

MEET THE TOP 10
Women in healthcare
tell all.

PATIENT EXPERIENCE
How healthcare is molding to meet
consumer interests.

DIRECTING TRAFFIC
An engineering past and patient
flow career intersect.

SUCCESS IN ACTION
Values driving results at Torrance
Memorial Medical Center.

PATIENT FLOW

*quarterly*TM



SEIZING NEW *opportunities*

Women in Healthcare Technology who lead the charge to implement, improve and advance patient flow within their hospital or system have something very special. They are brilliant and dedicated to progressing the field, but we also learned from them in this issue about empathy, patience, balance, listening, and celebrating team efforts.

It can all be a tricky balance when trying to get system-wide implementations or command centers off the ground, but these leaders clearly see the opportunity to improve care that will make a difference in patients lives. They will not stop until this mission is fulfilled.

“Life doesn’t always present you with the perfect opportunity at the perfect time. Opportunities come when you least expect them, or when you’re not ready for them. Opportunities, the good ones, they’re messy and confusing and hard to recognize. They’re risky. They challenge you.”

— Susan Wojcicki, CEO of YouTube



WOMEN, MENTORSHIP AND THE PATIENT FLOW JOURNEY

I am honored to write the opening letter for this issue of Patient Flow Quarterly and to acknowledge all the powerful, compassionate, and mission-driven women who are saving healthcare. You are a generation of game changers who are leading patient flow missions across the world. You don't take 'no' for an answer and you always say 'yes' to care.

You lean in and work together. You network, share ideas, teach,

and learn from one another. Your purpose is in the mission. As a result, you are willing to take time out of your busy day to help one another. Many of the women highlighted in this issue have touched countless numbers of other healthcare executives in their facilities and across the world. When you share your patient flow journey, others want to follow.

Mentorship is critical to the success for all of us. We benefit when

a colleague advises, sponsors, leads, coaches or sometimes just listens. The patient flow journey is challenging. It requires a commitment to change and a relentless focus on data. We need both: to have and to be role models for each other. I'd like to thank many of you for serving as a mentor to me. You have welcomed me to your hospitals, opened your calendars, and shared ideas on how we can get better together.

In this issue, many of you have offered your tips and advice to others in your stories. Two of the basic principles I try to live by are—to do one's best and to take on new challenges. The women highlighted in this issue embody these principles. Their good work speaks for itself through the patients for whom they care. We are all on a journey and there is still much to do, but this group of women is poised to lead the charge.

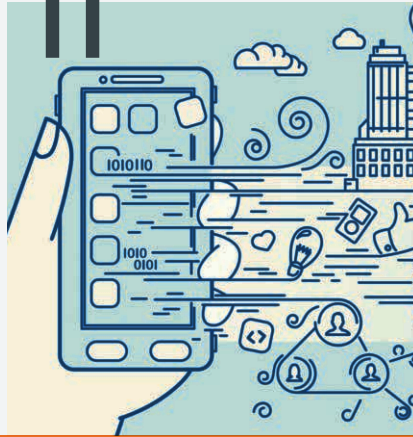
DIANE WATSON
Chief Operations Officer
TeleTracking

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SUMMER 2018

A QUARTERLY PUBLICATION FROM **TeleTracking**

We are pleased to present the 10th issue of Patient Flow Quarterly. In recognition of this milestone, we're turning the spotlight on the female leaders who navigate the always changing, always evolving field of patient flow by networking, sharing ideas, learning from each other—and mentoring the next generation of leaders on their journeys.

FEATURE STORY

Ten Women Leading Healthcare :: PAGE 04

It takes courage, persistence, knowledge and compassion to make it. These ten leaders tell us how they balance it all.

INNOVATION AT WORK

Patient Experience Design :: PAGE 11

What providers can do to meet changing expectations.

LEADERSHIP VIEWS

From Directing Traffic to Directing Patients :: PAGE 15

Deena Smith shares how she went from making sure cars were moving efficiently on San Diego streets to making sure that patients are moving efficiently through Sharp HealthCare.

EMPLOYEE SPOTLIGHT — JEANNE IASELLA :: PAGE 17

CHALLENGE, ACTION, RESULT — TORRANCE MEMORIAL MEDICAL CENTER :: PAGE 18

WHAT'S HAPPENING

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

01. Christopher Johnson, whose previous roles at TeleTracking included Chief of Staff and Chief Solutions Officer, was promoted to President.
02. TeleTracking employees volunteered their time at Mission of Mercy Pittsburgh, a free two-day dental clinic that provides dental services to adults and children who lack access to dental care. TeleTracking is the founding sponsor of this annual event.
03. "VCU Health Streamlines Communication between Inpatient Units and its Discharge Pharmacy" was featured in *FierceHealthcare*.
04. Palmetto Health's discharge efficiency and accountable care unit initiatives were featured in *Health IT Outcomes*.
05. TeleTracking was named to *Becker's Healthcare's* "150 Great Places to Work in Healthcare" for the second consecutive year.
06. Insights from Mike Coen, Vice President of Engineering and Kris Kaneta, Senior Vice President of Marketing, were included in *Becker's Hospital Review's* "We asked 36 industry experts what role is missing in the IT C-suite." Coen was also featured in the article "Where are CIOs overinvesting their time and resources? 36 answers from industry experts."

EVENTS

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

EMERGENCY NURSING 2018

September 26 – 29

David L. Lawrence Convention Center
Pittsburgh, PA

Emergency nurses will come together to share ideas on innovative education and technology, leading research, and to network with leaders and colleagues.

Be sure to visit TeleTracking booth #1210.

TELECON18 – TELETRACKING'S ANNUAL CLIENT CONFERENCE

October 14 – 17

Hyatt Regency Hill Country Resort and Spa
San Antonio, TX

Join us and hundreds of your peers from around the globe to network, share best practices and success stories, and learn about the latest product developments. **For more information visit: conference.teletracking.com.**



TEN WOMEN *leading* HEALTHCARE

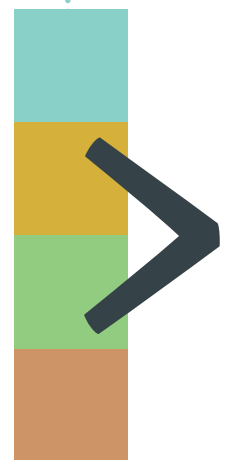
IT TAKES COURAGE, PERSISTENCE, KNOWLEDGE
AND COMPASSION TO MAKE IT. THESE TEN LEADERS IN
HEALTHCARE TELL US HOW THEY BALANCE IT ALL.

**INTRODUCTION BY
KRIS KANETA, MANAGING EDITOR**

FOR OUR MILESTONE 10TH ISSUE OF *PATIENT FLOW QUARTERLY*, WE'RE FOCUSING on strong female leaders who are driving change—and improving patient care—at their health systems. The ten women we're recognizing in this issue of *PFQ* are fearless champions—evidenced by the fact that all but one never thought they'd be doing what they're doing. And they're ready to support and mentor the next generation because they recognize and remember the essential role strong mentors played in their own lives.

My friend and colleague Dr. Scott Newton has coined a term for the type of client partners that we're showcasing. They embody the spirit of dedication, innovation and compassion—they are leaders who don't let internal politics and silos get in the way of achieving their mission. He calls them 'Renegade Samaritans' because doing things the right way rarely means doing things the way they've always been done.

I realize these ten women are just a small sample and there are many, many other outstanding leaders who are doing their jobs every day with humility, passion and that Renegade Samaritan spirit. We look forward to continuing to showcase these outstanding leaders in upcoming issues as a core element of driving operational excellence and patient flow at health systems across the country and around the globe.





who they are



HEATHER BOYLE
DIRECTOR OF PATIENT LOGISTICS, PENN STATE MILTON S. HERSHEY MEDICAL CENTER

I am responsible for patient flow, the health system transfer center, the contact center and the switchboard. I worked for many years in therapy leadership roles and then transitioned to academic healthcare leadership. My combined clinical and operational background was what provided me the opportunity to work in Patient Logistics.



DR. IRENE AGOSTINI, MD
CHIEF MEDICAL OFFICER, UNIVERSITY OF NEW MEXICO HOSPITAL

Most of my career, I worked as an Emergency Medicine physician. I became interested in administration as a way to improve care for all patients, as opposed to only the patient in front of me. I have worked in leadership roles in the emergency department and in case management.



HOPE STACK, RN, MSN
DIRECTOR OF PATIENT FLOW OPERATIONS, PALMETTO HEALTH

I have worked as a bedside nurse in Medical Oncology, managed several nursing units including Orthopedics, Neuroscience, and Hyperbaric Medicine and been the Operations Manager of the Medical-Surgical department. In the Operations Manager role, I realized my love of patient throughput.



DR. CHERYL ETCHES, OBE
CNO/DEPUTY CEO

I started off as a ward nurse and then chose the emergency department as my specialty until I moved into management. I recently retired from my role as Chief Nursing Officer at The Royal Wolverhampton NHS Trust.



JANET HANLEY, RN, MBA, NEA-BC
SYSTEM VICE PRESIDENT OF TECHNOLOGY, INNOVATION & EFFICIENCIES, SHARP HEALTHCARE

I pull together multidisciplinary teams across Sharp HealthCare to lead the research, purchase, design, rollout and ongoing monitoring of patient-related technology, products, processes. I work closely with clinicians and IT to provide the clinicians the best tools they need to provide our patients the best care possible.



KATIE MORRISSETTE, BS, RN, CPHQ
TELEHEALTH SYSTEM ADMINISTRATOR,
BAPTIST MEMORIAL HEALTH CARE CORPORATION

I provide administrative oversight — and strategic planning for clinical and business direction. It's my job to provide a comprehensive spectrum for Telehealth programs inclusive of the Baptist Patient Placement Center and eICU (TeleGuardian) and all telehealth components for the system's 22 hospitals across Arkansas, Mississippi and Tennessee.



LISA MAPLES, RN, BSN, MSHA
DIRECTOR OF CENTRALIZED PATIENT LOGISTICS
HEALTH FIRST

I provide leadership for multiple departments that impact patient flow across our Integrated Delivery Network (IDN). I started with the organization as a Patient Flow Administrator for one facility and the role changed as we centralized patient flow, the transfer center and registration.



MELANIE MORRIS, MSN, RN, CMTE
SR. DIRECTOR, TRANSFER AND
COMMUNICATIONS CENTER & EMERGENCY
MANAGEMENT, CARILION CLINIC

I began my healthcare career as an EMT/ Paramedic 29 years ago, and have been a registered nurse at Carilion for the past 24 years. My nursing background includes emergency department, ICU, and rotor wing flight nurse experience. I then moved into patient flow, managing Carilion's Transfer Center.



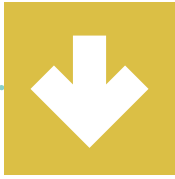
PATCHES PACE HAYNES, MBA/MHA, RN, BSN
DIRECTOR, GOODHEALTH
SOLUTIONS CENTER, ASCENSION

I serve as executive leader to the Seton Family of Hospitals Bed Board & Transfer Center, Centralized Telemetry Monitoring Unit & the E-Sitter program. Additionally, I serve as Director of Clinical Informatics & Analytics for GoodHealth Solutions. I have experience in clinical hospital operations, clinical management, Informatics and directing an enterprise-wide Informatics team with deep interface with analytics.



REEANNA HENDERSON, BSN, MBA-HM
AVP CASE MANAGEMENT
MCLEOD HEALTH

I'm responsible for leading the corporate strategy for all aspects of Case Management, including compliance, clinical and financial operations. My key areas include Clinical Case Management, Patient and Family Services, Clinical Documentation Integrity, Post Acute/ Swing Bed, Access Health and the McLeod Physician Access Center.



STANDING ON THE SHOULDERS OF GIANTS

MY FEMALE MENTORS

HEATHER BOYLE: During the time when I was being promoted from supervisor to manager to director, I had a role model who took the time to listen, encourage my development and who also role modeled how to interact in executive meetings. She often took me with her to meetings so that I could experience and understand the skills that would be valued at the next level. She also always looked for growth and learning opportunities for me. The most important part for me was to never turn down an opportunity!

LISA MAPLES: I worked with an RN many years ago who was a true patient advocate. Her favorite saying was, "Have we done all we can for the patient?" This really stuck with me over the years and I work every day to incorporate that philosophy in to my practice.

MELANIE MORRIS: When I reflect on strong female leaders, one historical woman stands out above all others as having made a strong impact on me as a young girl - Eleanor Roosevelt. I remain inspired by her courage, commitment, and individuality that were challenged by the societal and political expectations of both her era and role as the First Lady. Examples of her personal strength and devotion to social activism have made a lasting impression on me both personally and professionally.

What Keeps Me Going

PERSONALLY & PROFESSIONALLY



IRENE AGOSTINI: What we do in healthcare matters more than any other kind of work. People's health and wellbeing is so important and illness can be so devastating that we need to be excellent.

KATIE MORRISSETTE: Embracing the next opportunity to create the innovation to improve patient care or the experience for the bedside caregiver—that's what fills my cup every day.

REEANNA HENDERSON: The patient. Patients should be at the center of every decision made. By placing the patient at the center of each decision point, I know I am making the right decision, allowing me to be confident in my decisions, enabling me to push through to the next challenge, empowering me to seek new challenges.

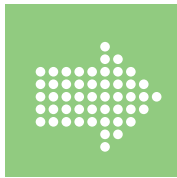


A Career in Care

WHY THIS WORK MAKES SENSE FOR ME

HOPE STACK: I always thought I would be a nurse but not one working in patient flow. Patient flow is the unseen piece of nursing. We are the silent warriors in healthcare. Others do not realize how important throughput is and how much it contributes to the patient experience. I recognize now that the journey to success in throughput is not one for the weary or the weak. Nurses in throughput are change agents and are amazingly resilient.

LISA MAPLES: I didn't expect to be in this career role. Not at all. My passion had always been for the Emergency Department (ED) and flight medicine. One day I was caring for a patient in the ED and I could not them up to the nursing unit due to capacity. I thought there has to be a better way to do this. That's was my "eureka" moment to start down the path to make a difference with patient flow.



GAME-CHANGING WINS

INSPIRING ACCOMPLISHMENTS THAT KEEP ME GOING

CHERYL ETCHES: Patient safety through improved infection prevention. My Trust was the third worst in England for infections in 2005. Within two years we were the best, reducing *C. difficile* by 50% and holding a record for zero MRSA for 3 1/2 years! We are known nationally and internationally for our high standards for infection prevention.

KATIE MORRISSETTE: My greatest professional accomplishment is facilitating and leading the teams and leaders that I have the deep privilege to serve with today. Working across a system with scores of leaders, dynamic cultures, and competing priorities while moving the team toward a common goal is always one of the most gratifying accomplishments. It is not always about the destination, it is more importantly about the journey, the lessons we learn to improve our own leadership — the moments where we encourage and support others to take the stage. Affording new and existing leaders the opportunity for new experiences and observing those leaders not only achieve, but exceed expectations — is one of the greatest accomplishments a leader can receive.



IT TAKES COURAGE AND A LOT MORE

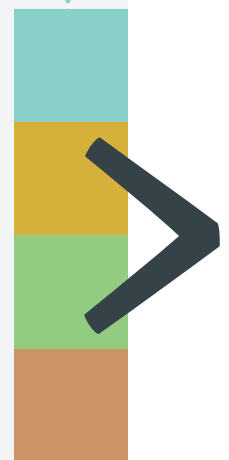
TOP VALUES AND TRAITS FOR WINNING IN THIS BUSINESS.

PATCHES PACE — EMOTIONAL INTELLIGENCE: Most critical quality to healthcare leadership in 2018 is emotional intelligence. Success is rarely singularly achieved by one person, so interaction with and influence of others is critical. A leader must be a continual analyst of their own thoughts, feelings, emotions and how those are revealed in their daily interactions with those they lead, their peers and their organization.

CHERYL ETCHES — COURAGE: In the political and financial context, leaders must make brave decisions for patient care, which will impact long after the current wave of adversity has passed.

JANET HANLEY — HONESTY, INTEGRITY AND COURAGE: Honesty and integrity are so important in anyone's value system, but I believe courage is the hardest to have. Courage to do the right things at all times, make changes that are not popular, admit that you could be wrong, courage to try new things and stand in front of your team to lead them forward.

REEANNA HENDERSON — INTEGRITY: Standing up for what is right and consistently placing the patient ahead of self-interests will always result in the best possible outcome.





ADVICE FOR PFQ READERS

TIPS FOR SUCCESS AND SANITY

IRENE AGOSTINI: Be true to yourself always. Everyone makes different choices regarding career and family and there are no wrong choices.

HEATHER BOYLE: Take initiative and ask questions! Don't wait to be asked. You will be left behind...

JANET HANLEY: Never stop reaching for your goals. There is always more to do! Something you think is easy or inconsequential could make the biggest difference to someone else.

LISA MAPLES: Never forget who you really work for...the patients.

PATCHES PAGE: Find colleagues, of either gender, that force you to grow, challenge your thinking and inspire you to think differently, and be very open-minded as to who might provide this challenge.



PERSPECTIVES

WHY WOMEN AS LEADERS IN THIS FIELD?

HEATHER BOYLE: I value the ability to understand that everyday employees are trying to balance many different aspects in life. They may have challenges at any given time with their children, parents, working more than one job, health-care, and more. If we can be consistently appreciative and a little flexible, we can help employees be productive and feel valued at work.

MELANIE MORRIS: I hope that my peers find authenticity and transparency in my leadership style. I don't like to attribute perspectives to gender...I like to think that we all bring unique life experiences to the table, gender being one small piece of the puzzle. Look beyond the more obvious pieces, and learn to fully appreciate what each individual can offer.

Where The Personal Joy Lives



REAPING THE REWARDS

CHERYL ETCHES: One of my greatest joys is when I leave the office and go and speak to patients, staff and relatives.

KATIE MORRISSETTE: Observing teams identify and solve problems! Observing colleagues show empathy to each other and our patients brings me great joy.



The 1980's brought about a shift in healthcare to a “delivery of service line” strategy that focused on the satisfaction of the patient — basically the type of service model you expect when you visit a restaurant. This strategy continues to evolve as patient demographics, patient expectations and technology shape the way providers and patients engage with each other. The expectations of patients and consumers alike are transitioning and transforming to a consumer-based model that allows more options. They are discovering that healthcare systems are starting to adopt and implement customer experience strategies. For example, creating optimal access to appropriate levels of care to achieve specific quality standards, such as appointment scheduling via the internet, text message and/or mobile apps. These forms of accessible communication lead to the patient getting the appointment they want with the end result being a positive patient experience.

While these options to consumers are the genesis for health systems to look at their patient experience strategies, it has also led them to figure out better and more cohesive designs to ensure that their patients “show up” for scheduled visits. One impactful way is via text messages that enable them to interact with patients prior to the visit, as well as provide a sequence of designed texts before a visit to ascertain the information that results in an efficient, positive experience.

PATIENT ENGAGEMENT

So, how do we motivate patients to show up? The power of the text message! With a few simple, concise words, it's possible to initiate engagement with patients, by allowing them to feel that they have true ownership in the care being delivered. We all have busy lives and are often confronted with many unexpected challenges during the day, so being reminded — as well as instructed — with a specific sequence of texts on what to do prior to a visit lets patients feel at ease and in control. The byproduct of this type of communication allows health systems to plan their days accordingly based on confirmations from their patients. Moreover, it allows staff to book NEW appointments that can help generate faster delivery of care for other patients resulting in a continuous revenue stream for the health system.

WHAT'S NEXT?

Patients have confirmed their appointments and “checked in,” but the most frustrating part of the patient journey is still in front of them — WAITING! Let's be honest, no one likes to wait and a visit to the doctor can often carry a higher level of tension and anxiety. In fact, studies show that at the 20-minute wait mark, people start to get frustrated, and at the 50-minute mark they get up and leave. It's safe to say we all understand “things happen” that can delay our visit to our provider, but much like any other industry it's the lack of transparency that causes tension — and being uninformed of what is transpiring only heightens anxiety.

DID YOU KNOW?

UP IN THE AIR

Imagine that you've been waiting on a full airplane for the last 30 minutes and the pilot is not informing passengers as to why there is a delay. It's probably safe to say that many of us have had that experience and it can be frustrating to sit and wait. Now imagine the stress this places on the airline staff with passengers asking questions and becoming uneasy and at times confrontational. Now picture your administrative/nursing staff and the challenges they face when patients aren't informed of what's happening with their scheduled appointment.

Patients rarely show their complete dissatisfaction at the time, and will often schedule their next appointment simply to avoid a confrontation, however, they have absolutely no intention of coming back.

CONNECT AND COMMUNICATE

TeleTracking's Community Scheduling and Workflow solution not only allows for patient self-scheduling, but also virtually allows the patient to "Get in Line," and pre-register their information — all prior to the physical visit. Scheduling this way also makes it possible to initiate text messages to keep them aware and informed prior to their appointment AND during their scheduled visit.

At the end of the day we are finding that organizations are making a shift from delivery of services to a new sector that includes an emotional experience, much like coming out of Disney World. People don't come out of Disney talking about the service they had — they come out talking about the experience they had.

Text messages have a 98% open rate, while email has only a 20% open rate (Mobile Marketing Watch).

70% of U.S. consumers say they appreciate getting texts or emails from healthcare providers (Loyalty 360).

Text messages are read on average in under five seconds (SlickText), and while a segment of the patient population matures, the influx of new patients are becoming more tech-savvy — and demanding more from providers.

By 2020 millennials will account for 50% of the workforce.

75% of all consumers would pay more for a better customer experience, and of that majority, 89% would go to a competitor if they didn't get it (Off the Cusp).



TRACY LOPEZ

TeleTracking
Product Specialist

Tracy has nearly 20 years of sales, field training and management experience, and has spent most of the last decade in the ambulatory space. His diverse background encompasses ambulatory EMRs, imaging, patient experience and outpatient access and flow. Tracy joined TeleTracking from Jellyfish Health where he was responsible for new sales and marketing strategy related to patient self-scheduling. Prior to Jellyfish, he held commercial roles with NextGen Healthcare, Konica Minolta, Greenway Medical Technologies, and Ricoh Americas Healthcare.





FROM DIRECTING TRAFFIC TO DIRECTING PATIENTS

DEENA SMITH'S SECOND ACT

What do you want to be when you grow up? For many people—regardless of age—that can be a tough question to answer. Hopefully, in the end, you find a career that you love! Deena Smith has been lucky enough to have a first act as a traffic engineer, making sure cars were moving efficiently on San Diego streets—and now a second act as a nurse manager over patient placement at Sharp HealthCare making sure that patients are moving efficiently through the health system.

Please give a brief overview of your background and what led you to patient flow?

When I was in college, I was interested in healthcare. In fact, I thought about medical school at one point, but in the end, I decided to pursue engineering. I worked for years as a traffic engineer in San Diego where my role was focused on improving processes that led to safer, more efficient traffic patterns for the city's residents. In that role, I worked with different members of the public from business owners to government officials, and so I understood the importance of customer focus and looking at a situation from someone else's perspective. I loved my job, but the idea of working in healthcare stayed with me, and in 2010 I made the decision to become a nurse and knew right away that I wanted to work for Sharp. My first few years there, I worked directly with patients, which I loved. Then I learned about an opportunity in patient placement

and it seemed like the perfect way to use my combined experiences—improving processes, maintaining safety and working collaboratively to solve problems. When I was hired, I felt like I had hit the lottery!

How has your role evolved? How has TeleTracking evolved with it?

I was deeply involved in getting our Command Center up and running, which included the implementation of our transfer center in order to provide patients with timely access to care, strengthen physician relations, and increase referral growth, revenue and market share. The decision to move in this direction was driven by the realization of how important a centralized approach was—even if at the beginning of the project every hospital wanted to keep doing things the way they always had.

A key to the success of our implementation was collaborating closely across departments, including getting environmental services and patient transport involved early in the process. As our Command Center evolved, we became increasingly immersed in the data that was being generated—and using that data to drive continuous improvement became an increasingly important part of my role. The nurses on the floor are caring for patients, they don't have time to pull data. Myself, and the clinical informaticist, can see the issues that are about to arise, analyze the situation and work toward finding solutions. We also use this data for unit-based improvement projects, which is a lot of fun. In addition, the centralized approach makes it possible to compare metrics at one hospital versus another—and offer them a macro view, with greater insight, than if they were just looking at metrics from their own hospitals.

On a typical day, please discuss the impact transparency and visibility have on the patient placement process.

Transparency and visibility are the cornerstone of what we do. Often when we're changing processes, people don't realize there's a problem that necessitates a change. However, the transparency that the data brings is very powerful and makes it possible to show people a larger view of their situation which really clarifies things.

For example, it's now standard to display TeleTracking's bedboard during unit meetings with nurses and coordinators to review patient status. This approach improves accuracy—and shifts the focus from reporting to planning. And those plans drive continuous improvement. In fact, as part of a Six Sigma project, the people that are part of the morning team meeting review the report and develop the plan for the day. When the evening shift comes in, they go over the previous report and update the status. Both reports are sent to leadership twice a day so everyone always knows what's going on across units.

Our Command Center is operational 24/7, so we are always pushing for standard practices and determining ways we can support those practices. At the same time, we also have flexibility and can offer support to a unit if they need to change course. It starts with the data and that makes it possible to bring everyone back to the same central point.

What are your daily typical challenges? How do you overcome them?

One challenge we face in the Command Center is hearing from administrators and nurses that they're different and don't need to follow the standard processes. And, there are people who are comfortable with the current way of doing things and don't want to change. We also find if there's a

challenge—and people become more stressed—they tend to drift back to the old way of doing things. That's where the coordinators play a really important role in keeping people on track. They're always promoting the best practice and have helped people learn to trust us over time.

Discuss some of the standard processes you've developed that have led to long-term improvements.

Transparency became the standard while building the Command Center and that meant having information easily accessible to everyone who needed it. The coordinators created detailed documentation on the patient placement process and added it to a dedicated section of the intranet. A separate site was then developed by Sharp's IT team to help our analysts who manage TeleTracking; it includes links to TeleTracking resources and easy to follow "cheat sheets," forms and other instructional documentation.

Please share three things you do to drive consistency and keep your patients "top of mind" with every interaction?

First, when we're selecting coordinators we look for people who are experienced bedside nurses—we want people to be aware of how things look to the patient to be fresh in their mind.

Second, we look for people who have a strong interest in process and understand the impact those processes have on patients. We are very selective about this quality. Third, we have regular debriefs—and if something doesn't go quite the way we want, the coordinators can always go back and listen to the conversation and troubleshoot. The bottom line is, we are always focused on what happened to the patient and how we can make it better.

Driving user-adoption is a never-ending challenge. How do you partner with diverse personalities?

I always go out and meet with people in person. And I always come armed with data, which really helps bring people around when they see in a concrete form what needs to be done. I also make it clear that we are here to make sure that the changes are made so that we can take better care of our patients. And, with the Command Center, it is also very helpful that we're all in the same room, which lends itself to open communication.

How important do you think emotional intelligence is with your team?

It's such a differentiator. It also helps that our team includes nurses from different disciplines—it gives us a diversity of perspectives. I am continually impressed with how well our coordinators deal with such a wide variety of people—they have an incredible ability to humanize every situation.



DEENA SMITH

Nurse Manager of the Centralized Patient Placement Center Sharp HealthCare

Deena is the Nurse Manager of the Centralized Patient Placement Center (CPPC). She had 24 years of experience as a Traffic Engineer before becoming a nurse in 2010. She earned an MSN in 2015.

EMPLOYEE SPOTLIGHT

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

"I've worked for a number of wonderful organizations in my career, and I'd tell any health system that is considering TeleTracking that they will never work with a better partner."



JEANNE IASELLA // *Vice President of Product Management*

Jeanne Iasella is TeleTracking's Vice President of Product Management and is responsible for continuing to innovate and refine the solutions that help health systems deliver excellent patient care. Jeanne shares her background, the importance of mentorship and how she defines success.

PLEASE GIVE AN OVERVIEW OF YOUR BACKGROUND AND ANY KEY PROJECTS OR PROFESSIONAL ACCOMPLISHMENTS THAT HAVE PROPELLED YOUR CAREER.

I actually started my career as a CPA, before moving into management consulting—and that is when I became involved in software development. I was the CIO for MEDRAD, a medical device company here in Pittsburgh, and then led M&A for the device division of Bayer Healthcare. Before joining TeleTracking, I led a division of Omnicell that focused on pharmacy supply chain optimization for health systems.

WHAT IS THE FOCUS OF YOUR ROLE AT TELETRACKING?

The product management and user experience teams are in my organization and we are responsible for the strategy, design and launch of TeleTracking's solutions to our customers.

HOW DOES TELETRACKING'S MISSION IMPACT YOUR APPROACH TO PRODUCT STRATEGY?

Our mission is at the heart of what we do in product management every day. Our goal is to create solutions that ensure that no one has to wait for the care that they need. That is the one true measure at the heart of every product and every feature that we create.

WHAT ARE YOU WORKING ON NOW THAT EXCITES YOU?

I am really excited about our direction in general! One great example is the work we are doing with our new analytics platform. I think taking our analytics to the

next level will give our customers new capabilities in hindsight, insight, and foresight as they're caring for patients. I'm also excited about moving our solution to the IQ cloud platform. Not just for the technical benefits it brings, but for the ability to deploy our solutions broadly and quickly so that our customers always have our best and latest solutions to care for their patients.

NOW THAT YOU'VE BEEN IN THE ROLE FOR ABOUT 8 MONTHS, WHAT INSIGHT(S) CAN YOU SHARE WITH CURRENT CUSTOMERS AND THOSE WHO MIGHT BE CONSIDERING TELETRACKING?

I've worked for a number of wonderful organizations in my career, and I'd tell any health system that is considering TeleTracking that they will never work with a better partner. And I say that because I truly believe our mission is their mission—to care for patients. Everyone I work with at TeleTracking has this in their DNA—it's the reason we show up every morning. We may not always get it 100% right, but every single day we are absolutely driven to find a way to help one more patient get the care they need.

DID YOU HAVE A STRONG FEMALE MENTOR? IF YES, PLEASE SHARE A LITTLE ABOUT HOW THIS PERSON INFLUENCED YOU.

I've been fortunate to work for great leaders throughout my career, both male and female. And while it has been a really diverse range of people, they all had two things in common. First, they were passionate about something larger than themselves and were trying to make a difference in the world. Second, they were all really comfortable in their own skin. They knew what they were good at, and were just confident enough about it to be useful. They also made peace with their blind-spots and surrounded themselves with people who had complementary talents.



CHALLENGE

ACTION

RESULT

*SETTING THE
BAR FOR
SUCCESS
IN ACTION*



TORRANCE MEMORIAL MEDICAL CENTER

Torrance, CA

Founded in 1925 by Jared Sidney and Helena Childs Torrance, Torrance Memorial is a 512-bed, nonprofit medical center established to provide quality healthcare services to the residents of the South Bay, Peninsula and Harbor communities in Torrance, CA. Torrance Memorial also includes an extensive integrated system of physicians and comprehensive medical services across the care continuum. In 2018, Torrance Memorial affiliated with Cedars-Sinai Medical Center under the umbrella of Cedars-Sinai Health System to further enhance access, coordination and quality of care, and to bring more expertise in the areas of neuroscience, cancer and heart failure to the communities of the South Bay. Torrance Memorial's nursing program has earned coveted Magnet® recognition from the American Nurses Credentialing Center, which recognizes nursing excellence. *U.S. News & World Report* also ranked Torrance Memorial as one of the best hospitals for 2017-18 in California and the Los Angeles metro area for the sixth year straight.



CHALLENGE

The team at Torrance Memorial operates with a set of core values designed to promote recovery and healing, and that means serving as many patients as possible. Although Torrance Memorial previously had a patient flow committee to help increase capacity, driving sustainable change was difficult and the committee was dissolved in 2013. Despite the continued effort to work on access and throughput challenges

— it turned out to not be an effective approach. Specifically, the main capacity challenge related to discharging the right number of patients by 11 a.m. and the lost bed time due to delays. In fact, in April 2017, only 80 patients/month were discharged by 11 a.m.



ACTION

Shanna Hall, Vice President of Nursing and Daniel Palma, Director, Medical

Surgical Services, experienced patient flow advocates, were promoted to leadership roles and knew the time was right to re-launch a comprehensive patient flow program that would include an active, engaged Throughput Steering Committee. The first step: endorsement from both the Chief Executive Officer and Chief Nursing Officer and the creation of a 15-member steering committee and a 15-member work group.

Next, they looked at their overall operations to determine what they could quickly impact. What emerged was time lost to an inefficient discharge process.

This was verified by both a current state assessment and a data-driven business review. The team started with three action items — all of which align with TeleTracking's roadmap of best practices:

- Ready to Move (RTM) within 15 minutes
- Environmental Service (EVS) response time within 30 minutes
- Discharging the appropriate number of patients by 11 a.m. — which became known as VIDA [very important discharge appointment]

The team kicked off the project in May 2017, developing a plan within 30 days



Patient Throughput Steering Committee Members: [left to right] Makesha Lofton, Daniel Palma, Debbie Banderas, Barbara LeQuire, Diego Agudelo, Jesse Castaneda, Shahin Thomas, Shanna Hall (committee chairperson)

Members not pictured : Dr. McNamara, Physician Advisors, Emergency Department Medical Directors, Derek Berz, Heather Shay, Debby Kelley, Mary Wright, Jeremiah Hargrave

that incorporated Lean methodology, A3 tools [an approach to problem solving and continuous improvement that includes that of Plan, Do, Check, Act], and a project charter. Each team member had a strong sense of personal urgency and commitment, passion and dedication to teamwork. The team also developed a strategy to increase engagement and collaboration among the full range of hospital teams by developing a set of Standard Operating Procedures [SOP] to ensure a unified approach.

By October 2017, the number of discharges by 11 a.m. jumped to 197. To drive home the impact, they track and report results in patient numbers versus percentages—this makes it much more personal, thinking of the patients they're caring for going home to a positive, healing environment instead of a cold statistic. In addition, patient Ready to Move dropped from 81.3 to 21 minutes and EVS response time decreased from 81.2 to 38.5 minutes.

Shanna and Daniel knew there was opportunity to improve further. In February 2018, they launched an initiative with cross-functional teams to really understand barriers to the 11 a.m. discharge, and also empowered those individuals to find solutions.

Both Shanna and Daniel lead by example—but they also knew that even with the processes put in place, change can be hard. Some of the tactics they employed to communicate with and engage staff were:

- Educating and training lead nurses on what to look for to determine if the patients is ready for discharge.
- Triggering alerts to increase transparency with group texts to team members including nursing, case management, and physical therapy.

- Having nursing and case management collaborate closely, especially for patients moving to a skilled nursing facility as the next step in their care. This heightened level of collaboration led to the discovery that patient transport was a barrier — which was solved by setting up transport the day before a scheduled discharged.

- Creating campaigns that incorporated meetings, articles and huddles to garner physician, care management, and physical therapy adoption.

- Consistently meeting with teams to explain the importance of the initiatives and the impact on quality and patient safety.

- Easing the transition to the new processes and encouraging team spirit with contests that awarded points to the team with the highest number of VIDAs and those teams then being rewarded with pizza and cookie celebrations.

In addition, overall communication was enhanced with the following:

- Creating a VIDA icon in PatientTracking Portal™ so all team members are aware a patient has been designated as a VIDA and can work towards ensuring all discharge tasks are completed in a timely fashion.



RESULT

- A decrease in PACU and ED boarding hours.
- Because of VIDA, the number of patients discharged by 11 a.m. increased to 287 in March 2018.
- When capacity reaches the red/yellow zone of Torrance's "patient flow volcano," VIDA helps open up rooms for new patients.
- EVS response time [February 2017-December 2017] dropped from 81.2 minutes to 38.9 minutes.
- Patient Ready to Move dropped from 81.3 to 21 minutes.
- Improved patient and staff satisfaction.

The Torrance team continues to motivate staff and create impactful change as part of a long-term patient flow strategy. The next phase in their journey is moving to the cloud, increasing the use of mobile solutions and eventually implementing centralized transport.

PATIENT FLOW PODCAST

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