

CREATING CAPACITY

UAB Medicine focuses on improving patient flow to meet community demand.

CULTURE + OUTCOMES

Jackson Health System is transforming its culture and realizing outcomes.

COLLABORATING COLLECTIVELY

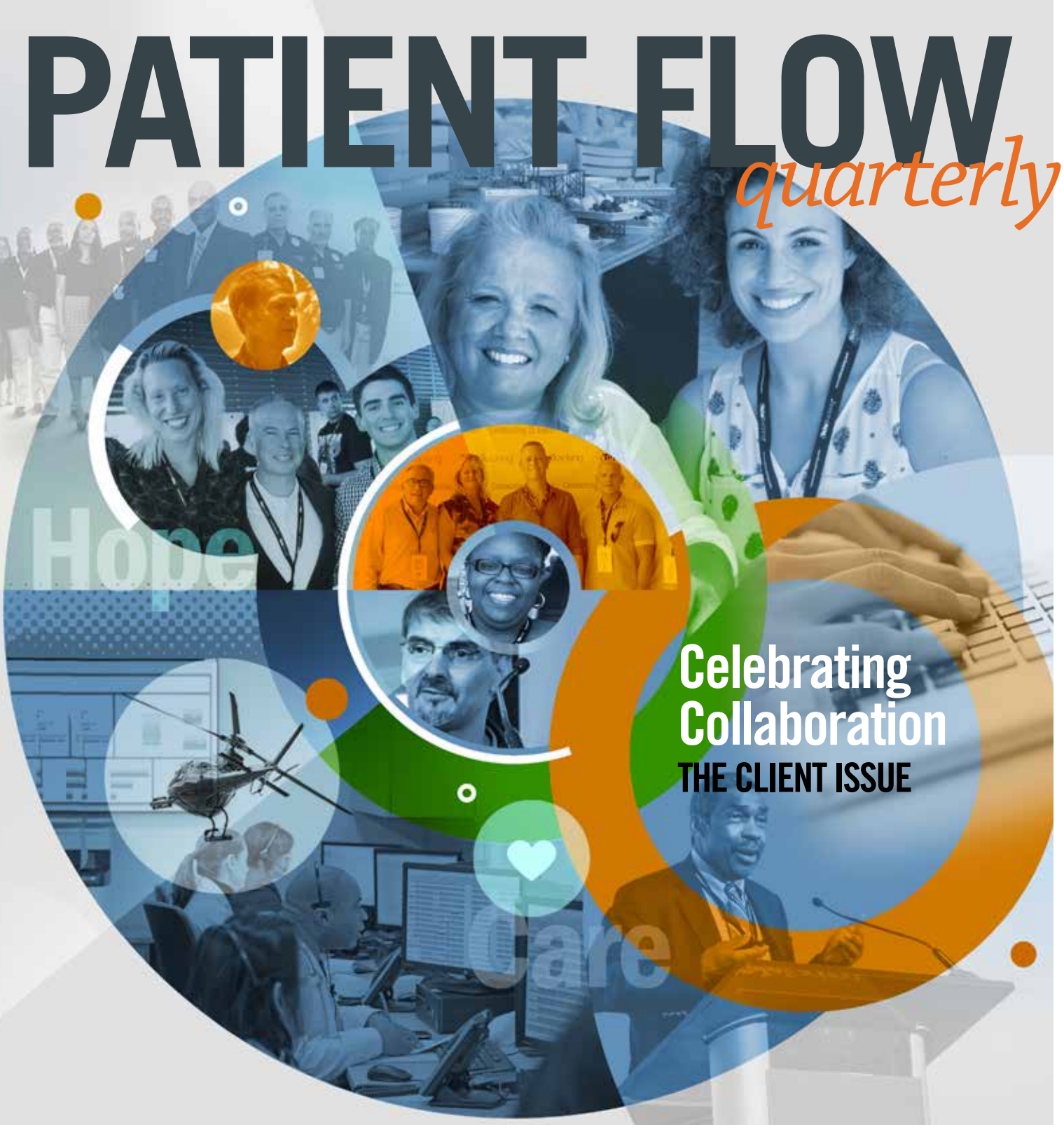
Nursing/IT partnership positively impacts patient experience at St. Joseph Hospital.

WELCOME, 2017

A preview of new developments to improve your patient flow journey.

PATIENT FLOW

quarterly[™]



**Celebrating
Collaboration**
THE CLIENT ISSUE

THE CLIENT ISSUE

Our 2016 Client Conference provided an opportunity to hear directly from caregivers, hospital management and other leaders who see the positive impact that strong patient flow strategies are having on their work every day. We thank these client presenters and celebrate their successes. Some of their stories appear in this issue and others will be featured in upcoming editions of Patient Flow Quarterly.

CLIENT PRESENTERS

Advocate Good Samaritan Hospital

Baptist Memorial Health Care

Baylor Scott & White Medical Center

Baylor University Medical Center

Cape Fear Valley Health System

Children's Hospital of Pittsburgh of UPMC

Freeman Health System

Frye Regional Medical Center

Geisinger Health System

Indiana University Health

Jackson Health System

Kentucky One Health System

Methodist Healthcare

NewYork-Presbyterian Hospital

Oklahoma University Medical Center

The Ohio State University Wexner Medical Center

Richmond Hospital – Vancouver Coastal Health

The Royal Wolverhampton NHS Trust

Southeastern Health

St. Elizabeth Healthcare

St. John Medical Center – Tulsa

St. Joseph Hospital of Orange County, CA

St. Louis Children's Hospital

UAB Medicine

United Health Services

University of Miami Hospital

The University of New Mexico Health System

UPMC Health System

UPMC McKeesport

Wellington Regional Medical Center



25 YEARS MADE POSSIBLE BY YOU

TeleTracking's Client Conference is my favorite event of the year. Despite the months of tireless preparation by countless employees throughout the organization, there's that pivotal moment when you take a step back and realize that every late night, every logistical hoop and every minor detail were in the end worthwhile.

Throughout the week of October 9th, I experienced many such moments. The first (though not the least of which) hit me when, despite some very difficult circumstances created by Hurricane Matthew,

we still had an incredible client turnout. Some of you were dealing with power outages and home damage; some of you with flight cancellations and altered itineraries; and some of you, confronted with a myriad of complications, packed up your families and made a road trip out of it because of your commitment to present at TeleCon16.

The end result was 30+ expert client presenters, moving keynote addresses and priceless knowledge sharing. As we gathered to celebrate TeleTracking's 25th anniversary,

I couldn't help but think the week had little to do with TeleTracking and everything to do with you. We are in a position to celebrate 25 years of impact because you are as invested in the TeleTracking mission as we are. Even as I write this, I can't help but feel an overwhelming sense of humility and gratitude for each of you, our valued clients. So, as managing editor, I'm calling this issue of PFQ what it really is: The Client Issue.

This one is for you, and by you.

It is a compilation of your successes

and stories. It is the culmination of your commitment to patient care and the small part we are so privileged to play in ensuring the timely delivery of that care. So, on behalf of the entire TeleTracking team, I thank you. We can't wait to see what the next 25 years bring.

KRIS KANETA
Managing Editor & VP Marketing
PFQ@teletracking.com

► P.S. If for some reason we didn't feature your story in this issue, don't worry; we're coming to you in a subsequent issue (I promise). And if you're reading the digital version, you're in for a special treat as we introduce a few podcasts of our clients sharing their stories. So be sure to check those out! <https://podcast.teletracking.com/>

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ISSUE 4

A QUARTERLY PUBLICATION FROM **TeleTracking**

We are proud to present our inaugural Client Issue—a celebration and compilation of our valued clients' success stories. We are proud to partner with these amazing health systems on their journeys to provide their patients with the right care, in the right place, at the right time.

CLIENT LEADERSHIP

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UAB Medicine, a 1,157-bed academic medical center, addressed its capacity challenges through an enterprise-wide approach that combined access and throughput efforts.

CLIENT LEADERSHIP

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Jackson Health System successfully transformed its culture and launched a robust patient flow initiative that has enabled them to serve as many members of the South Florida community as possible.

CLIENT LEADERSHIP

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Through a collaborative partnership between nursing and IT, St. Joseph Hospital of Orange County, CA, has leveraged technology to ultimately benefit patients and their care delivery experience.

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WHAT'S HAPPENING

A quick look at what's driving our industry, and our work together going forward.

01. TeleTracking was one of four healthcare companies to testify before the U.S. House of Representatives Ways and Means Subcommittee on Health on September 14, 2016. The hearing, entitled "Exploring the Use of Technology and Innovation to Create Efficiencies, Higher Quality, and Better Access for Beneficiaries in Health Care," focused on how to improve the quality and efficiency of our healthcare system while reducing costs.

02. CRAIN'S New York Business featured NewYork-Presbyterian Hospital's Patient Placement Operations Center [PPOC] and the impact it's had on patient wait times in the emergency department. Since the launch of the PPOC in February 2016, the streamlined process has reduced the time it takes for a patient to be admitted and placed in a bed by 20%.

03. NHS Improvement Director Bernard Quinn published a blog post entitled "Better management and better care - Piloting a different approach for patients," which focuses on the impact patient flow can have on overall operations. NHS Improvement is responsible for telling trusts how to become financially sustainable and provide the best-quality patient care.

04. TeleTracking was honored as Innovator of the Year: Health IT at the Pittsburgh Technology Council's Tech 50 Awards.

05. The Countess of Chester Hospital NHS Foundation Trust in the UK will become the first hospital in the country to test the centralized Care Coordination Centre Model with the use of new tracking technology to more efficiently manage its beds, patients, staff and equipment. TeleTracking Technologies will install more than 4,000 infrared sensors above hospital beds and doorways that read from small tracking devices on patients, staff and equipment.

▼
Join TeleTracking at one of these upcoming events and learn about our KLAS category-leading patient flow solutions while sharing ideas with other healthcare professionals.

PATIENT FLOW MANAGEMENT CONGRESS

**January 23 & 24, 2017
Caesars Palace Hotel & Casino
Las Vegas, NV**

Patient flow has become a major concern for most hospitals and health systems. Optimizing hospital-wide patient flow is critical to delivering high-quality, patient-centric healthcare. Therefore, hospitals are examining how to provide the right quality care, in the right place and at the right time.

2017 HIMSS ANNUAL CONFERENCE & EXHIBITION

**February 19–23, 2017
Orange County Convention Center
Orlando, FL
TeleTracking Booth #923**

HIMSS brings together 40,000+ health IT professionals, clinicians, executives and vendors from around the world. Exceptional education, world-class speakers,

cutting-edge health IT products and powerful networking are hallmarks of this industry-leading conference. More than 300 education programs feature keynotes, thought leader sessions, roundtable discussions and workshops, plus a full day of preconference symposia.

To register for an in-booth session or private demonstration, visit: <http://go.teletracking.com/HIMSS17>.

TELETRACKING CLIENT CONFERENCE

**October 22-25, 2017
Sheraton Grand at Wild Horse Pass
Chandler, AZ**

Join us and hundreds of your peers from around the globe to network, share best practices and success stories, and learn about the latest product developments.

To register, visit: <https://telecon17.eventbrite.com>

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THE INTERSECTION OF PROBLEM AND OPPORTUNITY

Transformational change through front line experience.



As TeleTracking's Vice President of Care Model Solutions, Scott M. Newton is responsible for leading, designing and cultivating key methodologies and partnerships to help our clients drive transformational change. And with more than 30 years of experience in healthcare—working as an EMT, a nurse, an educator and a patient flow command center leader—he is also a trusted advisor and thought leader.

"I started working as an EMT while I was still a junior in high school—in fact, I was the youngest paramedic in Allegheny County, which encompasses the greater Pittsburgh area" says Newton. "I was very fortunate to have some wonderful mentors who suggested that becoming an ED nurse would be a logical next step. I worked full-time as a paramedic while attending nursing school, and after graduating moved into critical care transport at hospitals across the East Coast."

It was while working on a flight team and in the ED that Newton first became interested in the concept of patient flow. He saw firsthand how patients were experiencing long wait times to get a bed. So he started talking to people in other departments about what could be done to expedite the process. These discussions led to the realization that focusing on the discharge process can increase overall capacity.

"My work in patient flow is highly complementary to my work as a clinician. I have deep knowledge of the system through my experience—and deep empathy for the problems we're trying to solve," continues Newton. "It is the ability to operate at the intersection of problem and opportunity. It is about high reliability, just-in-time responses and responsible solutions. The bottom line is it's about getting it right the first time for our patients and clinicians."

It was that desire to make a difference that led Newton to the Doctor of Nursing Practice program at Johns Hopkins University School of Nursing, where he built a command center as an output of his doctoral project. He viewed his time there as a way to continue his mission of helping people.

"I've always worked where the primary mission was healthcare delivery. Building a command center is part of the mission, enabling clinicians to do a better job of delivering quality care," adds Newton.

Newton believes that as healthcare continues to evolve, patient flow will play an even more prominent role across the care continuum.

"TeleTracking is uniquely positioned to respond to the macro trends across healthcare delivery. We have a unique vantage point to understand very quickly what works, what doesn't and what needs to be

done to deliver healthcare in highly reliable ways," concludes Newton. "The fundamental function of any caregiver is healing and caring for people. If we can reduce the burden of work and improve the potency of the care they're providing, we can reduce moral distress, remove burdensome tasks and improve overall professional and personal job satisfaction."



SCOTT M. NEWTON
DNP, RN, MHA, EMT-P
TeleTracking's Vice President of
Care Model Solutions



NEW WEBINAR SERIES: VALUE BASED TRILOGY— CARE, WORK & TECHNOLOGY

01. *Value Based Care Webinar: High Reliability Organizations in Complex Systems*

Health systems use a complex set of care processes to deliver engaged, compassionate care every day, and high-reliability patient flow processes make it possible to do this consistently.

Tuesday, March 21, 2017 at 11AM EST.

Register: <http://go.teletracking.com/value-based-trilogy-session-1>

02. *Value Based Work Webinar: Stewardship of Clinician Time and Energy*

The time and energy of our clinicians is valuable, and implementing effective stewardship of their time helps ensure they are using their skills to provide the best patient care.

Tuesday, April 18, 2017 at 11AM EST.

Register: <http://go.teletracking.com/value-based-trilogy-session-2>

03. *Value Based Technology Webinar: Enabling Environments for Outcomes*

When value-based technology is working effectively, the burdens on providers are reduced, access to care is enhanced, patient flow is accelerated, and patient outcomes are improved.

Tuesday, May 16, 2017 at 11AM EST.

Register: <http://go.teletracking.com/value-based-trilogy-session-3>

▶ *The presenter:*

SCOTT M. NEWTON, DNP, RN, MHA, EMT-P
Vice President, Care Model Solutions
TeleTracking Technologies, Inc.



CREATING CAPACITY

PATIENT FLOW TO MEET DEMAND

UAB Medicine is a 1,157-bed academic medical center that is the only American College of Surgeons [ACS]-designated Level 1 Trauma and Burn Center in Alabama. It manages 50,000 annual admissions, 57 OR Suites with 130 surgeries a day and 300 ED visits a day. In addition, UAB serves as a safety net hospital for the community, as 35% of the patients who come through the door are uninsured.

High patient volume was leading to significant challenges for the facility and the staff. For example, the hospital was on diversion 60% of the time, the average wait time for an inpatient bed was up to 210 minutes, only 15% of all discharge orders occurred before 12PM, and more than 30% of the transfer requests were denied.

“We needed to do something to address our capacity challenges—we were closing our doors 60% of the time to patients in the state of Alabama. Our chief nursing officer [CNO] led the charge to develop a strategic patient

flow plan and build a centralized patient placement center that would support the need to keep our doors open to the state of Alabama,” says Brittany Lindsey, Director of Patient Flow at UAB Medicine. “With that charge, we assembled a team and developed a framework for a center dedicated to improving patient flow. We determined that staffing needed to include a patient flow supervisor responsible for oversight of the daily operations, a patient placement coordinator and specialist, a nursing resource coordinator to act as an administrator, a stat nurse to handle all clinical needs and a Lean analyst

to provide data analysis and project management to round out the team.”

Given the scope of the health system, the team took an enterprise-wide approach, with access and throughput efforts working simultaneously across primary care and ambulatory clinics, perioperative services and inpatient areas. Nursing, administration and physicians were highly engaged in the planning, implementation and change management process, providing a level of visibility that helped encourage other staff members to adapt to the new way of doing things.

“Our hospital really underwent an amazing cultural shift by placing a heightened focus on throughput as a daily priority. It was a resolute commitment by everyone to centralize responsibility, accountability and authority for decision-making within the Center for Patient Flow,” adds Lindsey.

The team started looking at information on ED admits, surgery admits, internal transfers, clinic admits and the transfers provided to the center. Next, they managed the care coordination delays, transport operations, EVS operations and other general operations.

AS THE PLAN UNFOLDED, THREE CORE BEST PRACTICES WERE IDENTIFIED THAT WOULD DRIVE EVERYTHING.

- **ACCESS:** providing an opportunity for patients to have access to the excellent care that UAB offers to the community.
- **EFFICIENT AND EFFECTIVE PLACEMENT:** ensuring that patients are being placed in a timely way into the care setting that best meets their medical needs.
- **IDENTIFICATION OF THROUGHPUT BARRIERS:** identifying the barriers to daily throughput and partnering with care management to solve for them.

“Those best practices were at the heart of everything we were doing when we implemented TeleTracking. These solutions gave us access to a tremendous amount of data,” continues Lindsey. “We started by using the metrics from the previous day, which helped with the next day’s planning—including projected census by unit, the blocked bed list, the admit list of specialty hospitals and the pending and confirmed discharge list. Then we optimized the patient flow system’s functionality to support communication and decision-making both internally and externally in a transparent way and in real time.”

In order to effectively put this data into practice, a daily bed huddle was established. The agenda includes a review of the previous day’s throughput data; infection prevention tactics; diversion status; any special circumstances of the day; a look at who didn’t go home the day before and a plan of care for them; and high priority unit designation. “Our CNO started off leading the bed huddles, which led to a level of accountability for the directors and managers to be there and support it. The bed huddle also helped demonstrate the benefits of

using TeleTracking and the transparency across the house it provides,” Lindsey says. “It helps show people their priorities for the day, how to determine what the plan for the day is going to be and then measure whether or not you successfully implemented that plan.

“Bed huddle starts with acknowledgement of wins from the prior day: a heroic action, a great patient story, a metric that moved. We keep it short—it’s just 15 minutes—and we quickly go through projected census and hit those high areas that are projected at a percentage greater than 100%. The real and true benefits of the system are that people can take off their blinders,” continues Lindsey. “They’re focused on their unit, but then when they’re at the bed huddle meeting with 52 other nursing units, they quickly realize they’re not the priority that day and immediately ask what they can do to help the next unit. There are often conversations after the bed huddle meeting, giving people the time where they’re able to quickly meet with somebody and say, ‘Hey, here’s what we need to do for today.’ There’s power in that!”

This has led to tremendous results over a short period of time, and UAB has been able to provide more services to more members of its community.

RESULTS FY13-FY16:

- ED diversions have decreased from 60% to 19%.
- Transfer declines due to capacity have decreased from 249/month to 35/month.
- Accepted transfers increased by 3,000 per year.
- Discharge orders increased to 35% by 10AM, and the average discharge time is now closer to 12PM.
- Bed management, transfer center, psychiatric medicine and acute rehab facility were centralized.



BRITTANY LINDSEY
*Director of Patient Flow
at UAB Medicine*

“

WE NEEDED TO DO SOMETHING TO ADDRESS OUR CAPACITY CHALLENGES — WE WERE CLOSING OUR DOORS 60% OF THE TIME TO PATIENTS IN THE STATE OF ALABAMA.

”

“There are three keys to a successful patient flow strategy,” concludes Lindsey.

“**One:** Involvement of senior leadership is key. Our CNO was the first to lead our bed huddles and really set the expectations. The partnership with our chief medical officer and our associate chief medical officers has been key.

“**Two:** Another piece is accountability; making sure that everyone has goals related to patient flow and that they’re incentivized to meet those goals.

“**Three:** Finally, you need to make sure that you have the data, and with TeleTracking we have data that we’ve never had before. And we’re putting that data in the hands of the folks that can hold people accountable and drive change.”

▶ *Check out our interview with Brittany on the Patient Flow Podcast <https://podcast.teletracking.com>*

Jackson Health System

**TRANSFORMING
CULTURE,
DELIVERING
OUTCOMES**



Transforming a culture is never an easy process. From an internal perspective, you have to convince people that change is needed and that the old way of doing things has to be retired. Then you have to engage them, train them and sustain them during the transition. From an external perspective, you have to confront existing perceptions and convince your customer base that things have changed and the new way of doing things is better—and benefits them. That’s the challenge Jackson Health System in Miami, FL, has successfully met over the past 12 months as they launched a robust patient flow improvement initiative designed to maximize productivity and to serve as many members of the South Florida community as possible.

Serving as many members of the community as possible is a core part of the Jackson Health System mission. The system is an integrated, nonprofit, academic medical system that provides best-in-class care to any person who walks through its doors. Governed by the Public Health Trust, which is a dedicated team of citizen volunteers acting on behalf of the Miami-Dade Board of County Commissioners, Jackson Health System ensures that all residents of Miami-Dade County receive the quality care they need regardless of their ability to pay.

That meant the system was dealing simultaneously with high patient volumes and high lengths of stay, a combination which lead to significant capacity challenges. While Jackson had

installed TeleTracking more than five years ago, there was a low adoption rate among the staff. It was not utilized as a comprehensive system, and critical patient flow metrics were not being tracked. Without access to actionable data, it was difficult to put plans in place to drive actionable change.

“We were struggling with being able to provide the volume of quality care we needed to,” says Alan Goldsmith, Chief Financial Officer of Jackson North Medical Center, a 382-bed acute care hospital in North Miami Beach that is part of Jackson Health System. “By improving our processes—and consequently the patient experience—we now are considered a place where care is well managed. Patients are choosing to come here for their care.”

12 MONTHS AGO, THIS IS WHAT JACKSON WAS FACING:

- **Ready-to-Move Utilization:** 9 percent
- **Request to Occupy:** 728 minutes
- **Pull Time:** 129 minutes
- **Discharge Window:** 11.9 hours
- **Transport Wait Time:** 62 minutes
- **EVS Total Turn Time:** 145 minutes

In order to stay true to its core mission of caring for patients, providing a supportive, positive work atmosphere for caregivers and being a financially viable, responsible



BILL GRIFFITH

Vice President of Business Process/Operational Improvement for Jackson Health System, Miami, FL

Bill Griffith started his career in manufacturing, implementing Lean strategies at Pella Windows, Tyson Foods and Rain Bird Irrigation. Believing that the same efficiency principles could be applied to healthcare, he worked for Ascension and Health First. He is a Certified Six Sigma Black Belt and Quality Auditor through the American Society of Quality. He has a BA in finance and economics and an MBA in management.



ALAN GOLDSMITH

Chief Financial Officer for Jackson North Medical Center, North Miami Beach, FL

Alan Goldsmith has 12 years of healthcare finance experience with Tenet Healthcare and Jackson Health System. He is a Certified Six Sigma Green Belt and a certified public accountant. He has a bachelor's in hospitality management and an MBA in management.

organization, Jackson launched a two-pronged road map to success—combining technology implementations and hospital staff training.

“Truly understanding the ins and outs of our processes was important to building our roadmap and affecting outcome-based changes,” continues Goldsmith.

“We knew we needed to streamline operations and get actionable metrics that could drive change to move the facility to the top 10 percentile nationally,” says Bill Griffith, vice president of Business Process/Operational Improvement for Jackson Health System. “We did a gap analysis that led to the decision to integrate TeleTracking with our electronic medical record.”

Among the changes Jackson experienced were a decrease in EVS turn times to improve efficiency; utilization of centralized transport to reduce wait times and cancellation rates while improving discharge compliance; implementation of a centralized patient placement model; utilization of discharge milestones to reduce the discharge window; the training of employees in Lean techniques and how that eliminates waste; and the utilization of daily metrics to create an atmosphere of transparency across the health system.

SPECIFICALLY WITH TECHNOLOGY, THE FOLLOWING STEPS WERE PUT IN PLACE:

- Maximizing the use of Teletracking.
- Building over 30 interfaces between Cerner and TeleTracking.
- Implementing Apple® iPod touches for transport staff at Jackson North.
- Implementing modified dispatch logic in order to effectively enhance proximity dispatching.
- Modifying EVS zones in order to optimize the team’s productivity.
- Implementing a daily patient flow scorecard to measure performance.
- Over 200 reports were built and distributed to all levels of staff.

FROM A TEAM/EMPLOYEE PERSPECTIVE, THE FOLLOWING TACTICS WERE IMPLEMENTED:

- Implementing a centralized patient placement model with metrics for

bed assignments.

- Engaging staff members by conducting multiple training sessions on patient flow processes.
- Standardizing workflows across the system, thus eliminating silos.
- Creating transparent metrics that the patient flow team, led by the hospital CEO, could use to drive outcomes.
- Coaching the leadership team on the key highlights of Lean Six Sigma Tools.
- Creating a patient flow steering team that met daily.

In order to admit new patients to the health system, you have to discharge patients to make capacity, so streamlining the EVS process was first up.

Communicating with staff, explaining the changes and getting buy-in were critical in the implementation stage of this process, says Goldsmith.

“I went around with our EVS team and we went through every step of the process,” Goldsmith says. “With that depth of understanding, we were able to work together and create goals with the business owners and hold each other accountable. When we launched, we monitored the turn times minute by minute, as well as hourly and daily.”

With the EVS process improvements underway, the next step in the process was improving transport, which included the full implementation of proximity dispatch logic. By knowing exactly where transporters were located and dispatching the one closest to the patient, productivity increased from 2.2 to 3.3 trips per hour. That reduction in wait times impacted the patient experience: they were receiving the care they needed when they needed it.

With EVS and transport serving as the backbone of the patient flow improvements, discharge order interface was added and implemented in October 2015. Screens with PatientTracking Portal™ screens were installed to track patient progress through the care continuum, and then case management was integrated to further help establish applicable milestones.

Addressing the lack of compliance with Ready-to-Move was next. Though the feature was in place, it was not used regularly by the nursing staff. Following a training initiative with the nursing team, compliance with Ready-to-Move skyrocketed to 100 percent, which led to the implementation of automated transport and a reduction in pull time.

The Patient Flow Dashboard™, which showed specific metrics being generated by each unit, created clear notifications of where available beds were that could be assigned to incoming patients, Griffith says. Another improvement, he says, was modifying the staffing—not the number of staff, but the time they reported to work—to line up with patient volumes. Instead of having 20 employees start their shift at 7AM, for example, 10 would be assigned to come in at 7AM, five at 8AM, three at 9AM, and so on.

With automated transport and staffing adjustments, the average time from clean bed assignment to pending transport dropped from a high of 118 minutes to less than 57 minutes. Post pull time was averaging 59 minutes and has dropped to less than 13 minutes. The total cost savings associated with these changes—more than \$5 million per year.

“We’re proud of the changes we’ve made, which prove that using data on a daily basis can drive process improvement,” says Griffith. “Jackson Health System is committed to putting our customers first and doing the things that drive positive outcomes for them.”

“We’re just getting started,” says Goldsmith. “When we think about where we were 12 months ago and how much progress we have made, we’re excited to think about where we can be 12 months from now.”



TRANSITION TO BEST PRACTICES IN 12 MONTHS

- ▶ *Reduction in LOS at Jackson Memorial Hospital by 1.5 days*
- ▶ *Over 30% increase in admission*
- ▶ *Reduction in dead bed time by 25%*
- ▶ *29% reduction in cost associated with dead bed time*
- ▶ *115% increase in volume of transport and 50% reduction in time*
- ▶ *Reduction in overall turn time of 70%*
- ▶ *Reduction in pull times of 52%*
- ▶ *Reduction of request-to-occupy by 32%*

ADDITIONAL RESOURCES:

- ▶ *Health Management Technology: Data leads the way to solving patient throughput problems*
- ▶ *HFMA: Using Lean strategies to improve patient registration and discharge*
- ▶ *RAND Corporation: Improving hospital efficiency through data-driven management*
- ▶ *Health IT Outcomes: Combine Lean and real-time tracking to improve outcomes*

*COMMUNITY
ACCESS™ PORTAL AND
ON-CALL SCHEDULING™*

WHAT CLIENTS ARE SAYING



At TeleTracking, we understand the critical importance of timely access to care. We also understand that a health system's ability to establish strong relationships with community providers is critical to delivering the right care at the right time. That's why we're pleased to share how three innovation partners are transforming patient access with two new Access Management™ Suite modules: Community Access™ Portal and On-Call Scheduling™. Community Access Portal streamlines a patient's transfer and/or the direct admit processes and automates communication of patient flow milestones through a web-based portal. On-Call Scheduling makes it easier to quickly access the right physician for a patient anywhere in the health system, accelerating patient intake and improving quality of care.



01. **METHODIST HEALTHCARE**

Methodist Healthcare worked closely with us in the early stages of development for Community Access Portal and was the first site to go live. Methodist has eight hospitals, three ambulatory surgery centers, two 24-hour emergency centers, 20 imaging centers, five family health clinics, 12 acute stroke rural partners, 2,065 beds and 8,480 employees.

CHALLENGES:

- Replacing phone calls with an automated system.
- Decreasing the amount of time it took to accept patients from external providers.
- Providing additional visibility to care teams with a dashboard that shows progression of a patient transfer.
- Informing the facility and the provider of patients' arrivals at the accepting facility, their status throughout the stay and their discharge.

ACTIONS:

- Methodist Healthcare rolled out Community Access Portal to targeted external care providers, including: free-standing emergency departments, Methodist Healthcare-managed rural facilities, physician offices and large provider-based clinics.
- Transfer center leaders and staff, information system analysts, physician provider relations staff and Tele-Tracking staff visited these external providers to introduce the tool and evaluate use.

RESULTS:

- 69 submissions since the end of May 2016.
- Average submission to arrival time went from 158 minutes when the request was submitted via Community Access Portal vs. 337 minutes when submitted via phone.
- 4.7% increase in admissions from participating freestanding EDs.
- Decreased number of phone calls because of electronic submission.
- Decreased work load for the transfer center coordinator.

02. INDIANA UNIVERSITY HEALTH

Indiana University Health was focused on improving the efficiency of scheduled direct admits from its clinics. It has multiple facilities located across the state of Indiana, with 18 campuses for a total of 2,877 beds, an adult and pediatric Level 1 trauma center and a NICU Level 4 center. It is also an ANCC Magnet Recognition system and has been nationally ranked by U.S. News & World Report 18 years in a row.

CHALLENGES:

- A clinic request process that used a mix of faxes, emails and phone calls.
- Clinics did not always have confirmation whether the Transfer Center received their requests.
- When requests were received, there were issues with reading the handwriting of the submission.

ACTIONS:

- The health system rolled out Community Access Portal to key clinics, including:
 - * Neurophysiology—patients receiving video EEG; brain activity being monitored for seizures, etc.
 - * Hematology/Oncology Pediatric—patients coming for chemotherapy treatments which then often result in an inpatient stay.
 - * Urology Adult & Pediatrics—patients coming in for various surgeries. Previously, the Transfer Center staff took the surgery schedule and manually entered the information each morning.

RESULTS:

- With the implementation of Community Access Portal, Indiana University Health liked the speed, ease of use, instant feedback and ability to follow the patient's status from initial request through discharge.
- Consistent submission process from the clinics that were live with Community Access Portal.
- Easy-to-read information from the electronic request.
- No more missing information, because Community Access Portal requires key fields to be populated prior to submission.
- A reduction in having to wait hours for a bed because the Transfer Center did not know about the request.
- Clinics now have confirmation that the request was submitted and have immediate feedback into patient status for urgent requests.
- Electronic trail vs. manual filing system.
- Went live August 2016; 676 submissions received as of October 2016.

03. FREEMAN HEALTH SYSTEM

Freeman Health System implemented TeleTracking's cloud-based enterprise On-Call Scheduling application to make it easier to access the right physicians more quickly when they're needed for patient access or patient care. Freeman is a 460-bed, three-hospital system in southwest Missouri with 300+ staff physicians representing 60+ specialties. They serve a population of 539,300 people over 26 cities/towns. Freeman had 99,804 emergency department visits and 19,602 admissions in 2015.

CHALLENGES:

- Overworked call center averaging 3,800 calls daily, 114,000 monthly and 1,368,000 annually.
- Call scheduling (which was handled on paper) was very labor-intensive and confusing to new staff.
- There were no standard processes:
 - * Service line schedules submitted by email, fax, download, hand-written notes, etc.
 - * Monthly schedule kept in Master Call Schedule Binder.
 - * Daily Call list published on their intranet but people weren't accessing it.
 - * View-only access for all service lines.
 - * Edited daily by one person by 7AM for shift changes.
 - * Daily schedule archived in boxes for five years.

ACTIONS:

- Process redesign
- Key deliverables:
 - * Improved patient safety.
 - * Timely updates of call schedules.
 - * An easy to use web-based application.
 - * Searchable text fields.
 - * An enterprise-wide solution that eases access to on-call physicians.
 - * User access to On-Call Scheduling via intranet.
 - * Single sign-on authentication for end users.

INITIAL RESULTS:

- Achieved good initial stakeholder adoption.
- Validated that On-Call Scheduling tool was very easy to use.
- Improved accessibility of up-to-date schedules.
- Access to real-time information.
- Quick implementation, with minimal impact on project manager and administration.

Stop by the TeleTracking booth [#923] at HIMSS17 and see Skip Rollins, present on the positive results they're experiencing at Freeman Health System. go.teletracking.com/himss17

COLLABORATION AT THE CORE

STREAMLINING QUALITY CARE THROUGH IT PARTNERSHIP

St. Joseph Hospital is a Catholic nonprofit hospital located in Orange County, CA. It is a member of the St. Joseph Health System, which consists of 15 acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities,

community clinics and physician organizations. The hospital itself has 463 licensed beds, 3,100 employees and 1,000 physicians servicing 20,106 inpatient discharges and 290,357 outpatient visits. Hospital leadership knew that something had to be done to

address LWBS (left without being seen), ED diversions, patient discharges by time of day, etc., in order to streamline patient flow.

“Nurses are asked to do so many things, so if we can leverage technology to




 St. Joseph Hospital
 Orange, CA

automate the manual processes, that ultimately benefits the patients and their overall care delivery experience,” says Carmen Ferrell, Executive Director of Nursing Operations, Clinical Outcomes & Clinical Information Systems. “That also means having a strong, collaborative relationship with IT. When we were asked to look at patient flow in our facility—and really look at how we manage the flow of patients—I made sure that our IT folks were part of the team from the start. Without them, we wouldn’t be as far as we are today.”

PARTNERSHIP WITH IT IS KEY

“We established a great partnership. There was the nursing technology piece that I didn’t understand, so I would come up with ideas and ask, ‘Hey, what about this?’ and Carmen would say, ‘Do you want the nurses to be really upset with you? We need LACE scores,’” says Paul Tuccio, move registration mark to after Apple and superscript. “I didn’t even know what a LACE score was! But on the technology side, I can come back and say, ‘Yes, we can do this; yes, we can do that.’”

St. Joseph kicked off its patient flow project by having a team look at its processes and identify the barriers that were impacting flow. Specifically, it analyzed inpatient throughput processes and how efficiently they were able to turn the beds over. Once this first step was

complete, the team turned its focus to the standard work that is done across units to make sure everyone—from physicians to case managers and charge nurses—understood which processes could be automated for improved service.

The first unit to take on this improvement challenge was medical telemetry. After a review of the unit’s data at a rapid improvement event, a pilot was held from April-September 2015. The result was a 35% decrease in emergency department throughput time to the medical telemetry unit.

Tactics implemented on this unit focused on standardization and clarification of current practices so that everyone involved in the discharge process knew what they were supposed to be doing and how this impacted the team at large and, ultimately, the patient experience.

Standardizing and capturing the discharge workflow in an algorithm by caregiver role was a key to decreasing barriers existing across the team. This included buy-in by MDs, RNs, charge nurses, the Admission Discharge Team (ADT), pharmacists, the house supervisor, case managers, social workers, physical therapists and respiratory therapists.

Incorporating discharge huddles at the unit level with hospitalists, charge

nurses, ADT and case managers helped to anticipate discharges. Display of information on the units as to where they were with the discharge time was critical.

With that initial success, the team looked for opportunities in other departments. For example, discharge times were averaging eight hours from the time the physician discharge order was written to the time the patient left the facility. Patient transfer times were averaging anywhere from two to four hours, and staff didn’t have easy access to real-time patient data. Another challenge was encouraging staff to adopt a new way of doing things; there were inconsistencies in practice, and some people didn’t like feeling as though they were constantly being monitored.

“We implemented and rolled out a number of core features within TeleTracking to expedite the discharge process. And we worked really hard to redefine processes related to patient discharge delays, including holding staff accountable for delayed discharges and transfers,” continues Ferrell. “We were then able to make decisions using the data from our reports, and from the real-time information available on our whiteboards (PatientTracking Portal™) that indicates patient attributes, discharge milestones, staff assignments, etc. We also started utilizing the Ready-to-Move feature so

2015 - 2016 IMPROVED METRICS

METRIC	BASELINE CY15 Q1-2	RESULT CY15 Q3	RESULT CY15 Q4	RESULT CY16 Q1	RESULT CY16 Q2	RESULT CY16 Q3
All Inpatient Units Discharge Times in hours	9:50	9:5	4:35	4:17	4:12	4:05
Left Without Being Seen (ED)	3.7%	5.7%	4.7%	6.9%	3.7%	4.2%
Patient Satisfaction	50.9	60.4	59.7	60.5	59.8	61.2
Bed Turn around time (EVS)	1:45	1:45	1:55	1:40	1:35	1:15
Mortality	2.3%	1.6%	2.0%	2.0%	1.3%	1.2%
Readmission Rate	8.6%	8.0%	7.2%	7.4%	7.9%	6.5%
Hospital-Acquired Infections	2.3%	1.8%	1.8%	1.5%	1.9%	2.2%

that the appropriate staff members know when patients are clinically and physically ready to move to the next step in their care plan.”

Each unit had an electronic whiteboard installed and a custom console view created to accommodate its specific workflow. Some of the other processes that were automated included:

- **CARDIAC TELEMETRY ORDERS:** cardiac telemetry patients were identified without having to be manually entered by the staff.
- **ORTHOPEDIC ORDERS:** orthopedic patients were also identified without having to be manually entered by the staff.
- **DISCHARGE DISPOSITION:** makes the discharge information easily accessible to staff.
- **PHYSICIAN DISCHARGE NOTES:** also makes the discharge information easily accessible to staff without manual entry.
- **EVS NOTIFICATIONS:** EVS went from pagers to Apple® iPhone devices, which decreased the clean bed time from 2.5 to 1.5 hours.

In order to come up with actionable metrics, St. Joseph looked in particular at:

- Every step of the discharge process to identify delays and the most common delay reasons, so as to identify opportunities for improvement.
- The time from when a unit was targeted to when a bed was assigned; the time from when bed a was assigned to when it was clean; the time from when a bed was clean and a patient was ready to move to when the bed was actually occupied; and the time from when the unit was targeted to when the patient was bedded.

Positive results have been generated operationally and clinically. Operationally, discharge times improved from eight hours to four hours; transfer times went from two-to-four hours to a range of 30 minutes to two hours; and general communication improved among the healthcare team. From the clinical perspective, patient satisfaction scores improved; readmissions, infection and fall rates were maintained or improved.

“I think an important key to our success was making sure that every person who was going to touch the patient in that workflow was involved in the decision-making process: nurses,

EVS personnel, pharmacy, physicians, quality and of course IT. You’ve got to really look at all the disciplines, because without understanding their workflow, you don’t realize how much it’s going to impact that nurse, and at the end of the day it’s the patient and the loved ones that are affected. If we have an ineffective workflow, then we have an ineffective relationship with our patients and their families,” concludes Ferrell. “Other factors included the support we received from our leadership and the high level of engagement we had from employees across the organization.”

“And from a technology perspective, you have to make sure your infrastructure’s built,” adds Tuccio. “You can have a fantastic application, but if you want it to go to the next generation and have people walking around with smart devices, you have to have that foundation in place. You take a step back, but then you move two steps forward. It’s a process of continually trying to get better.”



Check out our interview with Paul and Carmen on the Patient Flow Podcast <https://podcast.teletracking.com/>



CARMEN FERRELL

RN, MSN, CCRN
Executive Director of Nursing Operations, Clinical Outcomes & CIS

Ms. Ferrell has been a registered nurse for 38 years in critical care nursing and nursing operations. Ms. Ferrell was recognized by the American Association of Critical Care Nurses, with the Circle of Excellence Award in 2010 for her outstanding and transformational work in critical care on patient safety initiatives that improved outcomes, patient care practice and community outreach.



PAUL ANTHONY TUCCIO

Information Technology Operations Manager
St. Joseph Hospital in Orange, CA

Paul Tuccio has been specializing in information technology for 22 years in IT operations, IT data centers, field support and IT planning and control. Presently, Paul is the IT Operations Manager at St. Joseph Hospital in Orange, California. Paul manages a team of experienced IT professionals to support the growth of products and services within the hospital, and maintains a solid partnership with nursing/clinical informatics teams. Paul leverages his team to provide tools and services to meet the demands of our changing environment and support physicians, nurses and our healthcare providers at the next levels.

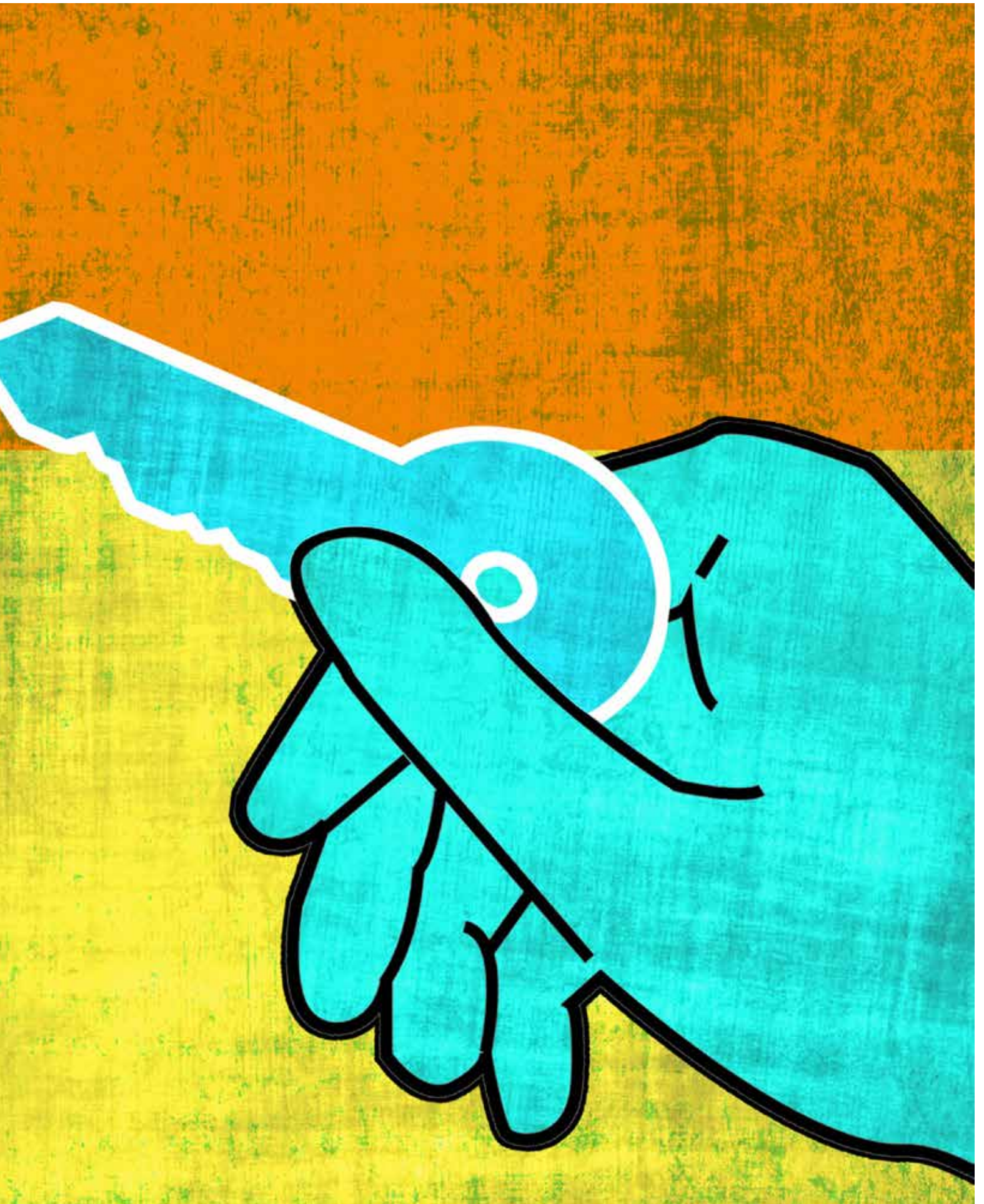
Every year, 136 million patients visit emergency rooms, and 500,000 ambulances are turned away from the intended hospital. Even after being admitted, 2.2 million patients board in the ED for more than six hours waiting for a bed.

At TeleTracking, we believe there are solutions to these challenges. For 25 years, we have been helping clients optimize their operations and unlock capacity so that no patient is ever denied access to timely care. As we move into 2017, we're taking that knowledge, looking at the key trends of 2016 and planning for an impactful 2017 that enables timely, purposeful, frictionless patient access and delivers measurable, sustainable outcomes.

"As we look to 2017, we're focused on maturing our solutions by looking at what we have learned from our customers and then finding ways to further customize our product offerings," says Jason Harber, Head of Strategy and Business Development. "For example, the recent launch of Community Access™ Portal is really resonating. It is taking our influence outside the walls of the hospital and integrating physician referrals into the patient flow process. This expansion is a trend we see continuing. The next steps will include integrating new stakeholders into the referral process, such as family members, transportation providers and internal physicians. We anticipate adoption for these customers will be easier than ever. And while we are extremely proud of the 100 transfer centers that are live, we will continue to develop our fully integrated Access Management Suite in order to increase access to timely care across the care continuum."



2017
preview



Another 2016 trend that will continue to grow in 2017 is the impact that Clinical Workflow™ Suite (formerly Orchestrate™) has on the perioperative and clinical care part of the healthcare continuum. The benefits it brings by improving patient throughput, decreasing wait times, optimizing capacity and improving utilization of resources in the perioperative environment will be further integrated into a health system's care footprint. This will engage more people in the patient flow process and improve the overall patient experience. For example, at Health First-Holmes Regional Medical Center, on-time case starts improved from 50% to 75%. And with easy-to-use reports to measure operational performance, Clinical Workflow Suite further harnesses the power of actionable data.

"In 2017, we will continue to focus on meeting our clients' increasing need for data and analytics. In addition to the already robust reporting available through TeleTracking, we are extending beyond descriptive reporting and introducing more predictive and, ultimately, cognitive analytics that will help our clients forecast the demand they're likely to experience. Technology is only part of answering that need, so we are also providing the support and resources to use that data to drive outcomes," says Chris Johnson, Chief Solutions Officer. "We will also begin taking advantage of the cloud-based TeleTracking IQ™ platform to improve our speed and scale to deliver new solutions to our customers. Furthermore, there are things we do well and there are things others do well, so we will also continue to tie everything together through strategic partnerships to provide the best possible, most comprehensive services."

Other developments planned for the TeleTracking IQ™ platform in 2017 include a more role-based experience. Naturally, more mobile applications will come into play to reflect how our users work today. And finally, we'll continue developing technology to enhance communication and integrate IoT [Internet of Things] capabilities to further enable connectivity between applications. For example, greater personalized communication will be available through the Instant Notify feature, which will facilitate non-emergent communications, increase staff accountability through time-stamped communication and create timelier bed placement. All of these developments will further enable the command center concept.

"A command center is a completely immersive experience with information prominently displayed on large-form, responsive boards. However, there are also stages in the patient flow process where small-form, mobile technology is appropriate. We are committed to providing our clients with fully integrated solutions that cover the full care continuum. We envision a system-wide centralized command center that includes monitoring everything from patient transport, assets, pharma, and beds to patient experience and clinician satisfaction," continues Johnson. "In addition, we are looking ahead to advanced machine learning and ambient computing where the system recognizes the human beings in the context of the tasks they're working on, bringing the most relevant information to the forefront. This type of technology provides an opportunity to significantly reduce inefficiencies and return much-needed time back to caregivers."

"We are looking forward to 2017 and continuing to expand our story around patient access and throughput. We have done a great job with the inpatient process and our TransferCenter® technology," concludes Harber. "With greater numbers of patients going to outpatient settings, our products are ready to adapt to match our customers' journeys. We are committed to our goal of helping to manage care across the entire care continuum."



CHRISTOPHER JOHNSON
*TeleTracking's Chief
Solutions Officer*

Christopher Johnson leads the Technology, Product Management, User Experience and IT&S teams, and is responsible for the development of TeleTracking's patient flow solutions and the migration of the current portfolio of solutions to a single cloud-based platform. Prior to joining TeleTracking in 2015, he served as the chief technology officer for GE Healthcare's asset management, patient flow and hospital operations management platforms.



JASON HARBER
*TeleTracking's Head of Strategy
and Business Development*

Jason Harber's focus is on strategic planning, government relations and business development for the organization. Prior to his current role, Mr. Harber was responsible for managing TeleTracking's product teams, leading both the product management and user experience efforts across the portfolio. He was also responsible for building the Business Analytics product and services team and taking TeleTracking's market-leading TransferCenter™ solution to market in his previous roles at TeleTracking.

CELEBRATING PATIENT FLOW EXCELLENCE

TeleTracking and The DAISY Foundation join forces to recognize nurses for extraordinary and compassionate work in patient flow.

For every patient who goes to the hospital, is placed in a bed and gets the care he needs there is a nurse working behind the scenes to make sure the process is seamless for him and his family. And that's why TeleTracking is honored to collaborate with The DAISY Foundation on the inaugural "DAISY Award for Extraordinary Nurses in Patient Flow." The award recognizes nurses, and teams of care providers who are led by a nurse, for their work in transitioning patients through the care delivery system. It also recognizes their commitment to delivering compassionate, high-quality care that is focused on the unique needs of individual patients during this dynamic process.

"The DAISY Award makes it possible for patients and families who have experienced extraordinary and compassionate nursing care, to express their profound gratitude. For nurses, this type of meaningful recognition contributes to a positive work environment, leading to increased job satisfaction and a renewed commitment to their organization," says Cindy Sweeney, Executive Director, The DAISY Foundation. "By introducing this award we have the opportunity to highlight the critical role these nurses play in the continuity of quality care. We also recognize the importance of this emerging role that requires clinical expertise, an understanding of unique patient needs and the ability to manage organizational capacity and provide the right care, at the right time, in the right place."

"When we think about the future of health care, it becomes increasingly important to consider the logistics of care across all settings. As patients are increasingly older, often with multiple illnesses, it is critical that they're receiving the right level of care from the right providers. And it is essential that the movement of patients occurs effectively and efficiently through each point of the healthcare system," adds Nanne Finis, Vice President, Advisory Services, TeleTracking. "This efficiency in flow allows organizations to care for more members of their community population and mitigates safety and quality events that result from extended, unnecessary inpatient stays. We consider the nurses and teams of care providers that 'orchestrate' this seamless movement, all while caring for patients, as the true heroes."

A panel of healthcare experts from across the country has been assembled and will evaluate nominees on the following core attributes:

- COMPASSION
- DRIVE FOR RESULTS
- LEADERSHIP
- CHANGE FACILITATION
- RESOURCE MANAGEMENT
- CLINICAL KNOWLEDGE

Hear more from Cindy on the recent podcast episode, *The DAISY Foundation & TeleTracking – Recognizing Extraordinary Nurses*, at <https://podcast.teletracking.com>.

► Nominations opened on November 15, 2016, and must be submitted by February 28, 2017. The inaugural award will be presented at TeleTracking's Client Conference at the Sheraton Grand at Wild Horse Pass in Chandler, AZ, on October 22-25 2017.

To nominate a nurse visit - <https://www.daisyfoundation.org/patientflowawardnomination>

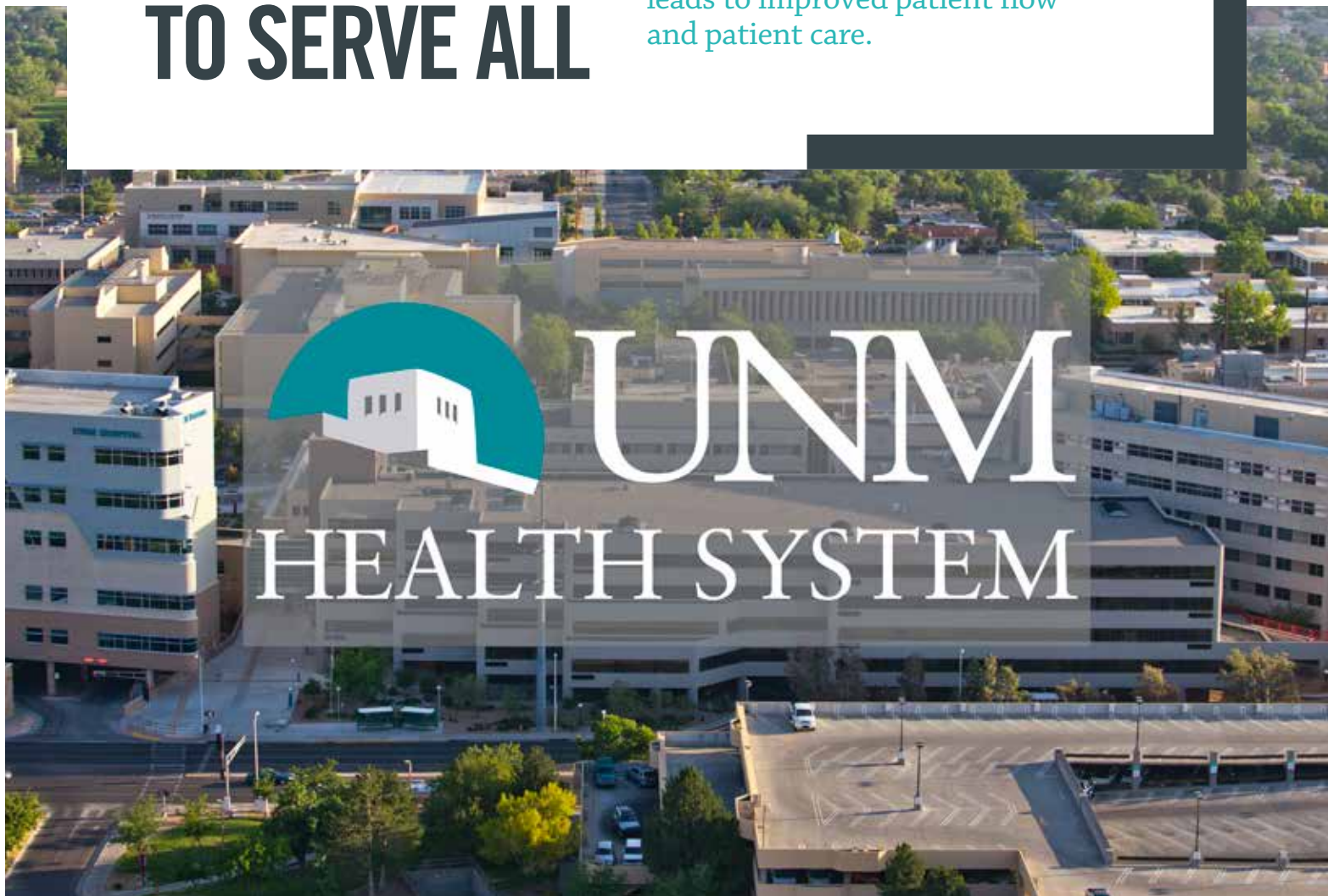
About the DAISY Foundation

The DAISY Foundation was created in 1999 by the family of J. Patrick Barnes, who died at the age of 33 from complications of an auto-immune disease [hence the name, an acronym for Diseases Attacking the Immune System]. Patrick received extraordinary care from his nurses, and his family felt compelled to express their profound gratitude for the compassion and skill nurses bring to patients and families every day. The DAISY Award for Extraordinary Nurses celebrates nurses in more than 2,300 healthcare facilities around the world. For more information about The DAISY Award and the Foundation's other recognition of nurses, faculty and students, visit www.DAISYfoundation.org.



NEW WAYS TO SERVE ALL

At the University of New Mexico Health System—cultural change leads to improved patient flow and patient care.



Geographically, New Mexico is the fifth largest state in the United States. New Mexico is home to 2 million residents including 22 sovereign Native American tribes spread throughout the state. Health-care needs are served by 28 acute care hospitals, nine of which are critical access hospitals having 25 beds or fewer. Health systems face some challenges related to caring for the state's residents in the lowest commercially insured state, with the second highest Medicaid population. The University of New Mexico Hospitals are the state's flagship facilities, providing the only level one trauma center, the only safety net hospital, and the only academic medical center. In addition, the system of-

fers a comprehensive children's hospital, a comprehensive behavioral health pediatric and adult hospital, a regional hospital and a primary care medical group.

The system uses TeleTracking to effectively manage patient flow and provide the greatest number of patients with quality care. However, in 2014, things were very different, very taxing, and all manual. Bed requests were placed directly by a provider from many different areas—the emergency department, clinics, transfers and procedure areas. The "Bed Management" team then took those requests and sent faxes to every

possible nursing unit to assist and find placement for the waiting patient in the least amount of time. Once a fax was received, the nursing unit performed a chart review on the patient and would decide if the unit was the best fit for the patient. If the patient was accepted, the nursing supervisor or designee would call the physician to notify them of the bed assignment. If the patient wasn't chosen for a bed, they waited in the ED or a nursing supervisor would intervene.

"We knew something had to change," says Dr. Irene Agostini, Chief Medical Officer. "In addition to the previously mentioned issues, we were experiencing

wait lists of up to 30 days in the transfer center. Our EVS team was also using a manual system. The discharge or transfer of a patient and dirty bed notifications were printed and called in to the nursing supervisor, who would then call EVS. Once EVS cleaned the bed, they would call the nursing supervisor to let them know that the bed was clean and now ready for occupancy. The process was very person dependent and did not allow for use of resources of EVS and patient transport. We decided to bring in a consultant to see what could be done and their recommendation was crystal clear—you need a bed management system to improve flow, efficiency and transparency."

Once the decision was made to make the capital investment in TeleTracking, transparency and engagement with the staff was the next critical step. That started at the Sandoval Regional Medical Center.

"This was a significant change for our staff, so we were fortunate to have a champion from our senior leadership team driving this cultural change," continues Dr. Agostini. "We also assembled an implementation team that included nursing executive directors, providers and ancillary staff. We started meeting monthly, then weekly and daily as the launch drew closer. We wanted to be sure that everyone understood why we were making this change, that they felt invested in the decision making process, that expectations were clearly communicated, and that everyone was educated on the new processes."

The development of a check list was a key tactic for keeping everyone on point during the early stages of the implementation and maintaining the vision as things become uncomfortable.

"We created a visual cue in the form of buttons to allow our super users to be easily identified for staff members in order to get their questions answered by their peers. We also created a central command center in the heart of our administration area for ease of accessibility and buy in," says Dusty Chavez,

Director of Operations for the New Mexico Health System Patient Placement and Transfer Center. "In addition, everyone on the implementation team stayed in constant communication. We met three times a day during the first two weeks to review our progress and discuss what was going well and what needed to be improved. Then we went over what was fixed and what the next 12/24 hours were going to look like. And we also made it fun for the team with everyone's favorite snacks—because chocolate makes everything okay!"

WITH EVERYONE WORKING SO CLOSELY AND COMMITTED TO ACHIEVING THE SAME GOALS, A NUMBER OF MILESTONES WERE MET VERY QUICKLY.

- **August 26th 2014:** UNMH and SRMC:EVS and Transport go-live.
- **October 28th, 2014:** Transfer Center go-live.
- **November 4th, 2014:** SRMC Patient Placement go-live.
- **February 10th, 2015:** UNMH Patient Placement go-live.
- **April 14th, 2015:** Analytics go-live installation and first automated Transfer Center report sent.
- **May 2015:** Dashboard real-time web based information work began.

"By taking what we "knew" to be true, we were able to create a culture of transparency, centralize patient placement, operationalize our processes and create daily management tools to drive outcomes," said Dr. Agostini. "For example, we use an automated daily report that supports the daily management of our patient flow and throughput giving the data we need to respond to changes."

THAT ABILITY TO RESPOND HAS RESULTED IN MEASURABLE SUCCESS:

- Average Adult Emergency Department Bed Request to Occupy Time has gone from 13.7 hours in March 2015 to 5.8 hours in October 2016.
- Total Completed Discharge Jobs by a transporter has increased from 342 in July 2015 to 685 in September 2016.
- EVS Average Turn Time has decreased from 75.2 minutes in July 2015 to 59.5 in September 2016. It's important to note that National Best Practice turnaround time is less than 60 minutes.
- UNMH is the 11th most improved health system in the country based on United Health Care Consortium Data by Percentile Change of Throughput Efficiency FY15 to FY16.

- Total UNMH Patient Transfers September 2015 to September 2016 went from 484 per month to 686 per month.

Goals for the new fiscal year continue to build on the current successes to support efficiency, remove barriers and carry out the mission to provide exceptional care for New Mexico. These goals cascade to all levels of the hospital to include provider, nursing and ancillary teams.

"We have been able to sustain these changes and the resulting outcomes because the benefits to our patients are clear, and we have strong buy-in from every level of the organization," adds Chavez. "There's still work we need to do, but the transparency and the communication that occur on a moment-to-moment basis have been integral to sustaining the practice of the patient placement center, as well as the transfer portion. This has also allowed for additional conversations to take place around barriers to procedures, post-acute care and more."

"We have a real passion for patient flow because we believe it allows us to provide better patient care. This is why we're so tenacious and committed to moving forward. We have hard wired the process at our organization and live and breathe it every day," concludes Dr. Agostini.



DR. IRENE AGOSTINI

Chief Medical Officer at the University of New Mexico Health System [UNMH] and the Medical Director of the UNMH Transfer Center

Dr. Irene Agostini is also the medical director and founder of the Albuquerque SANE (Sexual Assault Nurse Examiner) program. She is board certified in emergency medicine.



DUSTY A. CHAVEZ

Director of Operations for the Patient Placement and Transfer Center for the University of New Mexico Health System

Dusty A. Chavez has 19 years of nursing experience, including cardiac critical care, intensive care, cardiac and medical progressive care and distance telemetry monitoring and patient flow. She has had the opportunity to open two patient placement and transfer centers within the past six years.

▶ Check out our interview with Dr. Agostini and Dusty on the Patient Flow Podcast <https://podcast.teletracking.com/>



SETTING THE BAR FOR SUCCESS IN ACTION

CAPE FEAR VALLEY HEALTH SYSTEM

Cape Fear Valley Health System in Fayetteville, NC, has 916 beds across six locations, including acute care, rehabilitation services, long term acute care and behavior health services.



CHALLENGE

The Cape Fear Valley Transfer Center was managing multiple responsibilities, including answering the EMS radio for the emergency department, scheduling specialty and non-emergency transport services dispatching and tracking specialty, and non-emergency transport services, and handling diversion statuses and logs. While the work level was robust, the level of reporting was not: transfers were handled with minimal input, and there was no tracking for denials and no accountability when issues arose.

While staff was aware anecdotally that they were saying no to a lot of patient transfers, they didn't have a process in place to track patients or generate specific, actionable metrics. Regional referrals were problematic, with issues related to placing patients within their own facilities resulting in sending them to competing centers. And given the placement rate, other facilities were also looking elsewhere to place patients.

The staff's process for tracking patients including using Excel to monitor transported patients, as well as paper forms to record transfer data. Given the lack of centralized data, declines were rarely followed up on and diversions became a normal occurrence. A software program for automated dispatch and tracking was eventually purchased, but the reporting points did not assist with transfers and the denials based on "diversion" status were rarely tracked.

A final challenge was the fact that the team was dealing with a challenging work space. Four workstations—each with a radio, phone and computer—were crammed, along with a copier, a small fridge and a filling cabinet, in an 8X10 room.



ACTION

Having access to more and more actionable data was critical to resolving the Transfer Center's challenges. TeleTracking's Capacity Management Suite™ was already in place, so the decision was made to expand the capabilities by adding the TransferCenter™ module. The team charged with taking the current processes and creating a new workable flow was comprised of project managers, analysts and transfer center staff.

THE NEW PROCESSES INCLUDED:

- Clear communication points, with mandatory information being clearly visible to the user.
- Page delay timers to ensure callback compliance and follow-up.
- Making EMTALA guidance available to transfer center staff and medical staff.
- Tracking delays in assignments for efficiency.
- Tracking outgoing transfers to ensure appropriateness.
- Tracking bed placement metrics to ensure timeliness.
- Reviewing call recordings to determine if there were questions on behavior or process.

In addition to these changes, the Transfer Center Timer Metrics report became a key driver for change. This report tracks the time the patient is entered into the system to the time the patient is fully registered/placed in a bed. The report highlights the difficulties with getting timely physician call backs, and the added time when consults that could be done on arrival are verified.

Finally, communication with the C-Suite was prioritized with the development of a simple, easy-to-review leadership report on transfer history, which is run nightly after midnight for the previous 24 hours. The CEO and the site vice presidents are engaged and ask questions daily.



RESULTS

The implementation of TeleTracking's TransferCenter® application had an immediate impact, with 109 transfers performed in the first full week of use. The first thirty days, 589 transfers and consults with measurable data points were completed. At the one-year mark [October 2015-2016], the results were even more impressive:

- 3,379 transfers and consults were handled with 85 declines.
- Each declined transfer was reviewed by service line for appropriateness.
- Daily transfer data is now sent to 30 individuals including the CEO, CFO, CNO and CMO's.
- Increased tracking for smaller facilities to ensure that transfer utilization is appropriate.

Additional results from a clinical, operational and financial perspective include:

CLINICAL

- Improved clinical staff communication and overall patient flow. Nursing reports are monitored and recorded by Transfer Center staff to ensure placement is appropriate.

OPERATIONAL

- Transferred patients became the priority for placement.
- Time for a bed assignment has been reduced from 5+ hours to under 90 minutes on average.
- Transfer Center went from a "closet" to a real office building.

FINANCIAL

- Increase in accepted patients.
- Improved tracking of patients being sent to the competition.
- Decrease in patients being sent out for specialties.

PATIENT FLOW PODCAST

Join Us for Patient Flow Podcast!

In one convenient place, you'll find insightful conversations with the leading experts in patient flow. You'll also find a focus on the best practices that drive successful outcomes, giving you the information you need to help patients across the healthcare continuum get the right care, in the right place, at the right time.

For more information, please visit: <https://podcast.teletracking.com/>



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IN BOOTH SESSIONS FEBRUARY 20-22, 2017

- **Creating a Centralized Command Center to Manage Patient Flow**
Scott Newton, DNP, RN, MHA, EMT-P, VP, Care Model Solutions, TeleTracking
- **A CIO's Strategy for Using Technology to Improve Patient Access Across an Enterprise**
Skip Rollins, CIO/CSIO, Freeman Health System
- **Strategic Initiatives Focused on Improving Patient Flow**
Lee Wallace, CCEMT-P, Director, Patient Flow, McLeod Health
- **Improving Patient Throughput in Hospital-Owned Clinics**
Paige Patterson, RN, BSN, Nursing Supervisor, University of Colorado Health



For more information or to register for a session: <http://go.teletracking.com/HIMSS17>