

CHANGEMAKERS AT OSU

Advancing patient flow and seeing impact through collaboration.

RESULTS:

FROM THE TOP DOWN

Leadership drives patient flow success at Baptist Memorial Health Care.

EVOLVING + ADAPTING

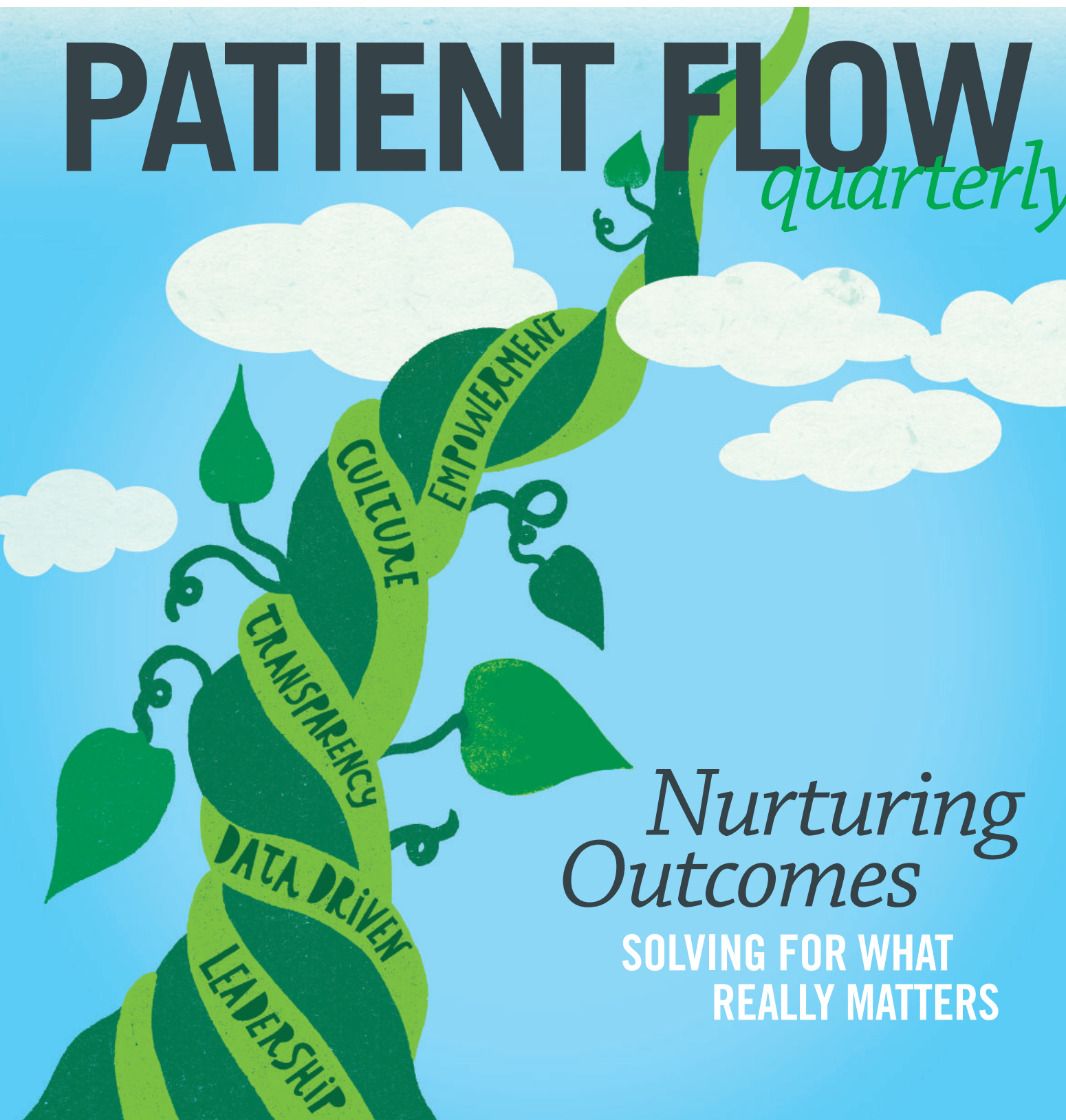
Finding seamless, successful patient flow across the care continuum.

TRUE INTEGRATION

Today's EHR, interoperability and workflow landscape.

PATIENT FLOW

quarterly[™]



Nurturing Outcomes

SOLVING FOR WHAT REALLY MATTERS



CAPACITY

EFFICIENCIES

PATIENT
ACCESS

CARE
DELIVERY

EXPERIENCE



WE'RE IN THIS TOGETHER

OUR SHARED GOAL TO ACHIEVE MEASURABLE OUTCOMES IN HEALTHCARE



If you've been to any major healthcare trade show or conference, you've seen scores of vendors showcasing their wares. To say it can be overwhelming is an understatement. I joke with peers that when walking down the aisles of a trade show, it's hard not to be deluded into thinking that healthcare is approaching a utopian state.

Of course we know that isn't the case. Healthcare isn't perfect. One in three dollars spent on healthcare in the U.S. is wasted. Medical errors alone add up to more than \$17 billion, preventable readmissions and hospital-acquired infections another \$28 billion and operational inefficiencies add tens of billions more*.

According to Bloomberg, the United States ranks 44th out of 51

countries in healthcare efficiency. We outspend every nation by a wide margin as a percentage of GDP yet our outcomes remain in the middle of the pack.

That said, Bloomberg's analysis measures return on spending based solely on life expectancy, making for a rather crude forced ranking. Which raises the question, how do we go about measuring outcomes in healthcare? Looking at patient flow, there are dozens of potential measures available; but at its core, I'd argue it's about enabling a timely and well-coordinated experience for both the patient and the caregiver.

From there, we can drill down into something more measurable. It becomes about eliminating the millions of patient hours holding in the ED, reducing the huge number

of patients turned away because of diversion, and the easing of flow for every patient stuck in gridlock along the care continuum.

In this quarter's PFQ, we delve deeper into the topic of outcomes. We examine the importance of leadership in the health system and the often overlooked importance of collaboration between operations and IT. We are thrilled to feature contributions from Dr. Mark Moseley, Vice Chairman of Clinical Affairs at The Ohio State University Wexner Medical Center, and Derick B. Ziegler, Vice President of Regional Operations at Baptist Memorial Health Care. We also profile Frank Campbell, who went from the 82nd Airborne to Director of Patient Transport at Cape Fear Valley Medical Center. And as always,

we've brought together insights from TeleTracking leadership. In particular, we hone in on the journey we're undergoing to continue supporting this pursuit of meaningful outcomes.

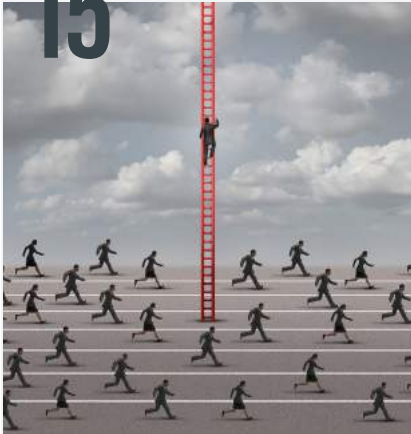
If there's one thing I've learned as I spend time with our clients, it's that we have to be in this together. So if you have a story that you believe is worth sharing, we hope you'll consider sending it our way.

KRIS KANETA
Editor-in-Chief & VP Marketing
PFQ@teletracking.com

*Source: Price Waterhouse Coopers

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ISSUE 3

A QUARTERLY PUBLICATION FROM **TeleTracking**

Health systems are dealing with more challenges than ever before — from more patients seeking access to care to the need to decrease expenditures and maximize resources. That means committing to an outcomes-based journey of continuous improvement — and finding new, innovative ways to meet patient needs — is more important than ever.

SUCCESS IN ACTION

Change For the Better :: PAGE 5

The Ohio State University Wexner Medical Center is experiencing significant improvements in patient flow since an innovative idea from physician leadership led to a journey of collaboration with multiple healthcare teams.

FEATURE STORY

Leadership Vision Leads to Patient Flow Success :: PAGE 10

Baptist Memorial Health Care recently celebrated the one-year anniversary of its centralized patient placement center. Learn how leadership and engaging employees at all levels were key to its success.

NEW VIEWS

Driven by Outcomes :: PAGE 15

Health systems today are dealing with increased patient demand, resource challenges, more patients with chronic disease and the need to decrease expenditures. TeleTracking's outcomes-based approach keeps access, throughput and clinical workflow goals within reach.

ACCESS TO QUALITY CARE :: PAGE 4

**EXPERTS. EDUCATORS. ADVISORS.
CLIENT SUCCESS MANAGERS. :: PAGE 8**

HARNESSING WINS :: PAGE 18

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CHALLENGE, ACTION, RESULT :: PAGE 24

WHAT'S HAPPENING

01.

Executive Insight featured Geisinger Medical Center in Danville, PA, in an article titled, "Process Improvement via RTLS." Geisinger has 46 different classes of assets that are tagged, tracked and prioritized by utilization and criticality, with IV pumps at the top of the list. The program also includes tagging patients and staff to improve workflow and the patient experience.

02.

Health IT Analytics featured "central Florida's HealthFirst" and the remarkable results generated by improved patient flow, including 33,000 fewer hours of waiting time in the emergency department, a 12.9% reduction in average costs per discharge and a 19% reduction in average length of stay.

03.

Paul Davenport, Vice President Emergency Services at the Carilion Clinic, presented at the Digital Health and Care Congress in London on July 6, 2016. He discussed how the seven-hospital healthcare network achieved high reliability organization status through the creation of a "Centralized Operations Center, underpinned by TeleTracking's operational platform. The theme of this year's two-day conference was 'enabling patient centered care through information and technology.

▶ For more information, visit www.teletracking.com/news.

EVENTS

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

TRANSFORMING PATIENT ACCESS: A HEALTHCARE EXECUTIVE EXCHANGE

September 8, 2016

Magnolia Hotel, Denver, CO

The hearts of many of today's healthcare enterprises now beat from Operational Command Centers, similar to NASA's Mission Control Center. Elite providers of modern healthcare are building these robust and all-encompassing command centers to provide complete visibility across their enterprises. Only a highly coordinated and seamless approach to getting patients in the door will enable timely patient care and allow health systems to remain competitive.

▶ For more information or to register: go.teletracking.com/denver

TELETRACKING CLIENT CONFERENCE

October 9-12, 2016

Naples Grande Beach Resort, Naples, FL

Join us for a special celebration of our 25th anniversary and enjoy three days of:

- Industry & motivational speakers
- Best practices & proven outcomes
- Client success stories
- Hot topic roundtable discussions
- Sunrise sessions
- Product demonstrations
- Networking receptions

▶ For more information or to register:

go.teletracking.com/telecon16-pfq

Find us at these upcoming events:

NEW HAMPSHIRE HOSPITAL

ASSOCIATION [NHHA]

September 18-20, 2016

Omni Mount Washington Resort
Bretton Woods, NH

ASSOCIATION FOR THE HEALTHCARE ENVIRONMENT

September 25-28, 2016

David L. Lawrence Convention Center
Pittsburgh, PA

TeleTracking booth #832

20TH ANNUAL DELAWARE HEALTHCARE FORUM

Tuesday, October 25, 2016

Delaware Technical Community College
Dover, DE

PENNSYLVANIA ORGANIZATION OF NURSE LEADERS [PONL]

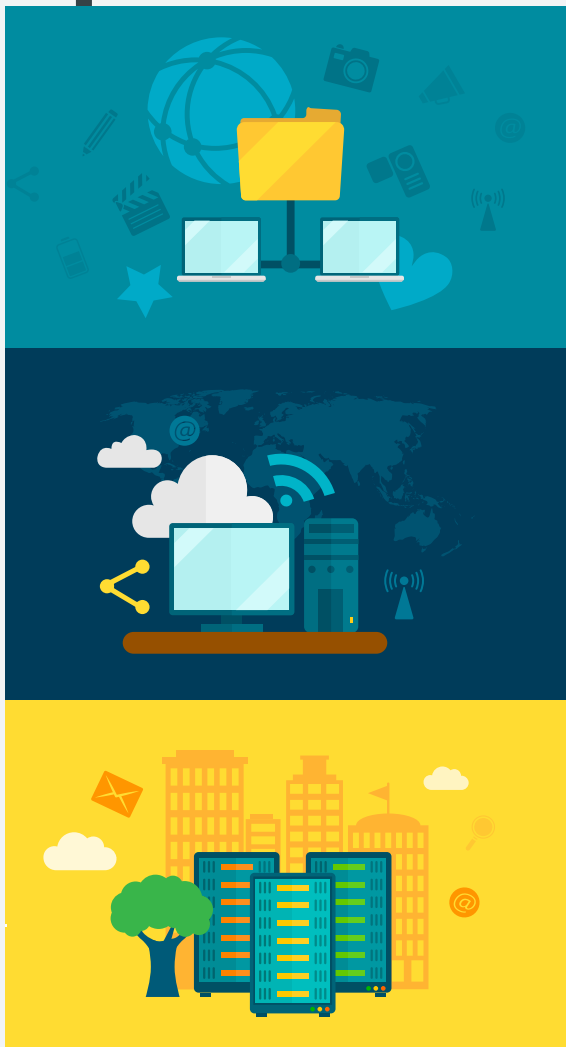
October 26-27, 2016

Wyndham Hotel
Gettysburg, PA

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

ACCESS TO QUALITY CARE

The single
greatest imperative



Access. The definition is simple: the ability right, or permission to approach, enter, speak with or use. However, things get much more complicated when the topic becomes a patient's access to care — because in order to give one patient access, you have to move another one out.

To help healthcare executives see how streamlining patient access and throughput via Operational Command Centers can be beneficial to their organizations, we assembled a team of experts who have been successful with implementations at their own facilities and took them on the road to present at executive forums in New York City and Chicago.

Melanie Morris, Senior Director, Emergency Service, at **Carilion Clinic**, shared her insights about Carilion's Transfer and Communication Center [CTaC]. Since the CTaC opened, Carilion has improved its discharge process, improved patient satisfaction related to seamless entry into the system, increased total transfer requests by 18%, increased capacity and reduced transfer declines.

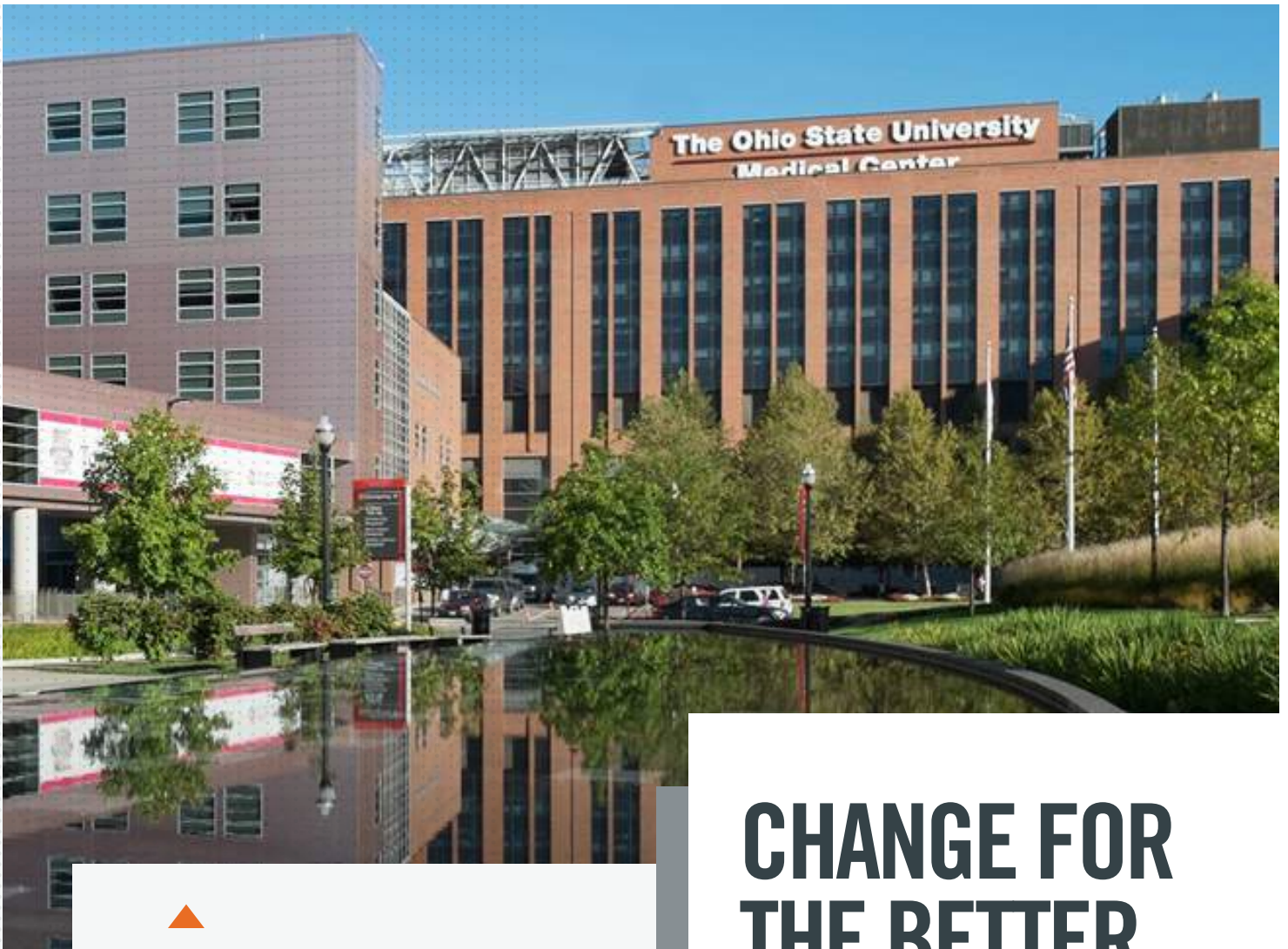
Holly Meisner, Vice President of Patient Access at **New York-Presbyterian Hospital [NYP]**, talked about her health system's experience as a long-time TeleTracking user striving to further optimize its utilization of patient flow solutions. This led to the launch in February 2016 of a Patient Placement Operations Center at NYP's Columbia University Medical Center campus. "We are using data to change culture and deliver a positive patient experience," concludes Meisner.

Amy Finnell, Director of Patient Logistics at **St. Elizabeth Healthcare [SEHC]** in northern Kentucky, built her health system's patient placement center and has been leading it for five years. SEHC uses TeleTracking to streamline patient flow processes between six campuses, along with all outlying bed requests. The center and staff make it easy for other medical professionals and the patients they're looking to place by providing a one-number, one-call resource to achieve patient placement. The end result: decreased length of stay, decreased readmissions, increased customer satisfaction and the capture of additional market share.

Russell Rooms, Clinical Specialist, Emergency and Access Services at **Oklahoma University Medical System [OUMS]** in Oklahoma City, OK, created the patient logistics center at the 600-bed academic medical center. "It was a step-by-step process to build our center," says Rooms. "We started off by developing a coalition of advocates within hospital administration. We also focused on protocol development with process improvement in mind and situated patient placement and transfer center staff along with housekeeping and patient transport coordinators in one location. This way, with leadership on the same floor, they were able to solve challenges in real time." This initiative led to improved physician engagement, an increase in external transfers and direct admits and improved communications.

If you missed the forums in New York City and Chicago, consider joining us in Denver, CO, on September 8, 2016. For more information, visit go.teletracking.com/denver.

STORY BY SUSAN MCLAUGHLIN



University Hospital is the flagship patient care facility of The Ohio State University Wexner Medical Center. It is a 900-bed hospital that is consistently recognized as one of “America’s Best Hospitals” by U.S. News & World Report. In addition to being a Level I Trauma Center, the facility also provides one of the most advanced intensive care units in the area, including a Level III neonatal intensive care unit and a comprehensive burn center.

CHANGE FOR THE BETTER

OSU TEAMWORK GETS IT DONE

The Ohio State University Wexner Medical Center is one of the Midwest’s highest ranked hospitals for safety and patient care; has led the region for 23 years in *U.S. News & World Report’s* “America’s Best Hospitals” rankings; and is one of the most connected hospitals, according to *U.S. News*, for excellence in combining patient safety, patient engagement and clinical connectedness to improve patient care.

It takes a team-wide commitment to create the type of culture that generates such results over the long term. And it was their continuous

pursuit of excellence that led the OSU IT and operations teams to decide to implement TeleTracking as an operational complement to their EPIC electronic medical records system.

Dr. Mark Moseley is an emergency room physician who served as Chief Operating Officer during the implementation and then as the project’s executive sponsor. He became interested in the power of patient flow after seeing patients experience long wait times in the ED — or simply walking out without being seen.

“IT’S HUMAN NATURE TO BE A LITTLE RESISTANT TO CHANGE. WHEN YOU’RE USED TO SOMETHING, YOU’RE COMFORTABLE AND IT BECOMES A SOURCE OF TRUTH.”



DR. MARK G. MOSELEY, MD, MHA, FACEP
*Vice Chair of Clinical Affairs & Associate Professor
The Ohio State University
Department of Emergency Medicine*

“I went to medical school because I wanted to take care of patients”, Moseley says. However, when I saw patients boarding in the ED — and how the back door to get the patients who were in the ED into the right beds in the hospital was broken — I became interested in patient flow and how that would open up the ED to the people who needed care. I knew there needed to be a technology piece if there was a belief in providing superior care. “

This “technology piece” opens up the power of data, which can help with fixing operational challenges. To drive performance, though, the data needs to be easy to use, easy to understand and structured to define success.

“Big organizations thrive on analysis and use it for continuous improvement. Here at OSU, we’re using it to fix incremental inconsistencies in care. By solving for these issues, we can help make sure, people aren’t walking out because the wait is too long or that we’re declining transfers because we don’t have open beds,” continues Moseley. “The goal is to make sure patients are in the right place for the right level of care, that a room is ready and that the process of patients moving through the system continues seamlessly. It’s basically what good hotels do — and what has historically been a challenge for healthcare.”

What can seem like an inconsequential delay in the patient flow process can be quite significant when viewed holistically. For example, if there are 10 to 15 minutes of dead bed time with each patient and 200 patients are discharged each day, that adds up to 33 to 50 hours when care isn’t being provided. And that means an ambulance might have to be diverted or a transfer request from a partner declined.

Numbers like this make a clear and powerful business case for going beyond an electronic medical record and instead using a complementary operational system. Taking a patient flow strategy to the next level requires collaboration between IT, which is usually responsible for the electronic medical record, and the clinical teams.

“It’s human nature to be a little resistant to change. When you’re used to something, you’re comfortable and it becomes a source of truth,” says Moseley. “To help make sure everyone at OSU was on board, we had an extensive due diligence process and looked at dozens of health systems and how they handled implementation. We determined that EPIC and TeleTracking are synergistic; we are able to use the best features of each system. And the bottom line is the patient doesn’t care what we use. They just want to get through the system effectively. With TeleTracking, we’re able to make that happen with the data that is available to us. We can tackle the inefficiencies and effectively deploy our assets.”

This is where it becomes critical to identify the right metrics to analyze, which in turn helps define success and leads to the development of best practices.

“That process can be a little overwhelming,” adds Moseley. “We had to take a step back after our implementation and rethink the right questions to ask and the right metrics to focus on in order to derive the right value. We decided to place an emphasis on the percentage discharge time for physicians and transport times. We get the data weekly and share it with all the health system leaders. And if different units are seeing different results, we can give them the resources to create improvement.”

With increasing pressure to maximize resources and minimize expenses, building on initial success is important. At the heart of it all, though, is finding ways to help the most patients in the most cost-effective manner.

“The key focus is functionality and what it accomplishes for the patient. One system can’t care for patients the way we need to,” concludes Moseley. “We want to continue to optimize the technology throughout the health system. When we are able to liberate capacity, we’re able to care for more patients, move them to the level of care they need and treat them more effectively and efficiently.”



DISCHARGES VIA PATIENT TRANSPORT INCREASED FROM
0% TO 54.9%



DISCHARGES BY 2PM INCREASED BY
75%



OUTSIDE TRANSFER HOURS FROM INITIAL
CALL TO PATIENT ARRIVAL DECREASED BY
56%



TOTAL ED DIVERSION HOURS DECREASED BY
42%



LEFT WITHOUT BEING SEEN DECREASED BY
38%

Results reflect improvements six months post-implementation.

EXPERTS. EDUCATORS. ADVISORS.

Client Success
Managers —
Delivering Expertise,
Driving Outcomes



The TeleTracking Client Success Managers [CSMs] play an important role in helping clients discover a path to outcomes by helping them unlock the potential of TeleTracking's powerful integrated solutions.

The CSM program was initiated in 2013 as a way to harness the positive energy that drives operational excellence, system-wide optimization and return on investment. TeleTracking's CSMs bring a wide range of experiences and expertise to the table, from clinicians and hospital operations professionals to implementation engineers and account executives. Together, they form a cohesive unit that helps clients at hundreds of hospitals across the U.S. understand what is possible through TeleTracking's solutions. The CSM team also gives clients details, such as suggesting modified workflows and aligning technical, analytical and consulting capabilities, that bring new possibilities to life, including:

- The creation of robust action plans
- Effective, powerful solutions that drive outcomes
- Metrics that help define success
- The sharing of best practices
- Timely, insightful communication
- Uncovering goals that might not have been considered achievable

"The CSM team is always there as a change agent, sharer of success stories and best practice driver," says Tammy Moore, Vice President, Client Success Management. "The team strives to partner with our clients in a manner that earns us a trusted advisor status."

The CSM team truly differentiates TeleTracking in the patient flow space. With our 25 years of experience, we know that everyone learns differently. That's why we don't leave manuals behind

and expect our clients to figure it out for themselves. We take the burden off of them by helping them know what success looks like, how to get there and how to create sustainable improvements. And in addition to the wealth of knowledge they offer, the CSMs are liaisons to TeleTracking's product teams and consulting team, as well as subject matter experts throughout the organization. If a client has a question, another client has probably gone through something similar, and the CSM team can connect clients so they can learn from each other.

"Every interaction we have changes the way patient flow is delivered and changes the future for the client," continues Moore. "For example, discharge milestones are a constant source of truth. We help clients master one aspect of our solutions and then, through healthy conversations, we advise them of the next steps and keep the process of continuous improvement moving forward."

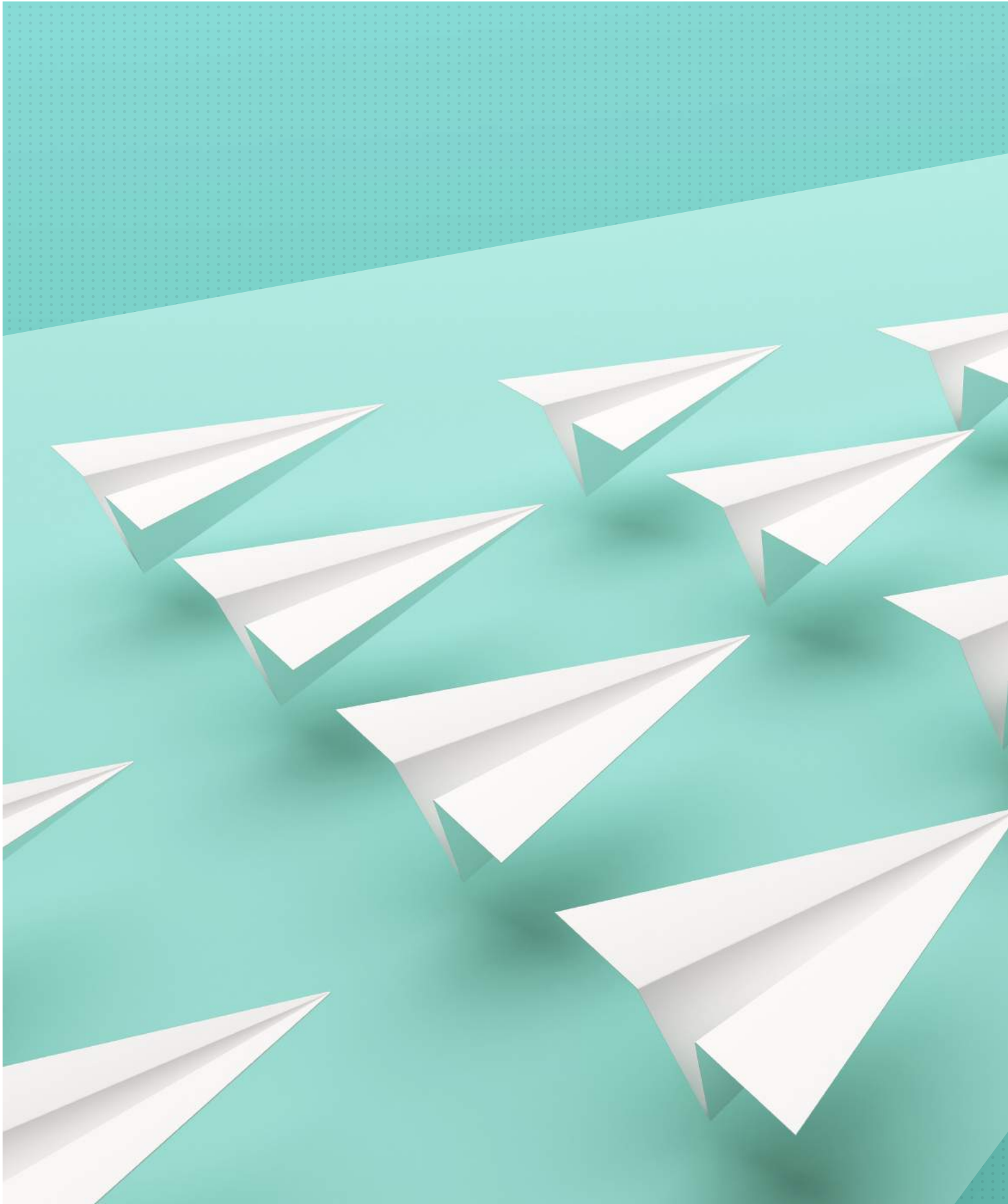
The CSM team knows what TeleTracking solutions mean to healthcare professionals on the frontlines, from charge nurses to transporters to EVS members and leadership. That's why TeleTracking's CSMs are onsite when clients need them. They can explain how interfaces with other systems can increase productivity and enhance outcomes; they can help build persuasive business cases for executive leadership; they can employ change-management strategies; and they can participate in health system committee meetings and cross-functional teams.

"The team is passionate, they persevere and they find ways to deliver in tough situations for our clients," concludes Moore. "I challenge you to engage your CSM with the obstacles you are facing today. As you look to impact patient throughput, improve efficiency and increase transparency in the quest to deliver better patient care, the CSM team is here to help."

If you'd like to learn more about the Client Success Manager program, send an email to Tammy Moore at tammy-moore@teletracking.com.


CSM team at #TeleCon15
sporting their IQ glasses







LEADERSHIP VISION LEADS TO PATIENT FLOW SUCCESS

*Baptist Memorial Gets It
Right From The Top*

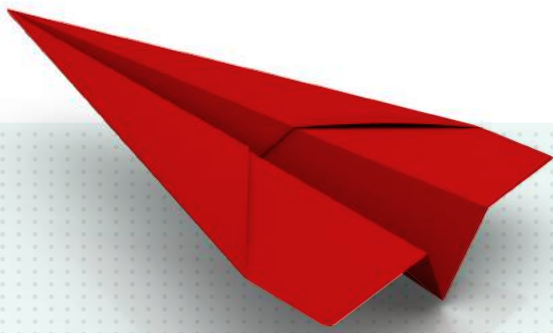
STORY BY SUSAN MCLAUGHLIN

Baptist Memorial Health Care recently celebrated the one-year anniversary of its centralized patient placement center. A tremendous amount of work went into achieving that milestone: coordination between multiple locations, engaging physicians, collaborating with IT and training not only frontline clinicians but staff within patient placement, patient transport and EVS. Central to Baptist's success is leadership that engages employees at all levels, and that's where Derick B. Ziegler, Vice President of Regional Operations, comes in.

"Clearly, there's no question that strong senior leadership is paramount to a successful implementation of this magnitude, especially when you're talking about changing the culture of an organization," says Ziegler. "Unfortunately, it doesn't happen overnight and you can't just wave a magic wand."

Baptist had experience with large-scale IT implementations, having recently installed Epic as its EHR to help manage clinical information. Yet health system leaders realized they still needed a solution to manage patient flow.

"TeleTracking drives the enterprise solution for patient movement, which allows us to accept and retain patients within the system, predict and manage not only work but staff too, reduce patient wait times, etc",



says Ziegler. “We had an aggressive timeline for our TeleTracking implementation, and the operational integration has gone well to date. We’re looking forward to greater integration between Epic and TeleTracking when we upgrade in the fall. We believe this will further optimize the patient experience and elevate the transparency of real-time information for safe and effective patient flow.”

The implementation process started with a strategic planning and goal-setting process headed by Baptist’s CEO. One success factor was growing volume, both inpatient and outpatient, within the 14-hospital system and determining the tools that could be leveraged to make that happen. Senior leaders knew that they were not keeping patients within the Baptist system and in many cases were sending them to the competition.

“TeleTracking really lent itself to a partnership that aligned with our efforts in growing volume,” continues Ziegler. “The senior leadership team then made sure the system, individual hospital and department goals aligned. There was active engagement from those at the top of the organization communicating to employees at all levels. Even now, the leadership team meets every 90 days to review the scorecard and help ensure that goals and objectives are aligned. And to further enhance the alignment, each hospital also has a supporting scorecard, as well as each department within each of our hospitals.”

This alignment would not have been possible without strong physician engagement and support. In the case of Baptist, the leadership and advocacy of the medical director was critical. He was an established, practicing surgeon with 20 years of experience and had held leadership roles within Baptist. He went to all 14 hospitals and met with leadership because he understood how important it was to educate staff and explain the “why.”

For example, the staff learned about how using the Bed Ahead feature within TeleTracking and reviewing the Processing Time Analysis report made it possible to manage operations in real time. Consequently, the staff learned how to be appropriately responsive.

Responsibility for improving patient flow went beyond the medical staff. EVS was the other area that played an important role in streamlining patient flow. EVS leadership was, and continues to be, at the table for all meetings, and the department is one of the top 10 performance measures that Baptist looks at regularly. Furthermore, members of the EVS department are able to see the direct link between what they’re doing and how that rolls up to the hospital and overall system results.

“There is a lot of talk about management engagement, and that is important. However, what truly differentiates Baptist’s success is the focus that is placed on the details, numbers and metrics,” says Michael Gallup, TeleTracking’s President. “When we started our collaboration, we

advised Baptist to focus on a couple of key metrics and build from there. They have done an amazing job of doing that and continue to build on their initial success.”

“Success goes beyond technology. It takes great technology, combined with the right processes and dedicated people,” SAYS Ziegler.

The power of these three factors (technology, people and process) is exponentially magnified when combined with real-time data and how that data helps identify and solve challenges. For example, demand in the departments goes up and down on a minute-by-minute basis. Since data from the TeleTracking system is real-time, it can be used to manage the flow of patients so that departments can deliver on their goals and patients are provided with an optimal experience.

“With the reporting, we can forecast workloads and modify schedules accordingly, especially in EVS and Transport,” continues Ziegler. “For example, in the past, the majority of our staff worked from 7AM-3PM. When we discovered that the highest number of admissions occurred between 3PM-11PM, we were able to make changes and better meet the needs of our patients.”

Another report that is having an impact on patient experience and contributing to the “just say yes” cultural shift at Baptist is the daily distribution of the TransferCenter™ declination/cancel report. At 6AM, it goes to every member of the senior leadership team and clearly shows, by facility, if any referral patients were declined or cancelled.

“SUCCESS GOES BEYOND TECHNOLOGY. IT TAKES GREAT TECHNOLOGY, COMBINED WITH THE RIGHT PROCESSES AND DEDICATED PEOPLE,” SAYS ZIEGLER.

“We want to get to the root cause of why we have transfers that we can’t accept,” says Ziegler. “This really pushes our CEOs. They have one day to do a deep dive and find out what happened so we can eliminate the barrier and accept the patient the next time. This has proven to be a very valuable tool, and the CEOs appreciate this level of detail. Previously, they weren’t aware of the cancellations and the impact to the system’s bottom line.”

“It comes down to the fact that the results are amazing when it all comes together, with everyone actively engaged, buying into the overall goals and taking ownership for their part. That’s how we’re driving results and changing culture,” concludes Ziegler.

ED BOARDING: LARGER EDS EXPERIENCED
25-50%
REDUCTION IN MONTHLY HOLD HOURS

OUTPATIENT
REGISTRATIONS:
15%
INCREASE

ED DISCHARGE TIME:
5%
DECREASE IN TOTAL MINUTES

17%
INCREASE IN VOLUME

PATIENT PLACEMENT CENTER AVERAGES
1,500
PLACEMENTS (DIRECT ADMITS & TRANSFERS) PER MONTH

ED LENGTH OF STAY,
DISCHARGE AND
ADMIT TURNAROUND:
10%
DECREASE

BAPTIST MEMORIAL HOSPITAL-UNION CITY TRANSFERS:
PREVIOUSLY SENT 80% TO COMPETITORS; DECLINED TO
40% IN NINE MONTHS



DERICK B. ZIEGLER
**Vice President of Regional Operations for
Baptist Memorial Health Care Corporation**

Ziegler joined BMHCC in August 2008 upon his retirement as a colonel in the United States Army, having served 23 years on active duty.

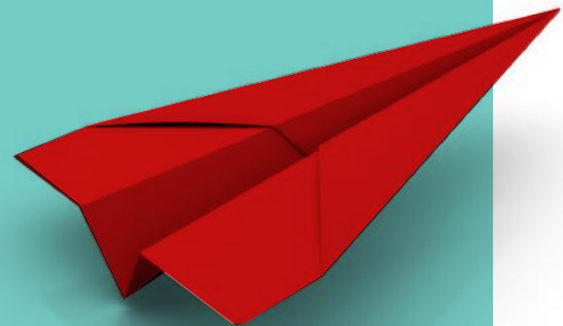
His initial position at BMHCC was CEO and Administrator for Baptist Memorial Hospital - Union City, TN, a position he held from August 2008 to July 2010. From August 2010 to June 2014, he served as CEO and Administrator for Baptist Memorial Hospital - Memphis, TN.

While in the Army, Ziegler served in a variety of senior health care administration roles in acute care and managed care settings, including: Chief Operating Officer for the Pacific Regional Medical Command and Administrator for Tripler Army Medical Center in Honolulu, HI; Administrator for Landstuhl Regional Medical Center, Landstuhl, Germany; Administrator for Martin Army Community Hospital, Fort Benning, GA; Director of Operations for TRICARE Latin America and Canada, Fort Gordon, GA; and Administrator at Kimbrough Army Community Hospital, Fort Meade, MD.

An "army brat," Ziegler has lived overseas in Korea, Germany and Guatemala, and in the United States in places such as Hawaii, Oklahoma, Kansas, California, Maryland, Texas and Georgia. Ziegler holds bachelor of science degrees in psychology and sociology from the University of Pittsburgh; a master of social work degree from the University of Pittsburgh; and a master of healthcare administration from Baylor University. He is a fellow in the American College of Healthcare Executives; a certified managed healthcare professional with America's Health Insurance Plans (AHIP); and a certified professional in the Academy for Healthcare Management.

BEST-IN-CLASS LEADERSHIP LEADS TO BEST-IN-CLASS PATIENT FLOW

- ▶ **FOUNDED IN 1912**
- ▶ **14 HOSPITALS ACROSS TENNESSEE, ARKANSAS AND MISSISSIPPI**
- ▶ **MORE THAN 2,300 BEDS SYSTEM-WIDE**
- ▶ **350,000+ ANNUAL ED VISITS SYSTEM-WIDE**
- ▶ **IN 2015, THE JOINT COMMISSION NAMED BAPTIST-HUNTINGDON, BAPTIST-GOLDEN TRIANGLE, BAPTIST-MEMPHIS, BAPTIST-UNION CITY AND BAPTIST-UNION COUNTY AS TOP PERFORMERS ON KEY QUALITY MEASURES.**
- ▶ **IN 2014, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WAS NAMED ONE OF *BECKER'S HOSPITAL REVIEW'S* "100 GREAT HOSPITALS IN AMERICA."**





DRIVEN BY *outcomes*

How we plot the
course for a successful
patient flow journey

At TeleTracking, we're committed to evolving and adapting in order to meet the healthcare industry's changing needs, expectations and challenges. We understand that our clients are no longer just making a decision about technology; they're committing to an outcomes-based journey of continuous improvement and a new way of meeting their patients' needs. After working with some of the largest health systems in the United States, Canada and the United Kingdom over our 25-year history, we have the experience to help clients focus on the right activities and measures to drive real, measurable, impactful outcomes.

“Our clients are dealing with an influx of patients, resource challenges, more patients with chronic disease, and the need to decrease expenditures, along with other daily complexities. We want our clients to know that they can depend on our experience to keep their goals of improving patient access and patient flow within reach. Our process and technology is here to support that journey through our Client Delivery Teams, but more importantly, we are steadfast in our obligation to our client’s business success,” says Diane Watson, Chief Operating Officer.

That experience means we think of ourselves as more than a software company; we bring an integrated approach of software, advisory services and domain expertise to a customer partnership. Some of the pieces we closely examine and improve include:

- ACCESS TO CARE
- EMERGENCY DEPARTMENT (ED) DIVERSIONS AND PATIENT BOARDING
- TIME TO GET A PATIENT FROM THE ED TO AN INPATIENT BED OR DIAGNOSTIC SERVICE
- PATIENT DISCHARGE PROCESS
- OVERALL PATIENT FLOW ACROSS ALL POINTS OF A PATIENT’S CARE JOURNEY

“Impacting outcomes in those areas also requires a cultural shift. Our Client Delivery Teams help create organizational alignment by engaging

teams at every level and monitoring progress against established best practices and metrics,” says Diane Watson, Chief Operating Officer.

“We are with clients every step of the way to help them sustain the process improvements they implement,” adds Nanne Finis, Vice President, TeleTracking Advisory Services. “Our patient flow experts have been on the frontlines of healthcare for years and have overseen projects at some of the nation’s largest health systems. That makes them perfectly poised to partner with and advise our clients on best practices using our technology, which has been recognized as the patient flow category leader by KLAS for the fifth consecutive year.”

Specifically, some of the challenges that we help clients work through using best practices include:

- DESIGNING STRATEGIC ORGANIZATIONAL STRUCTURES TO SUPPORT A FOCUS ON DELIVERING EFFICIENT PATIENT FLOW
- LEVERAGING BEST PRACTICES TO IMPROVE OUTCOMES
- FACILITATING SMALL TESTS OF CHANGE AT UNIT OR DEPARTMENT LEVELS WITH INDIVIDUAL, SIDE-BY-SIDE COACHING
- PROVIDING A ROADMAP OF PATIENT FLOW MATURITY AND THE NECESSARY ACTIONS THAT THE ORGANIZATION MUST TAKE TO IMPROVE AND MATURE ON THE PATIENT FLOW JOURNEY

“We have completed thousands of implementations, and that firsthand experience is invaluable. We are committed to collaborating with clients and providing them with industry-leading assessment tools, along with a robust methodology to track outcomes and measure improvement,” continues Watson. “We believe client delivery is about so much

more than getting the solution installed; it’s about forming a strong partnership and providing clients with the improved workflows that achieve results.”

“Those partnerships include working closely with our Advisory Services team,” concludes Finis. “We are available to help our clients identify inefficiencies and implement sustainable processes and procedures. We help them to identify and use key metrics to monitor and drive patient flow, which can have an impact on quality and safety.”

After implementation, we are always available to answer questions and provide technology assistance to help ensure your success. Our dedicated support teams are ready and available 24/7 to provide the client service we’re known for.

THE VALUE OF SEAMLESS FLOW ACROSS THE CARE CONTINUUM

PATIENT INTAKE



FULLY AUTOMATE
THE PATIENT
INTAKE PROCESS

INPATIENT



INCREASE
VISIBILITY TO
IMPROVE PATIENT
CARE

PROCEDURAL



DRIVE CRITICAL
PERIOPERATIVE
MILESTONES TO
MAXIMIZE PATIENT
THROUGHPUT

CARE SUPPORT & LOGISTICS



AUTOMATE AND
STREAMLINE WORK
ORDER PROCESS

DISCHARGE



ACCELERATE
DISCHARGE
PLANNING AND
PATIENT
PLACEMENT



DIANE WATSON
Chief Operating Officer,
TeleTracking



NANNE FINNIS
Vice President,
Advisory Services,
TeleTracking

As TeleTracking's Chief Operating Officer, Diane Watson is responsible for the services organization which includes our Client Delivery Team. She has a wealth of experience in consulting, information technology, and general management. Her background includes the position of CIO at Medrad, a medical device manufacturer, as well as a long tenure at Andersen Consulting (currently known as Accenture).

Nanne Finnis, RN, MS and Vice President, TeleTracking Advisory Services, she leads TeleTracking's seasoned team of former hospital nurses and administrators in helping clients apply Lean Six Sigma methods and technology to process redesign and workflow automation. She joined TeleTracking in 2013 after more than a decade with Joint Commission Resources (JCR), a not-for-profit affiliate of The Joint Commission after many years in nursing administration at Northwestern Memorial Hospital in Chicago.

*** This article by John Oncea originally appeared in Health IT Outcomes on June 6, 2016.*



HARNESSING WINS

How EHRs, Interoperability and Workflow Are Helping (and Hurting) Healthcare

TeleTracking President Mike Gallup recently talked with Health IT Outcomes about EHRs, interoperability and workflows — and how these three hot-button topics are improving outcomes and, at the same time, hindering healthcare.

Q Many providers bought an EHR so they could attest for Meaningful Use and didn't spend time making sure it was the right solution for their needs and, as a result, are suffering from an EHR hangover. What can be done to remedy this unfortunate outcome?

A The pressure was intense to quickly find an EHR vendor because of the money involved. The irony is the rush only really secured seed money and the bulk of the cost to implement an EHR

was/is on the shoulders of the provider, including the burden of managing the interoperability of their technologies. This last component, unfortunately to date, has been marred by varying degrees of information blocking, whether that has been performed explicitly or more subtly through cost-prohibitive interface builds.

In situations like that, it is understandable that health systems would want to extract as much functionality as possible out of their EHR. While combining the

functionality of disparate systems often seems logical, to avoid the challenges of interoperability, it doesn't come without tradeoffs, including domain expertise and role-based functionality that is exclusive to each vendor.

Also worth at least considering are the implications on innovation and competition. Take for example the ongoing events in Connecticut, where concerns grow amidst the belief that one EHR vendor is now the de facto health

information exchange (HIE) for the entire state. The ONC warns about this very thing in a report to the Senate concerning information blocking by vendors to control referrals and boost market share for providers, sometimes at triple the cost of a given procedure.

The onus is on us as vendors to make the exchange and interfacing of data as seamless as possible. For that reason, TeleTracking has an open integration philosophy where we welcome

collaboration with other vendors. We have standard interfaces with over 80 HIT applications and offer standard services for interfacing across a large set of technologies.

Q In addition to EHRs and interoperability, workflow was a topic heard over and over at HIMSS. Why do you think workflow is taking on such importance? Has it always been this way, or is this a new emphasis?

A Two things are converging. One, the industry realizes process efficiency is vital to survival, as it is to any high-performing organization. Two, enabling and automating workflow can have a transformative impact on productivity and the broader patient experience.

Automation used to be taboo in healthcare because it conjured up visions of assembly lines. Obviously, if every patient were the same in biology, diagnosis and treatment, healthcare could in fact run in that way. However, each patient remains unique in their situation and needs. The key here is how technologies have emerged to help us manage the variabilities specific to each patient's need.

Looking specifically at patient flow, the patient journey has an incalculable impact on both time and productivity. The data at our fingertips today enables healthcare leaders to act as change agents in managing process and flow.

TeleTracking has evolved over the years because we've been able to apply what we've learned to a much broader set of needs — delivering, enterprise visibility, sophisticated data sets and process redesign needed for efficiency improvement across the care continuum. The potential impact includes greater patient access, more timely care, fewer ED delays, shortened length of stay and overall a more satisfying patient and caregiver experience.

Q What are some measurable outcomes that can be achieved by improving workflow?

A Access to timely quality care is what drives us. There are tens, if not hundreds, of thousands of hospital beds that sit empty on any given day in America. Meanwhile, the average wait time for an admitted ED patient remains more than four hours, and some estimate close to half a million patients will wait more than 24 hours this year. Patients are boarded, EDs go on diversion and visibility of patient flow across the care continuum remains largely fragmented.

A recent example can be seen in a study conducted by RAND Corporation, who profiled Health First, a health system based in Florida. In that study, they found a 27% increase in total patient admissions in conjunction with a 19% decrease in average length of stay. One hospital in Ohio saw their left without being seen rate go from 7.39% to 1.82% while ambulance diversion hours went from 154 to 9.4, all in a two-month period. An Oklahoma health system was able to increase its community outreach and accept 36% more patient transfers from external referral sources. Knowing the impact of operational efficiencies, we continue to work with clients across North America and the United Kingdom to drive similar results.

Q There are different definitions of interoperability. How do you define it and how is it more than dumping data into an HIE?

A The focus has been on moving patient records from one place to another, and so most of the discussions seem to center around HIEs, referring physicians and the like. But there are a number of touchpoints where operational and clinical information cross paths. Because hospital departments in and of themselves can be siloed, this remains one

of the biggest roadblocks to operational improvement — the stunted flow of information across the patient journey. When you create a stream of data that can only be dipped into by a very few professionals within a closed system, you are essentially enabling that siloed behavior. That runs counter to our philosophy that information sharing is the basis for improved performance and efficiency.

It's clear to us and many hospital administrators that hospitals function much more efficiently when clinical and operational systems can talk to each other.

We encourage leaders in our industry to look beyond just HIEs as a source of data exchange. We're really talking about cross-functional interoperability, essentially making the clinical and operational side part of the same "whole."

Q The road to interoperability has been, at times, slow going. Who will ultimately drive true interoperability and what will it take to get there?

A As the ones who provide products and services to the industry, vendors will continue to truly drive interoperability. That said, providers and those who deliver patient care also play a role in championing these efforts.

But so far, the interoperability debate has focused on the EHR. Looking ahead, for the sake of providers and the safety of their patients, we call on all healthcare IT vendors to seek true integrations, going beyond simple interfaces that can carry a cost for providers to maintain. The burden, as in other industries, should be placed upon the vendors to work together for the betterment of healthcare, ultimately creating a safer environment for the patient. The goal is about not only providing the appropriate diagnosis and treatment, but also getting patients access to that care in the timeliest manner possible. As clinical and

operational platforms come together, we envision interoperability becoming more than just sharing patient data. We see platforms bound together to deliver the right information, at the right time, in the right place and with the right resources, for the sake of the patient.

It's our hope that this cooperation becomes commonplace throughout the industry, helping make the U.S. healthcare system fully deliver to both patients and providers.

Q What barriers stand in the way of improved patient access and what can be done to overcome them?

A A fragmented patient journey across the care continuum; lack of communication and information sharing between departments and units; poor patient flow into the system due to inefficient referral, transfer, admit and placement processes; bed scarcity due to poor patient flow through the system; operating room backups; timely patient discharges (in order to get new patients admitted) and lack of real-time visibility into intake processes

The biggest obstacle to landing at O'Hare airport is the other planes ahead of you, which are circling because there are still planes at the gate. Without real-time information, patients stack up at the hospital "gates." Eventually, that means some patients can't get in the front door.

Seeing the hospital from 30,000 feet means you can see the problem areas where operations get bogged down. And if you can see them, you can start to fix them. Our operational platform gives hospital personnel that aerial view and the means to do something about those problems, so that care can be delivered better and faster.

MAN ON A MISSION

Saluting one man's passion for patient flow

STORY BY
SAL SANZO



Frank Campbell, Director of Patient Transport, and the transport team at Cape Fear Valley Medical Center.

What do you want to do when you grow up? Everyone has been asked that question at some point in their lives. However, if the reply was: "I want to be someone who positively affects patient flow," most people would be a little surprised. The patients at Cape Fear Valley Medical Center in Fayetteville, NC, are lucky that Frank Campbell, Director of Patient Transport, and his transport team have decided to make patient flow a career and live it every day. Campbell, originally from the Bronx, wanted to be a professional basketball player. He was an exemplary athlete and excelled in a range of sports, including track and field, baseball and football.

RATED EXCELLENT IN CHARACTER AND EFFICIENCY

Life had other plans for Campbell, though. In 1975, he joined the U.S. Army and went on to serve in the elite 82nd Airborne Division, XVIII Airborne Corps and Special Operations Command. After rigorous training, and fulfilling the primary requirement of being rated excellent in character and efficiency, he became a Master Parachutist (jumpmaster). At retirement, he held the highest enlisted rank: Command Sergeant Major.

GETTING IT DONE

Referring to the rank of Command Sergeant Major, *ARMY magazine* wrote: "Battalion Commanders and their Command Sergeant Majors are the senior leaders responsible for leading soldiers... they are at the very tip of the Army's

spear." These are the people who get the job done and encourage others to do the same. So it's no surprise that Campbell brought his skills in leadership, strategic planning, commitment, respect and logistics operations to healthcare.

LEAD ON YOUR FEET, NOT YOUR SEAT

Exceptional time management and a desire to excel drove Campbell to earn his BS and MBA degrees while on active duty. After retiring from the U.S. Army, he carried on the tradition of discipline and training by completing his law degree with a concentration in healthcare law. After signing on at Cape Fear Valley Medical Center as Director of Patient Transport, he was determined to hold his team to a high standard.

His mission: to improve transport times and patient satisfaction scores. He used the successful approach that had molded great soldiers and applied it to his transport team. The key components include superior training, building self-esteem, holding people accountable and always leading by example. In fact, his mantra of "lead on your feet, not your seat" has quickly become the catch phrase of the transport team.

Campbell and the transport team took their commitment to delivering great patient care to the next level by completing the National Association of Healthcare Transport Management's Transporter Certification program. And through his use of TeleTracking's



▲
Frank Campbell serving his country and honing his leadership skills in the U.S. Army.

TransportTracking™ application, Campbell was able to measure the productivity of every staff member and, with actionable data in hand, lead them to new levels of excellence. Mission accomplished.

At TeleTracking, we're proud to serve and support the people who are serving patients. We salute Command Sergeant Major USA Ret. Frank Campbell and his troop of transporters.

"Lead on your feet, not your seat."

FRANK CAMPBELL

*Director of Patient Transport
Cape Fear Valley Medical Center*

EMPLOYEE SPOTLIGHT

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



ONE CALL AT A TIME

How technical support is improving healthcare

Knowledgeable. Patient. Professional. Flexible. Usually, you'd be asked to "choose three," as these are tough characteristics to find in professional services, let alone technical support. Our team manages to do it all, and we're finding out exactly how valuable that can be for our clients and for the healthcare industry at large.

"Our team fielded 30,000 calls last year, ensuring our clients received the support they needed to keep our solutions running smoothly and maintain the high level of patient care our clients deliver every day," says Brian Vogel, Director, Technical Support. "Our team understands the systems and the hospital's operations and is able to resolve many different types of issues. They assist with everything from 'how to's' to providing solutions to complex IT issues and operational workflow and patient flow challenges.

Organization is critical with the wide range of calls the team handles, so that means each day starts off with reviewing any cases that carried over from the day before, prioritizing the work and then logging into the phone system for the day's new calls. When the incoming calls start, tickets are logged and issues are

tracked and analyzed. It's a similar process to what our customers go through each day with their bed huddles; they discuss the patients who are ready to discharge, prioritize the workflow to make this happen and then get ready to move new people in.

"The people in the department really go above and beyond for our clients every day," says Adrian Posteraro, Technical Support Manager. "They truly take ownership of every call. The person who answers the call is the person who solves the problem, which leads to faster overall resolution."

It's that kind of commitment that supports TeleTracking's mission of optimizing health system operations with solutions and services that enable the highest quality of care delivery. If a health system is making the investment in our technology to improve its operations, we want to do everything we can to ensure it has access 100% of the time.

"The connection to our mission of improving Patient Care One Call at a Time, is what motivates our team every day," concludes Vogel. "They are fully committed to making our clients successful by being there when they need us the most. That's why we aim for a 95% answer rate and first call resolution, and why we staff accordingly - 24/7/365. And why we continue striving to be even better."



THERE'S NO QUESTION THE WORK DONE BY TECHNICAL SUPPORT IS SERIOUS, BUT SOMETIMES WE GET A CALL THAT MAKES US SMILE.

- ▶ “We received a call from a client who had an issue with a dirty bed in a patient’s room and mistakenly called TeleTracking Technical Support asking if we could come and clean the bed.”
- ▶ “A client called asking to speak with Brian. The tech support engineer who received the call advised the caller that there are a few Brians on the team and asked if they happened to know which Brian they needed to speak to. The caller told the tech support engineer that they didn’t know and would be happy to speak to whoever was available because they are all very helpful.”
- ▶ “We received a call about four years ago from a user stating that they just updated from ‘TeleTracker’ to ‘TeleTracking’ and since the upgrade, the TeleTracker button no longer worked. I explained that the name of the company is TeleTracking and that their hospital recently upgraded!”

GREAT SERVICE, HAPPY CLIENTS

“As always, I love you guys. You are one of my best vendor support groups.”

“The customer service person that we spoke with was PHENOMENAL! He was very professional and patient with us!”

“You guys are the best! Thanks for walking me through foreign territory and for explaining things in a way that I could understand!”

“I was treated as if I were the most important client.”

“I think that TeleTracking has the BEST support, and I sincerely appreciate the efforts that you guys give to make every call a number one priority.”

“I just wanted to tell you what a WONDERFUL job your support desk is doing. I often encounter someone that I have never talked to before, and continue to be impressed with the level of knowledge, patience, interpersonal skills and professionalism.”

“I just wanted to say how much I appreciate all the hard work that is being put in for us The patience, flexibility, perseverance and willingness to help are greatly appreciated.”

 CHALLENGE

 ACTION

 RESULT

SETTING THE
BAR FOR
SUCCESS
IN ACTION

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST – NEW CROSS HOSPITAL



CHALLENGE

Healthcare-associated infections [HCAs] were costing the National Health Service at least £1 billion and were believed to cause at least 5,000 deaths annually. These human and financial costs made the issue a top priority of the NHS.

Healthcare workers' contaminated hands were recognized as a primary source of healthcare-associated pathogens. The most effective way to monitor compliance is the World Health Organization's 5 moments checklist, which defines key moments by measuring changes for soap and gel. The alternative is manual tracking which is labor intensive and doesn't result in long-term behavior changes.

Since gel and soap are known to be the most effective ways to prevent infection, the government launched the Safe Hands project to determine how Real-Time Locating System (RTLS) technology could positively impact handwashing compliance.



ACTION

- New Cross Hospital implemented the Safe Hands program in late 2013/early 2014 in conjunction with TeleTracking's RTLS technology to monitor whether hospital employees washed their hands upon entering and exiting a patient care area.
- Soaps and gels in bay areas, in side rooms and attached to beds were fitted with memory modules to capture hand hygiene compliance at the point of care. TeleTracking's Capacity Management Suite™ system and RTLS technology were then integrated, which allowed infection prevention nurses to observe and analyze the hand hygiene behaviors of ward staff.
- Reporting included analysis of the data automatically collated on a daily basis to determine the Hand Hygiene Index (HII), which is a mathematical calculation of hand hygiene events before and after contact with a patient.
- Compliance was measured by:
 1. Overall ward HII average
 2. Room entrance/exit
 3. Staff role
 4. Time of day
 5. Patient room/bed space
 6. Rate of hospital-acquired infections
- Real-time feedback was refreshed every 30 minutes so wards were aware of their progress. Color-coded scores showed good, average and poor performance to help drive behavioral changes.
- Every process that supports daily care was optimized: 4,000 employees, inpatients and 1,226 assets were equipped with sensor badges. Staff can then access this data to monitor performance.



RESULTS

- New Cross Hospital was awarded the Patient Safety and Care Award for the Safe Hands/RTLS program.
- 1.4 million documented transactions of automated hand hygiene were recorded, an increase from 600 manual observations.
- New Cross tracks the performance of more than 4,000 clinical staff, from domestics and porters to the chief executive and chief nursing officer.
- The hand hygiene index data is collected 24 hours a day, 7 days a week, on 32 wards with 744 beds.
- Time to find a tagged asset is 25 seconds.
- 75% of discharged patients leave their RTLS wrist badges in a drop box before leaving the hospital, automatically notifying housekeeping to clean the open beds.
- In 2014/15, the Trust increased the number of patients treated by 10%. This equaled £20.8 million in additional revenue opportunity, while adding £7.9 million in nursing resources for a £12.9 million net margin impact.

*25 Years of
Patient Flow Solutions*

*100s of Healthcare
Professionals*

*4 Days of Best Practices
and Success Stories*

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From  TeleTracking

THANK YOU FOR 25 YEARS OF:

- *Believing in our mission*
- *Sharing a commitment to healing and helping patients*
- *Collaborating with us to change healthcare*



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