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HIStalk Interviews Nathan Read, Senior Director of IT, The George Washington University Hospital

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Nathan Read is senior director of IT at The George Washington University Hospital in Washington, DC.

Tell me about yourself and the hospital.

I've been in healthcare IT my whole career, which is going on 20 years now. The first 15 to 20 years was working on the software vendor side. I was a software developer for a laboratory information company and an EMR company in Texas. I ultimately became the COO of that company that led to an acquisition by a publicly-traded healthcare company, NextGen, where I stayed on there as vice-president of R&D for a few years before I moved over to hospital IT operations. It's an interesting background in the sense that I've been on both sides of the business for my career.

I'm the CIO / senior director at an academic hospital in the heart of Washington DC. We're engaged and involved in a variety of technology-related projects that are specific to all hospitals and healthcare. Being located in DC, we have some uniqueness into the types of things that we pay attention to.

What are your major technology platforms?

We're a big Cerner shop. We have IBM/Merge, which has a pretty significant presence in terms of imaging at the hospital.

As a former vendor executive, what was the biggest surprise or the biggest change when you took the job at the hospital?

How lean hospitals run. When you're selling healthcare products, a lot of the products on the market are very expensive. There's always pushback for discounts and pricing. But to see how lean hospitals in general, not just in IT, have to operate with the limited budget and a lot of the pressures that the hospitals feel from the insurance companies and payers. They're always getting crunched from a price point.

It's kind of interesting seeing this day coming where the technology solutions are expensive and their prices are only going up, and yet the reimbursement for the patients that we're caring for tend to be going down. The hospital market in general is lean. There's not a lot of margin in it. Those two worlds are going to collide at some point, probably in the near future. Technology purchases are going to be limited because of that.

Knowing the financial constraints, what does it take to get you to investigate a product?

A good champion in the hospital. The person bringing it has to be strong and supportive. If there's not a clear ROI that we can come up with relatively quickly, it's not worth doing any other parts of the investigation. Is it improving patient safety? Those are probably the top three things.

What makes an ROI attractive?

Obviously there's the financial side. Is there a financial benefit to the organization through the purchase? Also compliance and patient experience. It's important to our organization to have a positive reputation and have our customers who are our patients have a high level of satisfaction. But that factors into reimbursement as well, so it comes a little bit back to the financial side. Really our mission is patient care and the focus is on that.

There's some cool technology stuff that we do, especially being an academic hospital, that's new to the marketplace. We do those things, but they are usually offered at a highly discounted price or are free because they're interested to get their product proven in the marketplace and in an academic setting. We're doing some virtual reality stuff that's relatively new to the marketplace.

What technologies are attractive in terms of patient experience and patient engagement?

Anything that gives you real-time data on the patient experience so that you can react to it. I don't know if this is unique to being in the DC marketplace, but if our patient is not having a positive experience, they're quick to report that. Within 24 to 36 hours, you'll see patients escalate within our own organization if they're not having a good experience.

The ability for us see, in real time, if there's a patient not having the experience we want them to have that we can then respond to is powerful for us. It doesn't do us any good to find out a week later or a month later that a person had an experience that wasn't what the hospital wanted. We need to know within 24 hours of that happening so that we can do some service recovery and respond to those patients. Luckily we don't have a lot of that, but there are human interactions that at times create perceptions that we want to address quickly.

How do you get that real-time patient satisfaction feedback?

Right now it's not through technology. It's manual. We do rounding every day. Outside of the nurses who are required to round on their patients hourly, management rounds on patients every day. Even myself as the IT leader will go up and round on five or six patients every day. I talk to them about their experience, whether it's the cleanliness of the environment, physician communication, nursing communication, or pain control. We have a template that we go through. If every leader is

doing five or six patients, that pretty much covers every patient at the hospital every day. If there's any patient experience issues, there's a protocol we follow to address those right away. That's been very successful.

There are some technology solutions that we have started to look at where, through the TV system, patients can provide real-time surveys or concerns that are reported back quickly. We haven't implemented anything like that, although I know some hospitals have. It's something that we're looking at.

What hospital strategic decisions or changes are requiring IT participation?

Patient experience. Improving our overall scores, the CMS score that came out. There's a lot of focus on our part about how we move those scores up. Our reputation in the community, improving that reputation and continuing to work towards being seen as the top academic hospital in this region. Those things typically drive leadership conversations and then what IT systems can be put in place to support that.

We have implemented patient portals and other technology solutions that were a Meaningful Use requirement. How can we enhance that experience to differentiate us from other healthcare facilities in the area?

What's most different from the typical hospital in being a major teaching hospital in Washington, DC?

The complexity of the patients that come in. The DC metroplex draws a lot of different types of people. We have to be sensitive to variety of the patients that come into the hospital, which I'm sure is true of other big urban areas like New York. The case mix is diverse and the healthcare needs in the District are high, even though there are several hospitals in a pretty small radius. Most of them tend to be at capacity, so there's always more need for more services in the District that aren't necessarily provided.

Do you feel the impact of federal government decisions more acutely being in DC?

We have an opportunity to have some influence. For example, drug shortages are having significant impact on caring for certain patient populations. We have some government officials coming in this week to spend time with our physician leadership and walk around and talk to some of the nurses so they can better understand how these shortages are impacting care. I think that is a unique aspect of being here in the District.

Cyber security is obviously a huge topic in healthcare and has been for the last few years. We have some involvement with some of the agencies that come in and do some sessions with us to better understand our environment and to get feedback on potential regulatory changes and responses to cyber security. We're physically located here and it's easy for them to do that.