CONSUMER-DRIVEN HEALTHCARE
Stay current with the changing expectations of your patients.

DESTINATION: INSPIRATION
Unearthing creative solutions in the wilds of Antarctica.

ART + SCIENCE
How to transform patient discharge through best practices.

GROWING TOGETHER
How University Hospitals used expansion as a reason to centralize.

PATIENT FLOW *quarterly*™

DESTINATIONS *in view*

SPRING 2018

A QUARTERLY PUBLICATION FROM TeleTracking

GETTING THERE *together*

TRANSFORMATIONAL CHANGE

It has to be about the boat

Within the first few months of my tenure at TeleTracking, I was handed a book titled, The Boys in the Boat. *It's the true account of nine young men, brought together by the most unlikely of circumstances, who would eventually go on to challenge for rowing Gold in the 1936 Berlin Olympics (spoiler alert: they win).*

Little did I know this would serve as the treatise for TeleTracking's culture and mission. Accomplishing something truly great and reaching everything that we aspire to achieve is never about us as individuals. It's never about the vision and execution of just one person. Organizations are complex. Prioritization is an ongoing task for organizational leaders; crafting not only a vision of what's to come, but also enabling our teams to respond to the changing currents as they emerge.

And healthcare is no exception. From changing regulations and reimbursement, to shifting consumer preferences and competitive dynamics, enacting change is never a discrete event. Nor is it achieved by the will of any one individual. Rather, it is only through a willingness to trust in each other, and committing to a common goal while holding others accountable, that we begin to see the horizon come into focus.

For those of you charged with transformational change in your organization, as TeleTracking CEO and Chairman Michael Zamagias often reminds me, "It has to be about the boat." And it is with this in mind that we bring you the ninth edition of Patient Flow Quarterly. *I hope you find inspiration in the pages that follow.*

KRIS KANETA
Managing Editor
PFQ@teletracking.com

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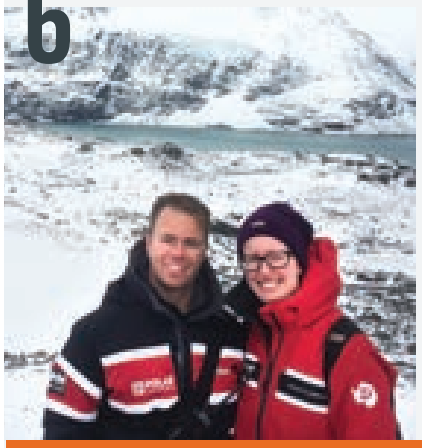

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16

SPRING 2018

A QUARTERLY PUBLICATION FROM TeleTracking

TeleTracking's culture and mission—to ensure that no one will ever have to wait for the care they need—is dedicated to collaboration and achieving a common vision. And while we know that transformational change is never easy, it's completely achievable with trust, commitment and accountability.

WHAT'S *HAPPENING*

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

01. Diane Watson, TeleTracking's COO, is a featured columnist in the May issue of *Smart Business*. See the story unfold at: sbonline.com.

02. TeleTracking was named Patient Flow Category Leader for the seventh consecutive year (as well as 11 out of the past 12 years) by U.S. healthcare market research leader, KLAS.

03. Representatives from TeleTracking and the Royal Wolverhampton NHS Trust will present at the prestigious International Forum on Quality and Safety in Healthcare in Amsterdam, May 3rd and 4th.

04. The Countess of Chester Hospital NHS Trust was featured in *The Telegraph*, one of the United Kingdom's leading publications, regarding badging patients to boost room turnover.

05. *The Roanoke Times* featured Carilion Clinic's Transfer & Communications Center, "Carilion Center is in Command of Patients' Movements."

Want to stay up-to-date on the latest patient flow trends? Subscribe to our blog and join in the discussion: blog.teletracking.com.

EVENTS

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

HEALTHCARE EXECUTIVE FORUM ON PATIENT FLOW COORDINATION CENTRES: THE DIGITAL FOUNDATION FOR INTEGRATED HEALTH SYSTEM OPERATIONS

May 16
Southampton Suite of the Grafton Hotel
London, UK

Hosted by Dr. Charles House, Medical Director, University College London Hospitals [UCLH] and Neil Griffiths, Managing Director, TeleTracking Technologies, the forum will cover the science of patient flow and UCLH's journey to operational excellence.

EMERGENCY NURSING 2018

September 26 – 29
David L. Lawrence Convention Center
Pittsburgh, PA

Emergency nurses will come together to share ideas on innovative education and technology, leading research, and to network with leaders and colleagues. Be sure to visit TeleTracking booth #1210.

TELECON18 – TELETRACKING'S ANNUAL CLIENT CONFERENCE

October 14 – 17
Hyatt Regency Hill Country Resort and Spa
San Antonio, TX

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. For more information visit: conference.teletracking.com.

PRESCRIPTION FOR EXPEDITED DISCHARGES

Inventing better care to get patients home faster.

VCU Health's reputation in the Richmond, VA community is defined by inventing better care, day by day, by discovery—which includes intense research, collaboration with experts, and sheer brainpower meeting unrelenting willpower. VCU is committed to doing whatever it takes to offer the best in care while empowering a greater quality of life.

Such a commitment to care is what led Kelley Barry, Senior Clinical Applications Analyst, to review best practices related to patient discharge to both improve the experience for patients and free up capacity for the health system. One of the discharge efficiency best practices encourages care teams to plan for a patient's discharge 24 hours in advance to avoid delays on the day of discharge. That's where Barry saw an opportunity to improve the process and reduce the number of delays related to obtaining prescriptions prior to patient discharge. By creating a 'discharge pharmacy indicator' in TeleTracking's PatientTracking Portal™ application, the pharmacy can identify and prioritize prescriptions for patients being discharged that day, or in some cases, fill prescriptions the day before. Barry's research shows that discharge milestone delays stating patients were waiting for a prescription were in fact actual medication delays, so making the milestone more specific was the first step in developing a new set of indicators.

"We assembled a cross-functional team that looked at ways to improve our overall approach. The group agreed that an initiative with discharge pharmacy would be one of the easiest to roll out. I quickly saw the impact this could have and started a conversation with a pharmacist who was also interested and ready to move forward," says Barry. "Expanding on the other initiatives to optimize our ability to prioritize prescriptions for patients being discharged, we developed a new care progression indicator. Now when prescriptions are sent to the pharmacy, the pharmacists see the pending and confirmed discharges in this new column and can prioritize the prescriptions that need to be filled—and consequently avoid delays in that patient's discharge."

EASY AS RED, YELLOW AND GREEN

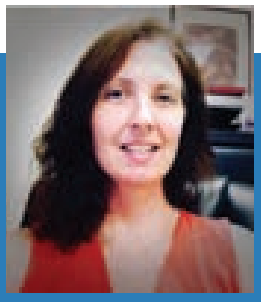
A key benefit to the new approach is the increased visibility. Here's how it works:

- If a prescription has been sent to the pharmacy with no discharge order, and the pharmacist hasn't started filling it, a "red pill" appears on the portal screen.
- When the discharge pharmacy begins working on a prescription, they click an icon under the "In Progress" status column, turning the status to a "yellow pill."
- If there is a delay, the pharmacist can click on the reason [co-pay needed or prior authorization for example] and then add more specifics in the notes section.
- When the delay is noted, an "alert" icon appears so the inpatient unit can investigate what is causing the issue and address it.
- When the pharmacist completes filling the prescription, they click on the icon under "Completed/Delivered" and a "green pill" appears.

The visibility also extends to which prescriptions are couriered and which are transported via a pneumatic tube system, which requires a security code in order to be released. By simply hovering on the portal screen, staff members can see which prescriptions are which, obtain the proper code and avoid delays. Future plans include working to add a "care type" icon to indicate an outside pharmacy needs to be used and creating an interface to make it possible to complete those orders.

With the strong initial buy-in, the rollout of the new portal views and processes proceeded smoothly. It was simple to educate all of the units and pharmacists since the technology part basically just involves clicking buttons and indicating whether the code is red, yellow, green or an alert. The launch also included regular rounding to address any questions or potential issues. In addition, a detailed "cheat sheet" was created to supplement the training and several pharmacists were trained as super-users to serve as an ongoing resource.

"Since we implemented about six months ago, it has made an enormous difference in reducing the number of phone calls between the pharmacy and the inpatient units—including reducing calls from nurses and doctors calling multiple times about the same patients," concludes Barry. "We've also received feedback from the staff about how much easier it's making their jobs. And patients are also more satisfied since their discharge is efficient, meaning they're able to go home quicker."



KELLEY BARRY
Clinical Applications Analyst –Senior, VCU Health

Kelley has been with VCU Health since 2010. She has a BA from VCU and is working on her Information Technology Master's Degree with Informatics Specialization from the University of Maryland University College.

INNOVATION VACATION

Finding Unexpected Answers Beyond Borders

I believe it was the entrepreneur and investor Brent Beshore who coined the term "innovation vacation" as a way to describe intentional time spent away from the daily grind. Like myself, many leaders recognize the importance of removing ourselves from the familiar as a means of gaining fresh insights into stale problems. Often, it is through seemingly unrelated experiences that we find creative solutions to problems that may have us stumped in our professional lives. Sometimes, we are so close to the problem that we can't seem to step back to see the solution right in front of us.

I routinely use the restaurant industry as a parallel to how patient flow works in the Emergency Department. When our team discusses flow and operations using terms like hostess, waiter, and chef in lieu of triage nurse, primary nurse, and provider, the conversation changes—the defensive guard comes down, and we make palpable progress before bringing it back to the all-too-familiar Emergency Department environment. With this in mind, I recently had the privilege to spend several weeks sailing around Antarctica. I was charged with overseeing the health of roughly 110 passengers on the journey.

As I left my busy hospital where we struggled with surge capacity, I was given an opportunity to temporarily escape haunting metrics such as door-to-doctor times and re-admissions. As I got ready to board the ship, I believed wholeheartedly that I would be able to create the perfect system from scratch—and avoid all the problems that many of us face regarding emergency care. After all, I was in complete control of the entire operation from pharmacy to direct care to follow-up. What could possibly go wrong?

I was told that the most common conditions faced by passengers would be motion sickness while crossing the Drake Passage [the body of water between Cape Horn in South America and the South Shetland Islands in Antarctica], occasional gastrointestinal issues, and infrequent fall injuries. As someone who has spent the better part of a decade designing processes to maximize efficiency, I decided that I would set up a system to address the single most common complaint: motion sickness. This, I felt, was low-hanging fruit, and designing a system that in some ways automated the evaluation and treatment process would essentially free me up for other patient concerns—and maybe even a little "me time," too.

I placed medication in small plastic bags with the instructions for use. When a passenger called the desk requesting a visit from the doctor, I was ready. I went quickly to the room, performed a history and physical, handed over one of my pre-filled medication bags, answered any other questions and was done. Rapid response times, medication ready to go, great and timely care delivered in a remote wilderness, in an efficient way that many of us would dream to replicate.

But I soon realized that my system had a fatal flaw. I began receiving calls from the same passengers I had seen just the day before with the same complaints. I was having the equivalent of bounce-backs! Readmissions! How could this be? As I dissected the process, I discovered that my system allocated only two doses of the medication. Taken twice daily, I was getting a predictable response from the passengers—they ran out of treatment, and I was burdened with repeat visits to a high number of passengers.

Knowing that we had four to five days of rough seas ahead, I revised my system to include 10 doses of medication, and overnight, the "re-admission rate" went to zero. And despite some busy nights making room calls, I had a fantastic time immersed in nature as we explored breathtaking landscapes and saw incredible wildlife that words simply cannot describe.

Upon my return to reality, I shared my story with my Process Improvement Team, and the problem identification and solution process. Where in our system did we have simple issues, like running out of medication, that could be easily fixed once properly identified? I challenged them to step back, take a different perspective and look at our well-known bottlenecks and challenges to see if other solutions might exist. This particular experience, and exercises like it, have led to elegant and simple solutions to longstanding hurdles in the patient flow arena.

An innovation vacation—whether it's around the world or around the block—is sure to refresh and reinvigorate. There's a great deal about healthcare that's complicated. Yet, at the same time, by always being ready to look for ways to do things better—no matter how small the task—and build on those successes, a significant positive impact can be yours.

NICHOLAS STEINOUR
MD, FACEP
Medical Director,
Emergency Department
Seton Medical Center
Austin, TX

Nicholas Steinour, MD is a graduate of Baylor University and the University of Miami Miller School of Medicine. He received specialty training at Duke University Medical Center in emergency medicine and served as chief resident.

Steinour has worked as the medical director at multiple emergency departments in central Texas, with patient volume ranging from 13,000 to 75,000 visits annually. He was a founding board member for Care4Texans ACO, a locally-owned, physician-led, clinically integrated network to empower the provider community to collaboratively improve the way care is delivered locally. He is also a board member for the Texas College of Emergency Physicians. And with the trip to Antarctica, he has traveled to all seven continents.

How Best Practices Transform Patient Discharge

A LITTLE ART & A LOT OF SCIENCE

ONE OF THE BIGGEST CHALLENGES FACING BUSY HOSPITALS TODAY IS FINDING EFFECTIVE WAYS TO MANAGE CAPACITY AND IMPROVE THROUGHPUT IN ORDER TO CARE FOR MORE PATIENTS. HAVING EFFICIENT PATIENT DISCHARGE PROCESSES IS ONE WAY TO ACHIEVE SUCCESS.

So often however, hospitals interpret discharge as getting the greatest number of patients out, as early as possible. Patient flow projects focused on "out by 11am" and "home by noon" continue to be very popular. However, the science of queuing theory and the utilization curve provides a new perspective on this concept.

Think about when you're at Starbucks—the longer the line, the longer it takes to get your Americano. That's the utilization curve. So, if hospital census is high, it's going to take longer to assign beds to patients who are waiting. When a hospital is at 95% or greater capacity, extended wait times in the ED and in the PACU are a certainty. The typical response to freeing up capacity is to discharge as many patients as possible, as early as possible. If all of the efforts are focused on early discharges, clinical staff are torn between assessing and caring for new patients admitted overnight, providing ongoing morning care, dispensing medication, and dealing with the added stress of a high number of discharges. Patient Transport and Environmental Services are also impacted because they are stretched with the high number of patients that need to be transported and the number of rooms that need to be cleaned. Despite this effort, most hospitals are still not successful in discharging more than 10% of their patients by 11am. Additionally, there is evidence that suggests that with all this activity at high occupancy, corners may be cut and mistakes can be made. This is where the utilization curve also holds the key to solving this problem and providing staff with a more achievable and safer goal.

We know that wait times grow exponentially once capacity moves beyond 85%, while at the same time, small increases in capacity (via discharges) can result in large reductions in waits and delays. This means that during the times when utilization is near capacity in a hospital, planning for the timely transitioning of a few appropriate patients can increase available capacity and have a substantial effect on delays. Rather than discharging as many patients as possible early, focus on a few appropriate patients—a goal of 25% is the standard. On a typical 30-bed med-surg unit, with an average of eight discharges per day, that would only be two discharges by 11am. For some hospitals, even two discharges by 11am may be nearly impossible. That's where TeleTracking's best practices serve as an excellent guide—and when successfully implemented, can make this goal achievable. Once capacity is created by way of early discharges, additional best practices should be in place to expedite room cleanings. Accuracy and success in achieving at least two discharges by 11am each day is dependent upon the use of a TeleTracking best practice known as the 24-Hour Discharge Cycle. With this best practice, there are four steps to ensuring greater accuracy in predictions.

01.

Conduct a daily discharge huddle with multidisciplinary rounds and an interdisciplinary team to identify likely discharges for the following day. This session should be held mid-morning, making it possible to finalize that day's discharges and identify the next day's with their contingent needs. At that time, the team should choose at least two patients that they feel have the likelihood of being ready for discharge by 11am. Pending discharges and their contingent needs should be entered in to TeleTracking during, or shortly after this meeting.

02.

During the mid-afternoon, the case manager and charge nurse should review the day's remaining discharges and the pending list for the next day. (Using the list in the pending and confirmed tab in PatientTracking Portal is very helpful for this.) The pended discharges for the next day can be updated (add new patients or delete those no longer likely to be discharged). Specifically, the early discharges should be clearly identified.

03.

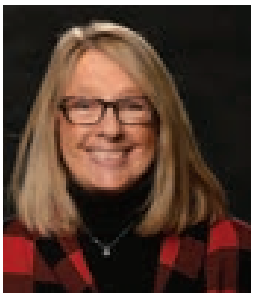
The handover from the daylight charge nurse to the night charge nurse at 7pm should include a second review of the pended discharge list. Identify those tasks the evening and night shift can complete to assist with discharge the next day. Emphasis is placed on the tasks needed for the patients identified as early discharges.

04.

The final review occurs at 7am, when the night charge nurse hands things off to the daylight charge nurse. This review should include any remaining tasks for the day's discharges, especially those anticipated to be ready to leave by 11am.

There are two methods that can ensure real-time notification of a vacated bed. The first is to have a transporter take the patient to a discharge location. When the transporter updates the job to "in progress," EVS is automatically notified of the dirty bed. The second is using Real-Time-Locating System (RTLS) technology to badge patients upon admission/remove the badge at discharge thus triggering those same actions. When neither of these methods is used, staff rely on nursing or a unit secretary to indicate that the bed is dirty by removing the patient from the ADT system. This can contribute to something we call "batching"—when a bolus of work enters the system in a relatively short period of time. This batching makes a timely response to dirty beds very difficult for EVS staff. For this reason, it is very important that EVS leadership analyze the pattern of dirty beds by hour of day, with their staffing model by hour of day. The traditional staffing model with the greatest number of staff on a traditional 7am-3pm shift will not support the increasing number of dirty beds beginning at 11am and continuing throughout the afternoon. By staffing to demand, modifications in shifts that allow for staggered starts means a "discharge SWAT team" can be accomplished.

The use of the best practice tools described above can assist hospitals in ensuring the timely and safe discharge of patients, and give EVS staff the greatest chance to respond to these dirty beds in a timely manner. Both steps go a long way in helping TeleTracking achieve its mission—"to ensure that no one will ever have to wait for the care they need."



DEB KACZYNSKI

Managing Consultant, TeleTracking Advisory Services

Deb Kaczynski serves as a Managing Consultant with TeleTracking's Advisory Services team. In her role, she supports organizations by influencing how they adopt technology through change management and process redesign. Ms. Kaczynski joined TeleTracking after more than 20 years with the University of Pittsburgh Medical Center (UPMC), where her work focused on hospital operations and administration. Her passion and energy for improving patient flow in the acute care setting began over fifteen years ago within the UPMC system. Experience with Toyota Production System methods, certification as a Six Sigma Black Belt, and engagement with the Institute for Healthcare Improvement have all supported her previous process improvement work with the UPMC system.

KEEP IN MIND

01. Creating capacity by discharging patients is the first step in improving throughput.

02. Getting the bed cleaned and ready for the next admission is equally important.

03. Real time notification of dirty beds is essential so that EVS staff can respond quickly.

04. Even with the use of RTLS, transport and staggered start times, there will be times when the workload exceeds the ability of staff to respond to the dirty beds.

05. It is very important that all EVS supervisors have escalations turned on for their pagers/phones that will alert them when dirty beds are not being responded to in a timely fashion.

06. They are then able to provide additional support to ensure that beds are made available to patients awaiting an inpatient bed.

STORY BY KATHY FORD

MEETING NEW *expectations*

WHAT HEALTHCARE IS LEARNING FROM UBER AND NETFLIX

Need a dinner reservation for Saturday night? You simply go to OpenTable and a few clicks later you've got a table—and the restaurant knows if it's a special occasion, or that you prefer to sit by the window. Need a ride to the restaurant? Simple. Open the Uber app, request a car and you will know exactly where that car is and how long it will take to get to you. After dinner, you want to watch a movie or binge-watch your favorite show? Just stream it on Netflix. Hungry again later and want a pizza? Order from Domino's online—in fact 60% of their orders now come in that way.

Such changing customer relationships and technology are now starting to impact healthcare. With the shift in cost to the patient, those patients are making provider choices with more of a consumer mindset. Therefore, health systems need to provide positive, consistent patient experiences to retain their current patients and attract new ones. When patients have a pleasant experience—ease of appointment scheduling, care update notifications, low wait time—they perceive their actual care to be better. The flip side is true too—when patients have to wait, it's hard to get appointments, and they are not well informed—they may perceive their care to be poor, regardless of the skill of their providers.

So, while providers are dealing with changing technology and demographics, in the not-too-distant future there quite simply won't be enough of them to meet the need. By 2025 it is estimated that there will be 565 million PCP visits annually in the United States—but with an estimated shortage of 55,000 PCPs that demand will be difficult to meet. That's where Community Scheduling and Workflow comes into play. TeleTracking's proven operational solutions are expanding across the care continuum with a cloud-based solution that provides patient self-scheduling and workflow tools for ambulatory settings.

As the experts in capacity and access management, TeleTracking is now uniquely equipped with Community Scheduling and Workflow to extend that know-how to ambulatory settings, putting a consumer-focused tool in the hands of a health system to help them drive their ambulatory business. The primary care physician is the front door of the healthcare system. If you have a positive experience there, you're going to stay at that office—and within the overall health system if you need greater levels of care or your care needs change.

PATIENT STORY

01 MARY WAKES UP WITH A SORE THROAT.

02 SHE DOESN'T HAVE A PCP, SO SHE SEARCHES FOR THE CLOSEST URGENT CARE CENTER.

05 30 MINUTES LATER SHE RECEIVES A TEXT THAT THE CLINIC IS RUNNING BEHIND AND HER APPOINTMENT IS ACTUALLY IN 1 HOUR. MARY IS NOW ABLE TO TAKE THAT CONFERENCE CALL THAT SHE THOUGHT SHE'D MISS.

06 SHE ARRIVES FOR HER APPOINTMENT AND IS SEEN IMMEDIATELY.

07 THE PHYSICIAN IS KIND AND COURTEOUS. SHE DETERMINES MARY HAS STREP AND PRESCRIBES AN ANTIBIOTIC THAT IS DISPENSED ON-SITE.

HERE'S HOW COMMUNITY SCHEDULING AND WORKFLOW BRINGS THE PATIENT EXPERIENCE TO LIFE:

- A patient researches a provider through search, Yelp, Google reviews, etc. and schedules an appointment based on their preferences via the health system website or mobile app.

- The patient then receives automated appointment reminders and delay alerts, along with the ability to fill out forms in advance of the appointment to help ensure they show up on time and are prepared.

- If the patient needs to change the appointment, they can simply make the change via their phone or computer for a more convenient time. They can also confirm they will be arriving for their appointment by way of bi-directional text support.

- We all know how annoying it is to be stuck in the waiting room—just like Uber, the office can send alerts that there is a delay, along with the estimated wait time.

- For urgent care settings, patients can actually get in line remotely [like with No Wait for restaurants] and receive a message that their turn is coming up, for just-in-time arrival.

All of these features are designed to create an engaging patient experience. And we know that engaged patients are more likely to come to their appointments on time and be prepared—so there are fewer delays and fewer no-shows, which saves providers money and improves the experience for everyone. In addition, a reputation for a positive patient experience helps providers and health systems retain existing patients and attract new ones.

What does all of this mean for healthcare executives? As we said earlier, the healthcare model is changing and increasingly complex care is being delivered in the ambulatory setting—which means new issues with silos, fragmentation, timely access, inefficiency, and visibility. Community Scheduling and Workflow addresses these issues with scheduling and workflow tools that improve patient engagement and maximize office efficiency. Reputation also matters and that's where the analytic capabilities and the transparency provided through things like post-appointment surveys can help quickly identify issues so they can be addressed. The information can also be used to drive strategic business decisions.

In this ever-changing market, it's more important than ever to have the right tools and the right approach to be responsive to the needs of patients and provide them with a positive experience. By being forward-thinking and staying ahead of the curve, we are able to help providers and health systems meet their patients' expectations for mobile convenience—the ability to communicate in the way they want, have control over the process, and receive real-time updates so they know exactly what's going on when there's a delay.

03

SHE GETS IN LINE THROUGH THE APP AND LEARNS SHE IS 3RD IN LINE AND WILL BE SEEN IN 45 MINUTES.

04

SHE COMPLETES HER ONLINE HIPAA CONSENT FORM BEFORE SHE ARRIVES.

08

MARY LEAVES, FEELING POSITIVE ABOUT THE EXPERIENCE.

09

SHE RECEIVES A SURVEY A SHORT TIME LATER, WHERE SHE SHARES HER POSITIVE FEEDBACK.

KATHY FORD

Director,
TeleTracking
Product Management

Kathy Ford is an industry veteran with more than 20 years in healthcare. She has held roles in sales, marketing leadership, executive level portfolio ownership, including M&A responsibilities at companies such as GE Medical Systems, McKesson, Siemens Medical, Carestream Dental, and NantHealth. Kathy's true passion has been leading the ideation and commercialization of over 100 clinically impactful solutions across the global healthcare market. She is most proud of the solution created just three years ago with the startup, Jellyfish Health, LLC, where she was the Chief Product Officer. Kathy serves on the board for Continuity Health, LLC, an innovative solution focused on remote patient monitoring for those with chronic conditions and debilitating diseases that are at high risk for readmission.

CARE AT ITS BEST

ACHIEVE AND SUSTAIN ANCC MAGNET RECOGNITION WITH HELP FROM YOUR TELE TEAM

Twenty five years ago, the American Nurses Credentialing Center [ANCC] established the Magnet Recognition Program® to recognize health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. This program is now considered the highest mark of excellence a hospital can receive for nursing quality. In fact, within the clinical world, the Magnet Recognition Program is known as the "Nobel Prize of Nursing."

Just like winning a Nobel Prize isn't easy, achieving Magnet Recognition isn't a passive task. The rigors leading up to achieving this designation is what makes it so special—in fact only 8% of hospitals across the United States have currently attained it. And of those hospitals, many have implemented TeleTracking solutions.

MEET THE MODEL

The Magnet model is framed by five components that serve as a road map for submissions:

- Structural Empowerment
- Transformational Leadership
- Exemplary Professional Practice
- New Knowledge Innovations and Improvements
- Empirical Outcomes

The submission process is extensive—including developing narratives that illustrate how these components are put into practice. The typical submission can produce 3,000 pages of stories. The combination of technology, process improvement and actionable data available through partnership with TeleTracking can help simplify the submission process.

Some story examples include:

- Patients that receive timely access to the right level of care
- How the discharge process improved with safety as the key driver
- The fact that dead bed time (the time a clean, ready bed sits empty) has a direct impact on increases in length of stay (LOS) and the framework for improvement
- How Environmental Services and Patient Transport partner with nursing to eliminate patient flow bottlenecks
- How to reduce delays and patient hold times

PREPARING FOR THE JOURNEY

To begin the journey towards Magnet, the first steps include:

- Collecting data on the clinical measures related to nursing, patient satisfaction and nurse satisfaction.
- Compiling at least two years of data is required to prove the stated outcomes—which need to fall above the 51st percentile before a Magnet application can even be considered.
- Conducting a gap analysis to determine where the benchmark requirements for Magnet might not be met. The process then includes implementation plans to close those gaps and reports on the outcomes.

TeleTracking's solutions align with these requirements—in particular, how our operational platform easily supplies the required two years of data and can be applied to any aspect of patient throughput. This gives full transparency to a patient's movement from the moment they enter a hospital until the time of discharge. There is no limit to what can be tracked around a patient's journey and the number of processes that then can be improved—as well as what can consequently be turned into Magnet stories.

Developing the stories is just one aspect of the Magnet process. The truly challenging part is giving hard evidence that the nurses' care is indeed exceptional. This means care consistently measures above the benchmark performance indicators in the National Database of Nursing Quality Indicators (NDNQ).

The measurable and sustainable outcomes we've helped hospitals throughout the U.S. measure include:

- Admissions
- Patient transfers and referrals
- Case volume
- ED diversion
- Left Without Being Seen
- Discharge efficiency
- Utilization – beds, ORs, service lines
- Patient placement pull times
- ED & PACU hold times
- Length of Stay
- Nursing time at bedside
- Environmental Services performance
- Patient Transport performance

ARE YOU READY TO GET STARTED? WE ARE HERE TO HELP! TAKE THE FIRST STEP TOWARDS MAGNET RECOGNITION, SHARE YOUR STORY AND SEND US AN EMAIL: INFO@TELETRACKING.COM.

Author: Maria Romano, RN, BS is a Clinical Client Success Manager at TeleTracking. Prior to joining TeleTracking, Maria spent more than seven years at St. Peter's Hospital in Albany, NY where she built and managed the Patient Logistics & Transfer Center. Maria's abstract was chosen as a podium presentation at the Magnet Conference where she presented on: How Maslow's Hierarchy of Needs has a Direct Effect on Nursing Retention.

CHALLENGE
ACTION
RESULT

SETTING THE BAR FOR SUCCESS IN ACTION

UNIVERSITY HOSPITALS

Cleveland, Ohio

University Hospitals offers Northeast Ohio's largest network of primary care physicians, outpatient centers and hospitals. The system has over 26,000 employees and 5,400 physicians and providers who are responsible for facilitating 129,500 annual discharges and 117,000 annual surgeries.

CHALLENGE

In 2015, University Hospitals [UH] was comprised of eight hospitals, and was in the process of expanding and upgrading TeleTracking when five additional hospitals were acquired. With the expanded footprint, UH realized that success was dependent upon their transformation as a system, not individual hospitals, and the first critical step was to centralize patient placement. This led to the launch of the Center for Patient Flow Management (CPFM), which was built utilizing best practice processes and technology.

After developing an over-arching patient flow strategic plan, the next phase involved focusing on discharge readiness as a means of streamlining operations and expanding capacity. The challenges UH identified included:

PATIENT ENTRY AND ACCESS

Staff were dealing with inconsistent processes when assigning beds from the ED and different entry points for direct admits instead of one specific location.

CARE AND TREATMENT

For admitted patients, there was a general lack of process standardization.

DISCHARGE PLANNING

Discharge planning tools were inconsistent, including issues with prioritizing patients who needed to be seen before a discharge could be initiated.

DAY OF DISCHARGE PROCESS

Day of discharge delays occurred because of scheduling challenges with attendings and consultants; incomplete discharge orders; and patient pick-up delays.

TRANSPORT AND BED TURNS

Patient Transport and EVS were impacted by delays due to competing priorities with inpatient needs and siloed processes.

ACTION

A strategic planning session from November 2016, provided a framework for a discharge efficiency initiative, which first involved establishing a set of patient flow values and beliefs:

- Providing exceptional care and service to patients, families and providers
- Changing the culture to "Just Say Yes" to make it happen
- Enabling one call access and efficiency
- Creating flexibility and consistency in standard work processes
- Maintaining community-based care
- Coordinating seamless communication across the system

Next, the team took a hard look at the discharge process, identified waste in the process, and came up with DOWNTIME:

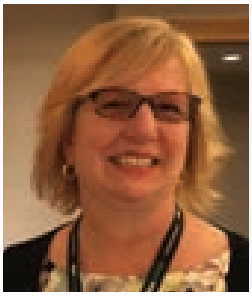
Defects [Errors in medical records, omission of projected discharge date], **Overproduction** [Batching of patient discharges and bed cleans], **Waiting** [Transport delays, last minute discharge preparation], **Non-Value-Add Work** [Redundancy/Rework]; **Transportation** [Wrong Mode of Transport]; **Inventory** [Just-in-time equipment/supplies, inefficient PAR levels]; **Motion** [Wasted effort in immediate work space]; **Underutilized Employees** [Staffing, role clarification, inefficient handovers, nursing transports].

With issues identified, UH collaborated with TeleTracking's Advisory Services team and implemented a series of best practices to improve the discharge process—and consequently increase capacity:

- Nursing and care managers now predict and plan a patient's discharge, in collaboration with physicians. However, physicians are responsible for the medical release and discharge order.
- During discharge huddles and/or the multi-disciplinary rounds, the team predicts which patients will be discharged within the next 24 hours [this process results in a 70% accuracy rate].
- The day of the discharge prediction is indicated in the system, and the comments can be entered to share any discharge contingencies.
- Pending and confirmed discharges are printed to improve communication for the charge nurse handoff between shifts.
- In-room white boards are used to communicate discharge date and time to the patient and their family.
- There is clear communication with transport, housekeeping, therapy, pharmacy, lab and radiology in order to plan and prioritize pending discharges, and avoid any delays.

RESULTS

- All levels of the organization—from executives to charge nurses—understand the importance of patient flow, the role of discharge planning, and how it benefits the success of the system as a whole.
- Increased visibility engages all levels of the organization—the improvements are clear, including decreased overcrowding in the ED and lower level of surge than in the past.
- All 13 hospitals now function as an enterprise with a common set of metrics and goals. Continuous improvement is a priority, which has involved re-educating the staff and optimizing processes with EVS and Transport, in addition to holding monthly patient flow council meetings.
- The percent of discharges by noon rose from 9% in January 2017 to 17% in September 2017.
- The improved processes and streamlined operations led to a length of stay reduction from 6.71 days in January 2017 to 5.73 in September 2017.



BETTY SOPKO

IT Manager, Business Applications

Betty Sopko is a long-time UH employee. She manages a talented team of 11 IT professionals that support a variety of applications including all TeleTracking applications, Hyland OnBase, Midas+ Care Manager, Streamline Health Abstracting/CDI, Allscripts EPSi and several others. Betty is currently pursuing her Lean Six Sigma Green Belt certification.

15 Minutes With:

PAIGE PATTERSON

Paige Patterson was an early adopter of patient flow technology. In 2004, she led UCHealth through a transformational effort to leverage a technology and operational collaboration with TeleTracking. Success soon followed with improved patient experience, increased throughput, as well as improved utilization and staff satisfaction. We wanted to hear first-hand how things are going and how her experience may help other health systems experience patient flow wins.

Q Please share information on your background—how long you've been in nursing and the different roles you've held.

A I am one of the lucky ones. I've had two careers that I loved. First, I worked for Continental Airlines for 17 years. Best job ever when you're 21! I worked as a flight attendant and as a customer service representative at the gate, ticket counter, and lost and found. In 1985, I transferred to Reno, NV as a supervisor.

I am what has been referred to as a "Dana Delaney nurse"—inspired by the TV show *China Beach* to go into nursing and give back professionally. I enrolled at Truckee Meadows Community College and received my Associate Degree in Nursing in 1993. I started my nursing career at a long-term care facility because at the time only BSNs were being hired in the hospitals. I continued my education at Regis College in Denver and while pursuing my BSN I met a nurse from UCHealth who encouraged me to apply for an opening.

I started at UCHealth in August 1996 and have been here ever since—it is the best choice I could have made. I've worked as a med-surg nurse, on a surgical unit and as a nursing house supervisor. In 2013 I started splitting my time between my house supervisor role and IT, which empowers me to be the voice of the end user with our TeleTracking initiatives.

Q You have been a wonderful TeleTracking champion and partner. What approaches have you used to roll out the technology and process changes, train staff and lead the transformation at UCHealth?

A I am humbled that you refer to me as a champion. I am part of a great team that has propelled TeleTracking to the forefront of capacity management at UCHealth. Steve Hess, our CIO, has encouraged our in-house TeleTracking team to make the product meaningful. As a team, we listen to the needs of the staff, managers and committees, and we work with them on their workflows and assist them in achieving their goals.

Over the past five years we've been building an enterprise system, so the first phase was to teach the admission, transfer and discharge process. We followed TeleTracking's recommendation of "train the trainer" to establish a foothold on each campus. Building on that foundation, we've participated in rapid improvement events at each hospital as a way of keeping the training relevant. Over the past 18 months, all of our hospitals have engaged front-line staff in managing capacity on their units. Our capacity metrics come from TeleTracking, and we've moved from averages to percent within our goal. It's been fulfilling to see the successes.

Q You've been the driving force behind big wins and implementing changes that have led to positive outcomes. Please discuss key accomplishments and key challenges, including the two or

three projects that were really impactful to you and why.

A Last year we really focused on optimizing our interfaces. With the help of our interface wizard Pam; our TeleTracking architect, Ted; project managers Mary and Connie and TeleTracking interface engineer, Tim; we recently interfaced falls, NIH scale, DNR, EEG monitoring, trauma and expected discharge date, to our already lengthy list of interfaces. This has been a huge collaborative effort that has resulted in better communication among staff and across disciplines.

Another noteworthy project involved working with the hospitals' disaster teams and ED managers to standardize our disaster locations. We created surg units A – H, with 25 – 50 rooms each, depending on the size of the hospital. They were built as both inpatient and outpatient units—that way the Command Center can determine if group A is in the parking lot, group B is in the conference room and group C is in the PACU. Then we interfaced the disaster attribute in our EHR to populate our disaster attribute in TeleTracking. We are now able to track all patients, whether admitted or not, throughout their hospital stay. Unfortunately, we have learned the value in this tool first-hand when critically wounded people arrived following a mass shooting inside a Century 16 movie theater in Aurora, CO, on July 20, 2012.

Finally, when we installed 55-inch census monitors on each unit, it brought a new level of awareness to how we manage capacity through TeleTracking. Prior to the monitors, it was the responsibility of the charge nurse to communicate to staff. Now everyone can easily see the board and manage their discharges, admissions, transfers and predictions for all patients on the unit. Physicians are some of our biggest advocates with the clarity it provides regarding where and when their patients will transfer or which room their admission is being targeted.

Q Please discuss the changes you've seen in healthcare over the course of your career, including the evolution from manual to automated processes and the impact that has had on patient care and caregiver satisfaction.

A In the past 24 years I've seen better communication through automation. Now with one EHR, the nurse on the unit can read the ED documentation, and the PACU nurse can read about a patient's in-house events. As house supervisor, I can easily be updated on what happened to a patient in the clinic or ED.

We are now an enterprise with eight hospitals and growing—a patient can be taken care of at any of our hospitals within 225 miles. Through our Transfer Center software, DocLine has surpassed its goal of bringing patients in from all over the world and communicating details of their care to their primary care physicians.

At the same time, I still feel it's important to speak to your colleagues and share the psycho-social side of a patient's hospital stay, as it impacts their care. When the monitor goes off, it's most helpful to simply look at the patient and ask them how they're feeling. You still need to look the patient in the eye and have a conversation so you know they understand what is happening and how they will adjust upon discharge. Computers can't take away the personal aspect of nursing. You still need to look the patient in the eye

Q Please share a memorable moment and/or patient story from over the course of your career.

A I worked night shift for 12 years and really enjoyed the opportunity of having time to talk with my patients. In the middle of the night they would often ask, what do I do now after receiving a life-changing diagnosis. I hope I helped my patients' transition to the next phase of their care as much as they helped me appreciate every day and all my blessings. I learned that it's okay to cry with patients, or pray if they ask, or most importantly just sit and listen.

Q What are your plans in retirement?

A When I decided to retire, I wanted to go out like John Elway—on top! But that doesn't mean I'll stop working. I would love to work with the person who sat at my table at TeleCon17 and didn't know where to begin to manage capacity at her hospital. I'm not sure if her facility was even automated. Can you imagine how much fun that would be?!

I'm also looking into home health and possibly helping with reopening a clinic in a community in the mountains. My husband and I will be leaving the city for the mountains and plan to spend our free time cruising the highways and byways of America!

"THIS HAS BEEN A HUGE COLLABORATIVE EFFORT THAT HAS RESULTED IN BETTER COMMUNICATION AMONG STAFF AND ACROSS DISCIPLINES."

EMPLOYEE *SPOTLIGHT*

We love what we do. Here's a sneak peek at the people behind the passion.

TeleTracking's Employee of the Year

JOSEPH BURNHEIMER

PROJECT MANAGER

"Joe understands intimately how we implement our solutions with quality and success, how our software lifecycle works, and how to turn customer requirements into solutions. He does this with dedication, customer focus, and perseverance to 'get it done' for TeleTracking." John Scipio, Executive Director, Professional Services, TeleTracking.

It's rave reviews like the one above why Joe was recently honored with TeleTracking's Employee of the Year award. Specifically, he was recognized for his outstanding work with Community Health Systems [CHS], one of the nation's leading operators of general acute care hospitals. The organization's affiliates own, operate or lease 127 hospitals in 20 states with approximately 21,000 licensed beds.

"Joe quickly worked with his leaders and fellow managers to bring calm to the project, create a project structure that would meet the customer objective, scale to the large number of hospitals, and align our technology capabilities to the delivery plan," explains Scipio. "He instantly created an increased level of trust with the customer. Within just six months, the project he led created the largest physical coordination/command center of any TeleTracking client, bringing 11 hospitals live with Transfer Center and On-Call Scheduling, while also implementing our throughput solutions at five of their largest facilities."

YEARS OF SERVICE: 10 years

WHAT MOTIVATES YOU EVERY DAY? I am motivated by my family and our mission, to ensure that no one will ever have to wait for the care they need. I fully believe in our noble work and want to be as much a part of it as I can.

WHAT DO YOU ENJOY MOST ABOUT BRINGING OUR MISSION TO LIFE? I am a very competitive person and so I like the challenge involved with driving our mission forward. It is an enormous and critical undertaking, and I am confident that we are tracking for success.

WHAT IS THE MOST INTERESTING PROJECT YOU'VE WORKED ON? Community Health System is by far the most interesting and complex project I have ever worked on. I like to be on the leading edge of our deployment methodology and new product deployments. The CHS project allows me to do both. It is also what I believe to be the future in deployment models for all large health organizations across the world.

WHAT ARE YOU LOOKING FORWARD TO IN 2018? I look forward to continuing to work with the teams at CHS to successfully deploy our solutions and drive positive ROI.

HOBBIES: I'm a car enthusiast and also enjoy riding motorcycles and ATVs. In addition, I like camping and spending time with family and friends.

CARING FOR THE *community*

TeleTracking and Mission of Mercy Pittsburgh Join Forces to Provide Dental Care to the Pittsburgh Region's Most Vulnerable

TeleTracking is once again sponsoring Mission of Mercy Pittsburgh, a free, two-day dental clinic that provides critical dental services to the underserved residents of the Pittsburgh region. It's one more way we bring our mission to life—to ensure that no one will ever have to wait for the care they need.

In 2017, 885 patients received 3,500 procedures, ranging from check-ups and cleanings to extractions and dentures. This year, we hope to serve even more when the clinic comes to PPG Paints Arena June 29 & 30, 2018.

FOR MORE INFORMATION, INCLUDING HOW TO VOLUNTEER, VISIT MOMPGH.ORG.

MISSION OF MERCY PITTSBURGH

TeleTracking

TELE CON 18

WE INVITE YOU TO JOIN US AND HUNDREDS OF HEALTHCARE PROFESSIONALS FROM AROUND THE GLOBE FOR TELETRACKING'S 2018 CLIENT CONFERENCE, OCTOBER 14 – 17, 2018 AT THE BEAUTIFUL HYATT REGENCY HILL COUNTRY RESORT AND SPA IN SAN ANTONIO, TX.

WHY SHOULD YOU ATTEND TELECON18?

Are you looking ways to improve access to care, patient throughput, discharge efficiency, and system analytics? Are you ready to take the next step in your patient flow journey and build a patient logistics command center? Are you looking to network with and learn from hundreds of healthcare leaders from across the United States, Canada and the United Kingdom?

TeleTracking®

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