobs’ training requirements and time commitments
- answer questions about the new jobs, and about the Epic project
- share tentative phasing and timeline information
- maintain “momentum” and interest in the project
- attract all I.S. employees, not just those applying for jobs (not a “job fair”)

The event was geared toward multiple audiences. The primary audience was all I.S. employees (perhaps 200 people at the time); the I.S. leadership team wanted all I.S. employees to attend, to feel free to ask questions and to learn more about the project. They wanted a fun, celebratory atmosphere where everyone felt welcome. In that spirit, they also invited leadership from departments collaborating on the project (perhaps another 30-40 people). By the time the event was held in June 2006, hundreds of people had already worked countless hours on the system selection and other aspects of the project, so I.S. leadership wanted everyone to have an opportunity to celebrate these accomplishments, have a little fun, and see the progress being made.

Activities

I worked with the sponsor on the leadership team, a senior director who was also the project manager over the Epic implementation, to define the scope of the event. We first met about the project just three weeks before the event date, when I received the limited information above about the event’s goals plus ideas for a few of the deliverables. I was asked at this time to brainstorm a theme for the event, and the senior director and I agreed to meet again the following week.

While working with senior leadership has its benefits, it also has its drawbacks. I was unable to meet with my sponsor again until very late in the week before the event, so we had to move quickly to get the event off the ground.
Preparation & Planning

In the time before I met with the sponsor again, I worked on developing the deliverables we’d discussed. I thought through the content for each, the information I needed and who it would come from, and the format for each piece. I created a matrix to 1) organize these thoughts, 2) provide a checklist of the deliverables and 3) provide the sponsor with a list of what I needed from her (see Appendix L).

In the meantime, I brainstormed themes for the open house. Since I was unable to meet with the project sponsor but I had to get started to keep the project on track, I ran my ideas past other members of the I.S. leadership team. Choosing a theme without the project sponsor’s input was risky, but it was necessary; getting feedback from other members of the leadership team was my way of mitigating that risk, and it gave me the confidence to move forward.

With feedback in hand, I began brainstorming by looking at the list of deliverables and thinking about our objectives for the event. The idea of our job applicants as “wanted” kept coming back to me. I first thought of the vintage “Uncle Sam wants YOU” posters. I then thought about the old west-style WANTED posters with mug shots; I thought I was on the right track, envisioning a question mark where the face should be and the details about the position on the poster itself. The idea had a lot of visual appeal, and it would be easy to translate into an overall theme for the event.

But I was troubled by the idea of an old west theme for an event associated with technology, so I tried to think about a more updated play on the “wanted” idea. When I thought about dossiers—and then immediately thought of Mission Impossible—I felt confident we’d found our theme.

The idea was well-received initially, but several members of the leadership team expressed concern that Mission Impossible might imply that the Epic implementation was, in fact, impossible. The project is still the largest implementation we’ve ever attempted, and in 2006 it still felt like an impossible feat to many people; we didn’t want to encourage this perception. I argued, however, that the TV series and movies had always centered on overcoming so-called “impossible” challenges thanks to the abilities of an elite team. We did want to convey that the task would be challenging, because setting realistic expectations was one of our goals and we hoped to galvanize people to rise to that challenge. I felt that watering down the theme to the suggested “Mission Possible” would destroy that value.

Fortunately, I was able to offer a compromise that pleased all parties: Mission imPossible. Though a mere visual play on words, this solution kept the “challenge” aspect of the theme intact while still emphasizing that our task was “possible.”

Overall, I thought the theme was a good fit:

- The TV series and movies showcased cutting-edge technology. This was both a positive association and a fitting one for the project.
- The theme had multi-generational appeal and was relatable to almost anyone.
- Characters in the series and movies are perceived as experts, cool under pressure, highly trained, and the best in their respective fields—another association we were happy to create.
- Teamwork was vital to accomplishing the “impossible” tasks on the series/movies, as it would be for Epic.
In a sense, the event delivered “insider” information to members of the I.S. department and invited guests. The **Mission imPossible** theme—treating the event as “top secret” and “for your eyes only”—was consistent with that. It gave people the sense they were getting the scoop on Epic, encouraged attendance, and added a sense of fun and mystery to the event.

Once the theme was in place, we were well positioned to plan the event’s other activities.

**Other Activities**

Communications and the deliverables were certainly my primary responsibility for the Epic Open House event, but they were not the only factors in making the event successful. Having planned a number of events in the past, I knew that attending to the non-communications details would be critical to the success of the event, and therefore to the success of the deliverables I would create in my role as a technical communicator.

These details for the Epic Open House event included:

- location reservation: Fortunately, the room for our event was secured well in advance by our administrative staff.
- room setup and clean-up: I arranged to set up and clean up the room and procured any materials needed. I also found volunteers to help with these activities.
- participant attire: I suggested all black and sunglasses, and sent a “wardrobe” reminder to our leadership and management attendees.
- music, speakers, and projector arrangements and setup: I secured the necessary equipment and either set it up myself or found volunteers to do so.
- feedback forms and pens: I designed, printed and cut the forms. I made sure pens were on hand, and provided a box/basket for completed forms.
- food orders, arrangements for pick-up and/or refrigeration, utensils, etc.: I coordinated and/or made arrangements for the food. I made sure we had pitchers for water in case folks didn’t want the purple Kool-Aid (part of our theme). I also picked up the cake from the bakery, and made sure we had utensils, plates, napkins, and everything else we needed related to the food.

**Communications**

Because of the very short lead time we had to plan the event, we didn’t do as much as we could have to publicize the open house. In the weeks leading up to the event, our CIO had sent out a number of email messages concerning the Epic project, and at the end of each, we reminded recipients that there would be an open house on June 23. One week before the event, these emails were still the extent of our publicity—but in the end I think this worked to our advantage, because it made what we did send especially memorable.

In the days leading up to the event, I sent two email communications. Both had a black background, a purple **Mission imPossible** heading, and a white typewriter-style typeface for the body text, which was made to look like a secret communiqué. Both were written in “spy speak.”
The first message, seen in Figure 3.1, announced the date, time, and purpose of the event. It also included general information about food and the information that would be available at the open house.

**Figure 3.1  First Epic Day “Mission imPossible” Email Message**

The second message was a follow-up reminder to the first, and was sent one day before the event (see Appendix M). It included more specifics about the food available, an iPod giveaway at the event, and the Mission Debriefing Forms they would have to complete to be entered.

**Deliverables**

I planned and executed our deliverables for display and/or distribution at the event with the help of my sponsor, taking into consideration the information I knew we needed to deliver at the event, the needs of the audience, usability concerns, and the Mission imPossible theme.

To accommodate our short lead time, I made arrangements to print the posters in-house on a plotter printer in I.S. Even this arrangement required some planning, since the printer wasn’t 100% reliable and I didn’t have access to that printer. I found out the maximum size printable on a single page on the plotter and designed our posters that size.

I created the posters in PowerPoint for several reasons. First, it was easy to create a custom size page exactly the size of the plotter pages. Second, I knew the program would work with the printer without problems. I also knew it was universally available, and therefore would be easy for my sponsors to use and review. I knew we’d be using charts and documents from other programs, and that it would be easy to insert them as images if we used PowerPoint. Finally, we initially intended to use the posters as a presentation as well, so by using PowerPoint I only had to do the work once.
For several reasons, we ultimately decided to use only the posters and the handouts, not a presentation. We were concerned that people wouldn’t be able to read the fine detail on many of the slides. We also wanted people to interact with the leadership team, the materials, and each other, and to ask questions, and we were concerned that the PowerPoint would discourage interaction. Finally, because of the room setup, people would constantly have been walking in front of the projector in order to be able to circulate through the room.

With a short lead time, we needed to ensure we didn’t spread ourselves too thin with a long list of deliverables. By narrowing our focus to several document types, we could ensure the materials were complete and maintain quality. Fortunately, we were able to cover a lot of ground with the documents, discussed below.

**New Organization Chart**

A number of new positions were created for the Epic project, changing Information Services’ organization chart dramatically. At a department meeting shortly before the open house, a reorganization of the department was announced; a new organization chart was shown, but it was almost impossible to read. The lack of readability only added to the confusion and fear caused by the changes themselves.

We created an attractive, easy-to-read version of the new organization chart for the open house event. Members of our senior leadership team were able to use the organization chart as a visual aid during the event as they answered questions about new positions and addressed people’s concerns about what was changing.

Since the organization chart was still in flux, we did not make copies available to attendees.

**Open Position Dossiers**

With the new positions on the organization chart came job openings. One goal of the open house event was to let employees know about these opportunities. To maintain our Mission imPossible theme (and avoid handing out boring job descriptions), I created a template for a “dossier” in Adobe InDesign and developed dossier content based on the job description information I was given by the event sponsor. The dossiers had virtually the same content as job descriptions, but were more engaging and easier to read. A sample dossier is shown in Figure 3.2.
Figure 3.2 Epic Open House Event “Dossier”

**Application Coordinator**

**Job Description**
One application coordinator will be dedicated to each major application/application group at our not-so-top-secret leading academic medical center. These agents are responsible for achieving in-depth knowledge of the software, and serve as a bridge between end-users and Epic implementation staff.

**Agent Responsibilities**
- Conduct regular day-to-day communications with Epic’s installation team and review software
- Analyze business operations and work with Epic and end users to tailor our new system to fit CCHMC’s needs
- Perform in-depth analysis of workflows, data collection, report details, and other technical issues associated with the use of Epic software on an as-needed basis
- Develop and document the internal procedures that will be used in conjunction with Epic applications
- Coordinate all questions and issues that arise during the epiCenter mission for their application area
- Ensure that user and technical documentation for implemented systems meets support needs and standards

**Suspect should be considered:**
- A highly qualified professional
- An innovative thinker
- A dedicated team player
- An extremely valuable employee

CCHMC must secure suspect at all costs.

**Agent Training Requirements**
We also created handouts for Agent Training Requirements. These Word documents were essentially tables of training requirements for each of the Epic project teams, broken down by position. The original document I received from the event sponsor was a large Excel spreadsheet that was difficult to read (see Appendix M1, Epic Open House Training Materials, to view a portion of it). I created separate documents for each team, and broke these documents down further with headings for the positions and individual tables below them to make them more readable. I used bullet points where applicable to make it clear when there was more than one item in a cell. A sample of the “Agent Training Requirements” format is available in Appendix M2, New Format Agent Training Requirements.

**Mission Timeline & Phasing Plan**
The Mission Timeline was a tentative timeline for the project, showing only the signing of the contract, training for the two phases, and the two design/build/implementation phases themselves. Up to this point, the I.S. leadership team had been afraid to commit this information to paper.
because they knew it would change. We chose to title it “Tentative Phasing Plan” to make it very clear that it was not set in stone, and again did not make copies available.

The phasing plan was a more detailed Gantt chart view of the project timeline, depicting all the individual modules of the project. Up until the open house event, this information had not been shared with I.S. employees. It also had not been broken down by phases. At this point, we had no one document that depicted which modules fell into which phases; the leadership team simply knew what fell where.

I suggested that it would be helpful to depict the two phases on the Gantt chart view so people (myself included) could begin to see which modules were part of Phase 1 and which were part of Phase 2. My sponsor agreed, and added two red Gantt chart bars showing the two phases. I suggested that they should be two different colors; she made one green. I also suggested that it might be confusing for the audience if some bars on the chart depicted modules of the Epic roll-out and others depicted phases of the roll-out. I was able to convince her to let me use double-ended arrows at the bottom of the chart to show the duration of Phases 1 and 2, which I think helped clarify the phases (see Appendix M3, Phasing Plans).

**New Mission v. Old Missions**

I had heard people in I.S. comment that they didn’t know what exactly we were buying and what exactly was being replaced, so we decided to create content that addressed this question. We created a poster called “New Mission v. Old Missions,” shown in Figure 3.3. On the top left was the header “New Mission”; the new Epic modules we were installing were listed below it. On the top right was the header “Old Missions”; below it was a list of the systems being replaced. Each Epic module was parallel to the system(s) on the right it was replacing. This allowed employees to find the exact system they worked on and see what Epic module would replace it (if any).
Figure 3.3 “New Missions vs. Old Missions” Poster

**Systems–Before & After**

We put existing “before” and “after” Microsoft Visio spider diagrams depicting the organization of our current and future systems on posters to help people visualize the differences in the organization of information within the current siloed systems and in the new integrated Epic system (see Appendix M4, System Structure Spider Diagrams).

At first, the diagrams came out fuzzy when test printed. When my sponsor went back into the original documents and changed the original size to match the new, larger size I needed for the posters (so I didn’t have to stretch the diagram once it was inserted into PowerPoint), the problem was corrected.

**Mission Debriefing Form**

We also created a small Mission Debriefing Form, which served both as an entry for the iPod giveaway and as a means for us to collect information about who had attended and their interest in working on an Epic project team.

**Results**

More than 150 people attended the Mission imPossible Epic Open House event, which was a smashing success. The room was packed for the first hour and a half, and thereafter attendance was
steady up until the last 30 minutes. People from every I.S. location, even those at Main Campus, came— one group even told us they were in training and took a break so the whole team could ride the shuttle over together to check it out. We even had attendees from departments outside ours who had somehow heard about the event and decided to come over to learn more about the project.

Everyone who attended loved the theme. The Mission imPossible theme music we played on a loop in the background throughout the event really made our normally drab penthouse feel like something unique was going on. People from HR were ecstatic about the theme— our CIO made a point of introducing them to me because they loved it so much they wanted to tell me themselves. They said they couldn’t wait to see what I came up with for the rest of the Epic project.

After the event, we put the posters up outside the kitchen on the 5th floor (occupied by I.S.) so people from other shifts could see them, and I.S. employees could refer back to them. It was also a great way to keep the project in people’s minds since people pass in and out of the kitchen every day. The electronic files for most of the deliverables were posted on a shared drive so people could view them.

The event sponsor collected the Mission Debriefing Forms and entered the information into a spreadsheet immediately following the event. She and the other members of the I.S. leadership team were able to use the information from the forms to help take people’s interests into account as they built the Epic teams.

**Post-Event Communications**

A follow-up e-mail message was sent to everyone who received the two Mission imPossible promotional messages. It was written in the same style as the first two messages (see Figure 3.4) and continued the playful tone. The message included a thanks you to those who attended and helped with the event, and announced the iPod winner. The message also told those who hadn’t attended where they could find information from the event. It ended with a forward-looking, positive conclusion about the mission ahead.
The leadership team in I.S. was very happy with how the event turned out. They thanked me many times for my work on the event and told me repeatedly how very impressed they were with everything.

My boss in Marketing & Communications was also very complimentary. She said she believed I.S. owed the success of the event to me and the work I did to generate interest and make it fun, and that without my efforts it would have been like any other info session—boring and with minimal participation.

Attendees also gave very positive feedback. Several weeks later when riding the shuttle to the main hospital a member of the department told me how much she liked the event and the theme, and how much fun she thought it was. A complete stranger riding with us heard us talking and asked what she’d missed.

But the best praise came as one attendee wandered the event looking at the posters. She said “I love how the information is laid out on the posters—even if I knew nothing about the project, I could understand this. This makes sense to me.” A technical communicator can receive no higher compliment.

Conclusion
This project allowed me to showcase many of my MTSC-acquired skills. In every communication, from the promotional emails to the posters, I strove for conciseness. I thought critically about my audience and its needs from the beginning and at every step along the way. I worked with my subject matter expert to understand her vision for the event and, in some cases, to collaboratively write the content. I thought about usability and the principles of document design as I created handouts, posters, tables, and other visual aids for the event. I put my linguistics hat on and kept it
on as we discussed our event theme, thinking always of the words I chose to carefully set and maintain the desired tone for the event. I created materials from many different genres, taking advantage of the programs and technology at my disposal without losing sight of the users’ needs. And while I wasn’t able to conduct formal usability testing, I did informal testing whenever possible, noting how my audience used the materials and collecting anecdotal feedback from users to improve future materials.

These skills, and the unexpected role they helped me earn, are the subject of Chapter 4.
Chapter 4: Reflective Analysis

I was surprised by many aspects of my internship period at Cincinnati Children’s. Nearly all the surprises were positive: how quickly my first six months came and went, how much responsibility and autonomy I was given. A few surprises were not as obviously positive, but were valuable learning experiences I wouldn’t trade: how challenging it was to fill a brand-new position, how lonely I sometimes felt being embedded in the I.S. department rather than working among my communications peers.

But as I look back on my internship what surprises me most is that I was able to demonstrate the value of a professional communicator so quickly. Even more surprising, I found that I was helping drive change in the I.S. department—a role I never expected to fill.

This final chapter is a reflective analysis on how we as technical communicators can—and must—prove the value of technical communication to our employers. It will integrate the theories I studied as a MTSC student with my practical experiences as an employee at Cincinnati Children’s, using the activities of my internship as illustrative examples of those theories in practice. The chapter will conclude with an examination of why we have a responsibility to prove our value and that of our profession, the benefits we stand to reap if we do, and the opportunities we have to be agents of change if we are successful.

A New Perspective on Technical Communication

In my first month as a MTSC student, I learned that technical communication is not about packaging information. It’s not about sponging up information from a subject matter expert and regurgitating it in a “prettier” form. Technical communicators, I was told, help create knowledge. This distinction was confusing and muddy for me as a MTSC student, but became concrete and practical once I re-entered the workplace.

Prior to entering the MTSC program, I served as a technical communicator of the “packaging” persuasion. I was employed at the time by a large construction firm, where I worked with engineers to create multi-million dollar construction project proposals for clients. Yes, I considered whether the proposal was for a developer or a church’s volunteer board of directors, but I edited the engineers’ language accordingly rather than writing to the audience’s needs. Typically, our subject matter experts (engineers) handed over their documents at the eleventh hour, and I scrambled to rid them of typos; if I was lucky I had time to reword sentences. Even when I did write collaboratively with engineers, which was rare, my role was more to assist them with word choice and phrasing than to think strategically from the ground level about the best way to respond to a client’s request for information. I selected photographs of schools if we were proposing on a school project, but I followed our standard format rather than thinking deeply about what the client really wanted to know.

This approach was not only inefficient and ineffective, it was miserable and unsatisfying professionally and personally. I felt as though I could never keep up with demand, and as though I
was always waiting on someone else’s expertise to deliver my product. I felt stressed, overworked, underappreciated, poorly managed, and underpaid for my real (if under-utilized) skills and expertise.

The MTSC program gave me a new much-needed perspective. Not only is it a good thing to think about my audience and its needs, it’s absolutely imperative. I should always think about the purpose of a document I create, as well as how my audience will use it. Collaborative writing isn’t about repackaging what someone else gave you, it’s a give-and-take process that requires teamwork and focus on a common goal. And strategic thinking about how to approach a need for information isn’t a lofty dream, it’s a required reality. I walked away from my 18 months in the program with an arsenal of new knowledge about my profession and newfound confidence in what I could offer an employer—even if I didn’t realize it at the time.

Post–MTSC Employment: Knowledge Comes to Life

Today, I can say this with confidence: technical communicators can be active participants in (and can serve as chief facilitators of) a give-and-take knowledge creation process that can involve subject matter experts, executives, other technical communicators, research, and knowledge from any number of other sources. What made me so confident in this concept, which was so difficult for me to grasp as a Master’s student? I know now because I live in this role every day; this is my livelihood (and this is the power of mating education and experience for students).

Over the course of my internship, I not only came to live and breathe this role, I began to realize how much I had to contribute to this knowledge creation process and to the I.S. department. It was an exciting realization. I applied the things I learned in the MTSC program to my work at Cincinnati Children’s every day, on project after project, along the way explaining to my leadership team what I was doing and why. I am still becoming aware of ways I can contribute to the department as a technical communicator.

This section looks at subject areas we studied in the MTSC program, gives examples of how I applied them in my internship, and describes how each was of practical value to my employer.

Conciseness

As a MTSC student, I was constantly challenged: strive to clearly explain complex ideas for my readers in as few words as possible. In every course and in every piece of writing, I was encouraged to choose words carefully.

Conciseness can be especially challenging for us as technical writers—all of us—since technical information is, by nature, complex. Every day we’re asked to make technical information more understandable for laypeople with fewer words. But this is exactly why conciseness is so important to our profession; as Hodge’s Harbrace Handbook2, the grammar and usage bible of every MTSC student, puts it: “Using words economically is fundamental to writing clearly because unnecessary words or phrases distract readers and blur meaning.” (311)

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Sometimes the value of concise writing is self-evident. For example, we know from personal experience that a single page of clearly written instructions is more useful than six pages of jargon. I experienced many instances on the job where keeping messages short led to a better response. People read the condensed three or four paragraph emails I crafted from two-page documents subject matter experts initially provided.

The power of concise writing became especially clear to me when working on our application for the InformationWeek 500. Previous I.S. attempts to apply for awards had been unsuccessful, and they were somewhat reluctant to bother applying. But they gave me free reign to work on the application, and we were all pleasantly surprised when we were named to both the 500 listing and the InformationWeek Top 250 Innovators rankings.

As I thought about this success, I realized that our application (and those of competing applicants) consisted of a questionnaire and just two 300-word essays (see Appendix E). Every company that applied to InformationWeek had exactly 600 words to explain its complex technical efforts, how these efforts improved customer service, and how they brought value to the organization. It occurred to me how important concise, powerful writing was to success in these awards.

Value
My training in the MTSC program enabled me to think about my readers, to think about the questions being asked, to identify the key points to communicate, then to carefully craft concise, persuasive 300-word messages that conveyed this information effectively. I couldn’t have written equally effective essays without the benefit of my MTSC studies. I believe quality communication and effective writing made a difference in our success over previous application attempts. My Hodges’ Harbrace Handbook remains with me on the job and its guidelines for concise writing are as helpful to me now as ever.

Audience Analysis
The MTSC program was rhetorically-based; from the moment I entered the program, I was asked to think about audience, purpose, and use as I crafted messages. The importance of a rhetorical approach really began to sink in for me when I wrote and designed instructions for a Hemoccult point-of-care test for fecal occult blood (see Appendix N) in English 692, Introduction to Technical and Scientific Communication. As I thought through the project, I realized how differently I would write instructions for patients than for doctors, and how they would use the instructions differently, and in different settings. I remember it as a “light bulb” moment.

The importance of audience-centered communication was perhaps the single most valuable lesson I learned in the MTSC program, and it has served me well in every aspect of my work at Cincinnati Children’s. The very first message I crafted about the Epic project (see Appendix I) was an example of how this training contributed directly to my success in the workplace. This first message was a daunting task for a number of reasons. The events I was being asked to explain had taken place over an extended time period. The information I needed to communicate was complex, there was a lot of it, and I was struggling to understand it myself so I could explain it to readers. The majority of my audience knew nothing about the subject. And there was an “intimidation factor”; the work was harder because I knew I was writing the message for our CEO.
I was able to rely on what I knew about audience analysis to determine my approach to the message. Rather than beginning by thinking about what my bosses told me they wanted to communicate to our audience, I thought about what readers knew, what they would want to know, what they needed to know, and what they didn’t. I took a lot of time considering what I wanted the message to look like before I wrote a word, and in the end it paid off. I framed the message as four or five major questions I thought readers would want answered, and then responded to each in plain language, providing the information I thought readers would want to know rather than pushing an agenda (which would be unsuccessful anyway). I also formatted the information according to the design principles I learned in the MTSC program, using headings, subheadings, manageable paragraphs, sections, and bullets to break up the information for readers.

**Value**

In this case, I had rare insight into the effectiveness of my message—members of my audience told me it worked. The goal for the message was that people would open and read it, and we know from the comments we received that this happened. Again, without my MTSC training, without knowing how to analyze my audience and then how to adapt a communication to meet its needs, this communication would have looked like it did when my bosses gave it to me (though perhaps grammatically smoother).

While reaching the audience was certainly valuable to our organization, I believe the audience analysis I was able to do for this message provided another, longer-term benefit. Since this was the first major communication about the Epic project, we had an opportunity to set the tone for the project and what was to come. Simplifying the language, showing that we were attentive to what the audience wanted to know, keeping it simple and manageable—all of this went a long way toward setting a positive tone for the communications to come and for the project itself. In that sense, the time I took to analyze my audience was a valuable investment for the Epic project and Cincinnati Children’s.

**Collaborative Writing**

From group projects to peer editing, the MTSC program put daily emphasis on the importance of collaborative writing. As I explained earlier in this chapter, I thought I had experienced collaborative writing while working on proposals in my previous position, but my definition of collaborative writing changed during my time in the program.

During my time in the MTSC program, I regularly wrote collaboratively. I learned that true collaborative writing was not one person writing and others editing for word choice or typos. True collaborative writing was knowledge creation, people interacting and bringing their expertise together to create a product that was collectively greater than the sum of its parts. In English 694, Technical and Scientific Writing, for example, two MTSC classmates and I collaboratively wrote a brochure for the Myaamia project, which works to preserve the history, culture and language of the Miami tribe of Oklahoma (see Appendix O). We researched together, talked through our ideas, even wrote the content “out loud,” creating and editing the language of the brochure together. It was a truly collaborative writing experience.
Value
In my time at Cincinnati Children’s, I’ve experienced this true form of collaborative writing many times. Thanks to what I learned in the MTSC program, each time I wrote a message for our leadership team, I now knew how to interact with them in a give-and-take process to create a better message that met our audience’s needs. Rather than taking the bullet points they gave me and organizing them into paragraphs, we talked through the key points they wanted to convey. I was able to ask questions to flesh out details and to help clarify messages; I suggested different approaches when appropriate, and was able to say why I thought a new approach might be more effective for the audience in a given situation. Our collective expertise allowed us to create more effective messages.

This approach has value in the long-term as well. Working and writing collaboratively with I.S. leadership has built a great working relationship over time. They know they don’t need to dictate messages to me because we’ll work through the writing process collaboratively, and I find they’re more forthcoming with information when they aren’t afraid they’ll be “quoted.” This collaborative approach allows me to get a great deal more information, and more nuance, than I otherwise would. And with more information, I’m better able to put the messages I write in context for readers, leading to a more useful end product for audiences. I believe a collaborative approach is also more efficient with fewer rounds of edits, because I get a lot more information about what our leadership really wants from the message while receiving the assignment rather than writing multiple drafts to find that out.

Document Design
My MTSC training in the principles of document design has come into play countless times in my work at Cincinnati Children’s. When designing documents, I still refer constantly to four basic principles I learned as a MTSC student. Robin Williams explained contrast, repetition, alignment and proximity (and the inelegant but memorable CRAP acronym) in *The Non-Designers’ Design Book*[^3], and the principles have stuck with me ever since. I have rarely (if ever) designed a document without consciously thinking about repeating and aligning its elements, ensuring contrast of its typefaces, and using proximity of elements to convey that they are related (or not).

Understanding how audiences use documents, and how document design can facilitate that use, still interests and excites me each day. My knowledge of document design gives me credibility with clients, allowing me to explain my design choices and how they’ll help readers get the most from a client’s document.

Value
I really enjoy being able to make simple design changes that make a big difference for users, and I’ve had opportunities to do this many times during my time at Cincinnati Children’s. The most memorable instance during my internship occurred with the launch of our revised organization charts for the I.S. department. The new charts were first presented at a department meeting as part of a PowerPoint slide, and the charts were illegible on the slide. Tensions were high with the departmental reorganization and unfortunately this challenge only added to the frustration. I offered to redesign the organization charts for a subsequent meeting, making them easier to read; I also

designed simple “zoom” views of portions of the charts so text would be visible. When the first “zoom” view went up, there was an audible “ahhh!” in the room. Simple changes like these went a long way toward defusing tensions in the department at little or no cost, which was helpful to our leadership.

**Design of Tables, Figures and Other Graphics**

As a MTSC student, I learned a lot about the different kinds of tables, figures, and graphs at my disposal to visually display data. I also learned how to select the right display type for the data and audience in a given situation. Last but not least, I learned about the dangers of irresponsibly employing data displays—how these could intentionally or unintentionally distract or mislead audiences.

Schriver’s *Dynamics in Document Design*⁴, our text for ENG 697, Information Design, played an important role in my understanding of these issues. Schriver even-handedly suggested that we must make responsible design choices for our readers—without assuming we can actually control their behavior. “The decisions document designers make about the relationships between prose and graphics can have a major impact both on the clarity of the message and on how engaging the message is,” she notes, but “it’s important to recognize that readers are an independent lot… there is no guarantee [they] will use the cues we provide” (411). I appreciate Schriver’s view of data displays as a never-ending balancing act for our profession. Her high-minded but realistic approach has continued to speak to me in my working life.

**Value**

Since my job doesn’t deal directly with data management or display, I wouldn’t have thought this area of study from the MTSC program would play much of a role in my internship at Cincinnati Children’s. But as it turned out, it proved its value in at least one important case.

In Chapter 3, I discussed the Gantt chart that depicted the project phasing plan and the order of the different system modules within it. You may recall that we integrated a visual display of Phase 1 and Phase 2 on the same graph; the sponsor initially did this by adding two additional Gantt chart bars on the chart. My MTSC training was what helped me identify this as a potential source of confusion for readers. It also helped me explain that concern to the project sponsor, and helped me identify an alternative that would avoid confusion.

**Linguistics**

The MTSC linguistics course, and specifically our study of verbal communications at work, has made a huge difference in how I communicate on a day-to-day basis as a professional. Elgin’s *The Gentle Art of Verbal Self-Defense at Work*⁵, which portrayed workplace scenarios among several employees, hit home with me; I’d been in or been witness to those situations in the workplace. The concepts of mismatched perceptions and expectations in conversation and how they affect conversational outcomes, as well as their long-term relationship consequences, fascinated me and stayed with me.

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Thanks to Elgin’s book and English 695, Linguistics for Technical and Scientific Communicators, I communicate differently with colleagues now. I try to think—even as I’m speaking—about how what I’m about to say will sound to them and how it might be perceived or misperceived, and I try to adjust accordingly. I try to be sensitive to their reactions and see when something I’ve said may have been misinterpreted, and I attempt to “realign” our conversation quickly before more damage is done. All in all, I see the time I spent in Linguistics as an extension of audience analysis—this time conversational and real-time rather than written and abstract.

**Value**

In addition to changing my own approach to interpersonal communication, my education in Linguistics helped me advise others on their communications strategies. For example, at one point during my internship, a member of our leadership team expressed frustration to me about a program he felt wasn’t going well. From his perspective, the group had begun meeting during work hours rather than lunchtime, had purchased a few items without prior approval, and had assumed they’d be given time at every other department meeting to award prizes. He had decided to end the program.

Thanks to my linguistic training in the MTSC program, I was able to think about each side’s assumptions. I considered how members of the group might perceive the same issues and posed these possibilities to the manager, helping him understand that, right or wrong, the group might not have perceived these issues the same way he did. We discussed the dangers of both groups going into the meeting with totally different perspectives, and the communication risks and negative outcomes if neither side made an effort to understand the other’s assumptions.

Though the manager did speak to the group and terminated the program, he was much more understanding of the well-intentioned time and effort they had put into it. Having heard his initial comments in private, I was extremely impressed by the difference in his tone and the genuine effort he made to understand the group’s perspective. I believe our conversation about assumptions and differing perspectives had an impact on how he approached this conversation. If I hadn’t studied linguistics as a MTSC student I wouldn’t have thought twice about the importance of the group’s perspective to the outcome of the conversation, nor would I have known how to choose my words for a conversation on this subject.

**Genres (breadth and depth)**

In the MTSC program, I was fortunate to study a broad spectrum of genres. In just English 692, Introduction to Technical and Scientific Communication, I had an opportunity to write a white paper on environmental issues, a white paper on instructional design, instructions (including design), transmittal documents, a non-profit grant proposal, a usability testing report, and a user questionnaire. My work in English 694, Technical and Scientific Writing, included a brochure, a senior citizen computer-use assessment and design project that included a report and end-user pamphlet, a survey of genres for my intended discipline, an informational booklet for student health services, a style guide, and a presentation. This body of work represents just two MTSC courses.

The experience I gained as a MTSC student, combined with my previous experiences as an undergraduate student and a professional, gave me the necessary education to work on an incredible
breadth and depth of genres in my internship at Cincinnati Children’s. The studies of genres and document superstructures I completed as a MTSC student were also tremendously helpful in preparing me for this work.

During my internship period at Cincinnati Children’s, I worked on the following genres, all of which were informed in various ways by my studies in the MTSC program:

- Organization charts
- Gantt chart timelines
- Policies
- Letters
- Emails
- Posters
- Video scripts
- Presentations
- Events
- Communications plans
- Press releases
- Boardroom handouts/presentation leave-behind packets
- Job descriptions
- Essays
- Newsletter articles
- Instructions
- Agendas
- Surveys

This mere sampling of the genres I’ve worked on in my position at Cincinnati Children’s demonstrates just how well the MTSC program prepared me for work in the workplace.

Value
The value of this training to my employers is obvious. Regardless of the task I’m asked to complete, regardless of the exact genre we’re dealing with, I often have experience with it; even when I don’t, I’m able to fall back on the basic principles of audience-centered writing and good document design. Being a jack-of-all-trades, so to speak, means I’m much more valuable to my employers as a resource—and that it’s much easier for me to make myself indispensable to them. It’s easy to jump in at any given point, even on late notice, when I’m familiar with the basic genre structure of a document. Also, I’m almost always able to give suggestions based on my knowledge of the audience and the genre, even in cases when I don’t know a lot about the technical information being presented or have no time to familiarize myself with the content.

Being able to jump into a project or look at a document any time I’m called on to quickly draft a message or offer suggestions has served me extremely well in my time at Cincinnati Children’s. These “on-call writing skills” are based on the underlying fundamentals I learned in the MTSC program; they’re one way I’m able to demonstrate my tangible value to my employers on a day-to-day basis.
Usability

I couldn’t call this discussion complete without a mention of usability. As a MTSC student, I learned not to assume what would work for a user and what wouldn’t. I learned to ask the user, conducting usability testing with my intended audience to validate and improve materials. Usability testing, I learned, is the only way to ensure I achieved what I set out to do.

I lived this principle as a MTSC student. In ENG 692, we conducted usability testing with our own papers, peer reviewing them at two stages in the writing process to ensure we were communicating our thoughts effectively. In the same course, we conducted usability testing for our Hemoccult instructions and prepared a usability report. In ENG 694, we built a computer for an older user (my own mom) and asked her to test it and give us feedback. Usability testing was a way of life.

Value

No principle of my MTSC education was more obviously applicable than usability testing. What employee wouldn’t love to ensure their work got results?

Still, I found this was the one basic principle of my MTSC education that was difficult to translate to my professional life. While I did informal usability testing, like asking coworkers to read drafts and sending test versions of emails to ensure they could be viewed correctly by recipients, formal usability testing remained a challenge. Though I regularly suggested testing materials during my internship period and beyond, I had little power to do much more. As time went by, the time constraints for projects became more and more intense, and we ultimately did no formal usability testing during my internship period.

These challenges weren’t unusual. In my experience, formal usability testing is often difficult in a professional atmosphere because of:

- **Time constraints.** Unlike academic projects, which are often created over several weeks, at work I often receive a request for content that’s needed the next day.

- **Inaccessible audiences.** Most MTSC projects were collaborative in nature, and it was appropriate to ask a client to look at content and give feedback. But in the professional world, I may not be able to reach an audience for feedback, or it may be inappropriate to ask.

- **Limited budgets.** In the professional world, time is money. So while it may not “cost anything” to ask 5 or 10 people what they think of a set of instructions, everyone’s time is worth something—and from a manager’s point of view, taking a set of instructions from good to great just isn’t the most important investment of everyone’s time.

For these reasons, formal usability testing didn’t factor into my work at CCHMC for quite some time, but this has changed on a recent project. We recently began the implementation of the web-based, patient portal module of our Epic electronic medical record. I was charged with creating the communication plan for the implementation, which included creating materials for staff and families to explain the new system and encourage families to register to use it.

I’m glad to say we have conducted usability testing of these materials with patients, parents and staff. I believe we were successful in conducting usability testing for this project (when we had not been before) for several reasons:
• **Family involvement.** This project is targeted to families, who are essentially our customers. It’s much easier to make the case for user testing when the project is for a revenue-generating group and isn’t just overhead, which was the case with Epic and other efforts for staff.

• **Easy execution.** It was easy to plan the execution of this user testing since the hospital already has both a Patient Advisory Committee and a Family Advisory Committee. We simply arranged to be on their agendas and they reviewed the materials and gave feedback.

• **Positive politics.** The usability testing was actually suggested by a steering committee for the patient portal project. Ensuring families and kids reviewed the materials had both practical and P.R. value from the committee’s standpoint.

Usability testing has helped us make important improvements to the project materials for staff and families. Though the constraints discussed still exist and will continue to affect decision making about usability testing, this has been a very positive test case and we’ll continue to look for opportunities to involve users in content development.

### Our Value Proposition, Our Responsibility

As technical communicators, we and our communication brethren\(^6\) often complain that we’re not paid well enough for the important work we do. It’s interesting, however, that we usually complain only to one another—I believe this reveals something about how the situation came to be and why it remains this way.

I have a theory that good writers don’t get paid well for two closely related reasons. First, because many of the people responsible for hiring writers aren’t able to tell the difference between a great writer and a mediocre one. And second, because many of the people hiring writers don’t understand how good writing can positively affect (or bad writing can damage) the bottom line.

I will venture to say many technical communicators will tell you this is a cold, hard, unchangeable fact of life. I have a different and perhaps unpopular theory. I believe the world remains this way because the good writers among us can’t explain the difference between ourselves and those who can’t write. That is, exactly why we’re more valuable and how we save (or better yet, make) the company money. Therefore, it’s our own fault if we continue to make the same generally lackluster dollars as the person sitting next to us who can’t find a good sentence with a flashlight and divine intervention.

I propose that it’s our job to make a change. We must see it as our job to educate managers, executives, supervisors, coworkers, and everyone else we work with. We have a responsibility to prove our value if we expect to be rewarded—and respected—accordingly. Just as I’ve done throughout Chapter 4, we should be able to explain the value of our education and how the theories behind technical communication can be applied to the work we do every day. Each time we disagree with a coworker, we should be able to propose an alternative grounded in the principles of technical communication. Furthermore, we must be able to clearly demonstrate the benefits our

\(^6\) Communication professionals. I include myself in this group.
companies stand to gain from our work. If we expect to be respected as good communicators, we must be able to explain how our good work affects the bottom line.

**Agents of Change**

Each of us has the opportunity to be an agent of change if we can successfully prove our value. This became clear to me during my internship period in I.S. The tone of meetings I was involved in changed over time. I was new to the department, and there was a freedom in not knowing what was “expected.” I was willing to propose “out of the box” ideas, and as I did so others seemed to gain the confidence to voice similar ideas. When we began talking about departmental communications, people seemed to go from slightly suspicious to cautiously positive to genuinely excited when we finally announced plans for the department e-newsletter. My understanding is that the tone of our events began changing with my involvement; I was told the Epic open house event was a complete departure from anything I.S. had ever done.

At the time of my internship so much was changing with the Epic project, I.S. employees seemed especially open to creativity and changes in other areas. Shortly after my internship ended, I was allowed to write an invitation in rhyme to a breakfast with the leadership team. I was given an increasing number of opportunities to create these small changes as I earned the trust of the leadership team. This was an incredibly empowering experience for me. I felt I’d been successful and received these opportunities precisely because I proved the value of my involvement and my contributions along the way, and with each success I earned the trust of our leadership team.

Further evidence of this trust and respect has come with time as I have continued to prove my value in the department. Colleagues from inside and outside the department regularly ask for help with documents, communication strategy, grammar questions and other projects. In 2009, the importance and permanence of my position was further reinforced when my position was moved permanently into Information Services. And over the past five years, my responsibilities have consistently increased. In July 2008, I helped hire another communication professional, who reports to me. I have begun serving on a number of committees, and in August 2010 I wrote Information Services’ first departmental annual report.

Some of the new projects among my increased responsibilities have allowed me to offer very tangible returns to the department. For example, I helped a team internally develop a user support training program that a vendor proposed at $60,000. I also developed a website that enabled us to roll out Office 2010 and Windows 7 using free Microsoft training materials. This allowed us to maintain the planned implementation schedule, avoid purchasing training content, and keep users out of the classroom, all of which saved the medical center a significant expenditure. I also devised a voluntary super user program to help users get up to speed faster with the new Office 2010 applications, saving calls to the service desk and productivity losses.

I believe that as technical communicators, we each have opportunities like these to affect the bottom line for our organizations, and by collectively doing so we can change the landscape of our profession. Professional communicators can create a playing field where those who do the best work and demonstrate their value reap the best rewards and receive the best opportunities. Communication professionals must also provide practical, real-time strategic communications counsel to management, not just written pieces, if we expect to be indispensable. Those of us who
understand our value as communicators—and can help management understand that value—will work
for the top organizations and rise to the top ranks, just as in every other field in business. The
power to make this paradigm shift is in our own hands.

As communication professionals, we also have the opportunity to change our organizations. By
communicating in new ways, by listening to our audiences, we can create new communication
dynamics and gradually increase engagement. I’m not the first to suggest this, I found. When re-
reading my MTSC textbooks, years after initially drafting this text, I found Robert R. Johnson
presented a similar idea in his article “Audience Involved: Toward a Participatory Model of
Writing,” excerpted in our English 692 text Central Works in Technical Communication7. “I am speaking
about power,” he writes, “the potential power of technical communicators and rhetoricians to be
not only advocates for users and readers, but also to be agents for change in corporate and academic

I realize I may sound overly optimistic. My internship experience was, in many ways, unique. The
position was newly created and not well-defined. I reported to two departments and had access to
executive-level leadership. I was asked to act as a consultant, to be assertive with my superiors if
necessary. I began at the ground level of a massive software implementation project and was able to
centralize communication efforts from the beginning. Perhaps most importantly, I had the support
of my superiors at every step along the way.

But while my situation may seem ideal, there are two sides to every story; many of these
“advantages” presented challenges, too. Working for executives means little or no day-to-day
supervision. My new position meant day-to-day duties weren’t defined yet; much of the time I was
figuring out my job for myself as I went. Starting so early in an implementation meant answers were
almost never available, and at any point they were subject to change. Reporting to two departments
has obvious challenges. Yes, having supportive leadership made a tremendous difference, but I also
had a choice; I could be beaten by these challenges, or I could persevere and turn them to my
advantage. I chose the latter.

I believe all communication professionals have the opportunity to change our current jobs in similar
ways, expanding our roles one project at a time as we demonstrate our value and the responsibilities
we’re ready, willing and able to handle. Many of us are working well below our educational or
intellectual capacities; rather than withering in these roles, perhaps we can create opportunities for
ourselves by demonstrating just what we’re capable of contributing to our respective organizations.

In making these changes, we have the opportunity to change ourselves as individuals and our day-to-
day outlook, making our professional lives more personally satisfying and fulfilling.

Best of all, we communication professionals have the opportunity to open doors for ourselves and
the professional communicators who will follow us. If we can prove our value as strategic thinkers
and planners, we’ll no longer be relegated to organizing and reorganizing others’ thoughts. We’ll no
longer be packagers of information; we’ll be co-creators of knowledge. If communication
professionals can begin to integrate our work with that of other disciplines, learning other fields and
becoming multidisciplinary visionaries, doors to management positions that are more than just

Stuart A. Selber (Eds), Central Works in Technical Communication (pp. 91–103). New York: Oxford University Press.
overseeing other communicators will begin to open to us. The possibilities are endless, but all doors open with one key: proving our value. And we hold that key.
Our Vision

To be the leader in improving child health

Our Mission

Cincinnati Children’s will improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation.

For patients from our community, the nation and the world, the care we provide will achieve the best:

- Medical and quality of life outcomes
- Patient and family experience and
- Value
today and in the future.
GOALS SUMMARY

Our plan centers on five themes that will carry the medical center forward: innovation, organization, outcomes, experience and value. Below each theme is a summary of strategic goals. Each goal has been defined with many specific initiatives. These goals will direct our efforts to transform health care and integrate patient care, research and education.

Innovation: Create an internationally recognized medical center based on innovation in improving child health and the training of clinical, educational and research leaders.

1. Create clinical centers of excellence that become premier sites for the diagnosis and treatment of targeted diseases and populations through the innovative application of basic, translational, clinical and health care delivery research to improve outcomes.

2. Create a Center for Personalized and Predictive Medicine that integrates research, education and clinical care to be the leader in individualized child health care.

3. Create multidisciplinary research centers of excellence that will establish the organization as the leader in basic research and its clinical translation, thereby exponentially improving child health.

4. Build the capability and productivity of each department and division with the goal of assuring increasingly better outcomes for patients.

5. Organize high-priority research efforts as multidisciplinary, cross-functional clusters to better address the major questions of child health now and in the future.

6. Achieve a broader array of research expertise and expanded patient study populations through networking research efforts locally, regionally, nationally and globally.

7. Create a health services research program to enable the organization to be the leader in improvement of outcomes, patient and family experience, and the value of care.

8. Achieve research core capabilities and infrastructure to optimally propel discovery and applications research.

9. Achieve broad recognition as a leader in graduate medical education.

10. Implement information systems and other technologies that support a spectrum of research, education and care activities, including linkages to clinical outcomes.

11. Achieve internationally recognized research training programs by enhancing the quality of current programs and creating innovative, highly attractive training opportunities.

12. Create externally funded research programs in nursing and allied health fields.

13. Achieve recognition as a preferred training site for nursing and allied health clinical leaders, educators, investigators and executives.

14. Create a Center for Global Child Health that incorporates education and advocacy with research and clinical care for children worldwide.
LEADERSHIP VALUES AND EXPECTATIONS

This statement of leadership values and expectations describes the qualities we seek in all employees and the behaviors we expect from each employee. These include a spirit of inquiry, a willingness to think in a boundaryless fashion and to seize opportunities for improvement. Expected behaviors also include dedication to family-centered care and building successful relationships with patients, families and professional colleagues. These are values we all can and must deliver through our actions.

Earn the confidence and trust of patients, families and colleagues.

- Respect others, honor commitments, be honest, forthright and compassionate.
- Listen and use patient and family focused interests to guide behavior, implement CAIBS.
- Learn from mistakes and help others do the same. Surprise by exceeding expectations.
- Celebrate the successes of patients, families, colleagues.
- Pursue personal growth and development; guide and nurture the growth and development of others.
- Model good health practices.

Embrace a spirit of inquiry.

- Prize and pursue discovery and innovation to improve the health of kids and the success of Cincinnati Children’s
- Scrutinize practices for opportunities to improve; apply timely and accurate information, analysis and feedback; help others do the same.
- Think in a boundaryless fashion; search for and apply the best ideas regardless of their source.

Execute with discipline and urgency.

- Set priorities; be focused and accountable to patients, families and colleagues.
- Carry out responsibilities with a sense of urgency; make timely execution a requirement of excellence.
- Seize opportunities, clear barriers and solve problems; resolve issues at the lowest level possible.
- Take prudent risks when information is imperfect, but never risk compromising patient care or safety.
- Collaborate; build relationships; work in teams.

Use common sense.

- Do the right thing for the child.
- Do what makes good sense.
Appendix B: Job Description

POSITION DESCRIPTION

POSITION TITLE: COMMUNICATIONS ASSOCIATE

DEPARTMENT: Marketing and Communications

ORGANIZATIONAL RELATIONSHIPS:

SUPERVISOR'S TITLE: Director or Senior Communications Associate

COLLABORATIVE RELATIONSHIPS: Information Services management and staff, Marketing and Communications Personnel, Cincinnati Children’s Personnel, Vendors

TITLES SUPERVISED: Coordinator and/or Assistant

TOTAL NUMBER OF FTE'S DIRECTLY OR INDIRECTLY SUPERVISED: 0-2

PURPOSE OF POSITION: To develop and manage integrated internal communications efforts for the Information Services Department.

MAJOR DUTIES AND RESPONSIBILITIES:

1. Regularly provide short- and long-term strategic communications counsel to Information Services.
2. Manage and complete projects independently; solve moderately complex problems on own and resolve most conflicts.
3. Manage the implementation of targeted, effective marketing and communications initiatives, programs, events, materials and projects, ensuring quality, consistency and efficient use of resources. Responsible for the evaluation of activities vs. objectives and performance against budget.
4. Write, create and edit a variety of communications on behalf of Information Services and manage the projects to completion.
5. Lead the recruitment, coaching, performance review and development of direct reports as determined by the needs of the department, as needed. Promote teamwork and serve as a role model.
6. Manage the work of freelancers/vendors and interns within the department, as needed.
7. Serve on a variety of internal committees and projects to aid internal communications efforts.
8. Provide services with the customer's needs first, always making customer service a top priority.
9. Develop knowledge and professional skills through cross-training, literature and department meetings. Attend required Cincinnati Children’s training sessions.
10. Understand, adhere to and model Core Standards as defined organizationally and specifically within the department/unit.
11. Perform other duties as assigned.

REQUIRED SKILLS: Strong verbal, written and interpersonal communication skills. Experience with new technology and communicating about technology issues a plus. Capable of relating to diverse age and demographic backgrounds. Must have well developed leadership and strategic skills and the ability to work both independently and in a team environment. Prior experience in supervising communications professionals helpful. Ability to work efficiently, creatively and meet deadlines. Computer literate and working knowledge of software applications. Demonstrated ability to make decisions and exercise sound judgment. Demonstrate business-like manner and appearance; exercise diplomacy and tact.

EDUCATION/WORK EXPERIENCE: Bachelor's Degree in Marketing, Advertising, Communications, English, Public Relations or equivalent required. Minimum 5 years’ experience preferred. Technology communication experience and/or healthcare or health-related experience preferred.

JOB Description ET Communication Associate June 1/26/06
Appendix C: Communications Checklist for Outcomes, Experience and Value

In 2005 Cincinnati Children’s adopted a new mission statement that emphasized, “...the care we provide will achieve the best medical and quality of life outcomes, patient and family experience and value.” It is the responsibility of Marketing and Communications to make these three factors come alive in all our communications. This checklist is meant to help us do this.

General considerations:
- Which communication vehicle(s) is/are most appropriate for this message and audience?

Communicating Outcomes:
- Is there a way to incorporate data or “startling statistics” into this communication, when available and pertinent?
- Is there a way to graphically represent data in this story that would help the audience understand outcomes?
- Can the message effectively communicate a measurable impact on child health or safety?
- Can the message discuss how research and/or technology are changing the outcomes for our patients?
- Can we incorporate a personal story (patient, family, employee, etc.) or a success story that communicates outcomes?
- Can we communicate our leadership in improving child health?
- Can the communication convey trust/credibility?
- Can the story communicate process/progress, in text or visually?

Communicating Experience:
- Can the communication incorporate a personal story that speaks to an experience the audience can relate to?
- Can the communication relay a broad perspective/diverse experiences?
- Is first or second person appropriate to help involve the audience in the communication?

Communicating Value:
- What is the ROI to the audience for their investment of time, money, effort?
- Is the information compelling to the audience?
- Can the communication relay the medical center’s positive impact on employees? The community? The health care delivery system?
- Can the message communicate our role in creating value for patients, both personal and financial? Is a personal story an appropriate way to do this?
- Is there a statistical or data-based way to communicate how we bring value to our community?
- Can the communication convey or emphasize responsible use of resources?
- Does the communication portray multidisciplinary support for patients?
- Can the message relay the value of donations and other funding to patient care?
- How can we show where the money goes, how the program helps, etc.

Keep in mind that OUTCOMES, EXPERIENCE and VALUE are often intertwined.
Appendix D: Endorsement Policy, c. 2006

DRAFT

Children's Hospital Medical Center
Online Policies

### Product and Vendor Endorsements
Original Date: 4/25/06   Last Review Date:
Revised: 6/7/06

Policy
As a non-profit health care, research and education organization, Cincinnati Children’s Hospital Medical Center does not endorse specific brand-name products or companies.

Purpose
Our interactions and relationships with our vendors must be conducted according to good business practices and in a thoughtful, consistent manner. This policy is intended to assist department leadership in the appropriate response to a request for product or service endorsements.

For purposes of this policy, an “endorsement” is any special relationship with a vendor in which Cincinnati Children’s is featured as a purchaser of the vendor’s product or service for the vendor’s marketing or promotional purposes. This may include photographs or listing Cincinnati Children’s in printed or web-based marketing materials, designation as a “show site” or “strategic business partner,” filming a demonstration video on-site, or some level of partnership in product development.

Such endorsements may be direct or implied, and may include such things as quoting a CCHMC employee in a vendor’s press release, appearing in vendors’ advertising or promotional materials, and others as listed in the box below.

This policy is intended to avoid any explicit or implied approval on the part of Cincinnati Children’s for a product, service, medical procedure and/or organization and to prohibit any other entity from benefiting financially from an association with Cincinnati Children’s.

Any use of the Cincinnati Children’s name must be consistent with our brand identity standards.

Scope
“Endorsements” may include any of the following which are produced by a vendor for its own promotional use:

- Quotes from Cincinnati Children’s employees in a vendor’s news release
- Videos for vendors’ product marketing that feature Cincinnati Children’s facilities or employees
- Educational or training materials for vendor products
- Ads, including Yellow Pages, that use our name or quote our employees
- Promotional software or multimedia materials featuring Cincinnati Children’s name
- Printed or web-based marketing materials for vendor products
• **Photographs** of Cincinnati Children’s facilities or employees in a vendor’s promotional materials

• **Live appearances** by Cincinnati Children’s employees that support a vendor’s product

• **Publications**, such as fundraising, educational, and trade publication articles, in which vendors use our name or feature our employees endorsing their product

**Guidelines**

- **Employees**: This policy applies to employees of Cincinnati Children’s speaking on behalf of the medical center and does not affect employees’ individual right to endorse products or services as private citizens, with no mention of their Cincinnati Children’s affiliation. Employees working on personal projects on their own time may not include any reference to Cincinnati Children’s.

- **Vendors**: Current vendors who work with Cincinnati Children’s may list us as a client along with other clients. Vendors may not use our name or brand in any other context in promotional materials.

- **Joint Ventures**: The use of the Cincinnati Children’s corporate identity elements in a joint venture will be limited by the terms of the agreement. Care must be taken not to portray an involvement by CCHMC that goes beyond the specific relationship defined by the joint venture agreement.

**Implementation**

Marketing and Communications will review any proposed vendor endorsement materials to determine if they comply with this policy.

For more information, call the Department of Marketing and Communications at ext. 6-4420 or send an email to marketing_department@cchmc.org.

This policy will be reviewed every three years, or whenever deemed necessary. Policy authority for this document resides with the Department of Marketing and Communications.
Appendix E: 2006 InformationWeek 500 Essays

1. Tell us about your organization’s most innovative business-technology initiative completed in the last year. Within the body of the essay, please define what about the initiative truly makes it innovative and describe the business value derived from the initiative. Please quantify the results and provide examples (300 words or fewer).

Children are often referred to Cincinnati Children’s Hospital Medical Center for tests, procedures or consults. After their visit, a letter is sent to their referring physician summarizing the results. Physicians normally dictate these letters, which are painstakingly transcribed, sent back to the physician for approval, modified if necessary, signed and mailed to the recipient.

The Referral Letter System (RLS) streamlines and partially automates this process. The system gives users the option of either a web-based interface or a unique Microsoft Word template, both of which are connected to a single data repository. To our knowledge, the system is the first to employ Office 2003’s Smart Client capabilities for this purpose, using Word as a front-end user interface with business logic built behind it; Microsoft has expressed great interest in our pilot.

Now when physicians dictate a letter in our Gastroenterology clinic, where the RLS is being piloted, the transcriptionist enters it directly into a database through either the web or the Word RLS application. Physicians review their pending letters at their convenience, make any changes and sign off electronically. The RLS then accesses the Cincinnati Children’s DrMaster repository for physician information and automatically faxes the letters to the referring physicians.

The RLS has been a sweeping success. The system has reduced turnaround for referral letters from 14 days on average to one to two days on average, and has been so successful it is expected to roll out to four to five more clinics by June 2006. The automated system decreases errors, increases speed, increases referring physicians’ satisfaction and allows staff to spend more time caring for patients.

The beauty of this system is in its simplicity- CCHMC has used the technology in an innovative way to cut costs, increase efficiency and most importantly, provide better care for our patients.
2. Essay D - Wireless Innovation: Describe an innovative use of wireless technology and the benefits it has brought to your organization and customers in the past 12 months.

In the past 12 months, Cincinnati Children’s Hospital Medical Center has used wireless technology in many innovative ways to benefit our organization and patients.

As an academic medical center, teaching is an important part of our mission. Wireless technology now makes it possible to integrate web-based training with hands-on bedside training for hospital staff, creating more realistic and effective medical education. Wireless makes bedside virtual conferences and consults possible, and patients and their families are able to participate, resulting in better quality care.

Wireless is also adding to efficiency and better patient care throughout the medical center. Wireless technology allows our surgeons the flexibility and mobility they need in our operating rooms. Physicians now enter orders wirelessly from laptops at the bedside during rounds, rather than afterwards at a central computer terminal, reducing the potential for communication errors. This bedside order entry also means patients receive their prescriptions faster than ever before, so kids don’t feel pain a second longer than they have to.

Thanks to wireless, our education specialists now go directly to patients and their families so they can receive bedside education at their convenience and in the privacy of their own room, rather than at a shared PC on a busy clinical floor.

Our Institutional Review Board (IRB) is now completely paperless thanks to wireless technology. Its members meet weekly and review materials together on their laptops using a wireless connection.

In addition, wireless has increased the overall efficiency of the medical center’s operations, providing employees with access to the hospital’s systems, applications and shared drives and with the mobility they need to do their jobs. The Cincinnati Children’s wireless network, with more than 700 access points and 12 discrete physical sites, is helping change the outcome for our patients every day.
Appendix F: Rewards & Recognition Kickoff Presentation

IS Rewards & Recognition Program
Above & Beyond Award

Background
- History
- Mission & Objectives
- Survey Results

History
- Employee satisfaction survey conducted company-wide in 2004
- Areas for improvement identified
- HR conducted IS focus groups
- Volunteers formed committee

Mission & Objectives
- Showcase employee excellence at all levels
- Acknowledge positive contributions
- Improve employee satisfaction

Survey Results
- 89% participated
- 99% somewhat or very interested in R&R
- Majority (32%) preferred impromptu recognition
- Majority (27%) had no preference for delivery method

Rewards Preferences
- Top four:
  - Time off
  - Restaurant gift certificate
  - Monetary: gas cards
  - On-site parking
Next Initiative
- 33%: Flex-time
- 33%: Telecommuting
- 10%: Defining career advancement
- 10%: Employee relations

Above & Beyond Award
- Program Information
- Kickoff Preview

Program Information
- Peer-to-peer
- Internal IS webpage access
- Impromptu
- Quarterly prizes at department meetings

Process
- Fill out form online
- Print copy for recipient
- Email copy automatically sent to manager, Marianne, & Tony

Prizes
- Names are entered into pool
- Unlimited awards
- One prize entry per quarter
- Spin-the-wheel format
  - $25 gift cards
  - $5 lunch cards
- Odds depend on number of awards

Kickoff Preview
Get your hands dirty!
Appendix G: Project Request Form Sample

**PROJECT REQUEST FORM**

**PURPOSE:** The Project Request Form (PRF) is used to document and promote an understanding of the business need and to provide information to support the decision to further investigate the need(s) / solution(s). The PRF is completed in the Assessment Phase and used in developing the Project Charter in the Initiation Phase.

**PROCESS:** The PRF is composed of two sections – PART A and B. **PART A**, which is completed by or in conjunction with the Project Sponsor of the requesting department(s), is initially submitted to the IS Project Management Office for review scheduling. Thereafter, an IS Single Point of Contact is assigned to assist with completion of **PART B**.

**PART A** is to be completed in its entirety by or in conjunction with the Project Sponsor of the requesting department(s). Once completed, the Project Request Form is to be forwarded to the IS_Project_Management_Office email account for Review scheduling.

<table>
<thead>
<tr>
<th>PROJECT IDENTIFICATION - PROJECT SPECIFICATIONS</th>
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<tbody>
<tr>
<td>Project Name</td>
<td>&lt;Assigned by the PMO&gt;</td>
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<tr>
<td>Sponsoring Department</td>
<td>Project Sponsor - Name</td>
<td>Project Sponsor - Phone</td>
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<tr>
<td>Department/Division Head Authorization - Name and Phone</td>
<td>Department Contact Name and Phone</td>
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<tr>
<td>IS Contact - Name</td>
<td>IS Contact - Phone</td>
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<tr>
<td>Project Request Author - Name</td>
<td>Project Request Author - Phone</td>
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Initiative Categorization – Check as appropriate:

- [ ] Research and Development
- [ ] Strategic, Profit Generating / Profit Sustaining (Revenue Generating or Cost Savings)
- [ ] Enhancement, Technology Enablement
- [ ] Regulatory / Mandatory, Compliance

If Mandatory Requirement, is it:

- [ ] Date Sensitive: List required implementation date here:
- [ ] JCAHO
- [ ] HIPAA (Protected Health Information - Will patient information be viewed, stored or sent to other departments inside or outside CCHMC?)
- [ ] If Other, list here:

---

Project Request Form_FY07 Capital 1 of 9  Date Printed: 8/22/2010
Version: 2/07/06
CCHMC Proprietary and Confidential
# Project Request Form

**Project Type** – Check as appropriate

<table>
<thead>
<tr>
<th>Maintenance</th>
<th>Upgrade</th>
<th>New Development or Installation</th>
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<tbody>
<tr>
<td>Operational (Finance, Personnel, Donor Mgmt, Library Mgmt)</td>
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<td>☐</td>
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<tr>
<td>Clinical (Applications/Systems supporting clinical &amp; patient care areas such as Pharmacy, Hematology/Oncology etc.)</td>
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<td>☐</td>
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<tr>
<td>Research</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Infrastructure (Networks, Security Mgmt, Facilities Mgmt)</td>
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**Project WILL be FINANCED AS FOLLOWS:**
Please check appropriate category, provide budget number and amount if known at this time.

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<tr>
<th>Source</th>
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<tr>
<td>CAPITAL BUDGET (FY07 REQUEST)</td>
<td>(FY07 REQUEST)</td>
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<tr>
<td>OPERATING EXPENSE BUDGET</td>
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</table>
| GRANT(S) | | <include name & number>

**Enterprise Impact:**

- ☐ Impact
- ☐ Impacts 1 to 2 Departments.
- ☐ Impacts 2 to 4 Departments.
- ☐ Impacts 4 to 10 Departments.
- ☐ Enterprise-Wide Impact.

**Project Summary**

**Project Overview** – Provide a high-level description with specifics regarding the vision and purpose of the project.

**< The objective in producing an “as is” situation is to understand the underlying existing process that will be transformed by the project. It should contain the key points necessary to convey an understanding of the request. Example: Multiple applications are required today to track the patient across the continuum of care. An integrated solution will largely eliminate data silos and hand-offs, as clinical information will travel through the information system as our patients travel through the Medical Center and provide a unified, standards-based data set that can be exported for use in basic and translational research.>

**<The purpose of a statement of “Why” the project exists. It describes the unique value the project will bring to the clients and customers, i.e., to define, recommend, deploy, develop, manage, modify, or enhance a process or system. Example: Embedded in the new strategic plan is the need for the Medical Center to pursue a core clinical & hospital information system commonly referred to as ICIS (Integrating Clinical Information System). An ICIS solution will provide computer-based patient records, eliminate paperwork redundancies, improve patient interactions and result in improved health care by reducing the possibility of mistakes.>**
**Objectives Of The Project**

<Major project objectives, which provide a foundation for the high-level requirements listed below.
Example: [Sponsoring department] seeks to enhance the ICIS system patient safety features and improve ICIS efficiency. A supporting objective is to demonstrate the safety benefits of ICIS, as seen in other clinical areas.>

<All projects should support CCHMC and tie to company strategic goals. The objectives should be SMART:
- Specific
- Measurable
- Attainable
- Results – Oriented
- Time-specific.>

<Building on the ICIS example, we might describe how we would enhance ICIS system patient safety features—perhaps through a system implementation expansion that enables the generation of complete, legible, unambiguous orders, across a broader patient base. We might describe a results-oriented objective to demonstrate the safety benefits of ICIS with data supporting fewer medication errors and mislabeled laboratory specifications as a result of ICIS implementation. Our objective can be made attainable, through a phased implementation of the project. Lastly, we could time-bound our objective with meaningful milestone targets.>

**Strategic Alignment**

<List how the objectives align with the strategic goals.>

<table>
<thead>
<tr>
<th>Organizational Drivers</th>
<th>&lt;e.g. Operational Excellence, Growth, Customer Focus, Leadership Development&gt;</th>
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<tbody>
<tr>
<td>Organizational Goals</td>
<td>&lt;e.g. Improve operational efficiencies, quality and effectiveness within and across CCHMC&gt;</td>
</tr>
<tr>
<td></td>
<td>&lt;e.g. Increase Standardization and Integration&gt;</td>
</tr>
<tr>
<td>Group Goals, if applicable</td>
<td>&lt;e.g. Implement Integrated Standards and Processes&gt;</td>
</tr>
<tr>
<td>Program Management Goals</td>
<td>&lt;e.g. Consistent approach to projects across the group&gt;</td>
</tr>
</tbody>
</table>

**Industry Comparisons**

<If other organizations have invested in this type of initiative, describe the similar initiatives. Example: Industry analysis shows that other similar hospitals have realized overall cost savings by addressing efficiencies when implementing an ICIS solution.>
HIGH LEVEL REQUIREMENTS -- REQUIREMENTS OF THE PROJECT

Identify the major business and/or clinical requirements that must be considered for completion. Key requirements, which are defined in this phase, represent the high-level objectives of CCHMC. The detailed functional, non-functional, user or system requirements will be documented in a requirement specification document in Planning.

For example:
1. Process both inpatient and outpatient orders in ICIS during the next fiscal year.
2. Enhance ICIS to provide additional decision support, auto-calculation of medication dosages and enable a significant increase in the number of order sets to improve efficiency.

BENEFITS

Tangible -- these are benefits that can be measured in actual dollar amounts

- Tangible benefit. Describe the tangible benefits to CCHMC. These are concrete, real, quantitative measures, e.g., cycle times reduced by 15%, inventory reduced by 10%, saving $2 million over 5 years after installation. Some key words to use are: cost reduction, reduce, eliminate, higher rate of, repeat business, and revenue increase.

Intangible -- challenging to quantify, but beneficial

- Intangible benefit. Describe the intangible benefits to CCHMC. Intangible benefits are often difficult to measure, e.g., improved satisfaction, competitive positioning, goodwill, and strategic initiative. Some key words to use are: longer, shorter, faster, more, less, better, automatic, enhanced, and streamlined.

Benefits Impact

If economic conditions or assumptions were to change, would these benefits be severely impacted, moderately impacted, or would benefits likely remain unchanged?

- [ ] Severely impacted
- [ ] Moderately impacted
- [ ] Remain unchanged
### Risk of Not DOing the Project:

Describe the risk of not doing the project. I.e. How long will the business function operate without this project, before it would significantly affect the ability to conduct business or meet required obligations?

Example: Within 1 year, projected caseloads will exceed the system’s handling capacity — based on identified deficiencies in the process and inability of the system to recognize additional records.

### Project Stakeholders — Individuals and Organizations Who Have Interest in the Project

<table>
<thead>
<tr>
<th>Name of the organization requesting the project’s product or service</th>
<th>Name of individuals or department(s) that will be using the system/product</th>
</tr>
</thead>
</table>

Document the organization requesting the project’s product or service.

Document the types of users and the # of those using the proposed system/product. This could be individuals &/or organizations. User types are different groups of people who might use different subsets of features, have different frequencies of use, or have different exposure levels. Be sure to include external customers / suppliers, who will interact with the system. Do not list every name, just the business unit &/or organization.

### IS Single Point of Contact Assignment — To Be Completed by the Information Services Dept

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### IT Executive Steering Committee Review & Approval

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<th>Not Required</th>
<th>To Be Determined</th>
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This Completes Part “A” of the PRF. Please e-mail to the IS_Project_Management_Office e-mail account.
Appendix H: Acceptable Use Message

As employees of Cincinnati Children’s, we are privileged to have access to top-notch information technology resources. These systems facilitate our pursuit of excellence in CCHMC’s mission.

With this great privilege comes great responsibility. As a condition of employment with Cincinnati Children’s, each of us has agreed to comply with CCHMC policies and procedures governing use of our computer and network services (see Policy II-120, Acceptable Use and Policy II-125, Email).

To protect our network and effectively monitor and enforce these policies, Information Services monitors internet traffic at CCHMC. Due to recent spikes in activity, we thought it might be helpful to remind everyone that the following activities are specifically prohibited by CCHMC’s Acceptable Use policy:
- Downloading MP3 files or other copyrighted materials
- Downloading, storing, or transmitting pornographic or other tasteless or illegal materials
- Loading software onto CCHMC computer resources that has not been properly licensed, obtained and approved

Please note that serious or repeated violation of this or other CCHMC policies may subject CCHMC personnel to administrative sanctions. Some of these actions can even result in criminal proceedings.

It is up to each of us to maintain the integrity of our computing resources, our network security and our organization as a whole. Please continue to do your part.

9/15/06
Appendix I: First Epic Announcement

Clinical Information System: Selection Announcement

Cincinnati Children’s Hospital Medical Center is pleased to announce that Epic has been selected as the vendor for our new core clinical information system. This decision was made after more than 15 months of planning, research, evaluation and deliberation. The medical center’s leadership is confident that in the months and years to come, this new system will play a critical role in the execution of Cincinnati Children’s mission and vision. This decision marks the first step on our journey to a core clinical information system. As the journey continues, we’ll be asking many of you to participate in the process to ensure the system meets your needs.

Thanks to all those who participated in the system selection and to future participants in this exciting process.

For more information on the new system and the selection process, please see below.

What is a core clinical information system? Why do we need one?
A core clinical and hospital information system is a single, seamless system that provides comprehensive patient-centered health records. The information stored in a core clinical system is integrated for use across care venues, from ambulatory to inpatient.

Cincinnati Children’s currently has many different systems for managing patient information and medical records, such as EmStat, ICIS and TempusOne. Many of these existing systems are award-winning applications; the ICIS system, for example, has won awards for its functionality and inpatient safety components.

Unfortunately, Cincinnati Children’s current systems are “data silos,” meaning they can’t communicate or share information effectively with the other systems. As a result, critical information is not always conveniently accessible to those who need it.

For many years an effective solution to these challenges wasn’t available, but the marketplace is changing. Vendors’ clinical information systems have matured over the past few years, and we are now able to execute a plan to replace these data silos and ensure our systems meet our growing needs.

What will the system do? Who will use it?
When fully implemented, the new core clinical information system will allow employees all over the medical center to manage patient care through a single system and access information in real-time. Patient information will travel through the clinical information system as our patients travel through the medical center, eliminating hand-offs and the safety risks that come with them.
Ultimately, the new clinical information system will automatically perform evidence-based functions and medication safety checks in all our care environments. Researchers will be able to access unified, standards-based data.

Implementation will be a journey over the next five to seven years. When it is complete, all medical center employees who are involved in patient care or work with patient information will use the new system on an everyday basis, including those in the emergency department, inpatient care, perioperative services, outpatient clinics, pharmacy, registration, scheduling and billing.

How was the system selected, and who made the selection?
Evaluation of vendors for the new clinical information system began in November 2004. After an extensive marketplace review, two vendors were identified that met our screening criteria: Epic and Cerner. Both these vendors were able to demonstrate an enterprise database platform integrated across all the venues of care CCHMC teams identified. The IT Executive Steering Committee then devised a democratic selection process for a new system, identifying the necessary evaluation teams and participants.

Evaluation of system options started in August 2005 when the evaluation teams began to meet. An extensive Request for Information was developed and sent to Epic and Cerner. After the responses were received and reviewed, both vendors participated in a first round of demonstrations in November 2005. Approximately 200 faculty members, residents, patient services staff members and business services personnel participated.

After attending the first round of demos, evaluation teams convened to create detailed “scripts” for a second round of demonstrations. These scripts asked the vendors to walk step-by-step through typical user scenarios, demonstrating how their product would be used in a real-life situation. Scripts were unique to the needs of ambulatory, scheduling, registration, data management, emergency, perioperative and other departments represented by the evaluation teams. Each vendor was sent an identical set of these scripts approximately one month before the second round of demonstrations.

Round two of the vendor demonstrations went smoothly, again thanks to extensive user involvement. Epic demonstrated its product January 18 and 19, 2006; Cerner followed on January 25 and 26.

Evaluation Reports
The weeks following the demos were busy and productive as the evaluation stage concluded. Groups collected and evaluated information for the final recommendation:

- **Evaluation teams:** The 12 evaluation teams met and voted on their preferred vendor choices. Teams were required to choose either Epic or Cerner, and consensus was mandatory. These teams prepared their recommendation reports for the Decision-Making team, which included the team’s vendor recommendation, the top reasons why that vendor was recommended and the top reasons why the alternate vendor was not recommended.
- **Site visit team**: This team visited some of Epic and Cerner’s current clients. Based on the information gathered from these current users, this team voted on its preferred vendor and prepared its recommendation report for the Decision-Making team.

In addition to recommendations from the evaluation and site visit teams, the Decision-Making team considered the following when making its final selection:

- **Headquarters visits**: Jim Anderson led an executive team visit to the headquarters of each company to help determine whether the respective vendors were a good partnership match for Cincinnati Children’s. The executive team visited Epic in Madison, Wisconsin, on January 12, and Cerner in Kansas City, Missouri, on February 17. This group prepared an informational report on what they learned during these visits.

- **KLAS report**: KLAS is an independent research and analysis firm specializing in user-based evaluations of health information system (HIS) vendors’ performance. Its evaluations are based on user comments in 40 performance areas for software and 17 performance areas for professional services. The inpatient, ambulatory, registration, scheduling, and hospital billing information from the KLAS reports helped inform the Decision-Making team’s final selection.

- **Advanced technology evaluation**: Each vendor was asked about its plans for the future in terms of new and emerging technology, including device integration, biometrics, and Radio Frequency Identification (RFID). A report summarizing their responses was prepared for the Decision-Making team.

- **Implementation strategies and resources evaluation**: Information Services analyzed project team and sequencing requirements to identify any differences in these areas between the two vendors. The Decision-Making team considered these differences when it made its final recommendation.

What happens now that Epic has been selected?
Now that the vendor has been selected, contract negotiations will begin and are expected to take three to six months.

Planning exercises also begin during this period, which is expected to last between three to six months. During this phase, project and governance structure will be addressed by the medical center’s leadership. Groups will work to identify the correct sequencing of the different system pieces, and short- and long-range budget planning will begin.

Cincinnati Children’s has also begun the recruiting process for a new Chief Medical Information Officer (CMIO). With the input of the new CMIO, project teams will be created for the building and implementation of the new system.

The IT Executive Steering Committee will meet in March and will consider additional issues related to the transition process. These include potential conflicts with current or planned Information Services initiatives and the need to “freeze” and/or limit enhancements for current systems.
Once contract negotiations and the planning phase are complete, training and system building will begin and will last approximately 18 to 24 months. Systems analysts, application specialists and other core system project team members will attend extensive core training before beginning to build the system, and they will continue to attend ongoing training as the project progresses.

Implementation will begin after the system is built, and is expected to be phased over a period of two to five years.

Conclusion
We will make important progress in the months before implementation begins. As early as this summer, a core team of clinicians will be assembled to begin discussing system design decisions. This team will exemplify Cincinnati Children’s integrated care philosophy, bringing talented people together from different care areas to ensure the new core clinical information system provides the best possible solutions for our staff and, ultimately, our patients.

Please join me as we celebrate the coming unification of both patient records and staff from across the medical center and move forward with this groundbreaking project.
Appendix J: Second Epic Announcement

RE: Epic implementation plan

I am pleased to report that we have made significant progress in our implementation planning since my last email announcing Epic as our core clinical information system vendor. Our team has engaged in a number of strategic planning activities since then to improve the outcome of our implementation:

- Solicited input from clinicians and managers for our implementation plan selection
- Evaluated implementation plan scenarios recommended by Epic, including a phased build and a "big bang" simultaneous build of all products
- Visited other Epic users and asked them to share what they've learned about successful implementations
- Looked for ways to align our Epic implementation with our existing quality initiatives to maximize the effectiveness of both efforts
- Continued recruitment efforts for a Chief Medical Information Officer (CMIO), who will broaden the involvement of clinicians in our implementation
- Worked closely with Epic to determine the best implementation team structure for our unique needs
- Examined the project's impact on our budget

Thanks to these efforts, we have been able to select an implementation strategy. Over the next six months, we will begin recruiting Phase I implementation teams and sending them to Epic training. In January 2007, we plan to begin building the ambulatory, EMR, scheduling, registration, patient billing, professional billing, HIM, OR scheduling, and Clinical Data Repository. This suite of products will begin to go-live in the fall of 2007. While Phase I is underway, we’ll recruit and train personnel for Phase II so that in late 2007 we can begin to build CPOE, clinical documentation, pharmacy, ED, OR clinicals, oncology, cardiology, and Home Health Care. These products will go live over 12-18 months beginning in mid-2009.

This is an exciting time for Cincinnati Children’s. Our Epic system will continue our efforts to transform the delivery of care. It will be a tremendous tool to help us improve medical and quality of life outcomes, patient and family experiences, and value for our patients.

Please join me as we celebrate this important step in our journey toward being the leader in improving child health.
Appendix K: Sample Agenda for Communication Planning Session

Session 2: Epic Communications Planning
8-25-06

12-12:05  Planning session goals & agenda
12:05-12:25  Complete consequences grid
12:25-2:50  Audiences
            Key messages by phase
            Objectives
2:50-3:20  Communications governance/structure- ideas
3:20-3:50  Tactics
3:50-4:00  Action plan & research needed
## Appendix L: Epic Day Deliverables Matrix

<table>
<thead>
<tr>
<th>Epic Day Deliverables</th>
<th>Poster</th>
<th>Handouts</th>
<th>Slide Show</th>
<th>WHAT I NEED:</th>
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<td>• New products (descriptions?)</td>
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Appendix M1: Epic Open House (Mission imPossible) Training Materials

<table>
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<tr>
<th>Role</th>
<th>Class</th>
<th>Number of Days</th>
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**Agent Training: Pharmacy Team**

CCHMC epICenter Pharmacy Team agents will attend intensive hands-on, expert-led Epic training in Madison, Wisconsin. Agents should be prepared for a substantial time commitment to their Epic training, including travel and study. The breadth and depth of training required for members of the Pharmacy Team is dependent on each agent’s role:

### Application Coordinator

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### Pharmacists

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### Pharmacy Analyst

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Mission isSensible
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Appendix M3: Phasing Plans

**Original Gantt Chart**

**New Format Gantt Chart**
Appendix M4: System Structure Spider Diagrams

CCHMC Clinical Systems - Before Epic
CCHMC Systems - After Epic
Appendix N: Hemoccult Instructions

Running and Interpreting a Hemoccult Test

Prepare Materials
In this section, you will prepare the materials needed to run a point-of-care Hemoccult test. To ensure accurate results, gather all materials before beginning the test.

1. Gather Hemoccult cardboard slide (pictured at right) and developer bottle at bedside.
2. Check expiration date on back of slide and on developer bottle.
3. Replace any expired materials.
4. Write patient’s name and birthdate on front of slide (pictured at right).
5. Obtain fecal sample.

Apply Sample
In this section, you will prepare the slide. Timing is extremely important; be sure to perform the steps in order and as directed.

1. Open the front of the Hemoccult slide (pictured above).
2. Apply a thin smear of fecal material to boxes A and B (pictured at right) on the inside of the slide using the applicator stick.
3. Close front cover.
4. Wait 3 to 5 minutes to allow the sample to penetrate the test paper, then proceed.

CAUTION: Results may be inaccurate if slide is developed before 3 minutes or after 5 minutes.

Develop Slide
In this section, you will prepare the slide. Timing is extremely important; be sure to perform the steps in order and as directed.

1. Open the back of the slide (pictured at right).
2. On the back of the slide, apply two drops of developer directly over each smear.
3. Proceed immediately to interpretation directions on reverse side of this sheet.

Results must be read within 60 seconds of applying developer to ensure accurate results.
Running and Interpreting a Hemoccult Test

Interpret Results
In this section, you will interpret the results of the Hemoccult test. To ensure accurate results, follow instructions carefully.

1. Observe the color on the back of the slide over each fecal smear within 60 seconds after applying developer.

   **CAUTION:** Color will fade quickly. Results must be read within 60 seconds to ensure accuracy.

2. Look carefully for any trace of blue or blue-green color at the edge of the smear.

   Any trace, however small, of blue or blue-green is **positive** for occult blood.
   Green or any other color is **negative** for occult blood.
   Refer to the sample results above and at right for reference.

3. Troubleshoot if results are inconclusive:
   A. Check slide for light blue discoloration of **entire** slide.
      This color will wash away from the edge of the smear when developer is applied, leaving a clear ring around the sample. This is **not** positive.
   B. Re-test if:
      - results are inconclusive or cannot be verified
      - test is not read and interpreted within 60 seconds of applying developer
      - patient has risk factors for inaccurate results (see right)

4. Proceed and perform quality control check before finalizing results.

   **STEP 5:** Perform Quality Control Check
In this section, you will perform a quality control check of the Hemoccult slide. Failing to perform this test may result in false-positive or false-negative results.

1. Open the back of the slide.
2. Place one drop of developer solution between the two dots on the orange bar below the sample area (pictured at right).

3. Read results within **10 seconds**.
   The positive dot on the left will turn blue and the negative dot on the right will stay white (pictured at right).
   If not, you must re-test.

   **Risk Factors: False-Positive**
   - Beef, lamb, or liver consumption
   - Aspirin>200 mg/day, NSAIDs, coagulopathy, pregnancy, anticoagulants, antihypertensive drugs
   - Alcohol in excess
   - Iodine (autoimmune use)

   **Risk Factors: False-Negative**
   - Vitamin C>250 mg/day
Appendix O: Myaamia Brochure

Mission Statement

The mission of the Myaamia Project at Miami University is to facilitate and encourage the preservation, promotion, and research of Miami Nation history, culture, and language. The Project will bring awareness of Miami culture and history to the university community and continue to nurture tribal and university relations.

Young Miami Fancy Dancer

MYAAMIA PROJECT
Preserving,
Promoting and
Researching
Miami Nation
History,
Culture and
Language

Daryl Baldwin
Director
baldwinw@miamioh.edu
Miami University, 105 MacMillan Hall
Oxford, Ohio 45056
(513) 529-3618
www.myaamiaproject.org
**Partners in Learning**

*Chief Floyd Leonard with MU students*

Since the early 1970s, the Miami Tribe of Oklahoma and Miami University have been strengthening their relationship and commitment to work together. Tribal representatives regularly visit campus and speak with students and faculty. Students, staff, and faculty have made repeated visits to Oklahoma to attend tribal gatherings or consult on a variety of projects.

The Myaamia Project was created from Miami University’s desire to further strengthen its relationship with the Miami Nation and from the Miami Nation’s need to move its language and cultural revitalization efforts to another level. These efforts have culminated in a project that can provide educational opportunities for students and make available important resources for both the university and tribal communities.

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**Myaamia Collection**

One of the principal goals of the Myaamia Project is to match the language and cultural needs of the Miami Nation with student research interests at Miami University. The Myaamia Project facilitates research on students gain valuable cross-cultural experience and the Miami Nation receives much needed support and resources for language and cultural development.

This goal is accomplished through a variety of avenues. First is the establishment of the Myaamia Collection at King Library. The collection is a repository of known primary Miami language, cultural, and historical resources made available for research opportunities.

Second is support for academic research on Miami related topics. Myaamia Project staff visit classes, mentor students, and assist researchers in identifying resources and appropriate tribal contacts.

Third is the development of a variety of language and cultural revitalization materials for use in the tribal community. Miami University students are encouraged to participate in these projects.

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**Projects**

Following are some examples of ongoing projects conducted through the Myaamia Project:

- Miami Language CD Rom.
- Ethnobotany project.
- Miami Traditional narratives language booklet.
- Transcribing & translating late 17th century Jesuit manuscripts.
- Linguistic studies of the Miami language.
- Language, culture, & historical curriculum development.
- Historical Landscape of the Miami (map project).

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*Cover image: Signature of Miami Leader Chichicatina on 1791 Great Peace Treaty*