

**ENHANCING THE
PATIENT EXPERIENCE**
NewYork-Presbyterian's Patient
Placement Operations Center.

**TODAY'S INDUSTRY
INSIGHTS**
Experts talk workflow and
strategic priorities.

**IMPERATIVES
FOR SUCCESS**
Today's healthcare challenges
and drivers.

IMPACT ACROSS THE POND
Real-time data drives
efficiencies in the UK.

PATIENT FLOW

quarterly



ACCESS

**THE SINGLE GREATEST
IMPERATIVE FOR
HEALTHCARE**



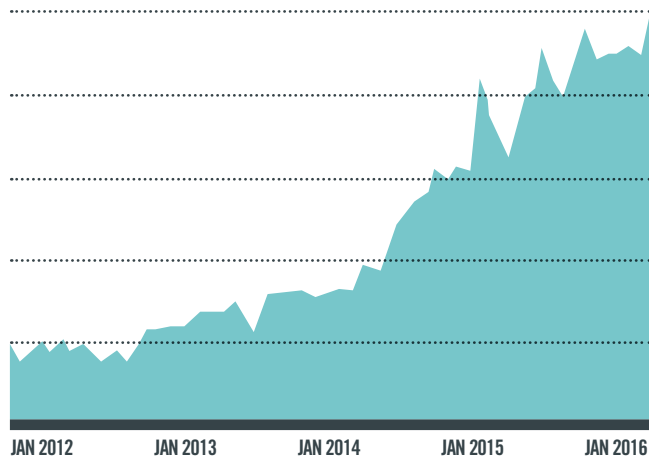
IN SEARCH OF ACCESS



In January 2016, global online search volume for “patient access” reached an all-time high, surpassing even “population health.” While terms like “Obamacare” and “ACA” still dominate broader search traffic, we can clearly observe a heightened awareness of patient access among the general public.

The Advisory Board Company defines patient access as “receiving services that meet [the patient’s] needs at the right time and the right place.” They also declare patient access a “CEO issue,” and the data would certainly support that.

GLOBAL SEARCH VOLUME INDEX FOR “PATIENT ACCESS” OVER THE LAST FIVE YEARS



Source: Google

Amidst growing consolidation, shifting reimbursements and increasing patient choice, as well as the blurring between traditional acute care and hybrid outpatient models, patient access is becoming an increasingly critical priority. Any evaluation of patient flow necessitates consideration of best practices around managing and bolstering patient volumes while serving a more broadly distributed population. Consider the following here in the United States:

- 01. 10,000 baby boomers are turning 65 every day.
- 02. By 2030 half the population will have at least one chronic condition.
- 03. One-half of all nurses are at or approaching retirement age.
- 04. Roughly 20 million have become newly insured since September 2013.

And there are literally a dozen more early indicators foreshadowing the growing need for patient access. In this quarter’s issue of PFQ, guest contributor and long-time healthcare executive, Tim Chapman shares his insights as to why patient access must be elevated to a strategic imperative. We’ll also examine best practices of health systems successfully navigating the patient access dilemma in highly competitive markets. And along the way, we’ll mark the occasion of our fifth consecutive year receiving the KLAS Patient Flow Category Leader award.

Thank you to everyone who shared their kind words about our inaugural issue. We hope that this follow-up is equally, if not more, thought provoking in your journey to advance patient flow.

KRIS KANETA
Editor-in-Chief & VP Marketing
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ISSUE 2

A QUARTERLY PUBLICATION FROM **TeleTracking**

Patients arrive at hospitals every day through different paths. Some through the emergency department, some through physician referrals, and some through scheduled procedures. What makes all of these situations similar is the fact that critically ill patients need access to care at the right place and the right time.

INSIGHTS

An Expert Conversation on Patient Flow :: PAGE 06

Patient flow is becoming an increasingly important strategic concern for healthcare enterprises. Experts Chuck Webster and Jason Harber engage in an in-depth discussion on the challenges and opportunities in today's market.

SUCCESS IN ACTION

Communication. Collaboration. Visibility :: PAGE 10

NewYork-Presbyterian is on a journey to optimize their patient flow solutions with the launch of a Patient Placement Operations Center in February 2016.

THINKING BIG

Bringing Healthcare into Focus :: PAGE 12

Tim Chapman, Executive Healthcare Advisor & Board Member, writes about the changing healthcare landscape and five key imperatives that health system leadership needs to focus on.

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WHAT'S HAPPENING



Left to Right: Dr. Tracy Eskra, Michael Zamagias, Jeff Cutruzzola, Ken Hartsell, Michael Gallup

01. Vidant Medical Center, in Greenville, NC, received the Trailblazer Award at TeleTracking's Healthcare Hero Ball on January 7, 2016. Vidant Medical Center is TeleTracking's longest standing customer, having signed an acceptance certificate for BedTracking® on June 15, 1992.

02. *Health Management Technology* featured St. John Medical Center in Tulsa, OK, and its success after installing TeleTracking's patient flow software. Since the system was implemented at the 550-bed facility in December 2013, external transfers have grown by 16 percent.
To read more: go.teletracking.com/pfq-stjohn

03. Don't forget to register for the Client Community. The Client Community is designed to enhance your experience with TeleTracking by opening up new learning opportunities and two-way conversations with other TeleTracking users.
Visit go.teletracking.com/community **and get started today!**

04. On February 24, 2016, more than 70 senior National Health Service (NHS) professionals discussed operational challenges and barriers to change facing the NHS at the First NHS Conference for Building Sustainable Healthcare, hosted by The Royal Wolverhampton NHS Trust.

▶ **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 industry events. Learn about our KLAS-related patient flow solutions, while sharing ideas with other healthcare professionals.

EVENTS TO IMPROVE PATIENT ACCESS TO CARE

The hearts of many of today's healthcare systems beat from an Operational Command Center, 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. The ability to get a patient to the right level of care, at the right time, with the right resources is critical. And timely access to that care is just as critical. Only a highly-coordinated and seamless approach to getting patients in the door will enable timely patient care, and allow health systems to stay competitive.

Join us for one of these Executive Forums featuring nationally renowned provider organizations: NewYork-Presbyterian, New York, NY; and St. Elizabeth Healthcare, Edgewood, KY.

- **May 10, 2016 - New York City**
go.teletracking.com/nyc
- **May 12, 2016 - Chicago**
go.teletracking.com/chi

ANNUAL TELETRACKING CLIENT CONFERENCE October 9-12, 2016 Naples, FL

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.

This year's event is also a celebration of 25 years of success in revolutionizing patient flow and helping ensure patients are getting the right care, at the right place, at the right time.

▶ **For more information or to register:**
go.teletracking.com/telecon16-pfq

HIMSS16

Standing Room Only
at Booth #7410

More than 40,000 people attended HIMSS16 at the Sands Expo & Convention Center in Las Vegas – the biggest and best opportunity to share how TeleTracking’s solutions are making an impact. Highlights included:

- Demonstrations of TeleTracking’s IQ™ Platform and Access Management Suite of solutions.
- Lisa Maples, director of centralized patient logistics at Health First in Melbourne, FL, did two presentations at the booth on how Health First is using data to drive efficiency.
- Alison Anderson, Data Analyst at MedStar Georgetown University Hospital, also did two presentations at the booth on how MedStar redesigned its patient discharge process and decreased length of stay.
- Chief Technology Officer Joe Tetzlaff sat down for an interoperability chat with Healthcare Informatics.
- And the TeleBear – a fun way we’re celebrating our 25th anniversary – made its inaugural appearance on the floor and at the booth. Everyone who stopped by had a photo op – and the chance to take home their very own TeleBear. Be sure to continue to follow the adventures on Twitter @TheRealTeleBear.

[1] Alison Anderson, Data Analyst at MedStar Georgetown University Hospital, shares a success story. [2] Joe Tetzlaff, TeleTracking’s Chief Technology Officer, talks interoperability with Healthcare Informatics. [3] TeleBear and Michael Zamagias, Chairman & Chief Executive Officer. [4] The TeleTracking Team.





KEEPING IT CONNECTED

COMMUNITY ACCESS™ PORTAL

Throughout your health system, physicians are referring patients, hospitalists are accepting patients and access staff are placing patients. Communication is critical, but can also be a challenge.

Community Access™ Portal gives community care teams an easy way to refer patients to you via the web while automating communication back to referring physicians so they can track their patients' progress in your health system. Community Access Portal is branded with your logo and colors, so you're top-of-mind with your physician community. Your request-to-admission and patient pull times go down – and your transfers, referrals and revenue go up.

READY TO LEARN MORE?

Send an email to inquiry@teletracking.com or check out our video at go.teletracking.com/CAPvideo

Streamlined
patient access

Real-time
visibility

Continuity of care

An Expert Conversation on

PATIENT FLOW



We sat down with Chuck Webster, aka Dr. Workflow, and Jason Harber, TeleTracking's Vice President of Product Management for an in-depth discussion on patient flow. They share their thoughts about the history of the technology and the essential role it plays in today's healthcare landscape.

Q Chuck, you are a trailblazer in the field of healthcare workflow and workflow technology. How did you become so passionate about the subject?

A Chuck Webster: For one year, during my graduate studies in industrial engineering at the University of Illinois at Urbana-Champaign, I gathered data and wrote a computer simulation of patient flow through the University of Illinois student health center and hospital. They had a hospital with 24 beds – and they also had patient flow problems. I used old-fashioned time-stamp machines and gave every patient a green slip of paper, with the instructions that every time they saw a time stamp machine to stick the paper in it. For one week I observed people and then created a discrete event simulation. I remember thinking, “what if I simply had all this time-stamped data, in real-time, all the time?” Then people could actually change their workflows and see, again, in almost real time, what the effects of the changes in workflow did to indicators like cycle time, wait time and resource idle time.

Q TeleTracking began as an electronic bed tracking company, but has evolved to include a wide range of services that enable timely delivery of care. Jason, can you elaborate on how these events unfolded and their influence on TeleTracking’s trajectory?

A Jason Harber: When TeleTracking was founded in 1991, we were looking to reduce lag times in the bed turnover process with our flagship BedTracking® application. The incredible success of BedTracking led us to realize that technology could move beyond housekeeping and could have a positive impact on other departments. As a result, in 2002, we expanded our focus to encompass the entire hospital, eventually developing the core components of TeleTracking’s offerings. For example, our patient flow solutions have helped hundreds of hospitals centralize patient placement; across multiple campuses, our dashboards allow for the monitoring of daily operations, and our nursing portal allows caregivers to quickly and easily access and track patient information. We moved on from there, developing capabilities built around Real-Time Locating System (RTLS) technology to advance workflows using real-time location awareness. Building on the success of RTLS

offerings, we developed products such as Orchestrate™ to address outpatient patient flow throughout the perioperative and ancillary care areas. The end result is an ever-improving synergistic relationship between access and throughput – both of which must be in place and optimized for success.

Q What does “workflow” mean in the context of patient flow? How much of a strategic imperative do you think patient flow is for healthcare providers today and will become tomorrow?

A Chuck Webster: “Workflow” is a catch-all phrase covering a wide variety of “flows.” My favorite definition is that workflow is a series of tasks that consume resources and accomplish goals. The biggest difference between patient flow and all the other kinds of workflow is two-fold. First, the patient can only be in one place at one time. Second, patient flow is strategically the most important of all the workflows. All the rest are, in some sense, subordinate to and supportive of patient flow.

Healthcare is moving from a provider-centric, cost-for-service system of relatively unmanaged workflow to a more patient-centric, value-based, systematic management of workflow. Given that patient flow is the most important kind of workflow, patient flow metrics and technologies for improving them will inevitably become an increasingly important strategic concern for healthcare enterprises.

Q Explain which TeleTracking products and services fit together with other hospital IT systems to drive healthcare workflow in real-time.

A Jason Harber: TeleTracking creates systems that alert healthcare workers to changing circumstances and give them the information they need to do their jobs while delivering high-quality patient care. We recognize that hospitals use a range of systems to help deliver that care, which is why we have more than 80 integrations with other healthcare IT vendors that might be utilized in a health system. This type of interoperability among healthcare IT systems liberates an incalculable amount of caregiver time, enabling a reallocation of effort towards more purposeful care.

Given that patient flow is the most important kind of workflow, patient flow metrics and technologies for improving them will inevitably become an increasingly important strategic concern for healthcare enterprises.



JASON HARBER

TeleTracking
Vice President of
Product Management

Jason Harber is responsible for managing the direction of TeleTracking's suite of industry-leading solutions. Mr. Harber has more than 10 years of experience in healthcare technology, data and analytics, and product management.

By managing capacity and throughput, we are examining the admitting and discharging process, as well as the workflow at a clinical and procedural level. We will continue to build on our capabilities as we launch our On-Call Scheduling™ and Behavioral Health products. Both products provide additional data to help with managing access and throughput. Additionally, our Community Access™ Portal will eventually coordinate with electronic health records, so all the data about a patient will be in one place.

Q Consolidation within the healthcare industry shows no signs of slowing, at least for the foreseeable future. As health systems consolidate and sub-specialize, what role can workflow play in improving patient access? Have you seen particularly innovative and/or effective examples of this?

A Chuck Webster: I saw lots of innovative examples of effectively leveraging workflow within and between healthcare organizations to improve patient access and experience at the 2015 TeleTracking Annual Client Conference.

During the TeleTracking conference I tweeted: “Remarkable scale of event-driven propagation of patient & task state across HC enterprises 2 apps & users.”

- By “event-driven propagation” I mean: when something happens, information is immediately sent somewhere useful.
- By “patient & task state” I mean: tracking not just the location of people and objects, but also tracking patient status changes.
- By “across HC enterprises 2 apps & users” I mean: workflows inside of one healthcare organization, such as a hospital, can be enormously important to workflows inside another healthcare organization.

All three of these ingredients – events triggering workflows, tracking and influencing patient states, and doing so within and across healthcare organizations – are incredibly important to freeing and mobilizing staff to improve patient access and experience.

Q Speaking of event-driven propagation and patient states, Jason, can you describe Orchestrate™, and say if there are any plans to expand its use beyond perioperative workflows?

A Jason Harber: Orchestrate is an application that provides the technical and process management tools to improve

patient flow throughout perioperative and ancillary care areas, and helps ensure a hospital maximizes its most valuable resources to full capacity. It also helps staff maximize the amount of time a patient is receiving clinical care, versus dealing with administrative tasks. With Orchestrate, unique workflows are possible because we at TeleTracking are aware that one size does not fit all. The current market is operating rooms and cancer centers, with a growing installation base in other clinical specialty areas.

Q Continuing with the idea of Orchestrate: Two important workflow terms are “orchestration” and “choreography.” Orchestration implies the existence of a workflow “conductor,” an analogy to the conductor of an orchestra. In contrast, choreography is about distributed workflow control. It is like a jazz ensemble in which all the musicians have workflow rules in their heads and watch each other and react constructively to each other. The musical workflow emerges out of this synergy. Comments?

A Jason Harber: With TeleTracking's primary applications, there is no true conductor. We are acting as choreographers across stakeholders. Our TransferCenter™ application – with a referral network from patient placement to nursing – works because all of the parties are engaged and on board. There are set boundaries and defined responsibilities. With Orchestrate there are multiple roles, but at the same time, people have the autonomy to make informed decisions based on current conditions.

There is always a base process that helps establish a base workflow and measurable outcomes. However, we also build in the appropriate degree of flexibility that allows people to do their jobs and respond to changing situations.

Q TeleTracking IQ™, the new cloud-patient workflow platform, debuted at the Annual TeleTracking Client Conference in October 2015. What is the TeleTracking IQ™ platform, what does it do and do you have any updates on its status?

A Jason Harber: The introduction of the TeleTracking IQ™ platform demonstrates TeleTracking's continued focus on enabling timely and purposeful patient services across the healthcare continuum by providing a streamlined user experience. The TeleTracking IQ platform also augments the investment that hundreds of hospitals and health systems have already made in TeleTracking's industry-leading

All three of these ingredients – events triggering workflows, tracking and influencing patient states, and doing so within and across healthcare organizations – are incredibly important to freeing and mobilizing staff to improve patient access and experience.

patient flow solutions. With TeleTracking IQ™, our users are empowered to take their capabilities to the next level.

TeleTracking IQ offers significant advancements in user experience. Solutions will share common information and workflows, so users will not have to navigate among multiple products unnecessarily. For example, health systems that use TeleTracking to manage transfers, referrals and direct admits will have one comprehensive view of access management that incorporates other tools that support their workflows, such as a view of the physician on-call schedule and a Community Access™ Portal for referring physicians.

Q How does real-time, event-driven workflow technology improve patient experience?

A Jason Harber: TeleTracking delivers an operational platform and proprietary set of capabilities backed by 25 years of expertise in patient flow. Frequently, observed outcomes include: a 10%–20% increase in patient volumes while reducing length of stay; improvement in utilization of health system capacity and resources; and significantly reduced wait times and call volumes. This means hospital workers can deliver the right care, from the right provider, to the right patient at the right time.

Q Teams spend a lot of time thinking about the notion of a “timely and frictionless” patient and caregiver experience. This is done in a number of ways, including by examining the proportion of time spent on non-purposeful activities. Patient boarding, diversions, late starts, manual

data search/entry, countless phone calls and poor care coordination are all things we hear about. How great is the impact of this wasted time and what are healthcare leaders failing to take into account as we try to solve this problem?

A Chuck Webster: Ten years ago, everyone was trying to figure out how to implement EHRs without decreasing productivity. Today, everyone is trying to figure out how to leverage EHRs to increase productivity, a subject smack dab in the middle of your question.

Value-added activities (your purposeful activities) are typically those that someone will pay for. Hospital patient stays and encounter lengths are determined by a combination of value-added and non-value-added activities. Value-added activities include collecting data that may be used in a future decision or making a decision that affects the welfare of the patient. Non-value-added activities include navigation from screen to screen and searching for the next person to hand over the next activity in the encounter. If these non-value-added activities, and the time required to accomplish them, can be eliminated, both hospital stay and encounter length can be reduced.

I think almost everyone, including me, suspects the impact of these non-purposeful, non-value-added activities is enormous. The crucial ingredient has always been, and will continue to be, time-stamped clinical and administrative workflow data, such as what TeleTracking collects and leverages within its solutions, since this is the data from which cost of labor and tied-up physical resources can be most accurately estimated.



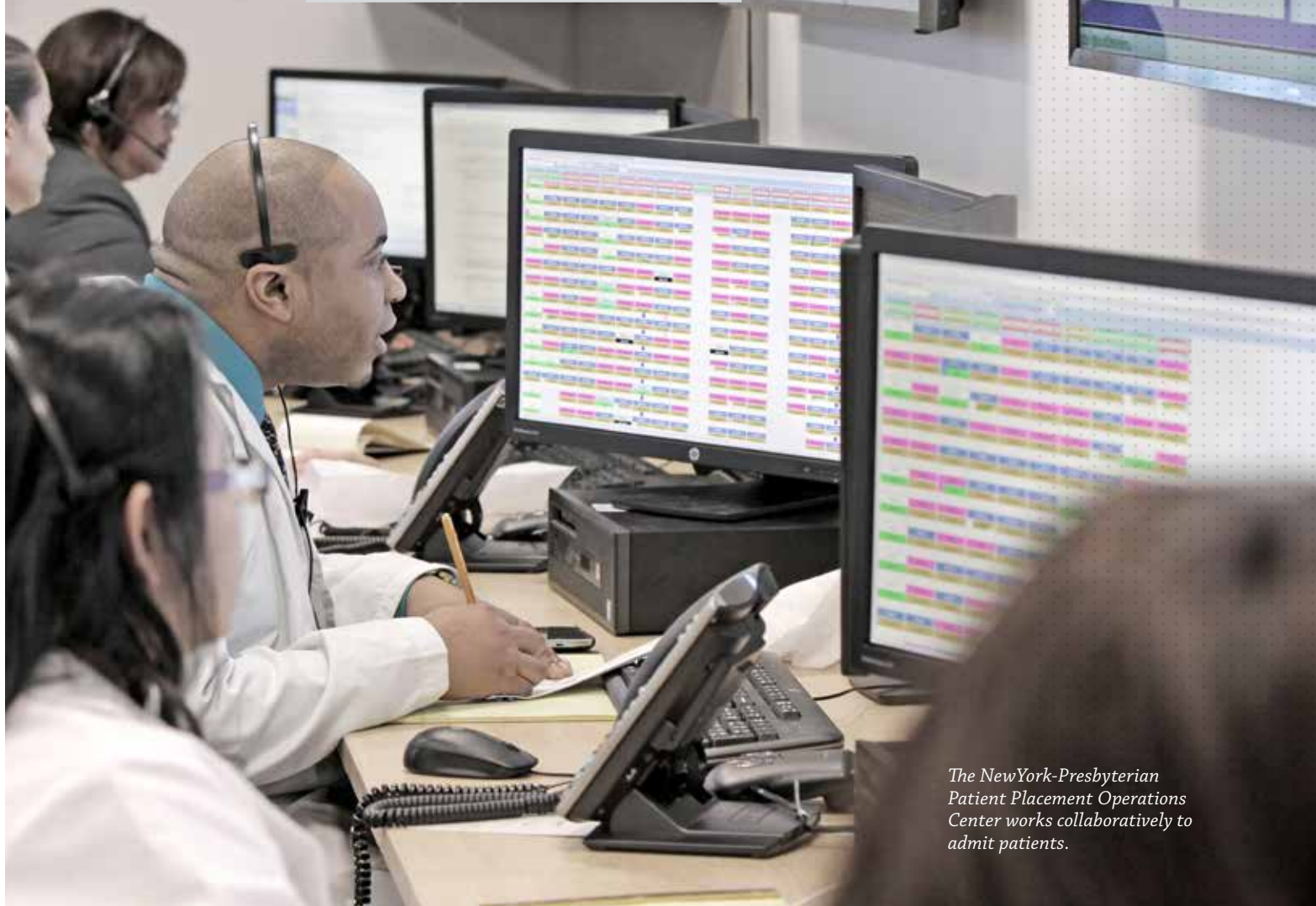
CHUCK WEBSTER
Dr. Workflow
@wareFLO

Chuck Webster, MD, MSIE, MSIS, has degrees in accountancy, industrial engineering, intelligent systems and medicine from a number of prestigious educational institutions, including his MD from the University of Chicago. Dr. Webster is the former Chief Medical Informatics Officer (CMIO) for a three-time HIMSS Davies Award-winning pediatric EHR. He currently serves as Chief Medical Informatics Marketing Officer (CMIMO) for workflow technology in healthcare.

COMMUNICATION. COLLABORATION. VISIBILITY.

NewYork-Presbyterian Hospital
Launches Patient Placement
Operations Center

STORY BY SUSAN MCLAUGHLIN



The NewYork-Presbyterian Patient Placement Operations Center works collaboratively to admit patients.

NewYork-Presbyterian Hospital [NYP] is one of the country's leading academic health care delivery systems, with caregivers and support personnel who are dedicated to providing high-quality, compassionate care to patients in the New York metropolitan area. NewYork-Presbyterian is also a long-time TeleTracking user that wanted to further optimize its patient flow solutions – which led to the launch in February 2016 of a Patient Placement Operations Center, anchored by TeleTracking®, at NYP's Columbia campus.

“Senior leadership was aware that patient flow was an issue, including high numbers of emergency department and PACU boarders, as well as the time it took to accept an external transfer,” says Holly Meisner, Vice President of Patient Access, who joined NewYork-Presbyterian in 2015 as the first person completely dedicated to improving patient flow.

The NewYork-Presbyterian Patient Placement Operations Center brings together key patient placement staff in one central location that is equipped with TeleTracking's automated patient flow solutions and real-time dashboards. The command center structure provides the communication, collaboration and operational visibility needed to efficiently place patients in the most appropriate beds as quickly as possible. With the efficiencies, however, came cultural changes.

“The buy-in started at the top – it was the chief medical officer who created the vice president of patient access role,” continues Meisner. “To really make it work, though, required direct observation: walking the floors to see the operations first-hand. Then we focused on spending time with department chairs to learn about challenges physicians were faced with to accept a patient.”

After the project kicked off in December 2015, the next step was to engage all levels of the staff, and that involved being open, being visible and over-communicating. The other piece was the strong relationship NewYork-Presbyterian already had with TeleTracking; its IT department had trust in the TeleTracking team. TeleTracking leadership also established a very collaborative relationship with NewYork-Presbyterian leadership.

“People at all levels knew change was needed and that this is just the first step. We're in the process of developing a multidisciplinary scorecard so that we can measure and celebrate key milestones. This model will then be rolled out to our other campuses. The overall goal is an enhanced patient experience and safe, quality care for all patients,” adds Meisner.

“People at all levels knew change was needed and that this is just the first step. We're in the process of developing a multidisciplinary scorecard so that we can measure and celebrate key milestones. This model will then be rolled out to our other campuses. The overall goal is an enhanced patient experience and safe, quality care for all patients”

HOLLY MEISNER

*NewYork-Presbyterian
Vice President of Patient Access*



Holly Meisner joined NewYork-Presbyterian in 2015 as the Vice President of Patient Access. She is responsible for the administrative oversight, coordination and management of patient flow for 2500 beds across all campuses at NewYork-Presbyterian. Holly is a registered nurse with a background in pediatric critical care and has been involved with bed management for over a decade. Prior to joining NewYork-Presbyterian, as Director of Bed Management at Thomas Jefferson University Hospital in Philadelphia, she created the first Patient Flow Management Center in the United States, earning the hospital national recognition. Holly received her bachelor of science in nursing from the University of Pittsburgh and her MBA from the University of Phoenix.



BRINGING HEALTHCARE INTO FOCUS

STRATEGIC IMPERATIVES FOR SUCCESS IN A CHANGING HEALTHCARE LANDSCAPE



STORY BY TIM CHAPMAN

The healthcare landscape continues to evolve at a rapid rate – and that means challenges that include revenue uncertainty and a changing payer mix, a migration from inpatient to outpatient services and downward pricing pressure. The Affordable Care Act and other reform measures have created a shift away from commercial payers and a difference of thousands of dollars per admission. There are also mounting operational considerations: consolidations, labor shortages, capacity constraints and shifting patient acuity and volume, as well as rising input costs like pharmaceuticals. And with all of this, there is one guarantee for hospital leadership teams: that today will be different than yesterday, and tomorrow will be different than today.



These forces underlie the five key imperatives that health system leadership teams must focus on to maintain continued economic viability and independence.

The imperatives are:



BECOME MORE PRODUCTIVE

Increasing staff productivity makes it possible for healthcare providers to spend more time on patient care, reduce request-to-admission time, and decrease and/or eliminate diversions. Nurses and physicians should be caring for patients, not spending inordinate amounts of time on emails, data entry and hunting for equipment.



REIMAGINE HOSPITAL COST STRUCTURE

Improving staff productivity and effectively managing bed and OR capacity result in a corresponding increase in patient intake. Adding capacity to deal with operational issues is no longer a viable strategy. Hospitals must manage their processes effectively and maximize the use of existing clinical and non-clinical capacity.



GROW STRATEGICALLY AND OPERATIONALLY

There is a minimum level of scale needed to compete, particularly as hospitals take on more risk-based contracts. As a result, bed and OR capacity and availability will be essential preconditions for successful growth.



ACHIEVE SUPERIOR QUALITY

By giving more staff more time with patients, the overall patient and family experience is enhanced, which is becoming increasingly important due to value-added, risk-based contracting.



WIN THE WAR FOR TALENT

Healthcare staffers want to work for organizations that are well run and allow them to focus on patient care. Reducing the “turnover and onboarding tax” is essential to long-term success.

So what can healthcare leaders do in this strategically ambiguous environment? Process excellence – both hospital and system-wide – is one critical success factor. Pursuing and integrating process excellence into the culture involves:

- Effectively managing contract pricing and risk in order to maximize profitability;
- Implementing medical cost management to achieve superior quality and outcomes at lower costs;
- Bending the cost curve through comprehensive non-labor cost management and achieving operating leverage;
- Managing the entire patient throughput process – access, bed placement and discharge – which enables growth, sustains a high-quality, productive workforce and reduces length of stay; and
- Instituting performance management that drives sustainable operational and organizational performance.

Improving patient throughput excellence is compelling in that it affects all five of the imperatives that health system executives should focus on. It enables growth, improves productivity, enhances quality, alters hospital cost structure and improves employee engagement. While complex, an investment in patient throughput excellence is a “no regrets” move for any hospital system. However, success requires a concerted and integrated effort. Here is some advice to help make it happen:

- Stop the clinical (EMR) vs. operational (patient flow) IT debates – workflow solutions aren’t documentation systems and documentation systems aren’t workflow solutions. The solutions can co-exist and are necessary to having a successful health system.
- Think expansively – Put yourself in the

patient’s shoes and focus on the entire patient flow process, not just acute care.

- Create a CEO of “everything” patient flow – Having one person responsible for integrated leadership across facilities and departments is essential.
- Measure, measure, measure – Data is critical for defining a path to a successful patient access program. Start off by defining five to six metrics that reflect true patient access performance and establish the baseline. Create a system of alerts for when performance is out of compliance with agreed-upon standards and adopt ways to coach employees so they can improve.
- Define a realistic patient access roadmap for change – Start with the core patient flow process – admissions, transfer and discharge processes. After making progress in those areas, focus on having an impact on the entire care continuum, including deploying RTLS solutions for patients and assets. The roadmap should then expand to include the high-volume, complex procedure areas that impact large numbers of people at your health system.

- Pace yourself – Realize that these innovations will take time since 80 percent of the implementation is a cultural and behavioral change. Keep in mind that success breeds success, so establish realistic, attainable goals. Success also requires winning the hearts and minds of front-line employees, and that cannot be attained through top-down edicts and transformational change programs.

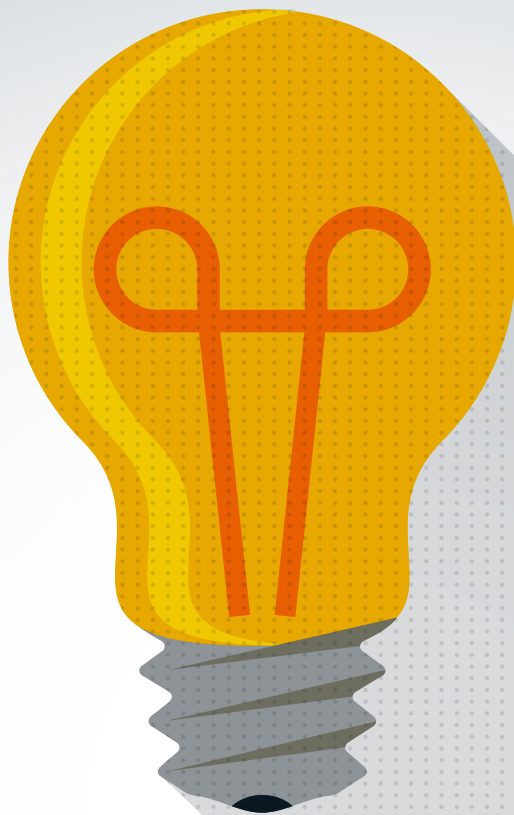
The healthcare world is going to continue to change – consider that 70% of hospitals are already aligned with an integrated delivery network, and that is a trend that will continue. But by being open to new ways of managing processes, establishing standards to gauge performance, creating a culture of accountability and organizing to win, long-term success can be yours.



TIM CHAPMAN

*Executive Healthcare
Advisor & Board Member*

Tim Chapman has more than 30 years of experience in healthcare. He is an Advisor and Board Member for health systems, academic medical centers, and medical device and technology companies. He works at the intersection of operations effectiveness and hospital operations, and helps hospitals maintain/grow their financial stability in an increasingly uncertain environment. Previously, he was a Director at McKinsey & Company and the President of STERIS' healthcare group.



ENHANCED EFFICIENCY

.....
Positive Results for Your Health System
.....



Jessica Spencer is the Director of Patient Logistics at Penn Highlands DuBois and has her Lean Six Sigma Yellow, Green and Black Belt certifications. Penn Highlands DuBois is a 219-bed facility in north-central Pennsylvania and is part of Penn Highlands Healthcare. As the director of patient logistics, Jessica is responsible for patient placement, Penn Highland's transfer center and patient transport.

Jessica was one of the featured speakers at TeleTracking's 2015 Annual Client Conference. Her presentation, "Patient Flow Tips and Tricks You Need to Know," played to a standing-room-only audience. Here are a few recommendations for positioning a patient placement and transfer center for long-term success.

01

SELL THE WHY

If your organization's transfer center is in its infancy, or if it hasn't exactly taken off as planned, re-educating key stakeholders on the purpose may be necessary. Emphasize the benefits of the new streamlined process, while gently reminding caregivers of previous challenges and broken processes, may re-energize those who play an important role.

02 Education

CREATIVE WAYS TO EDUCATE STAFF:

- Schedule classes on a variety of topics on campus and hold a prize drawing for those who register and attend.
- Try adding links to educational documents on your hospital's intranet for easy access.
- Encourage each department to elect a "super user" so that there are a number of go-to resources.
- Role play so that staff regularly review the basic steps of accepting / declining a patient into the health system.
- Require TeleTracking training for Nursing and Patient Care Tech staff.
- Solicit executive champions (ex. CNO) and require that a percentage of each unit be trained.

03

BED-AHEAD COMPLIANCE

This feature allows nurses on each unit to indicate bed placement preferences. It's important for units to also develop bed-ahead processes so that patient placement / transfer center staff can place the patient appropriately. This process eliminates delays and bed changes.

04 DISCHARGE INTERFACE

Ensure that the appropriate interface(s) between TeleTracking and the EMR are in place. For example, when a physician writes a confirmed discharge order in the EMR system, a red D automatically appears in TeleTracking next to the patient's name. A confirmed discharge initiates milestones that must be completed in order for the patient to physically be discharged, and it gives visibility to patient placement staff to pre-assign a new patient to that room.

05 APPLE IPOD® DEVICES

Adopting Apple iPod® devices for nurses on the floors, those in the placement / transfer center and even clinical managers will alert them to admissions and discharges for each unit. Charge nurses can then quickly change a bed if needed.

06

PatientTracking Portal™

Having these boards on each floor has changed the culture at Penn Highlands DuBois. The board provides real-time visibility and transparency to bed status, discharge milestones, length of stay, staff assignments, etc.

07 USE THE DATA

Data is powerful! The reports generated via TeleTracking can help drive change within your organization. For example, an average discharge and transfer report can help you determine if medical floors and physicians are meeting the goal of 25% of patients being discharged by 11 a.m. If this target is not being met, an improvement team should be established to troubleshoot the process because late discharges hinder Housekeeping, Transport, OR, ED and Patient Placement and decrease your patient satisfaction scores. And lower patient satisfaction scores will decrease your CMS reimbursement percentage. Another helpful report is the processing time analysis report, which provides metrics on how floors are doing with ready-to-move (RTM) compliance. Setting clear goals is important in order to effectively implement what is learned from the data. The patient should be in his new assigned bed 30 minutes after RTM has been selected – otherwise hospitals will lose money if a patient is assigned to two beds for an extensive length of time. Finally, the transfer history data from the transfer center application is also helpful: it allows one to look at transfer volume, denials and consults, demographic regions of patient referrals, trends and high-referring physicians with organizational leadership.

 **CHALLENGE** //

 **ACTION** //

 **RESULT** //

SETTING THE BAR FOR SUCCESS IN ACTION

At TeleTracking, we have a simple belief that our success comes from the outcomes realized by our clients. We strive for and measure those outcomes with what we call a “CAR.” The “Challenge” is uniquely defined by you. The “Actions” are what we collaboratively design and approach as trusted partners. And the “Result” is a measurable, impactful, enduring change for your health system. Each issue, we’ll share examples that highlight the vision and success of leading health systems that may very well mirror your own patient flow journey.

PENN HIGHLANDS HEALTHCARE DuBois, PA



CHALLENGE

Penn Highlands Healthcare is a four-hospital, 522-bed health system serving a half-million residents in an eight-county area in west-central Pennsylvania. The system had an antiquated patient flow process that included leaving discharge notices in a wicker basket and had housekeepers searching for the right rooms to clean. The result was a dismal number of patient transfers from outlying hospitals – as well as lost revenue, low employee morale and higher than normal turnover.



ACTION

The health system combined Lean Six Sigma methodologies with TeleTracking’s patient flow solutions to dramatically improve patient transfers from hospitals both in and outside its service area. Specifically, leadership implemented TeleTracking’s TransferCenter™ and linked it to its Capacity Management Suite™ software. This initiative provided a real-time view of bed capacity, discharge and patient placement opportunities, as well as a performance measurement program that provides daily feedback on operational efficiency.



RESULT

- Zero ED diversions in FY2015
- Transfer volume has more than tripled since the implementation of TeleTracking’s TransferCenter™ solution in September 2013
- Average length of stay has decreased from 4.30 days in FY2013 to 4.03 days in FY2015

HOSPITAL EFFICIENCY ACROSS THE POND

The Benefits of Patient Flow Are Being Recognized in the UK

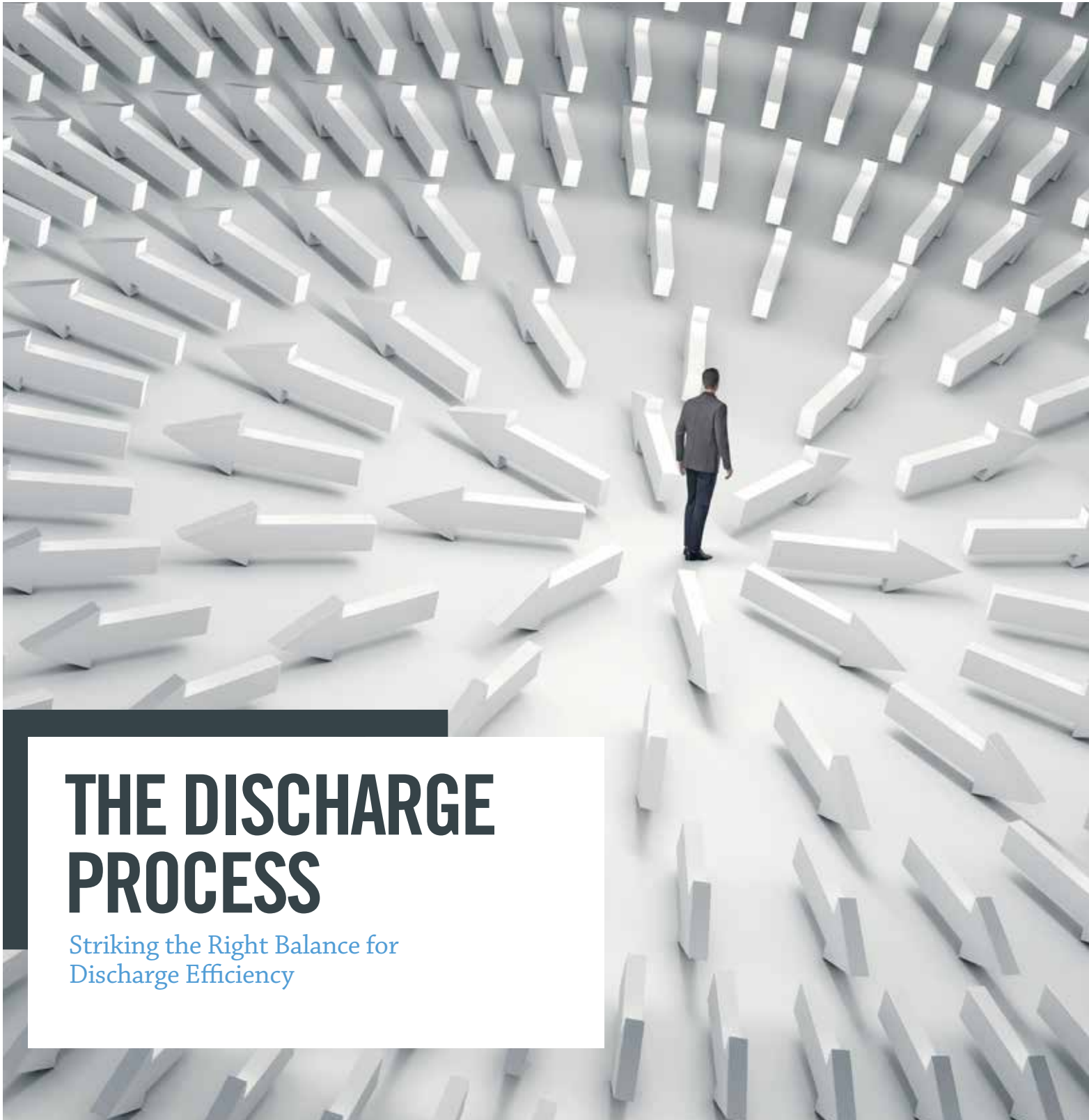


Lord Carter of Coles, a member of British Parliament, recently spearheaded a study at the National Health Service, the UK's publicly-funded health system, regarding how data is helping improve patient care. In the report, Lord Carter references the success of The Royal Wolverhampton NHS Trust SafeHands program. The program is recognized for its use of real-time location technology to track patients, staff and equipment, as well as coordinating the placement of patients through a centralized patient placement and coordination center, enabling timely care across the entire organization.

In the hope of expanding on these results, the report offers key takeaways to improve efficiency and quality of care across the NHS.

1. Set a timetable for simplifying system structures, raising people management capacity, building greater engagement and creating an engaged and inclusive environment for all colleagues.
2. Develop and implement measures for analyzing worker deployment. This plan should include metrics such as Care Hours Per Patient Day (CHPPD) and consultant job planning analysis, to help ensure that the right teams are collaborating to deliver high quality, efficient patient care.
3. All trusts should have the key digital information systems in place, fully integrated and utilized by October 2018.
4. The Department of Health, NHS England and NHS Improvement should work with local government representatives. This collaboration will help provide a strategy for trusts to ensure that patient care is focused on how they can leave acute hospitals beds, or transfer to a step down facility, so they are cared for in the appropriate setting for themselves and their families.
5. NHS England and NHS Improvement should work with trust boards to identify where there are opportunities for collaboration on quality, efficiency and clinical coordination across their local health economies.

On February 24, 2016, senior National Health Service (NHS) professionals discussed the operational challenges and barriers to change facing the NHS at the First NHS Conference for Building Sustainable Healthcare. More than 70 Health Service professionals attended the event, which was hosted by The Royal Wolverhampton NHS Trust. Topics included best practices on how real-time operational data is helping hospitals diagnose patient flow blockages and improve operations.



THE DISCHARGE PROCESS

Striking the Right Balance for Discharge Efficiency

THE KEY IDEA: STREAMLINE THE DISCHARGE PROCESS TO MOVE EXISTING PATIENTS OUT TO CREATE ACCESS FOR NEW PATIENTS.

01. THE ASSUMPTION

As clinicians, we know that discharge planning is an integral part of patient care. However, we assume that:

- Patients and their families are educated on the unique aspects of transitioning between levels of care.
- Timely information is gathered from the electronic health record, which also pulls data from case management and utilization systems.
- Therapies or diagnostic tests are planned ahead of discharge, with time to treat the diagnosis.
- Care providers are working together to move a patient towards the planned discharge date and time.
- Patients are ultimately safe and knowledgeable about the plan for their recuperation.

02. THE TRUTH

The flow of patients in and out of hospitals and across therapeutic and diagnostic settings is a challenge for providers. The hospital environment is one of divergent priorities: required meetings, surgical schedules, clinic hours and teaching rounds often interrupt patient care-related activities. Rarely is a patient's journey throughout the care continuum as predictable and efficient as we would like to assume. Perhaps a lab result was not sent "stat" and a delay of that result delayed the diagnostic test scheduled for the patient, or a therapist was unable to give a treatment as planned because of a lack of necessary information. The truth is that these types of events occur regularly.

03. THE IDEAL

Through TeleTracking's 25 years of helping organizations become more efficient, we know that success is a result of striking the right balance between "human work" and supporting such work with superior and proven processes and technologies. An effective discharge process minimizes patient readmissions and better prepares patients and their families to manage their conditions. Advance planning, along with organizing the discharge approach, focuses caregivers' tasks. Add in real-time visibility at the unit level and staff is able to predict the next day's work to a large degree. By initiating this simple action, we are observing multidisciplinary care discussions, family and patient engagement, high patient satisfaction, and organized planning for the patient care unit and centralized patient placement centers.

IDEAL OUTCOMES

- ▶ Case Management and Nursing lead discharge planning
- ▶ Physician leads medical treatment and release (confirmation of order)
- ▶ Pending discharge (blue d) 24 hours in advance in TeleTracking
- ▶ Daily multidisciplinary rounds or discharge huddles by 10am with real-time data entry
- ▶ Prediction of discharges for next day at 11am, 2pm, 6pm
- ▶ Completion of discharge milestones during discharge rounds / huddles
- ▶ Provide real-time visibility to housekeeping, transport and bed management staff



Nanne Finis, RN, MS, is Vice President, TeleTracking Consulting 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.

KIRK STEPHEN

Looking Back at a Legacy

STORY BY SUSAN MCLAUGHLIN



Over the past 25 years, TeleTracking has evolved from a company with one product, focused on one need – finding a bed – to a company that offers a fully integrated operational platform. Joining the organization in 1999, Kirk Stephen, Executive Vice President and Chief Financial Officer, has been an integral part of this extraordinary growth. In June, Kirk will be retiring after 17 years of dedicated, impactful service.

“I was working in the banking industry and was introduced to Michael Zamagias through a colleague. I enjoyed our discussion and wanted to be a part of what was starting to form with TeleTracking,” says Kirk. “I started as the CFO and COO in July 1999 and joined the board of directors shortly after that. We knew there was something exciting here, but couldn’t quite put our hands on it.”

Kirk dove in and focused on overseeing accounting, budget planning and compliance, cost benefit analysis,

revenue forecasting, growth investment and reporting.

“We grew the business slowly, year after year. We didn’t want to borrow a lot of money and put the business at financial risk,” adds Kirk. “This, plus the strategic decision to provide our clients with a software licensing model, gave us the stability to expand the company and move beyond patient flow to our current operational platform.”

In addition to being responsible for the development of the financial systems, Kirk also helped build and expand the tech support and implementation teams.

“Our technical support team is a true differentiator for us with its depth of knowledge and 24/7 availability,” continues Kirk. “And our implementation team, along with the services they offer to our customers, has significantly expanded. They have shifted to an outcome-based approach with customers that is more

streamlined and leads to better results.”

Kirk has watched the company grow from 30 to 350 employees around the world and extensively expand the product offering. He has witnessed hundreds of health systems experience a more coordinated patient and caregiver experience. What will he miss the most?

“It has been great working with people who all have a common mission. It has also been a great experience helping hospitals and health care providers provide more engaging care to more patients. Meaningful work is being done here,” concludes Kirk. “I am looking forward to this next phase of life, though, and having plenty of time to be involved with my children’s activities.”

TeleTracking thanks Kirk for his 17 years of dedicated service and commitment to improving patient flow. We wish him all the best as he embarks on this new chapter in life.

“It has been great working with people who all have a common mission. It has also been a great experience helping hospitals and healthcare providers provide more engaging care to more patients. Meaningful work is being done here.”

KIRK STEPHEN

TeleTracking Executive Vice President and Chief Financial Officer

CELEBRATING PARTNERS IN PROGRESS

Our clients' commitment to patient flow is leading the way



TeleTracking has been named Patient Flow Category Leader for the fifth consecutive year by the US healthcare market research leader KLAS. It is the ninth time in the past ten years we have received this honor.

TELETRACKING'S TRANSFERCENTER™ ALLOWS US TO LOOK AT THINGS FROM A MORE HOLISTIC PERSPECTIVE. BEFORE, WE COULD ONLY SEE THE NUMBER OF PATIENTS THAT WERE WAITING, AND NOW WE KNOW WHO IS ON THE WAIT LIST, AND EVERYONE INVOLVED CAN SEE THAT INFORMATION. – *Director, November 2015*

WE STARTED USING TELETRACKING TO HELP NURSES TRACK CORE MEASURES. TYPICALLY, IF HOSPITALS DON'T REACH 100% ON MEDICARE PATIENTS, THE GOVERNMENT WILL NOT PROVIDE REIMBURSEMENT. FOR THE LAST SEVERAL MONTHS, WE HAVE RECEIVED 100% ON VTE PATIENTS. THAT IS ALMOST UNHEARD OF!

– *Director, August 2015*

WE REALLY CAN GET THE DATA WE NEED, LIKE DATA SHOWING HOW MANY PATIENTS A SPECIALTY ADMITTED OR HOW MANY A DIRECT ADMINISTRATOR HAS HANDLED.

– *Director, December 2015*

WE ARE ABLE TO PLACE PATIENTS IN ROOMS FASTER BECAUSE THE SYSTEM GIVES US REAL-TIME UPDATES ON THE STATUS OF ROOMS AND WHEN THEY WILL BE AVAILABLE. IN ADDITION, IT TELLS US WHAT STAGE OF READINESS THE ROOM IS IN.

– *Nurse, August 2015*

A FEW YEARS AGO, IT TOOK WELL OVER TWO HOURS FOR US TO COMMIT TO A TRANSFER TO OUR FACILITY. NOW IT TAKES US LESS THAN FIVE MINUTES. OUR VOLUMES WERE UP 30% LAST YEAR, AND THEY HAVE GONE UP 40% OVER THE PAST FEW YEARS.

– *Director, September 2015*

OUR LENGTH OF STAY HAS GONE WAY DOWN, SO WE HAVE MORE BEDS AVAILABLE EVERY DAY. WE HAVE BASICALLY ALL BUT ELIMINATED OUR WAIT TIMES IN THE PREADMISSION LOCATIONS DUE TO USING TELETRACKING.

– *Director, September 2015*

THE CAPACITY MANAGEMENT SUITE™ IS NOT SIMPLY A SOLUTION THAT HELPS US PUT A PATIENT IN A BED. IT IS A SOLUTION THAT ALLOWS US TO LOOK AT PATIENT FLOW, MEASURE IT AND REPORT BACK SO THAT WE CAN IMPROVE PROCESSES.

– *Director, June 2015*

▶ Above statements are selected commentaries that may not represent the whole of provider sentiment related to this product or service. Visit KLASResearch.com for a complete view.

EMPLOYEE SPOTLIGHT

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

TeleTracking's 2015 Employee of the Year

MIKE WILCOX // *Business Analyst*

YEARS OF SERVICE: 6

WHAT DO YOU LIKE MOST ABOUT THE CULTURE AT TELETRACKING?

The culture makes it feel like everyone is family, and I like being a part of an organization that is so patient-focused.

WHAT DO YOU ENJOY MOST ABOUT HELPING HEALTH SYSTEMS

IMPROVE PATIENT FLOW? I enjoy knowing that I'm making a difference in patient safety and satisfaction. If flow is improved and stress is decreased, it leads to caregivers being able to take better care of patients.

WHAT IS THE MOST EXCITING PROJECT YOU'VE EXPERIENCED?

Baptist Memorial Health Care System is a 13-hospital system in Memphis, TN, that we implemented in less than nine months. It was exciting and challenging at the same time. The people at Baptist were awesome to work with and the organization saw results almost immediately.

WHAT MOTIVATES YOU EVERY DAY? Just being good to people. I find that focusing on other people often helps to make my day better. If I can make someone's day, that in turn makes my day!

HOBBIES: Movies, traveling and video games (Yes, I'm an adult gamer!)



Michael Gallup, Mike Wilcox, Michael Zamagias



DANA WILSON // *Client Success Manager*

YEARS OF SERVICE: 3

WHAT DO YOU LIKE MOST ABOUT THE CULTURE AT

TELETRACKING? The people! I love the team that I work with. Our clients can feel this positivity as well, and the relationships that we build are priceless!

WHAT DO YOU ENJOY MOST ABOUT HELPING HEALTH

SYSTEMS IMPROVE PATIENT FLOW? Developing relationships and truly becoming a trusted partner to our clients so that they can share their pain points with us and allow us to guide them toward positive change. Optimization is a major goal and often it comes in very small steps. We hear a lot of "I never knew it could do that" when talking through capabilities and showing the true power of our solutions. So many of our clients are just scratching the surface of our applications' capabilities and they need guidance to reach that optimal level.

WHAT IS THE MOST EXCITING PROJECT YOU'VE

WORKED ON? KentuckyOne Health – seeing an organization with the vision to take their enterprise statewide has been incredible. I'm looking forward to their before / after data to see the impact of their TransferCenter™.

WHAT MOTIVATES YOU EVERY DAY? First of all, my husband and my sons – trying to guide preteen / teenage boys is a full-time challenge in itself! Workwise – I think the nurse in me just wants everyone to have access to the tools to make their day go more smoothly. I see so much frustration as I speak with clients about how they have to do so much more with less. Spreading our message that there are solutions available is key.

HOBBIES: Reading, power walks in the park, watching my sons play sports, concerts and following my Louisville Cardinals and Pittsburgh Steelers!

thank you

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.*



Keep up with what's next at
blog.teletracking.com



I used to be a mind reader

Brian, Operations Director.

I used to spend my time trying to grasp information that just wasn't there. Now operational data flows seamlessly and in real-time – leaving me to do what I do best. Optimize.

TeleTracking[®]

POWERING INTELLIGENT CARE