CASE
Mountain View Community Hospital

Introduction
This case is included to provide you an opportunity to apply the concepts and techniques you will learn in each chapter. The case can also be used to support a semester-long database project built throughout the term that results in a complete application. We have selected a hospital for this case because it is a type of organization that is at least somewhat familiar to most persons and because health-care institutions are of such importance in our society today. A segment of the case is included at the end of each chapter in this text. Each segment includes a brief description of the case as it relates to the material in the chapter followed by questions and exercises related to the material. Additional requirements, assignments, and project deliverables are provided in support of a semester project.

Case Description
Mountain View Community Hospital (MVCH) is a not-for-profit, short-term, acute care general hospital. It is a relatively small hospital, with some 150 beds. Mountain View Community Hospital strives to meet the needs of a community of about 60,000 with an annual growth rate of 10 percent, a trend that is expected to continue since the surrounding area is attracting many retirees. To serve the health-care needs of this growing community, Mountain View Community Hospital plans to expand its capacity by adding another 50 beds over the next five years, and opening a managed care retirement center with independent apartments and assisted living facilities. The basic goal is to provide high-quality, costeffective health-care services for the surrounding community in a compassionate, caring, and personalized manner. Within the last fiscal year, the hospital performed more than one million laboratory procedures and over 110,000 radiology procedures. During that time, the hospital had 9,192 admissions and 112,230 outpatient visits, brought 1,127 babies into the world, and performed 2,314 inpatient and 1,490 outpatient surgeries. Patients who receive outpatient surgeries do not remain in the hospital overnight. With an average of 2,340 patients a month, the emergency department experienced approximately 28,200 visits throughout the year. Approximately 30 percent of the patients admitted to the hospital were first treated in the emergency room, and about 13 percent of emergency room visits resulted in hospital admission. The hospital employs 740 full-time and 439 part-time personnel, among them 264 fulltime and 176 part-time registered nurses, and 10 full-time and 6 part-time licensed practical nurses. The hospital's active medical staff includes over 250 primary physicians, specialists, and subspecialists. Volunteers are an integral part of MVCH's culture and contribute greatly to the well-being of patients and their families. Approximately 300 volunteers from different backgrounds and of all ages devote their time, energy, and talents to many areas of the hospital. They greet visitors and patients and help them find their way through the hospital, deliver mail and flowers to patient rooms, escort patients, aid staff with clerical duties, work in the gift shop, assist at community and fund-raising events, and help out in a host of other areas. Mountain View Community Hospital provides a number of key services, including general medical and surgical care, general intensive care, a cardiology department, open-heart

surgery, a neurology department, pediatric medical and surgical care, obstetrics, an orthopedics department, oncology, and a 24-hour emergency department. The hospital also offers a wide range of diagnostic services. A specialty service within the neurology department is the recently opened Multiple Sclerosis (MS) Center, which provides comprehensive and expert care for patients with multiple sclerosis in order to improve their quality of life. Using an interdisciplinary team approach, the center emphasizes all aspects of MS care from diagnosis and treatment of MS symptoms and secondary complications, to individual and family counseling, rehabilitation therapy, and social services. Headed by Dr. Zequida, called Dr. "Z" by staff and patients, the MS Center is a member of a consortium of MS centers. The current organizational chart for Mountain View Community Hospital is shown in MVCH Figure 1-1. Like most other general hospitals, Mountain View Community is divided into two primary organizational groups. The physicians, headed by Dr. Browne (chief of staff), are responsible for the quality of medical care provided to their patients. The group headed by Ms. Baker (CEO and president) provides the nursing, clinical, and administrative support the physicians need to serve their patients. According to Ms. Baker, the most pressing issues affecting the hospital within the last year have been financial challenges such as bad debt, personnel shortages (particularly registered nurses and imaging technicians), and malpractice insurance. Other critical issues are the quality of care, patient safety, compliance with HIPAA, and technological innovation, which is seen as a major enabler for decreasing costs and improving quality. The trend toward managed care and the need to maintain costs while maintaining/improving clinical outcomes requires the hospital to track and analyze both clinical and financial data related to patient care services.

Goals and Critical Success Factors

In response to the steady growth and expansion plans at Mountain View Community Hospital, a special study team including Mr. Heller, Mr. Lopez, Dr. Jefferson, and a consultant has been developing a long-term strategic plan, including an information systems plan for the hospital. Their work is not complete, but they have begun to identify many of the elements necessary to build the plan. To meet the goals of high-quality health care, cost containment, and expansion into new services, the team concluded that the hospital has four critical success factors (CSFs): quality of medical care, control of operating costs, control of capital costs, and recruitment and retention of skilled personnel. The development of improved information systems is viewed as an enabler in dealing with each of these CSFs. The team is currently at work to generate two to four short- or long-term objectives for each CSF. So far they have developed the following four objectives related to the control of the operating costs CSF:

1. Reduce costs for purchased items
2. More efficiently schedule staff
3. Lower cost of liability insurance
4. Expand volunteer services