TECH
leadership

A conversation with Halifax Health's CIO, Tom Stafford

Having responsibility for every aspect of a health system's IT infrastructure—from electronic medical records to voice technology—is a massive undertaking. Given this scope, patient flow technology is not always considered a top-tier priority for CIOs. Halifax Health's CIO, Tom Stafford, was one of those people—until he attended TeleTracking's 2017 Client Conference [TeleCon17] and learned about the integral role patient flow plays in overall operations and why it deserves top-tier attention.

Q. Tell us a bit about your background, Tom.
A. I'm a proud veteran of the U.S. Navy, and have a bachelor's degree in Aerospace Engineering from Embry Riddle Aeronautical University as well as a master's degree in Mechanical Engineering from the University of Central Florida.

I joined Halifax Health more than 10 years ago after a decade working as an engineer and product developer in the medical device industry. I'm proud to be a part of an organization that, regardless of someone's station in life, they can count on us to provide them with top-notch care. Every day when I walk up the ramp to the hospital I know someone on my team is doing something to improve healthcare a little bit more.

NEW UNDERSTANDING TO CONQUER NEW GROUND

Q. You attended TeleCon for the first time last year. What was that experience like?
A. Eye-opening. If you polled the CIOs that have TeleTracking, I would say most of them don't consider it a Tier 1 application. Two years ago, I thought TeleTracking was a bedboard system that environmental services used to keep track of clean rooms. After attending TeleCon, I realized how critical the system is. Other CIOs need to understand that, along with how TeleTracking

can be integrated with other healthcare information systems for optimal operational efficiency.

It's now an essential part of my job to make sure TeleTracking is always up and interfaced to our other systems because improving patient flow is a must these days given the competitive environment. And that's why the conference was very meaningful for me and why it was great to come away with actionable ideas — one in particular was multi-disciplinary rounds [MDR].

Q. What impact did implementing multi-disciplinary rounds have on patient flow at Halifax Health?
A. We started working toward implementing MDRs as soon as I got back from the conference as a way of addressing our COO's focus on examining length of stay and any barriers to safe discharges. When our COO learned about the details of MDRs—all members of the care team, rounding together and making collaborative decisions on patient care—he made it mandatory for every executive to be part of one. Personally, I had the opportunity to work with our CMIO and watch how physicians, pharmacy, case management, therapy and nurses team up make sure that we're providing the right level of care to our patients.

When we started, we were basically writing on the wall. Once we got TeleTracking's PatientTracking Portal® up and running, the MDR became even more efficient. And it's paid off—from

November 2017 to present, we've experienced a full day reduction in patient length of stay. While it's still a work in progress, we wouldn't have been able to accomplish what we have without the road map we received at TeleCon.

On a personal note, I feel like I'm a better leader on the tech side because by going to patient floors, I now understand what 2,500 of my users (the nurses) do day in and day out.

Q. Please share the specific projects that were inspired by the multi-disciplinary rounding?
A. We created a bed matrix based on unit expertise and patient diagnosis to help us achieve the geographical placement aspect that is critical to successful MDRs. At the end of the day, our goal is always to make sure that our patients are at the right level of care and sometimes that's not at the hospital.

We also came up with what we call "Code Purple." Code Purple is a semi-command center that is open when emergency department wait times increase, the number of beds holding in the PACU increase, and other leading indicators indicate that patient flow is going to be negatively impacted because we're not treating patients as efficiently as we need to—and to avoid delays that could lead to patients leaving our emergency facilities without being seen.

Also, with the MDRs, we started to see some patterns emerge. For example, on the weekends we learned that we weren't discharging as many folks, so there would be a build-up of patients ready for discharge going into the new week. So, we would catch up and do a high number of discharges throughout the week and start the process again the next weekend. To help solve these weekend discharge delays, we started a program for physician leaders and executives to be available to escalate and solve issues related to patient discharges— which included having physicians and executives be a part MDRs on the weekend. We quickly noticed a substantial difference in discharges because of that.

We also now implement a daily call at 8:30 a.m., where the whole purpose is to discuss patient flow. Throughout the night, the units update patient status in PatientTracking Portal, including pending discharges so everything is updated for the call. This has lead to more discharges earlier in the day and is something we're continuing to refine.

Q. From a CIO perspective, what sets TeleTracking apart?
A. I'm a tech guy, so when I see an issue, I think of the tools that are available to solve it. With TeleTracking's solutions, you have the power to actually make your health system better and more efficient.

And today, it's essential to do everything possible to become more efficient—otherwise you get acquired or partnered with another organization and the next step is losing your mission. That's one reason why we're so we're focused on excess days reduction and why TeleTracking is such a valuable tool to helping us achieve that.

TOM STAFFORD
Vice President and Chief Information Officer at Halifax Health

Mr. Stafford joined Halifax Health more than 10 years ago, following 10 years as an engineer and product developer in the medical device industry. A veteran of the U.S. Navy, Mr. Stafford holds a bachelor's degree in Aerospace Engineering from Embry Riddle Aeronautical University and a master's degree in Mechanical Engineering from the University of Central Florida. He is also a certified Project Management Professional with more than 15 years of experience managing technically complex projects. Mr. Stafford is responsible for the financial, time, resource and quality management of the Information Technology department. He successfully accomplishes this by focusing IT on four core objectives: customer service, maintaining operational stability (100% uptime), enhancing the hospital's operational and strategic initiatives, and safeguarding ePHI. Under Mr. Stafford's leadership, Halifax Health has made the Best Places to Work in IT list by Computerworld *magazine for three years in a row. In 2017, Mr. Stafford won a Computerworld Premier 100 Award for his exceptional technology leadership and innovative approaches to business challenges.*

LOOKING AHEAD

Q. What are your plans for 2019?
A. We have a strong focus on intra-operability. There's great data in TeleTracking and great data in our EMR but it's disconnected. So, one of the things we're focused on is putting those golden nuggets of information together and then creating a next generation clinical decision support system that will provide predictive capabilities to our users.

Q. What keeps you up at night?
A. Cyber security is a big deal, and I have a great staff that does amazing things. In fact, we've been named the "Best Place to Work in IT" the last four years for mid-sized organizations from *Computerworld*. We also have four objectives on which we are focused.

1. Customer Service: Outside of being courteous, friendly, respectful and providing feedback and owning initiatives, we want people to know that they'll be taken care of. In addition, we don't talk tech to our customers—they are focused on their patients and giving them comfort. Gigabytes, virtualization and servers aren't their areas of expertise, so we want them to be comfortable bringing problems to us, so we can solve them. Also, we never say "No." There's a thousand ways to solve an IT problem. If we can't do exactly what the customer wants, we give them options that meet their needs.

2. Maintain Operational Stability: This is a fancy word for keeping the lights on. We are a 24/7 operation and so TeleTracking has to be up 24/7 along with our other systems.

3. Enhance Operational and Strategic Initiatives: We are committed to always making things better from the inside, out—which ties to our focus on intra-operability.

4. Protect Patient Information: This is a critical and constant objective to ensure our patients' privacy and security.

If our team members are doing one of those things — they are doing pretty well. If they are doing two or three — they are doing great. If they are doing all four — they have reached rock star status! To circle back to what keeps me up at night, it's making sure we're focusing on the right priorities because there's so much to do and everybody has limited resources.

To learn more about what's happening at Halifax Health, listen to Tom's podcast at http://go.teletracking.com/tomstafford.

ABOUT
Halifax Health

Caring for the community since 1928

East Central Florida's largest healthcare provider with 678 licensed beds

500 physicians representing 46 medical specialties

Offering a continuum of healthcare services through a network of organizations including a tertiary hospital, a community hospital, psychiatric services, four cancer treatment centers, the area's largest hospice organization, and a preferred provider organization