
LEADERSHIP NEWS

TeleTracking appoints Chris Johnson as President. Hear his views on what lies ahead.

ONE CIO'S CONVERSION

How Tom Stafford of Halifax Health has made patient flow technology a priority.

CHILDREN'S HEALTHCARE OF ATLANTA

Improving access through technology to provide more care to more kids.

THE ARCHITECTURE OF BEST PRACTICES

How we share the power of experience and outcomes as operational blueprints for success.

PATIENT FLOW

quarterly[™]



MAKING *connections*

Shared patient flow information brings us closer than ever to the best care.

FALL 2018

A QUARTERLY PUBLICATION FROM 

Whether you're sharing information within the walls of your hospital or throughout your health system — or sharing success stories and lessons learned with others in the industry — connections are what make us all stronger.



COLLABORATION FOR GROWTH



Sharing Successes and Exploring New Territory at Telecon18

For those of you gathered in San Antonio, welcome to TeleCon18! We're thrilled that you're joining us for three days of engaging programming focused on patient flow—and your role in the process as caregivers.

It's hard for me to believe this is my fifth TeleCon—which is always an educational opportunity for me because it's a chance to listen to your thoughts on how we can help you serve your patients better. While each year I can't imagine how we're going to outdo the previous one, our team somehow finds a way to do just that. And this year will be no different with these highlights:

- We've completely rethought the content structure from beginner to more advanced user content, to help you make the most of your time at TeleCon18.
- The Southwest Texas Regional Advisory Council [STRAC] will be on-site with their AmBus—a specially designed ambulance that is used during local disasters—and opening it up for tours.
- TeleTracking experts will be available at the first ever TeleBar for one-on-one consultations.
- Experience what it's like to solve everyday problems across the care continuum at a live command center—looking at patient flow, home to home.

- Experts in disaster preparedness will conduct an in-depth workshop on how real-time visibility makes it possible to prepare for and respond to disasters.

And while some things have evolved, I'm thrilled about all the things that are staying the same.

TeleCon continues to be about your journey and your success. Collaborating around your growth continues to be at the forefront of all that we do. The conference is also still about sharing—successes, experiences and learnings as we collectively take on the mission of ensuring no patient waits for the care they need. And perhaps most importantly, TeleCon has remained an independent gathering of the industry's best and brightest thought leaders. There's still no registration fee. There's no exhibition of endless vendors to offset the costs of the event. It's an agenda driven by what you tell us are your most pressing needs and interests.

If you didn't make it to TeleCon18, we missed you! Enjoy this issue and be sure to join us at TeleCon19!

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FALL 2018

A QUARTERLY PUBLICATION FROM **TeleTracking**

Building connections and sharing information—successes, experiences and learnings—helps as we collectively take on the mission of ensuring no patient waits for the care they need. If you're reading this at TeleCon18, or at your health system, we hope the stories in this issue help you on your journey.

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TeleTracking's President Chris Johnson shares his thoughts on improving patient care.

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Why patient flow, deserves top-tier attention from IT leaders.

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Best practices to meet the healthcare industry's changing needs, expectations and challenges.

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WHAT'S HAPPENING

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

01. KETTERING HEALTH TO BUILD \$10M "NASA-LIKE" COMMAND CENTER

Kettering Health Network has partnered with TeleTracking on this program. The centralized operations command center is meant to "more efficiently care for patients and get them to the most appropriate level of care in the least amount of time," with the goal of "revolutionizing patient flow" according to the health network. This release was originally published in the *Dayton Business Journal*.

02. NEW LEADER KEEPS TELETRACKING FOCUSED ON NOBLE MISSION

A recent interview with Chris Johnson, President, was posted on *Pgh Tech Fuse*. Chris shares his thoughts with readers on how the company will transform its offerings from an operational platform to one that emphasizes data analytics—allowing clients access to information related to hindsight, insight and foresight, and to make better decisions faster. He also discusses extending TeleTracking's capabilities beyond hospitals to improve process flow across the continuum of care.

03. PATIENT FLOW TECHNOLOGY BRINGS BIG POSITIVE OUTCOMES FOR UAB MEDICINE

UAB Medicine's success story of addressing capacity issues through a strategic patient flow plan (including a centralized patient placement center) was highlighted in *Healthcare IT News*.

04. FOUR STRATEGIES TO COMPETE WITH DISRUPTORS AND WIN

Carilion Clinic's Command Center—the nerve center for flow into, out of, and within the hospitals—was featured in the June issue of *HealthLeaders*. Staffed by nurses experienced in critical care, the Command Center organizes the activities of clinical transporters, housekeeping teams, and utilization management professionals.

EVENTS

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

PATIENT FLOW MANAGEMENT SUMMIT

January 31 - February 1, 2019

Las Vegas, NV

The Venetian

TeleTracking is once again pleased to sponsor this event on optimizing patient flow through effective discharge planning, enhanced patient care/satisfaction, increased profitability and system-wide collaboration. Several TeleTracking customers will share their patient flow journey including: UCHealth, UAB Medicine, Carilion Clinic and University of New Mexico Health. **For more information visit www.brinetwork.com and use code TTR10 for a 10% discount off early-bird pricing.**

HIMSS19 CONFERENCE & EXHIBITION

February 11-15, 2019

Orlando, FL

Orange County Convention Center

The HIMSS Annual Conference & Exhibition brings together 40,000+ health IT professionals, clinicians, executives and vendors from around the world. Exceptional education, world-class speakers, cutting-edge health IT products and powerful networking are hallmarks of this industry-leading conference. **Visit TeleTracking at booth #1521.**

NEW LEADERSHIP ON A

MISSION

*How TeleTracking's new
President is helping health systems
achieve excellence in care.*



EVERY DAY,

TeleTracking operates with the noble mission that “no one should ever have to wait for the care they need.” And Chris Johnson has been a part of moving that mission forward for more than three years as Chief of Staff, Chief Solutions Officer—and since April 2018 as President. Chris took a moment to share his thoughts on the experiences that are shaping his approach, how TeleTracking is positioned to improve patient care with the implementation of operational command centers, and what he likes to do when he’s not strategizing about helping health systems achieve operational excellence.

YOU’VE BEEN WITH TELETRACKING FOR THREE YEARS, AND WERE WITH GE HEALTHCARE PRIOR TO THAT; HOW ARE THOSE EXPERIENCES SHAPING YOUR APPROACH TO YOUR NEW ROLE?

First, I want to start off by saying that I love being at TeleTracking. It’s the best place that I’ve been, mostly because it doesn’t feel like work. I’ve been at several large companies and one of the challenges is inverting the focus spent on solving customer problems, because typically 80% of the efforts are spent on managing bureaucracy and only 20% focused on customer needs. At TeleTracking, we spend 80% to 90% of our time focused exclusively on alleviating the challenges of our customers.

I’ve had the opportunity to be a part of organizations that invest in leadership as a discipline, and create rigor around leading teams, building organizations, understanding business fundamentals, and effective decision-making. This has provided me with a tremendous foundation that I’ve carried with me into this role. We face our challenges head-on and have very open conversations about the best way to solve them.

Lastly, massive scale doesn’t scare me! I’ve been there. TeleTracking is uniquely positioned to attack problems in healthcare. We have the right solution, great hospital partners, and smart, passionate people focused on

our mission. The sky’s the limit in what we can impact. It’s a great position to be in, and I look forward to the next phase of the journey.

IS THIS THE PATH THAT YOU WOULD HAVE CHOSEN FOR YOURSELF?

I would say it’s been a circuitous path! Every one of the jobs that I’ve had was either something I created or was created for me. I love to be part of organizations that are going through change because if you have the ability, desire, and willingness to work for it, you can create huge value.

That’s what I saw at TeleTracking with owner and chairman Michael Zamagias’

entrepreneurial approach to business. You are not limited by what “is” — only by what you can envision it “to be.” I also saw what this company was capable of and knew that I wanted to be a part of it.

AS THE NEW LEADER OF THIS ORGANIZATION WHAT KEEPS YOU UP AT NIGHT?

Missing the next opportunity. TeleTracking is positioned incredibly well in this market. We have invested wisely over the last three decades and have a tremendous team in place. The organization needs to continue to mature at the speed of the market, and I believe that market is going to mature very quickly. It has been slow-moving

and dynamic, but I believe the tipping point is in front of us. Our leadership team has an incredible, intense focus to make sure the organization is prepared.

If I wake up at 1 AM, it's usually not because I'm worrying about something, it's because I wake up and think, "What about this possibility or what about that possibility?" I don't spend too much time worrying.

I sleep well and consider myself very lucky because I have found something that I love, and I am able to do it as a vocation. I work with amazing people inside and outside of TeleTracking. If you can find that in your life, and you're willing to be "all in" you can make a difference. When I look at myself in the mirror every night, I can honestly say, "I did the best I could."

WHAT ARE YOUR THOUGHTS ON CHANGING THE INDUSTRY'S PERCEPTION OF TELETRACKING AND THE IMPACT WE CAN HAVE?

It's about finding the right partners, making an undeniable impact, and evangelizing what we've done. The perception of TeleTracking has changed a lot in the three years that I've been here, but we must continue.

While we will continue to deliver the best platform in the industry, what we really want to do is help our customers transform the way they do business. We

are positioned to do that, and we have the right solutions – we are delivering new solutions that will make the home-to-home continuum of care a reality. We're taking analytics to a level, albeit slower than I would have liked, but to a level unprecedented in this industry.

We're a humble company and we understand that we're simply playing a part in a bigger solution, but at the same time, we're creating a tremendous amount of value for our customers.

WHY IS TELETRACKING WELL-POSITIONED TO HELP HEALTH SYSTEMS BUILD AND MANAGE OPERATIONAL COMMAND CENTERS?

Because we've built and launched more than anyone else in the industry—and experience matters. We have nearly three decades of history under our belt. We've learned a lot, and in many cases, what not to do. So, we've made those mistakes and we've corrected them.

There's an old saying, markets in the near term are voting machines, and markets in the long term are weighing machines. TeleTracking has always been focused on the long term, not chasing the latest fad, not chasing the latest shiny object, and our results speak for themselves.

Part of having the right partners is that they are our voice. They are a voice for what's happening, and they tell that

story of collaboration along with us. I've never seen a company that has the close personal and passionate relationships that I see between TeleTracking and its customers.

WHAT'S TOP OF MIND THE NEXT 18 MONTHS?

We have the largest product release in the history of TeleTracking, which is a culmination of years of work on our Transfer Center application on the IQ platform, along with the introduction of our next-generation analytics platform.

Together, we believe that these two solutions are converging and furthering the concept of the operational command center. The command center is powerful in itself. However, when enabled by the best-in-class operating platform that manages patient access, throughput and discharge with advanced analytics, TeleTracking has created the most holistic solution available in the market. This is what we do in service to our partners.

IN MY FREE TIME...

I enjoy spending time with my wife and two daughters—one daughter is in her freshman year of college, and the other daughter is a junior in high school. We love to travel as a family, learning and discovering new things. I'm also an avid reader.

That's what I saw at TeleTracking with owner and chairman Michael Zamagias' entrepreneurial approach to business. I also saw what this company was capable of and knew that I wanted to be a part of it.

**CHRIS JOHNSON
PRESIDENT, TELETRACKING**

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 led 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 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>.



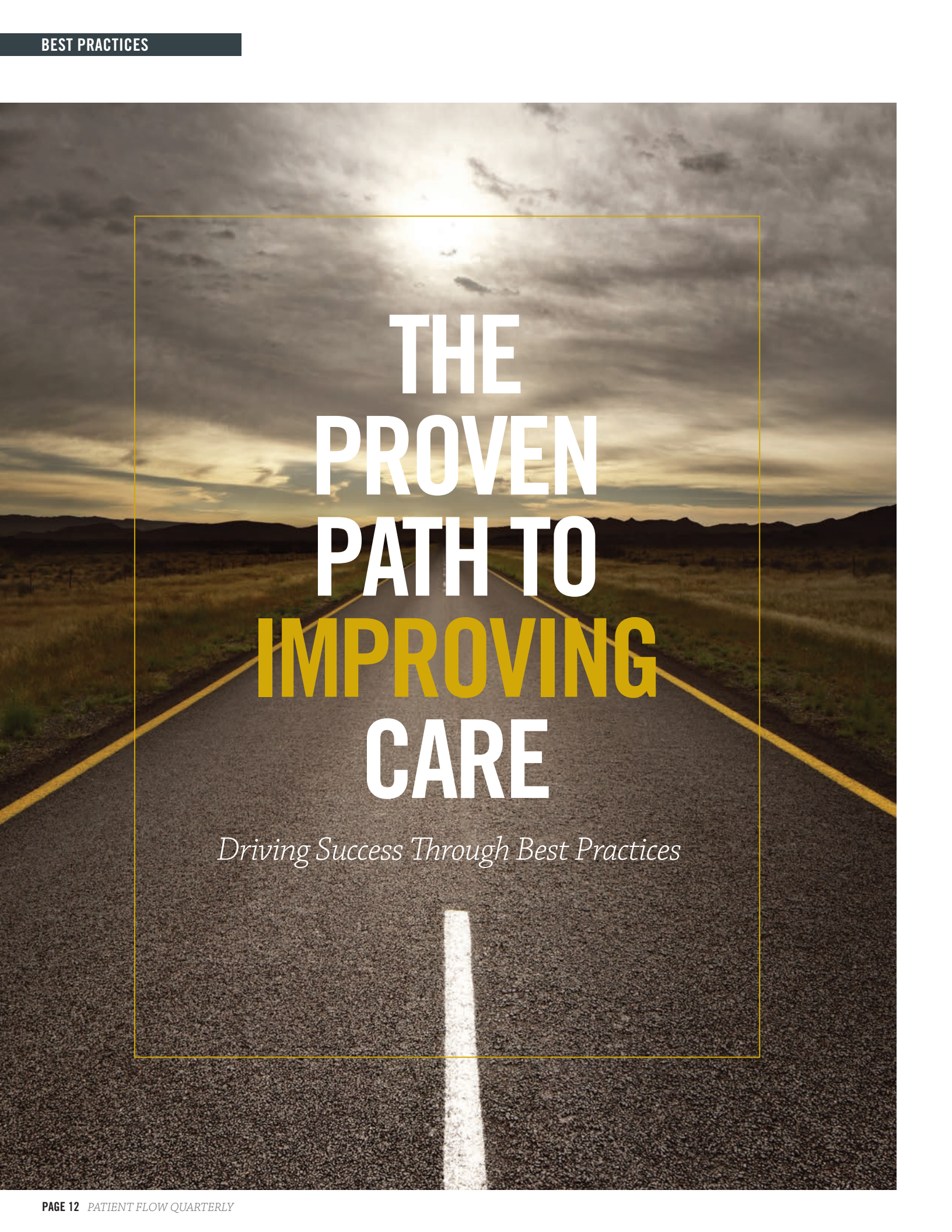
ABOUT *Halifax Health*

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



THE PROVEN PATH TO IMPROVING CARE

Driving Success Through Best Practices

TeleTracking is renowned across the healthcare industry for world-class solutions that help health systems deliver care to more patients across the care continuum. That commitment includes the need to evolve and adapt to meet the industry's changing needs, expectations and challenges. In this atmosphere, a customer's decision-making process goes beyond a decision about technology—it's a decision to commit to a long-term journey of continuous improvement and a completely new way of meeting staff and patient needs. And that's where nearly three decades of experience—and the associated deep base of knowledge—has led to a well-thought-out set of best practices that focus on the right activities and measures to drive impactful outcomes for both patients and staff.



BEST PRACTICE BEGINNINGS

Nearly three decades of collaborating with health systems has provided a tremendous amount of data and information. So much information, in fact, that the first step in establishing repeated patterns or themes of best practices involves rigorous review by a cross-functional team at TeleTracking to turn knowledge into an actionable, scalable plan. Best practices must be applicable to all hospitals and health systems—large urban, academic, rural, community.

“We start by looking at the foundational needs of a hospital, typically environmental services and patient transport, and how these tie into reducing patient wait times,” says Melissa Korzun, Manager, TeleTracking Program Management Office. “We also looked at the role that clinician’s play in these process, as well as how national best practices tie to our own when designing comprehensive tactics to achieve patient care milestones.”

Given the level of detail involved at a foundational level the ongoing evolution and expansion of best practices crosses functional areas and relies on both the experience of clinical professionals, as well as IT experts.

“Forming best practices is a team effort to develop a library of situations with measurable tactics and metrics against them to show real movement and real results for our clients. Those tactics that we discover in our work over and over again in so many varying care situations are really our secret sauce for sharing transferable knowledge,” says Shelly Weisend, Managing Consultant, Client Delivery. “We have many working sessions along with in-depth discussions where we share our thoughts on what has been successful with the clients we’ve worked with: what solutions they had in place, how they’re using them, and the best way to create digestible and consumable content.”

A FOUR-PART APPROACH

Taking their personal experiences in healthcare, along with what has been discovered at customer sites, the TeleTracking team created four areas of focus that health systems can use to improve their operations.

- Patient access best practices align operational and clinical resources to accelerate workflows through automation, process improvement, and data analysis,



ensuring the right patient arrives to the right bed the first time, regardless of the access point or care setting.

- Patient throughput best practices build a culture of effective communication that fosters patient progression across the care continuum. Establishing collaborative practices across care teams, such as nursing, transportation, and environmental services make it possible to deliver coordinated, efficient care.
- Patient discharge best practices provide the foundation for managing the expected, planned, coordinated and completed patient discharges, which leads to improved patient care, satisfaction and stable hospital capacity.
- Performance tools enable effective patient flow across the entire continuum providing real-time visibility at the health system level. Successful and sustained performance improves access to care, reduces length of stay, and accelerates timely discharges.

BEING ON-SITE, BRINGING BEST PRACTICES TO LIFE

The four areas of focus that we established help clients drive results. Then, to deliver the how-to, and for it to really come to life, our team is on-site, working with all levels of the organization,” says Susan Whitehurst, Managing Director, TeleTracking Advisory Services. “We spend a lot of time working through change management to create custom delivery plans with clients based on current metrics. We also help with strategic planning, information technology and executive coaching.”

This collaborative approach starts by helping a customer identify their challenges—the first day of the discovery phase—which involves education on the science of flow and the benefits they will realize as they move through their journey towards the goal of a fully operational command center. By understanding the foundations of flow, they also gain a clearer understanding of the key metrics that they should either be

improving or celebrating. This adds a rich layer of context beyond giving customers a set of best practices and telling them to implement them.

“We emphasize that within the four areas of focus, it is a step-by-step process on a journey to an effective patient flow strategy, and attention to detail, metrics and staff actions are critical early on. Once you’re able to sustain success at one step, then you move on to the next,” continues Weisend. “And that’s why it’s so important to listen and focus on a health system’s needs. For example, they may tell us that their goal is to bring in more patients, so we’ll first work with them to streamline their discharge process to free up capacity, and then help them grow their outreach and market position in their referral region.”

“In addition, a clear differentiator for TeleTracking is that there is balance between our technical experts and those of us with clinical expertise,” adds Whitehurst. “Customers know my background as a nurse and that leads to immediate acceptance because we’re all speaking the same language and have shared experiences and stories.”

CONTINUOUS EVOLUTION

As the complexities of healthcare continue to evolve, TeleTracking’s best practices are too. In addition, operational performance assessments are being introduced, which will make it possible to do more segmenting—and consequently know how many organizations have hit a metric and how many used a specific tactic to do so.

“We are continually improving our process for evaluating and documenting best practices to ensure that we are providing our customers with proven strategies to achieve outcomes,” concludes Korzun. “We have a team of cross-functional experts who are always working to identify new and emerging best practices; facilitate their review and approval; and help ensure that our workforce is trained and ready to help health systems apply these best practices for maximum effectiveness.”

A BEST PRACTICE IN PLAY

One best practice involves streamlining the time it takes when a patient is clinically ready to move, and has a clean bed assignment, to the time the patient occupies the bed in the TeleTracking.

For example, if a patient is admitted from the emergency department and is assigned a clean bed on a unit, but the patient waits two additional hours in the ED, that's two hours that a clean bed sits empty on a unit and two hours the ED bed remains occupied while another waiting ED patient isn't seen.

The best practice involves ensuring the patient is clinically and physically ready to move prior to the bed being assigned. For this to be successful, it's important that all disciplines come together to determine what tests/procedures can be done in the ED versus on the floor.

Ensuring the patient is ready to move also means a safe hand-off between staff in the ED and staff on the unit. In addition, automating the patient transport request once the bed is assigned helps further streamline the process.

The Results

Decreased boarding and improved left without being seen rates in the ED, and shorter length of stay for the patient due to increased efficiency.

THE COMPETITIVE APPROACH TO *healthcare*



THE WORLD IS CHANGING AND SO IS THE TRADITIONAL PATIENT.

Today's patients are quickly making the transition to true consumers of healthcare—and as technology and societal demands evolve, we are also seeing the emergence of new venues to receiving care.

Today's consumers are savvier and more discriminatory in how they look for care. They also have high expectations about their experience, which is causing health systems to scramble for new ideas to improve patient experience and patient care. This process is challenging for health systems because if you ask 10 people what "patient experience" means, you'll get 10 completely different answers.

WHAT TODAY'S PATIENT WANTS

Since many times patients want the same experience they receive at their favorite restaurant or retail shop, health-care systems are looking at these industries and others for strategies that can also be effective in care environments. In this setting, the patient comes first. This is a far cry from the traditional model where the provider was "the client," and where patients didn't mind waiting as long as they received what they perceived to be a "good visit with their doctor."

In addition, health systems are also faced with catching up to what I call the "Amazon" society, where at the touch of a button you can order what you want, when you want. And if you don't like it, you can write a review expressing your displeasure for not just a few people to read, but the entire world to see on social media. So once again, providers are forgoing traditional methods of service to incorporate inclusive patient experience tools that are feature-rich with interactive capabilities.

PROVIDER ADAPTABILITY/ CONSUMER CENTERED CARE

Providers are also starting to adopt and provide greater visibility regarding the cost of their services, to not just compete in the market place, but to also serve as a courtesy to their patients, provide overall value, and to meet the market demands that relate to consumerism and experience. Essentially, health systems are beginning to diversify their strategies to remain viable and competitive.

As I mentioned previously, these new approaches place the consumer front and center, addressing what today's market is demanding, while at the same time starting to envision the needs of tomorrow's consumers as well.



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.

For example, this cohesive approach to current and future needs could start at a patient's home or job (outside the four walls of the health provider), beginning with the ability to schedule an appointment, as well as fill out the necessary HIPAA and financial consent forms.

TRANSPORTATION— THE FIRST STEP

With the ubiquity of ride-sharing, picture if you will that after you have scheduled your appointment via your smartphone, that you then have opportunity to select your mode of transportation to pick you up at your destination. And while you're in the car, you're being updated with your expected "wait time" and/or place in line via text message for your scheduled appointment.

These approaches consider the first interaction consumers have with a health system, which are typically online reviews—and since 72% of patients look at online surveys (softwareadvice.com), it's critical for organizations to monitor and respond to the voice of the consumer.

As for the transport aspect, this is the missing and somewhat autonomous link in the new healthcare scene, as it's not medical per se, yet many times it's the first step in the clinical treatment process. And whether it is provided by the clinical institution, independent group or individual themselves, it's usually seen and experienced by the care receiver as part of the medical appointment—not separately from the actual clinical piece and overall patient experience. That's why when rating the medical-clinical-care experience (transport time to and from home) it's bundled in the patient evaluation of the comprehensive visit experience and often

negatively impacts the clinical measurement currently demanded by ACA (Affordable Care Act) requirements.

Payers (insurance companies) struggle to grasp a solution to this part of the equation and to measure and evaluate the time and service quality since often it's beyond their control. By using existing technologies that help transform this service to an experience, it's possible to bring visibility to this part of the medical appointment process.

Many siloed applications can fill gaps such as wait times, surveys, online scheduling and forms integration in the patient experience journey, but don't provide the ability to solve strategic challenges as they relate to an organization's patient-experience goals as a true agnostic platform that can integrate with any clinical system.

TELETRACKING'S COMMUNITY SCHEDULING SOLUTION

This is where the Community Scheduling solution provides the opportunity to measure, evaluate and ultimately have impact on both the medical visit and the engagement of the appointment experience. The strategy incorporates all aspects of the visit from home to home and offers something innovative and different while helping to separate your health system from the competition.

Moreover, this integrated platform can better serve patient outcomes and health systems with surveys and reviews—just one more way of increasing overall visibility about the great care your system offers.

TAKING CARE OF COMMUNITY

TeleTracking's Culture Comes to Life at Mission of Mercy Pittsburgh

TeleTracking operates every day with the mission to ensure that no patient will ever have to wait for the care that they need. That commitment to serving others is woven into the fabric of TeleTracking's culture, which is defined by a sense of compassion and humility. And it's also the reason TeleTracking is the founding sponsor of Mission of Mercy Pittsburgh, a free, two-day dental clinic that was held June 29-30 for under-served and under-insured people living in Pittsburgh and the surrounding area.

Over the course of the two days, 182 TeleTracking employees [another 58 employees made donations]—along with an additional 1,000 volunteer dentists, clinicians and support staff—helped deliver 4,483 dental procedures to 1,100 patients. The goal is to make this

an annual event—so that every year the community knows they can access the vital dental care they need.

"It's probably one of the best days of my life being in a position to help and heal," says Michael Zamagias, TeleTracking's Chairman and CEO. "Good dental care can't be delivered in a vacuum—you need a great deal of support and resources to put together an event like this and so it was heartwarming to see members of the community come together to help their neighbors in need."

Plans for 2019 are already underway—we'd love for you to join us. Follow our mission on Facebook, www.facebook.com/MOMPGH, for information on how to get involved.

WORDS OF GRATITUDE FROM PATIENTS & VOLUNTEERS

"I know the pain, embarrassment and heartache of feeling I had to hide my smile from others. Feeling I'd be viewed as less than because of the work I needed to have done. You changed lives. You changed futures. You elevated self-esteem. Well, well done."

"Thank you all so much for giving up your time to help people who really need it. You saved countless people from a lot of pain and agony that had nowhere else to turn."

"AMAZING EXPERIENCE! I had the best time today. It was heartwarming to see how appreciative all of our patients were. I can't wait to volunteer next year!"



[1] Compassionate dentists and satisfied patients.
[2] Clinic floor at PPG Paints Arena in Pittsburgh, PA.
[3] TeleTracking leadership team, Keith Young, Diane Watson, Michael Zamagias, Chris Johnson
[4] TeleCares team, Susan McLaughlin, Keith Young, Virginia Whitecotton, Rebecca Panza, Kayleigh Fontana



ROOM TO MOVE

IMPROVING ACCESS TO CARE WITH TRANSFER CENTER TECHNOLOGY

Children's Healthcare of Atlanta [CHOA] has three locations [Children's at Egleston, Children's at Hughes Spalding, Children's at Scottish Rite] with thousands of physicians representing more than 60 specialties. For more than 100 years, CHOA has been dedicated to serving kids and their families. The largest pediatric provider in Georgia—and one of the largest in the country—CHOA is ranked among the nation's top pediatric hospitals in the U.S. News & World Report 2018-2019 edition of "Best Children's Hospitals." CHOA has also earned The Joint Commission's Gold Seal of Approval by upholding national standards for healthcare quality and safety.

We had the opportunity to sit down with Cheryl Stokes, Director of Clinical Resource Management and Patient Intake at Children's Healthcare of Atlanta to talk about the uniqueness of a children's hospital and CHOA's patient flow journey over the last decade.

"Given our reputation for providing excellent care—and because we're a regional tertiary

center and the only large pediatrics program in the Southeast—we pull patients from all of Georgia, Alabama, the Carolinas, and North Florida. Not to mention, we also get patients from other states that need the expertise of our cardiac or children's cancer research center. That means our capacity is typically 88-92%, and so finding ways to manage that volume has always been a priority," says Cheryl.

In 2006, CHOA was already looking at transfer center technology to effectively manage patient flow—and maximize the number of patients they could treat. At that time, nursing staff had long lists of names that showed where patients were placed across the three facilities. Physicians who were trying to get a patient in would call and speak with a staff member—then the staff member would have to find an

accepting physician to admit the patient. "It was a very time-consuming, labor intensive process," she explains. "Our staff knew they needed help with patient placement and that a transfer center, located off-campus, was critical to managing patient flow for the three campuses."

STAFFING WITH CARE

"When we started, we wanted to make

sure those working in the Transfer Center had deep clinical backgrounds, so we staffed with critical care nurses from the very beginning. In fact, the role of patient placement is so essential to CHOA's success that we've made it a part of our education process for all nurses—regardless of their department—to enhance their understanding of patient flow,” continues Cheryl. “With the combination of their experience and training, clinicians can take a phone call from a referring physician, look at TeleTracking's BedTracking®, and know what the options are to quickly tell the physician on which campus we can place the patient at and connect them with the appropriate specialist. Managing patient placement for the three campuses is the bedrock of what we do.”

There is a process to staffing the center. Once a transfer center nurse has a clear understanding of the patient placement process, they then learn how to take physician calls. There are still manual processes—which involves an extensive spreadsheet of physician preferences, such as “How do our physicians want to facilitate patients coming in to them?” “Who needs to be called?” “How do we get patients accepted?”

These preferences represent an important step because physician acceptance is needed for every patient, and that needs to occur on a recorded line so that there is record of the conversation between the two physicians. This requirement has brought a lot of transparency to the communication between physicians.

TRAIN AND REINFORCE

While the process continues to evolve, significant progress has been made. In fact, CHOA hasn't had capacity issues since late 2016. One reason ties back to training—staff can manage calls more quickly because they're looking and listening for certain signs and symptoms that helps them identify almost instantaneously who needs immediate care versus who needs a physician consultation before determining the course of treatment. Through collaboration, nurses and doctors work really hard to move kids through the process to receive

the care they need. Cheryl tells us that this level of efficiency is so important because children are innately more difficult to treat, and the margin of error is very small.

The number of patient encounter calls coming into the center has grown from 8,000 to almost 46,000 calls per year for a year-over-year average growth of about six to seven percent. However, staffing doesn't fluctuate. There is one patient placement coordinator and up to five nurses per shift—which varies with call volumes. Since the center is open 24/7, even the nights can be busy, so the more that can be automated, the better.

“The number of patients coming into the system each year can really affect your system operating margin. When we look monthly at our patient census, it makes sense that when length of stay increases, capacity decreases and margins can be affected,” continues Cheryl. “Those are just a few of the many reasons that patient flow comes into play. We worked on our front-end patient intake to make it as safe and efficient as we can. Now, we're also trying to focus more on discharge coordination so that when patients are ready to go, we're discharging them in a timely manner, making room for the new patients.”

Multi-disciplinary rounding plays an important role in discharge coordination. CHOA is expanding this concept by starting family centered rounding, which brings the parents into the process as well. The center is able to support this initiative by launching a pilot where certain types of patients end up on certain units, so that they can participate in these family centered rounding sessions. In fact, the same doctor who admits that patient is watching that patient the whole time they're in the hospital.

REAL LIFE IMPACT

“A case that has stayed with me is one that happened years ago as we were just in the process of implementing technology and were not really co-located with patient transport and had no automated communication with them. In the middle of the night, we got a call from a referring hospital six hours away. There was some lab work that they weren't comfortable

with, and they said they would send the patient to us. We offered to speak with our transport team and arrange to pick the child up, but the physician chose an alternate option. It took almost ten hours for that child to get to CHOA, and when they did, they were in crisis,” she explains. “They were immediately admitted and received the definitive care they needed. I'm happy to say that the child is alive and well today. And, I can also say that, now, when the Transfer Center gets those complex, emergent patient calls, we immediately get them on phone with a doctor who can give two simple and safe options—we will either pick this child up, or we will fly them here.” We have implemented direct communication with our Transport Dispatch Team by co-locating with them and automating these requests in the Transfer Center, in order to allow us the ability to offer this service whenever safely possible and desired by the referring physician.”

As the center continues to evolve, change is on the horizon. The first priority is a plan to transition to an entirely new area, modeled as a command center. This will allow for greater visibility and recognizes opportunities for growth. Since Children's is building a new hospital campus that will have room for many more patients and the reputation for the service CHOA provides is expanding, the Transfer Center will need the new space to grow with them. The CHOA network, and all urgent care centers now have a direct line to the Transfer Center. The aligned and community physicians will build in efficiencies for bringing their patients to the right place at the right time. The goal is to provide a higher level of service to community partners.

“The work we do has life or death implications, so the tools we have at our disposal makes a huge difference,” concludes Cheryl. “By getting the appropriate documentation to the doctors early, pulling data from TeleTracking, along with information from our electronic medical record system, we're able to consistently deliver excellent care to our patients, while also driving continuous improvement strategies forward.”



CHERYL STOKES, BSN, RN

Director of Clinical Resource Management and Patient Intake at Children's Healthcare of Atlanta

A nurse for more than 42 years, Stokes is responsible for overseeing the Transfer Center and Central Staffing Office, which involves leading a team of RNs and Bed Placement Coordinators who facilitate almost 4000 patient encounters per month and bed placement for three campuses. She is also responsible for a clinical informaticist, the house supervisors who help drive patient flow on the campuses, the Central Staffing Pool of over 200 RNs/PCs and the Staffing/Scheduling Support team.



CHALLENGE

ACTION

RESULT

*SETTING THE
BAR FOR
SUCCESS
IN ACTION*

MAINE MEDICAL CENTER

Portland, Maine

Incorporated in 1868, Maine Medical Center [MMC] is the state's largest medical center serving the people of greater Portland, the entire state of Maine, and the northern New England region. MMC is the flagship hospital of MaineHealth, a 12-hospital system touching central, southern, and western Maine and eastern New Hampshire. MMC is unique in that it serves as both a community hospital and a referral center, and through a partnership with Tufts University School of Medicine, they are the state's only medical school. As a nonprofit institution, MMC has provided more than \$200 million annually in community benefits, delivering care to those who need it, regardless of their ability to pay. MMC has 637 licensed beds and employs more than 8,000 people.



CHALLENGE

- Maine is a mostly rural state and Maine Medical Center is the only Level One Trauma Center in the state, as well as the only facility for pediatric services and certain specialty surgeries.
- Four years ago, MMC started to experience surges in both census and volume.
- Emergency Department boarding times were increasing, PACU hold times were increasing, and inpatient units were experiencing placement challenges due to the inability to predict and manage patient volume fluctuations.
- MMC had 11 different portals of entry which led to coordination and management challenges, the placement of non-emergent patients averaged one to one and a half days, and transfer patients were systematically arriving later in the evening—after both nursing and physician shift changes had already occurred.
- The lack of data meant there was not a holistic baseline to use as a starting point for measuring improvements. And, data sets and assumptions varied throughout the hospital.



ACTION

- A series of Kaizen events and focus groups with a cross section of stakeholders from around the hospital led to the decision to focus on centralizing patient placement. The result: One Call Central.
- One Call Central is staffed by highly experienced, critical care trained nurses from the emergency department and are responsible for coordinating patient placements and transfers; transfer center coordinators or medical communication specialists who are EMS trained and ensure a seamless physician to physician experience; patient access registration staff who handle registrations, bed placement, and phone calls coming into One Call Central.
- Weekly reviews are conducted on canceled or declined patient cases. There are also morning meetings where staff collaborate at shift hand-off to look for process improvement opportunities and/or new trends in the region.
- Reports to analyze transfer volume (month over month) captures: types of patients, types of services, referring hospital, patient wait time, time of day, etc.
- An organization-wide focus on discharge processes where teams are looking at pending discharge metrics, the percentage of patients out by 11AM, 2PM and 6PM and the smoothing that occurs throughout the day. Strong partnerships have been established between care managers, nursing and physicians to reinvigorate interdisciplinary rounding. Teams collaborate using TeleTracking's electronic whiteboard to determine a patient's status and make real-time updates on their progress towards discharge. This includes determining the anticipated date of discharge, any pre-discharge needs and ensuring the patient and their family are aware of the treatment plan. With the greater transparency generated by TeleTracking and interdisciplinary rounding, providers are entering discharge orders earlier in the day, leading to expediency in the discharge process—and consequently opening up beds to new patients.



RESULTS

- MMC is continuing to adjust how they manage the care and the volume of patients in order to deliver the best possible care, while also managing resource constraints. Positive results include:
 - Emergency Department boarding has decreased by 3,548 hours. [May 2017-May 2018]
 - Patient transfer requests/direct admits have increased by 237. [May 2017-May 2018]
 - House-wide 'Discharge Order to Departure' time has improved to 160 minutes – working towards the benchmark of 120 minutes.
 - ED left without being seen rate [LWBS] is decreasing, and there are days where LWBS is zero.
 - 56% of the units are discharging patients by 2PM.
 - Patient transport dispatches per hour have increased to 2.7 – working towards the benchmark of 3.0.
 - Average daily census has increased by 47 patients and MMC has been able to care for more patients.
- The metrics have painted a picture of how complex patient flow is, and MMC is now sharing information and engaging with other areas of the hospital to move forward together as a team to improve processes, positively effect change, and better care for its patients.

EMPLOYEE SPOTLIGHT

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



**SHANTANU
DHOLAKIA //**
*Director,
Health Systems*

YOU STUDIED TO BE A DENTIST. HOW DID YOUR FIRSTHAND EXPERIENCE IN HEALTHCARE LEAD TO YOUR INTEREST IN PATIENT FLOW?

Dental school, and the ensuing experience, served as a portal for me into the broader world of healthcare. I became increasingly aware that healthcare organizations were constantly challenged with ensuring patient access to high-quality, cost-effective care. This drove me to pursue a Master of Health Administration (MHA) at Penn State where I learned how the principles of evidence-based management can be applied and scaled across the continuum of care to serve patients.

HOW DID YOU LEARN ABOUT TELETRACKING AND WHAT INSPIRED YOU TO JOIN THE ORGANIZATION?

I was introduced to TeleTracking through a professor of mine at Penn State and was thrilled to land an internship here in 2011. This is when the scale and impact of what our solutions do for our clients really crystalized for me.

The special culture at TeleTracking left me inspired to finish grad school and return to contribute toward furthering our noble mission.

TELL US ABOUT YOUR ROLES AT TELETRACKING.

I was Business Manager for our Advisory Services team before becoming Chief of Staff. My tenure in this role coincided with a period of rapid growth as we worked toward transforming the organization to serve the increasingly complex operational challenges for the healthcare industry. Our goal in the UK was to introduce the Patient Flow Command Center model as a transformational tool to drive out inefficiencies and reduce care delivery costs for NHS Trusts.

WHAT'S BEEN YOUR MOST SIGNIFICANT PROJECT/ACCOMPLISHMENT AT TELETRACKING?

We have now successfully set up four command centers in that market and hopefully the NHS will further embrace this revolutionary model to better serve their patients. The UK team continues to make significant strides forward, and I am excited about the potential ahead.

WHAT ARE YOU HOPING TO ACCOMPLISH IN YOUR NEW ROLE?

My new role is two-pronged as I work with the Academic Medical Center (AMC) segment in the United States, while simultaneously pursuing other international growth opportunities. I hope to curate and synthesize the tremendous collective wisdom and expertise that we have at TeleTracking and share it with our clients to help them achieve their goals.



ALL THE
RIGHT

RESOURCES

Connect with answers and ideas designed to keep you at your best.

The TeleTracking Resource Center is here to help you easily search by role, subject category, or type of resource to tap into fresh thinking and problem-solving. Search *Patient Flow Quarterly* articles by topic, explore client success stories, hear from industry experts for inspiration, and so much more. Scroll through page after page of insights to support your patient flow journey.

VISIT [TELETRACKING.COM/RESOURCES](https://teletracking.com/resources) TO DIVE IN TODAY!



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