

## **Pilot Project Case Study: Major Medical Technology Vendor**

### **Customer Background**

- Technology installed in over 70% of US hospitals
- Over 100 interface engineers working on product upgrades and new installations

### **Business Situation**

As is standard in the industry, the company has a team of remote interface engineers working on implementation projects across multiple US regions.

Enterprise collaboration occurred through email and shared product-related interface specifications. Product technology included a proprietary interface engine that pulled data from hospital systems. Typically, work revolved around connecting remotely to a test system at the hospital customer site, and iteratively configuring an interface over 4 to 6 weeks of validation. Because interfacing gaps and issues were uncovered iteratively during validation, time-consuming fixes were required to be implemented, then validated again. When this validation methodology was used on complex implementations, delivery timelines could drag out to 9 months.

Going into the pilot project, managers were aware that workflows and processes were highly variable, making it difficult to distinguish between process waste and necessary response time. Implementation end-dates were soft, which impacted revenue recognition as well as resource allocation.

### **Findings**

Prior to the pilot, it was estimated that each interface implementation required between 3 and 15 hours of interface engineer effort, excluding the work of other team members such as the project manager and on-site customer specialist.

During the pilot project, it was determined that 168 hours of interface engineer effort were required on a straightforward implementation.

Two product groups were involved with piloting Caristix software. One group cut 10.75 hours of effort off their original 30-hour scoping process, representing 32% in time savings. The other group found that Caristix technology could shave 40 hours off interface engineer effort per 168-hour implementation project. Without

redesigning existing processes, interface development configuration could be reduced by 30%, validation by 50%, and go-live support by another 50%. When multiplied over annual project volume, these 40 hours represented savings of \$1 million per year .

### **About Caristix**

The average US hospital runs up to 100 IT applications. Not a single one of them can share patient information out of the box. So hospitals and vendors turn to data interfaces – 50 to 100 of them in an average hospital. Each interface can take months of painstaking manual work to set up.

Caristix has developed a software suite to automate manual interface work. Our software reads HL7 data and outputs a list of interface requirements. As a result, Caristix software can reduce months of work to a few days. Reduce interface deployment time by 50%, reduce hospital testing time by 75%, and cut interface maintenance time by 90%.

### **Download**

Download a white paper on new HL7 integration capabilities enabled by Caristix technology at <http://promo.caristix.com/li-whitepaper-offer/>

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### **Contact Us**

Caristix  
1400 St-Jean-Baptiste Avenue, Suite 204  
Quebec City, QC, Canada G2E 5B7

1-877-872-0027

caristix.com  
info@caristix.com

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