

MAKING IT COUNT

Personal investment and passion fuels first class customer experience.

BURDEN OF BILLIONS

Bringing focus back to caregiving.

INNOVATION LEADS

THE WAY

A roadmap to success every step of the patient flow journey.

EXCELLENCE IN NURSING

DAISY award winner inspires those that she touches.

PATIENT FLOW

quarterly™

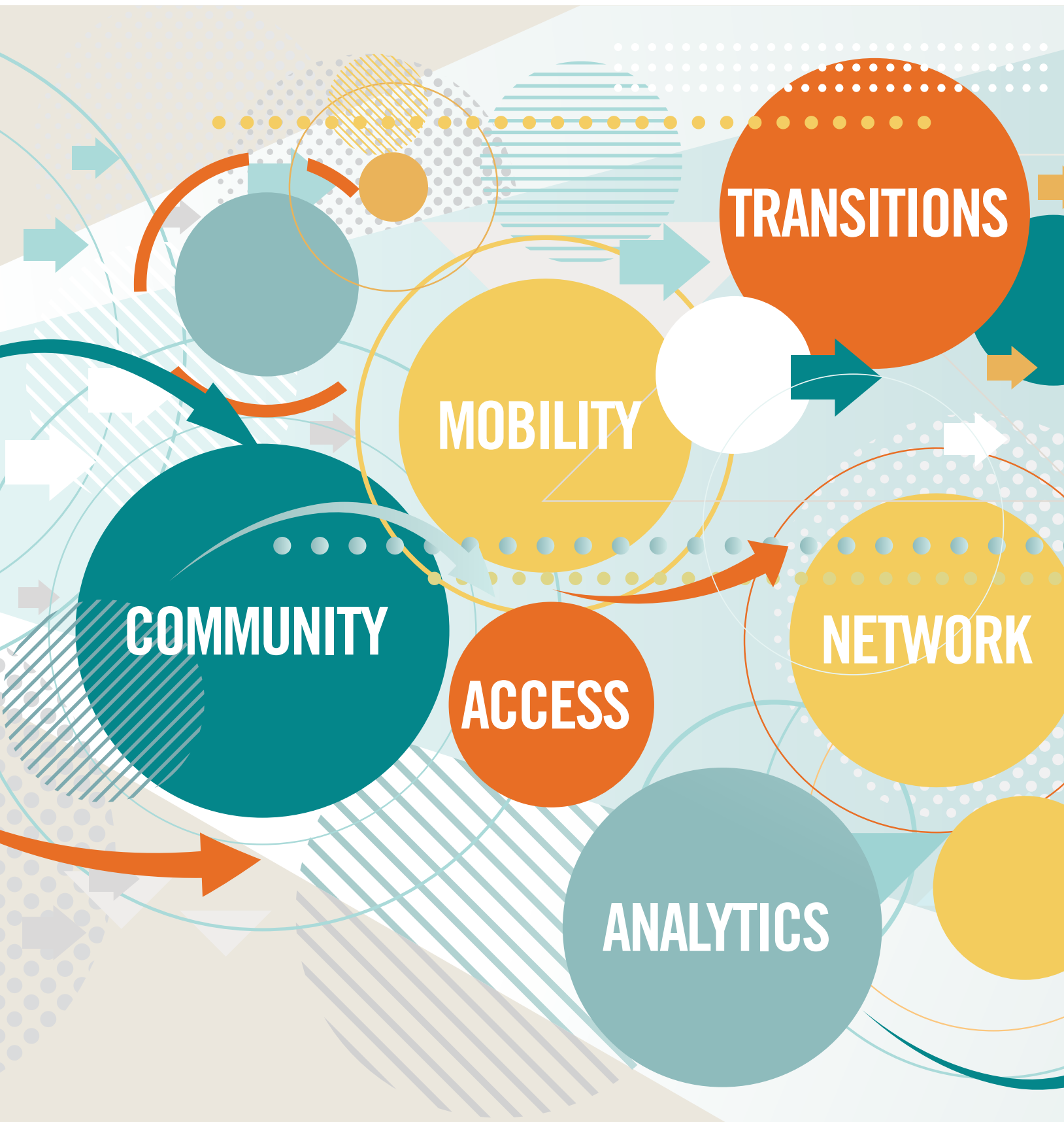


**ALWAYS
LOOKING
AHEAD**

*What can
we do today
to optimize
patient flow
tomorrow?*

FALL 2017

A QUARTERLY PUBLICATION FROM **TeleTracking**



PATIENT FLOW AS A JOURNEY



We've only just begun.

This week we kick off TeleTracking's Annual Client Conference (affectionately known as TeleCon17), and it is easily one of my favorite events of the year. It's a celebration of our mission—to ensure that no one will ever have to wait for the care they need—and it's no small statement when hundreds of like-minded healthcare leaders come together dedicated to the advancement of patient flow.

If there's one thing I've learned after a decade of patient flow advocacy, it's that the patient flow journey is never done. There is no singular event that marks the conclusion of that journey. The moment we plant a flag to celebrate our successes, we have to turn our gaze upon the next summit.

And it is my hope that at TeleCon17 you see our commitment to that journey. Our commitment to improving the client experience—from easier upgrades to improved serviceability to improved communications.

Our commitment to extending value across the care continuum—from community to hospital to post-acute care settings.

Our commitment to bringing insights and data to wherever you are—with focused investments on everything from the command center to your mobile devices.

And if you didn't make it to TeleCon17, you will begin to see and feel these investments over the coming months and beyond, starting with the content right here in this PFQ. After twenty-six years of leading and defining the category of patient flow, we're not about to rest on our laurels and we certainly know you're not. With some estimates forecasting a nursing shortage of 1.2 million by 2030, healthcare is not about to get any easier. We're all in this together, and as far as we've collectively come, I truly believe we're just getting started.

KRIS KANETA
Managing Editor
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FALL 2017

A QUARTERLY PUBLICATION FROM TeleTracking

A patient flow strategy is a journey and a commitment to continuous improvement—and doing what is right for patients and caregivers. It's also important to remember that this journey is always evolving, from the comprehensive approach of command centers to the convenience of mobile.

LEADERSHIP VIEWS

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TeleTracking Chairman and CEO Michael Zamagias shares his thoughts on his personal journey with patient flow and the motivational milestones along the way.

LEADERSHIP VIEWS

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More than \$40 billion is spent annually on healthcare information technology, yet the data shows that challenges remain with care delivery. That means it's more important than ever to turn the focus back to caregivers and what they need to be successful.

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WHAT'S HAPPENING

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

01.

Neil Griffiths was named Managing Director of UK Operations for TeleTracking. In this role, Neil will be responsible for leading the development of our UK team, as well as working closely with senior NHS leaders to support the effective deployment of TeleTracking. Bill Griffith also joined the TeleTracking team as Vice President, Performance Improvement. Bill comes to us from Jackson Health System in Miami, FL and Health First in Melbourne, FL. Bill will be responsible for helping health systems streamline operational efficiency through continuous improvement initiatives.

02.

Dr. Paul Haskin's submission, "Carilion Clinic Transfer and Communications Center Helps Improve ED Patient Flow, Outcomes" was published in the September issue of *ACEP Now*, the American College of Emergency Physician's journal.

03.

Sophie Castel-Clarke of The Nuffield Trust recently published, "Managing patient flow and improving efficiencies: The role of technology," after visiting two Florida organizations – Sarasota Memorial Health Care System and Health First – to look at how technology has made a difference to patient flow and operational management.

04.

Stamford Hospital shared how RTLS is improving patient monitoring, discharges and staff workflow, as well as cost-cutting benefits to the hospital, in a recent *Health Facilities Management* feature.

05.

On July 28-29, TeleTracking partnered with Face2FaceHealing to present Mission of Mercy—which provided free dental services to more than 900 people in the Pittsburgh area. This effort was the result of what chairman and CEO, Michael Zamagias, called a "community of compassion," with 557 volunteers—ranging from dentists and hygienists to greeters and nurses—helping make the temporary clinic a huge success.

06.

North Mississippi Medical Center's Transfer Center was featured in Tupelo, *Mississippi's Daily Journal*. The story focused on the registered nurses and dispatchers who coordinate patient admissions, discharges, patient rooms, ambulances and resources behind the scenes every day.

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

FLORIDA ORGANIZATION OF NURSE EXECUTIVES

November 9-10, 2017

Rosen Center Hotel
Orlando, FL

Visit TeleTracking patient flow experts at the FONE educational conference and annual meeting.

TRANSFORMING PATIENT ACCESS: A HEALTHCARE EXECUTIVE FORUM

November 17, 2017

Hutton Hotel
Nashville, TN

Learn how system executives are achieving impressive gains in patient access, community relations and system growth. For more information:

For more information:

go.teletracking.com/nashville

HIMSS18 CONFERENCE & EXHIBITION

March 5-9, 2018

Venetian-Palazzo-Sands Expo Center
Las Vegas, NV

Visit TeleTracking booth #7301.

TRANSFORMING PATIENT ACCESS: A HEALTHCARE EXECUTIVE FORUM

(site visit to Sharp HealthCare)

April 26-27, 2018

The Hyatt La Jolla Aventine
San Diego, CA

Learn how health system executives are achieving impressive gains in patient access, community relations and system growth. For more information:

go.teletracking.com/sandiego



LENDING A HAND

A journey is the passage or progress from one stage to another. And that's how I view the relationship every TeleTracking associate has with every one of our customers as we collaborate with them on effective patient flow strategies. We are here to help them implement best practices, achieve success, and then continue to build on those accomplishments and move to another level of patient care. In addition, we are always trying to make ourselves better and consequently help our customers achieve the best possible outcomes.

MICHAEL ZAMAGIAS

CEO, TELETRACKING



THE START OF THE JOURNEY

My personal journey with patient flow began more than 25 years ago when I was approached to offer business advice to what was both a new business and an entirely new concept in healthcare. While there have been many defining moments in the last two plus decades—two distinctly come to mind. First is the creation of a licensing fee model that made it possible to continually reinvest

everything back into the technology and our people. Second is the decision to hire clinicians in key customer-facing roles because they know firsthand what it means to not have the right resources at their fingertips. And, they know that when a caregiver's time is compromised—patient care is impacted. Our goal has been, and always will be, to create efficiencies so that caregivers can focus on patients, not paperwork.

MOTIVATIONAL MILESTONES

I have worked in a wide range of industries—from real estate to banking—but the world of healthcare has always held a special attraction because of the opportunity to connect directly with caregivers. These people have a nobility of purpose and a mission-oriented approach to their work. You have to be a special person to be drawn to healthcare—and I

AND THAT’S EXACTLY WHAT WE DO—WE GIVE CAREGIVERS TIME SO THEY CAN GIVE TIME TO PATIENTS. WE TAKE THE TIME THAT IS COMPROMISED WITH LOOKING FOR BEDS, SEARCHING FOR EQUIPMENT, AND WORKING THROUGH SCHEDULING, AND CHANNEL IT BACK TO PATIENT CARE THROUGH A COMBINATION OF PEOPLE, PROCESS AND TECHNOLOGY.

mean everyone, from the doctors to the maintenance staff. It has added something very significant to my life to be with these people who dedicate their lives to healing others.

What keeps me motivated is the massive size of the problems in healthcare—over the past 50 years, healthcare has risen to nearly 20% of GDP. Rising healthcare costs is one of the biggest issues facing our country, which includes hospitals, HMOs, doctor visits, and prescription drugs—and that means that patient care is impacted. We can change that. Our patient flow solutions mean that better care can be delivered at lower costs. And the most significant impetus behind our solutions is efficient access to care—getting the patient to the right door, at the right time, with the right caregiver, which creates financial efficiency.

This is meaningful work, especially because we know the problem isn’t going to go away and the voices calling for change are getting louder. There is a dragon of waste we’re trying to stick the

sword in, and I am confident that one day we will kill it.

CHANGES AND CHALLENGES ALONG THE WAY

One of the single greatest challenges facing us today is the lack of efficiency that caregivers must deal with in their work. In addition to improving efficiency, we’re trying to create visibility—to costs, to caregivers, to the status of hospital rooms and the care occurring within them. We want the consumer to see everything in real time. If consumer and caregiver can see what’s going on at the same time, the results are powerful.

Another challenge facing healthcare is the fact that caregivers are leaving the field due to fatigue and frustration that administrative burdens are causing. And the questions we have to ask about these administrative burdens are:

- Has it made the caregivers life better?
- Has it increased caregiving?

- Has the documentation of care led the delivery of better care?

If the answer to these questions is “no”; if we’re losing the best and brightest in healthcare to other opportunities that seem more appealing; then as a society we have a serious problem—especially with a growing aging population.

FINDING BALANCE

Balancing the needs of patients and the needs of healthcare workers is a complex task. But at the heart of the matter, we want to give caregivers more time with patients. We want them at the bedside wiping away the tears of a scared child, holding the hand of an elderly woman who just came out of surgery, or celebrating the birth of a child with a young couple.

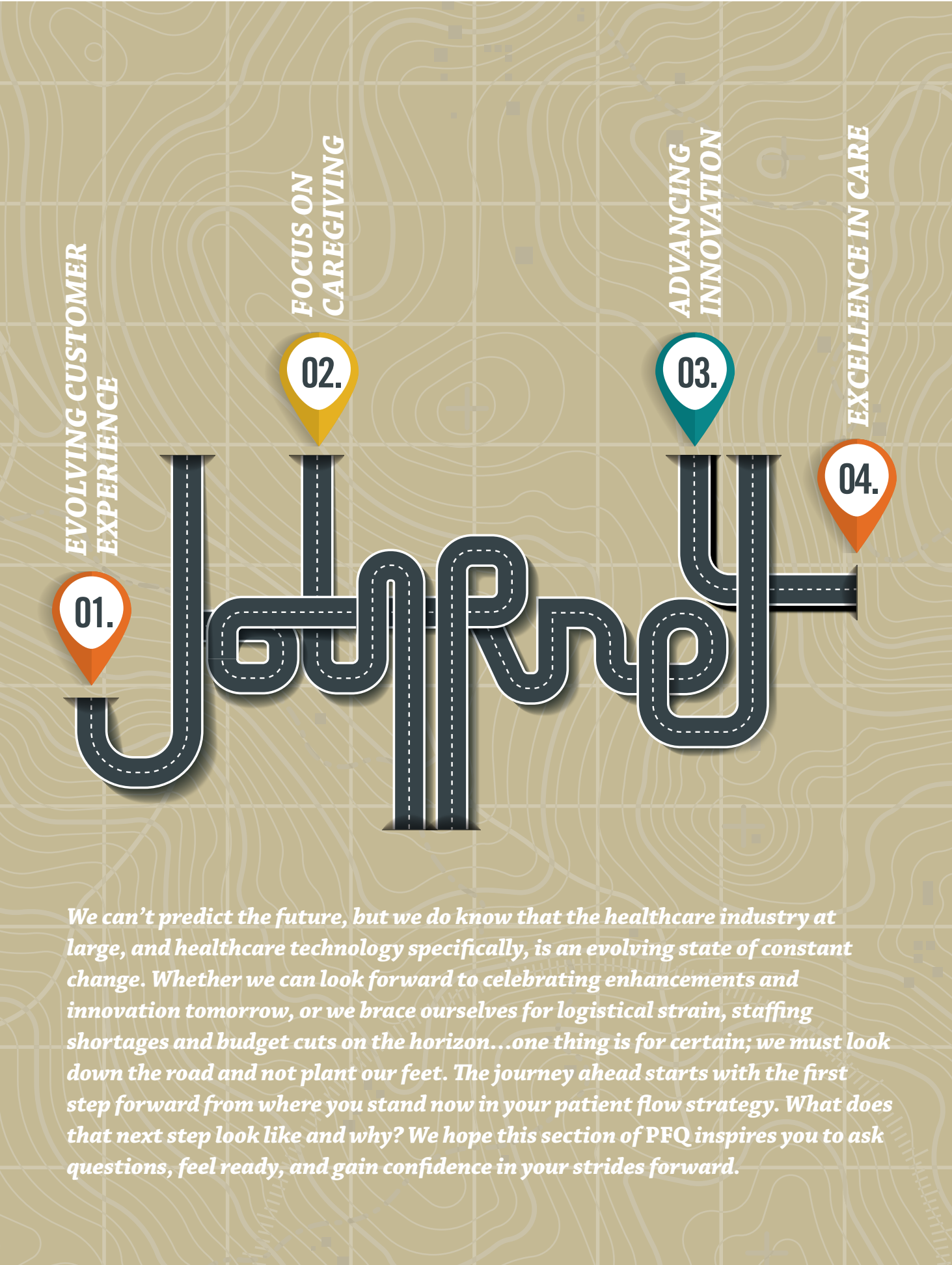
And that’s exactly what we do—we give caregivers time so they can give time to patients. We take the time that is compromised with looking for beds, searching for equipment, and working

through scheduling, and channel it back to patient care through a combination of people, process and technology. This combination makes it possible to see things in real time and utilize resources when they’re available as opposed to a less efficient linear approach—and the result is many millions of hours being given back each year.

LOOKING TO THE FUTURE

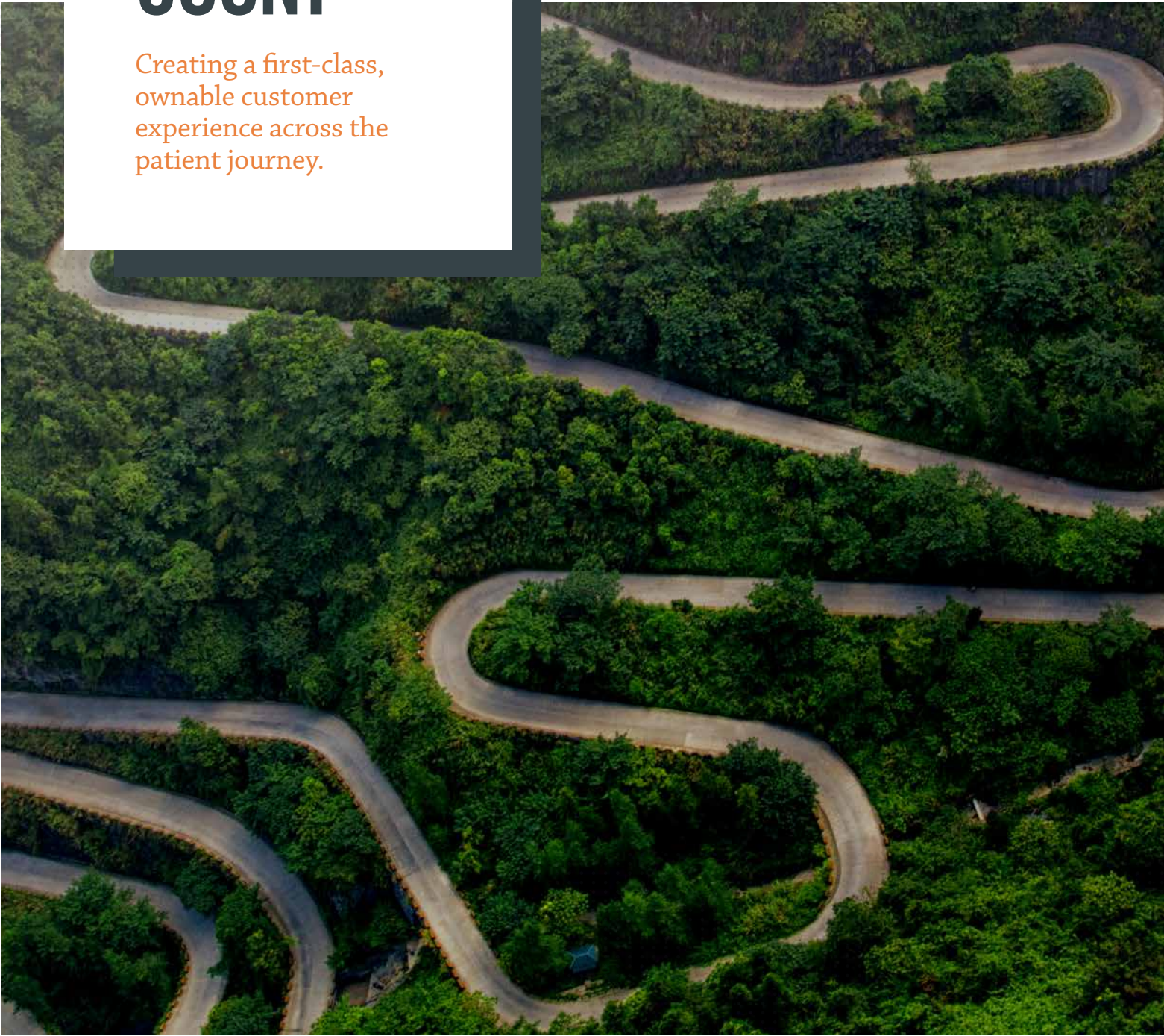
We have already impacted parts of the healthcare system. Our vision is to unite every aspect from doctor’s offices to post-acute care to create visibility, efficiency and best-in-class patient care.

It’s amazing to think what the overall impact could be, and you just need to look at the improvement in one area, of one hospital to see how bright the future is. The opportunity to make this type of impact makes it a special time, and TeleTracking is a special place. It’s an honor every day to be on this journey and help caregivers on their mission of compassion.



MAKING IT COUNT

Creating a first-class, ownable customer experience across the patient journey.



There is something about TeleTracking that feels different from other companies. There is a sense of purpose and a commitment to doing what’s right that is woven into the fabric of our culture.

In fact, we are so laser-focused on our mission—and so passionate about making an impact—that we tend to put a lot of pressure on ourselves. Sometimes we wonder, how can our work be good enough for the hundreds of hospitals, and thousands of patients and caregivers that depend on us across the United States, Canada and the UK.

Building and implementing software is not enough. Did a patient get to the right bed the first time? What if the diversion numbers and holding hours still don’t improve? Are we really preventing patients from waiting for the care they need?

At TeleTracking, we have the mission, the passion and the know-how to help our clients be successful, but sometimes, fully executing on our mission is a challenge. That’s because we’re not just asking hospitals to use the technology. We want them to change their processes for greater efficiency. We want to help them measure the impact. We want them to get the results they need. And that takes hard work, collaboration and commitment from both TeleTracking and its clients.

So that brings me to the question I ask myself each day. What do providers of care clients really need from us in order to be successful?

I’ve spent the first half of the year taking a deep look at how our organization operates and assessing the overall impact on customer experience. And I’m happy to provide a glimpse into a few new things that are happening as a result.

The first and most important part of our work has to do with making our best practices actionable. Our best practices are

the foundation of our relationships with clients. They enable the outcomes we drive towards and provide a common set of standards by which to measure patient flow performance. Getting them clearly documented and easily sharable was a major accomplishment. Now, we are focused on getting them integrated into the tools our clients use every day to drive patient flow in their organizations—like our training programs, scorecards and other content that support their journeys.

We’re also shifting to a more proactive service model. I mentioned that joint commitment is needed to achieve results—and that requires TeleTracking to set clear expectations on what it’s going to take to be successful. Patient flow is a journey and that’s why our goal is to help our clients anticipate what’s next—whether that be advanced notice of a product update, or the need to assess performance to ensure that you are on track to meeting long-term goals.

Eliminating technical barriers that stand in the way of keeping current (version) remains critical so we can move toward a continuous delivery model in the future. The work behind the scenes on this one is complex, but we hope that the experience will delight.

There are many other fundamental changes in progress that are still too premature to share. I know it will take a lot of perseverance to deliver on the expectations we’ve set for ourselves—but we won’t do surface-level work. We’re transforming so that we can deliver on our mission more than ever. And we’re going make it count.



KATIE ROMANO
Head of Customer Experience, TeleTracking

At TeleTracking, Katie has worked with hospitals across the country, helping them to create strategies for outreach and market growth through customer experience, technology and the use of data. Her ultimate challenge is to help these systems improve access to care and empower them to achieve patient flow goals, while meeting the leadership needs of our own fast-paced growth organization. Katie has been a marketer in B2B healthcare technology for over 12 years and considers herself to be a brand champion specializing in segmentation, go-to market strategy and marketing plan activation. Her current focus is on maturing TeleTracking’s customer experience.

STORY BY KRIS KANETA,
Senior Vice President, Marketing, TeleTracking

BURDEN OF BILLIONS

Bringing focus back
to caregiving.

\$4.0 BILLION
\$1.5 BILLION
\$1.2 BILLION
\$1.0 BILLION
\$700 MILLION

Excluding government contracts, these are among the five largest electronic medical record price tags on record over the last two and a half years. That's four implementations weighing in at more than a billion dollars each, and another one not far behind.

When added up, spending on US healthcare information technology comes to a whopping \$40 billion annually, spending that has been propped up by nearly \$30 billion in EMR government subsidies; well-intentioned tax payer dollars that have fallen well short of expectations. And while inflated expectations have tried desperately to keep pace with the price tags attached to the EMR, we're confronted with a divergence in the fundamental principles of our healthcare system and the supporting role of healthcare IT.

No healthcare technology vendor, with a mission rooted in compassion and patient care, should burden providers, payers, patients and tax payers with a total cost of ownership in excess of a billion dollars. But even putting that ideological dissonance aside, and seemingly despite unprecedented levels of investment in healthcare IT, data still show that care delivery and coordination have anything but improved.



- * A recent time in motion study showed that for every hour a doctor spends with a patient, she spends two hours interfacing with an electronic medical record.¹
- * Another showed that 56% of nurse time is spent away from the bed side documenting and coordinating care.²
- * And the *New England Journal of Medicine* recently found that the most significant opportunity for the use of data in healthcare remains improved care coordination.³

Worse still, despite the United States accounting for nearly 40% of global healthcare IT spending, our outcomes underwhelm on a global scale. Bloomberg's latest healthcare efficiency index ranks the United States 50th out of the 55 countries evaluated.⁴ And while we spend nearly twice per capita on healthcare compared to other developed nations, the Commonwealth Fund ranks us amongst the lowest in outcomes and the highest in risk factors.⁵

Somewhere along this path to technological enlightenment, we forgot that technology was intended to be a driver of productivity, not shackle it. That it was to ease the operational burden, not complicate it. That healthcare IT was supposed to give caregivers more time at the bedside caring for more patients, not more time at a workstation while millions of emergency patients each year average more than six hours waiting for a bed.⁶

It's time we re-oriented the healthcare discussion around the delivery of care, not the documenting of care. While an electronic medical record should follow a patient along the care continuum, it cannot move the patient across that continuum and ensure the timely delivery of care.

It's time to bring focus back to caregivers (a population generally regarded as overworked and in short supply); to enable caregivers to spend more time with their patients, while delivering technology solutions that don't financially overburden provider institutions. It's time we raise our expectations for what healthcare information technology should be doing for patients and caregivers, and understand that delivering care starts and ends with a patient; a person that values getting to the right care setting more than how and where we are documenting that care.

At a time where the Congressional Budget Office estimates that absent material gains in productivity, 60% of US hospitals would post negative profit margins by 2025, operational improvements remain critical to ensuring the sustainability of US healthcare.⁷ A recent study found that reducing the average boarding time in our nation's emergency departments from six hours to four hours would create enough capacity to help 9.7 million more patients per year in urban communities, not to mention saving countless lives. Meanwhile, other studies suggest that as many as 20 million patient days are lost each year simply waiting inside our hospitals.⁸ Not only will a focus on patient flow and efficient care coordination save more lives, but it also allows our healthcare system to continue to do so in the future.

And if done right, it won't cost our healthcare system tens of billions of dollars. As we begin to understand patient flow as the core operational process to solving healthcare's productivity challenge, we can overcome the pressures of an aging population in which half already suffer one or more chronic conditions,⁹ and of a workforce threatening healthcare with a 1.2 million nurse shortage by 2030.¹⁰ The only way to overcome such demand and supply constraints is through a focused commitment to understanding patient flow across all care settings, to free up the countless hours lost documenting and coordinating care rather than delivering care. And if done right, for no more (and arguably less) than what we already spend at a national level, we can see to it that no patient waits unnecessarily for the care they need.

IF DONE RIGHT IT WON'T
COST HEALTHCARE
SYSTEMS TENS OF
BILLIONS OF DOLLARS.

1. *Forbes*, For every hour with patients doctors spend two record keeping, Sept 6, 2016 / 2. NIH, A 36-hospital time in motion study, Summer 2008 / 3. NEJM, Catalyst Insights Report – March 2017 / 4. Bloomberg, US Healthcare system ranks as one of least efficient, Sept 29, 2016 / 5. Commonwealth Fund, US Healthcare from a global perspective, 2015 / 6. TeleTracking 2016 – The Waiting Game / 7. CBO, Analysis of Financial Pressures facing US Hospitals, Sept 8, 2016 / 8. TeleTracking Testimony to US Congress House Ways and Means, Sept 2016 / 9. CDC, Chronic disease overview / 10. Rasmussen College, One million nurses short, 2017



CELEBRATING PATIENT FLOW EXCELLENCE

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

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

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

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

A panel of healthcare experts from across the country evaluates nominees on the following core attributes:

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

► Nominations open November 1, 2017 and must be submitted by March 30, 2018.
To nominate a nurse visit: <http://go.teletracking.com/DAISY2018>.

About the DAISY Foundation

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





A PROACTIVE OUTLOOK

Access to the right level of care at the right time – in coordination with a streamlined patient flow strategy – is more important than ever given the truly dynamic nature of care delivery. And that means challenges with capacity, care transitions and system leakage are just a few of the issues that health systems will need to find effective solutions. Here's our outlook on the next 12 to 18 months, as we employ innovative responses to address changing ahead.

Five innovative steps forward to elevate transitions in care and mobility.

1

A Complex System – One simple mission.

“Our mission is to ensure that no one will ever have to wait for the care they need,” says Chris Johnson, TeleTracking’s Chief Solutions Officer. “We’re always aware that this is all about people, not widgets or machines. At the same time, we know that healthcare is a network of highly complex integrated systems, and that inefficiencies in one part will have an overarching impact on other parts. We understand that healthcare providers are battling costs while trying to improve care, which is driving large-scale structural shifts in healthcare. All of this means we have to get our arms around the problem as a whole—we can no longer just stay focused on solving parts.”

The facts support this approach. For example, we know that a significant number of avoidable inpatient days are due to the lack

of available beds post-discharge in skilled nursing facilities. We also know that the dynamics of healthcare continue to evolve—inpatient demand is predicted to decrease by 4% by 2025, while conversely, demand for outpatient services is predicted to increase 21%, most notably for specialty services. And while technology certainly plays a role in addressing these changes, it needs to be part of a larger strategic approach.

“A number of technology companies claim to have the tools to solve the problems facing healthcare,” says Brian West, TeleTracking Manager, Product Portfolio. “Yet, they are tackling the issues from a highly-focused approach, as opposed to addressing the broader challenges across the care continuum.”

2

A Comprehensive Approach – Always maintain focus.

The comprehensive approach outlined above is at the heart of TeleTracking’s culture – and why we continue to evolve. What started out as a simple bed turnover solution in 1991, has transformed into a comprehensive, integrated platform that is moving beyond the acute-care setting. We are investing in people and building strong teams in order to have the right resources in place to act upon our mission. We are also establishing long-term partnerships with our customers, collaborating on innovative solutions to solve the issues facing healthcare. And we are not slowing down.

“We are taking the individual components that we’ve developed over the last 25 years and maturing them. From access and throughput to managing transitions of care, we are pulling the whole system together,” explains Johnson. “Hospital care is incredibly complex – considering both the ranges of medical expertise involved, and the ranges of patient acuity. Our expertise in this space means that no one is better positioned than TeleTracking to facilitate this type of system-wide approach. We take the vital organs of healthcare, incorporate a circulatory and nervous system, while providing the visualizations that caregivers need so they can make effective decisions.”

Integrating the whole system is an investment to meet ever-changing needs. Here’s some of what we’ll do in the months ahead to stay ahead of those needs:

- Further enhance TeleTracking’s IQ Platform and the power of our cloud capabilities for a complete operational platform across the continuum that enhances extensibility, performance and security.
- Expand patient flow into the post-acute space and focusing on medical transport between transitions of care.
- Expand mobility to improve efficiency and convenience, which helps ensure relevant and contextual information is easily accessible so that caregivers have the information that they need without having to leave the direct-care setting.
- Focus on enhancing our analytics portfolio—including the predictive capabilities. This data platform will help to identify trends and drive best practices.

3

Levels of Care and Learning – Pushing the envelope.

While an expansion into other aspects of healthcare marks a learning period for us, this is nothing new to our customers who are used to moving patients from one level of care to the next—whether it's between hospital departments or into a post-acute setting.

"We need to define, and in some cases, redefine, the use of our technology, workflows and best practices in this setting," says West. "The dynamic part of the process starts with us learning from our customers how they move patients from inpatient to post-acute care, including the transport process. We need to fully understand their challenges and how our technology fits. Two such innovation projects are in the works right now."

An example: A large Western PA health system is working with TeleTracking to improve care transitions between acute and post-acute care. The hope is that by harnessing the capabilities of TeleTracking's Capacity Management Suite™ and creating a 'mini-command center', the following benefits can be realized:

- Expensive acute care beds will open more quickly, which will make it possible for caregivers to meet the needs of waiting patients more quickly.
- The transition is eased for the patient if they get to their post-acute facility earlier in the day because typically full staff

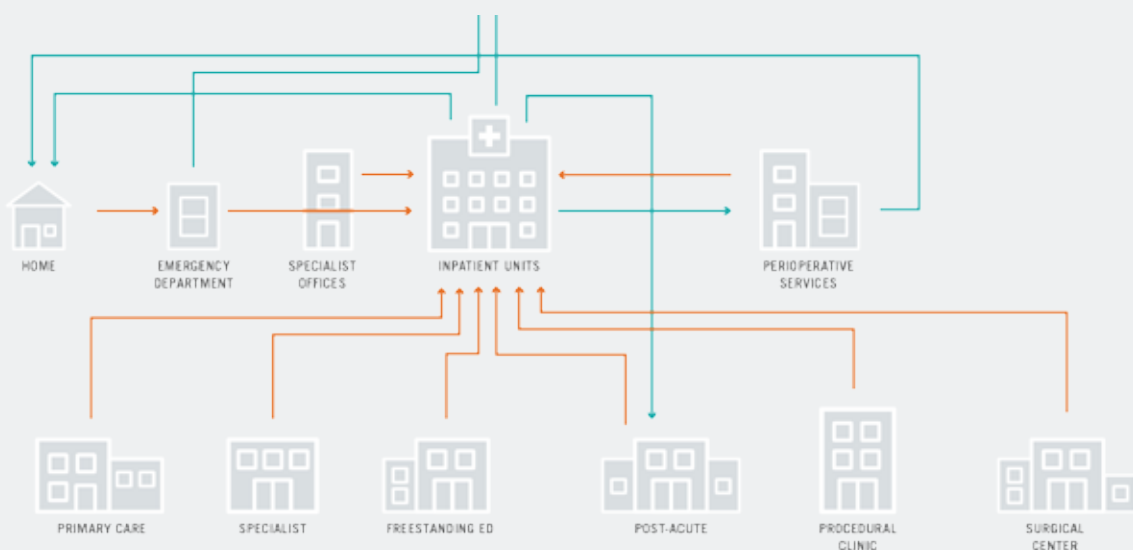
is on-duty to get them settled and make them comfortable.

- The patient and family experience will be improved by minimizing wait times—that unfortunately are common—before the patient moves to the next phase of their care journey.
- Medical transport—which can be a bottleneck—can also be integrated to further enhance patient flow.
- For health systems with a complete continuum of care, there is the potential to keep the patient in-network.

To date, the visibility gained with this approach has led to 30 newly available beds in their acute care area. Baptist Memorial Health Care, with 17 hospitals across Tennessee, Arkansas and Mississippi and a centralized patient placement center, is also working with TeleTracking on a similar innovation project—currently in the research and innovation phase. The goals include avoiding system leakage, reducing unnecessary length-of-stay days, improving access to post-acute settings by increasing visibility of available beds, and standardizing processes. They are also looking to add visibility to the patient transport portion and streamline coordination with EMS providers with time stamped milestones. Additional pilot sites are planned for 2018. "We like working with customers who want to push the envelope like this and improve overall health operations," concludes West.

PATIENT FLOW ACROSS THE CONTINUUM OF CARE

Extending our core competencies beyond the walls of the hospital



4

The Impact of Payers – Easing access through innovation.

"Payer constraints are making ease of patient flow and increased access more and more important," says Johnson. "When a patient is left waiting in an acute care area, the health system isn't being paid for that care. The goal is to free up the bed for a new patient, provide care and also generate revenue", he continues. "We are focusing on scaling technology in those spaces and adapting to the nuances of their specific networks of care. Our team is also looking at possible partnerships with other technology players to close gaps, including new patient engagement and scheduling technology."

These developments mean extending what we do across the continuum and improving our ability to service those spaces. We are also improving our current portfolio to make it easier to initially implement and upgrade down the road. Finally, we are making it easier for clients by providing specialized care through scalable technology and establishing a true strategic platform.

5

Up Front with Best Practices – Proactive by design.

"We are always learning from our clients," says West. "That's why as we are always expanding the breadth of our solutions. It's more important than ever to be onsite with them observing how the technology is being used, discussing objectives and challenges, conducting working sessions to map out new processes and workflows, and establishing where the gaps are in order to mature."

With an ever-expanding approach, the building blocks for best practices remain front and center as a foundation and navigation. This involves establishing a strategy and then choosing a structure that supports the strategy – and when the strategy changes, the structure needs to change with it. We believe the structure also needs to drive the processes – every

organizational structure is different, so it's important to look at the weaknesses and then use processes to mitigate those weaknesses. And finally, people are also all different. We help clients put the right people in the right positions to effectively support the strategy and the processes.

"This approach takes care full circle," concludes Chris. "We give client's best-in-class solutions to address the challenges in today's market with improved efficiency and quality – this means a lighter burden on staff, patients and families. In addition, our approach decreases leakage and breaks down the silos that currently are prohibiting a unified, integrated approach."

Many of these developments you'll see firsthand at TeleCon17, including a demonstration of five new, persona-specific, mobile apps, in the Innovation Lab.



CHRIS JOHNSON
Chief Solutions Officer

Chris brings broad experience in business, technology and operations management. In his role as Chief Solutions Officer, Mr. Johnson leads the Technology, Product Management, User Experience and IT&S teams, and is responsible for the development of TeleTracking's patient flow solutions and the migration of the current portfolio of solutions to a single cloud-based platform.



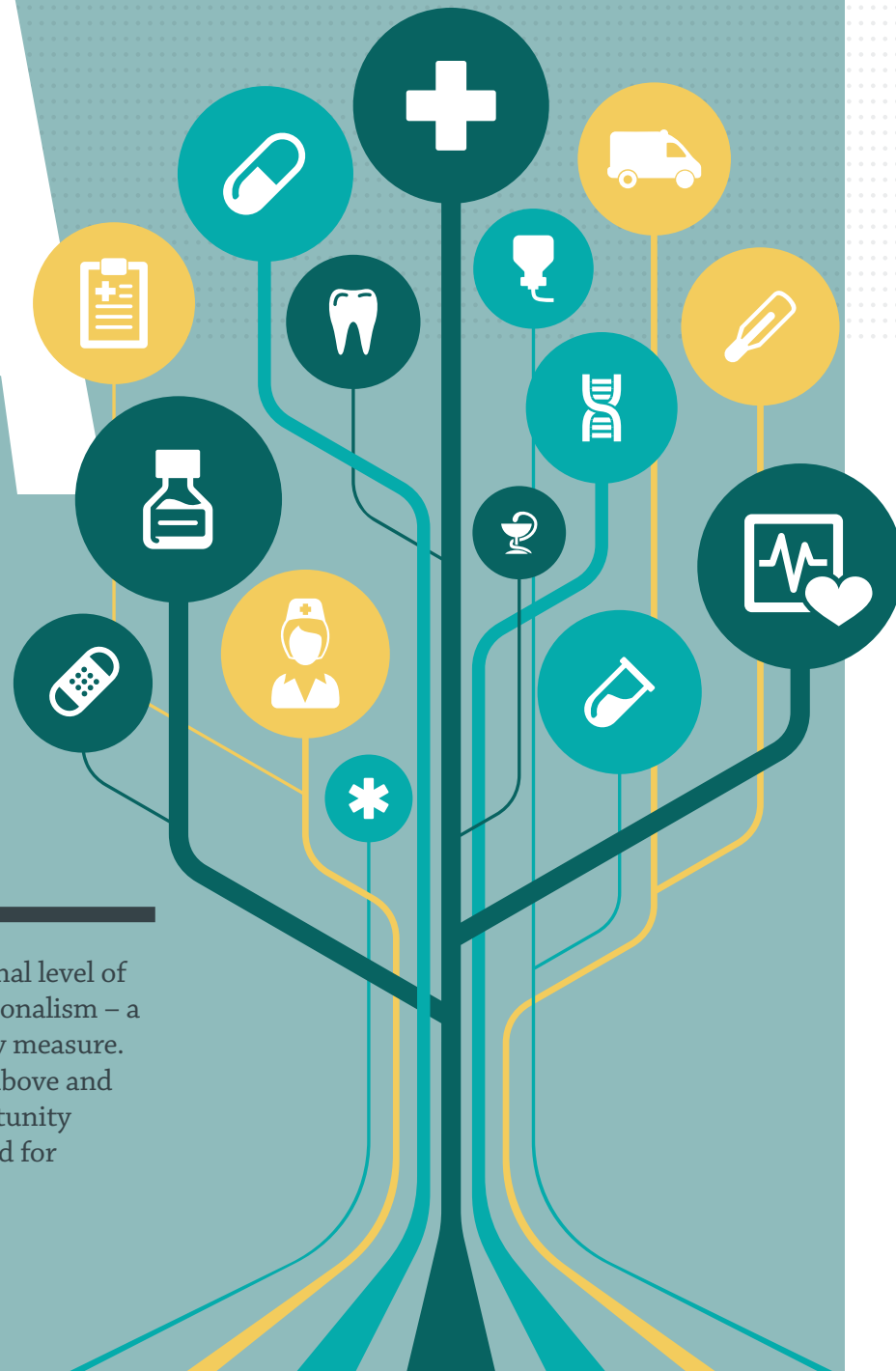
BRIAN WEST
Manager, Product Portfolio

Brian has a diverse background in military submarine operations, complex systems engineering, and process improvement that affords a holistic perspective of healthcare operations and technology. As the Product Portfolio Leader at TeleTracking Mr. West is responsible for driving strategy and innovation of the TeleTracking product portfolio.

Q&A

We all know nursing takes an exceptional level of dedication, care, patience, and professionalism – a rare recipe of character strength by any measure. For those nurses who consistently go above and beyond, their team now has the opportunity to nominate them for our DAISY Award for Extraordinary Nurses in Patient Flow.

[Additional details on page 13.]



MENTOR & VISIONARY

Susan Kilgore never stops imagining “what’s possible” for patient care and her team.

This year, Susan Kilgore, RN, Vice President Patient Management/Rural Outreach for Methodist Healthcare in San Antonio, TX, is the winner of the inaugural DAISY Award for Extraordinary Nurses in Patient Flow. Susan was nominated by her longtime colleague Nancy Niski-Martin, RN, Director of Patient Placement Operations. As strong advocates for patient flow, Susan and Nancy have changed the culture at Methodist Healthcare. Susan and Nancy took some time to share their thoughts on everything from being honored by DAISY, to how to engage physicians and senior leadership.

Q Nancy, please share some highlights from the DAISY award nomination that you submitted on behalf of Susan.

A Susan is a visionary leader! It was her dedication and passion that led to Methodist Healthcare becoming one of the first health systems in the country to centralize bed management and transfer center functions into a singular patient flow management center.

We've worked together for more than 12 years, and have a great working relationship and friendship. One of her favorite phrases is “You know, I've been thinking...” And then you just know she's come up with another way to positively impact patient care. For example, Susan came up with the idea to integrate our telemedicine program into our transfer center. Now, when a patient in a rural community hospital needs a neurologist, the teleneurologist and the RN in the Transfer Center are communicating on camera, which allows the patient and family to see who will care for them and easily share information on what will happen when they arrive at one of our Methodist Healthcare facilities.

Q What has this award meant to you personally, as well as for Methodist Healthcare?

A **SUSAN:** When I found out I was selected as the winner I was shocked. It's truly an honor, especially given it's the inaugural year, to be nominated by Nancy and be supported by the rest of my team. My background is in Emergency Nursing, and I was scared when the CEO asked me to take on this position. But I also knew that this is what we needed to do for our organization and even more importantly for our patients.

I've personally put a lot of blood, sweat and tears into this department, and every ounce of effort has been worth it. It's been rewarding to watch our culture evolve, and I'm happy this award will help us continue to tell our story and help other organizations on their journey.

A **NANCY:** When you talk to Susan, the one thing that always comes across is her commitment to what's best for the patient. For example, she took her knowledge of the ER, and her understanding of the challenges that face patients coming from rural areas, and created an auto accept for heart patients, enabling them to bypass the ER and go straight to the cath lab. This is a time-saving measure that can also be lifesaving. On a personal note, my neighbor was one of those patients saved. He was working in a rural area and was taken to a regional site with a STEMI [the most severe type of heart attack]. Through our logistics center, a helicopter was quickly dispatched, the cardiac team was alerted, and he received the care that saved his life. A similar response process was then put into place for stroke patients, including stocking lifesaving medications on helicopters so patients can get them as quickly as possible.

Q Susan, what guidance would you give to other nurse leaders about the need to focus on patient flow?

A I've been in healthcare for 30 years and patient flow has always been a challenge. And while it has improved immensely, the challenge is always going to be there because of the number of moving parts. At the same time, it's more important than ever to stay the course, not get frustrated and think outside the box! We are fortunate to be in such a dynamic time, with access to incredible technology and knowledge. So just because you

did something a few years ago and it didn't work, try again because it may be possible now.

That leads me to my next point that you always need to be ready to collaborate with any and all stakeholders. When I was in the ER, I thought everything centered around my department. But I learned to be open and flexible and realized that we have to work together to provide the best possible patient experience. We have to keep in mind that what we do is about the patient and they deserve to never to be lost in the system.

Q Susan, please talk about Methodist Healthcare's organizational imperatives/focus as you head into 2018?

A Hospitals have a tendency to operate in silos—from hospital to hospital, and from department to department. Those silos have been broken down with the transparency that real-time technology brings.

We also know there's always room to improve, grow, and evolve, so patient flow remains a top priority for us in 2018.

- We're making progress on discharges—60% before 1:00PM is the goal, which we believe is achievable
- We are bringing behavioral health into the Centralized Bed management center.
- We are expanding the telemedicine service line.
- We are also expanding our sports medicine program, which makes it possible for us to provide care to injured student athletes through the transfer center.
- We continue to add access points, including our first affiliated urgent care center.

Q Methodist Healthcare recently had patients transferred in from other sites as Hurricane Harvey closed in on Texas. How did patient flow technology help manage this serious situation?

A We only had 48 hours to prepare for Hurricane Harvey, which we knew was a highly dangerous storm. It wasn't going to impact us directly, but Houston and Corpus Christi were going to take a direct hit, and we needed to transfer patients to us from the impacted hospitals.

We created an incident command center, which is in the patient flow management center and provides visibility across all Methodist Healthcare hospitals. Even our senior leadership team—CEO, CIO, CFO, CMO, CNO—were in the center participating and doing everything they could to help these vulnerable patients. Texas has designated RACs (Regional Advisory Centers) that report up through the state any time there's a major emergency or disaster. We deploy a patient placement coordinator to the RMOC (Regional

Medical Operations Center) to represent Methodist Healthcare at the table with FEMA, state and regional agencies. This process allows Methodist Healthcare to play an active role with real-time bed availability, helping direct patients to the right place for the right care.

In the end, a total of 190 patients were placed at Methodist Healthcare and our transfer center dispatched Methodist Healthcare Specialty transport teams via air and ground to assist with the transportation of the patient to be transferred. RMOC also staged several emergency shelters in San Antonio. Our emergency departments received patients from these shelters who were in need of emergency care. We assigned 'disaster attributes' to each of the patients we placed that were related to the disaster in order to quickly identify both their current location and the facility that they came from in order to transfer back to their original facility or shelter.

With our real-time technology and the visibility that we had across the system, what should have been chaotic and hectic was instead calm and seamless.

Q What motivates / inspires you?

A SUSAN: I'm inspired every day by Nancy, my team and the physicians that are such a big part of our success. I've been at Methodist for 28 years, and I'm just as inspired today as I was then by our faith-based culture and our patient focus. The support our department receives from our Division President, CFO, CNE, CMO and Facilities Executive teams is unique. Having a seat alongside of them at our executive meetings underscores the values and trust in me and my department and gives me the confidence to be innovative. I'm motivated by the challenge to solve things that no one else has been able to solve. I'm also motivated to have a technology partner that challenges, pushes and works to make things happen. However, at the end of day it's truly about patient care, and ensuring that patients receive the timely care they deserve and that gets them back to their community with their families.

A NANCY: In addition to the support of the senior leadership within Methodist Healthcare and my team we would not be where we are today without TeleTracking! The software gives up real-time information regarding the availability of beds in addition to the needs of the patients both within our campuses and the outlying community. Our division grew from about 300 transfers a month when we were using a paper system to over a 1,000 in two months when we opened the centralized transfer center. We are able to respond appropriately and have the data and reports available to help plan for next steps.



SUSAN KILGORE

2017 Winner of the DAISY Award for Extraordinary Nurses in Patient Flow



NANCY NISKI-MARTIN

RN, Director of Patient Placement Operations Methodist Healthcare in San Antonio, TX

FORGING NEW PATHS

North Mississippi Medical Center's Leading Ambassador



In 1993 North Mississippi Medical Center (NMMC) started their Ambassador program with the mission "to continuously improve the health of people in our region," and the vision "to become the health care provider of choice in our area." The centralized transportation service kicked off with Phyllis McKoin at the helm, two dispatchers, ten ambassadors, one supervisor, one coordinator and one director.

Fast forward 24 years to 2017. The Ambassador program recently completed its one millionth transport request—and Phyllis is still at the helm. In fact, to honor this accomplishment—as well as the impact her work has had at NMMC over the years—she was NMMC's Employee of the Year, out of almost 7,000 employees.

"It's been an amazing journey to watch this program and team grow and develop. We started off with just 12 people and now have 54 people interacting with patients and helping ensure they're getting the care they need, when they need it," says Phyllis. "It's also been amazing to see the impact that TeleTracking has had on our operations. I honestly look back and don't know how we did it before!"

Before TeleTracking, the Ambassador program handled requests manually and records were kept on paper. While Phyllis liked the idea of automation, the shift to TeleTracking was a big change and not all team members were initially on board. Phyllis engaged the team by jumping in, going through the training with them and helping them every step of the way. Once they started realizing the benefits first hand, and how it helped them be better at their job, they really started to enjoy using it—even the oldest member of the team, who is 78.

Just as importantly, TeleTracking's automated approach had a positive impact on NMMC's discharge process.

"With the reporting that was available, we had the information we needed to make changes that would improve performance, such as adjusting our staffing levels," continues Phyllis. "We now meet our goal of pending transport to complete transport in under 36 minutes every single day. We also get more compliments than complaints now from patients regarding wait times. Additionally, by getting patients where they need to be more efficiently, new patients can come into the system. We used to have to defer all the time, but we

haven't had even one in the past six months."

In addition to employee engagement, executive engagement has played a role in the successful adoption of TeleTracking.

"We have an incredible leadership team. David Wilson, our president, along with the performance improvement team, came out and just worked side-by-side with the department to get things right," adds Phyllis. "They also hold everyone accountable, which makes the information in the scorecard very valuable at the daily safety meetings."

Phyllis and her team are looking forward to increased collaboration with TeleTracking to help them further prioritize and refine their targeted efforts in order to gain specific, desired outcomes.

"We want to do everything possible to improve our service and consequently improve the quality of patient care," concludes Phyllis. "We want to make the patient feel better by offering a kind word and less of a wait in a lonely hallway. That's why I know I'm meant to be here—I love my people and I love the patients. There is no better feeling than knowing you're helping people."

PATIENT FLOW PODCAST

Join Us for Patient Flow Podcast!

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