

Meet Mr. Smith

HOW EACH PATIENT'S STORY BRINGS US
CLOSER TO EXCELLENCE IN CARE.



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Enterprise systems. Operational command centers. Patient portals. Data and analytics. These are common terms in the world of healthcare technology, and terms I frequently use when I'm focused on operational efficiency as a physician executive at Palmetto Health. However, my other role at Palmetto Health is as an emergency room physician—and that's where I see the positive or negative impact operational efficiency, or inefficiency, has on the human side of health care.

The patients that come through our doors are sick, nervous and scared—and looking at us to treat them with warmth, kindness and compassion. They are the reason we do what we do every single day. Patient care is why we try to streamline operations, so these patients get to the right bed, the first time. It's also why we add transparency to improve communications between caregivers. And, why we provide support for every step of a patient's journey, to make it as seamless as possible for the patient and their family. Here's a short story to illustrate how I view the ideal state of operational excellence.

CARING FOR MR. SMITH— A PALMETTO HEALTH PATIENT STORY

* Mr. Smith is a 72-year-old gentleman with diabetes, high blood pressure, high cholesterol and a history of mini-strokes. Earlier this year, he also had neurological episodes where he had difficulty speaking and walking. Because of his medical history, he is actively case-managed and has access to the full complement of Palmetto Health services. He also has a strong relationship with his primary geriatrician, as well as specialists that include neurology. As part of Palmetto's progressive case management model, he is enrolled in TeleHealth at Home, which offers him convenient, timely contact by smart phone with a panel of providers.

* During one of those online visits, Mr. Smith began having a neurological episode that included weakness on his left side and slurred speech. 911 was dispatched and he was transported to Palmetto Health Richland.

* While he was being transported, EMS initiated a brain-attack alert so that the emergency medicine and neurology teams could assess him immediately upon his arrival to the emergency department. The team noted that his slurred speech and left side weakness of his upper and lower extremities is consistent with a stroke. He had a CT scan completed and read within

15 minutes of arrival and was deemed to be a candidate for TPA (the IV clot-buster medicine). He was immediately transferred from the ED to an available bed in the NeuroICU that had been pre-assigned as soon as central patient placement learned of the brain attack alert triggered by EMS.

* After two days in the NeuroICU, Mr. Smith had met all the stroke care milestones and was transferred to an available bed in the neurology accountable care unit. Neurologists, physical therapists, occupational therapists, speech therapists and other members of the care team worked with Mr. Smith—and his family—in a coordinated and transparent fashion to help him meet his additional stroke care milestones.

* Mr. Smith's expected length of stay—given his acute stroke diagnosis and customized care plan—was eight days. Because his patient ID bracelet was equipped with Real Time Location System (RTLS) capabilities, each step of his care was tracked and time-stamped (data performance improvement teams can use to further improve Palmetto's processes for other patients).

* On day six of the hospitalization, discharge planning milestones were reviewed by the entire care team during multi-disciplinary rounds. A pre-discharge order was initiated alerting team members that Mr. Smith was expected to be discharged the following day but would need rehab before he could return home. Palmetto Health was able to proactively match Mr. Smith's rehab needs to the available post-acute beds via a digital platform that makes it possible to see where the best openings are. A match was completed for a rehab near his home and the bed was confirmed as part of the pre-discharge checklist.

* On the day of discharge, the care team rounded on Mr. Smith first thing in the morning and because all the prep work was done the preceding day—including filling his prescriptions and bringing them to his room, arranging transport for 11AM, and educating him and his family on the next steps—he was discharged via private ambulance service at exactly 11AM, just as planned.

* As the ambulance service wheeled Mr. Smith out of the unit, they removed his RTLS bracelet and dropped it in the kiosk by the elevator. The technology automatically turned his bed status to empty in the electronic bedboard and sent a notification to an available housekeeping staff member to let them know the room was ready to be cleaned. Housekeeping had the room cleaned in 45 minutes, and when they indicated the job was complete via their handheld device, the bed was automatically identified to centralized patient placement as clean, available, and ready to accommodate the next new patient.

A new patient was in the room less than one hour after Mr. Smith was discharged.

* Mr. Smith spent two weeks in rehab and upon returning home, his progress—including adherence to medication and physical therapy regimens—were monitored via technology that linked him to his care team and case management. He was able to self-schedule his series of follow-up appointments via Palmetto's online community application and completed updates to his clinical history and insurance forms in the comfort of his home prior to his appointments.

* The day of his neurology follow-up, he and his wife were in Walmart when he received a text message from the office that they were running about 30 minutes behind schedule. He and his wife kept shopping and arrived promptly at the adjusted appointment time.

* Mr. Smith has regained almost full function and is a lifelong fan of Palmetto Health. He gives back by being a member of the Patient & Family Advisory Council.

Mr. Smith is a fictional patient, but this scenario isn't fictional—it absolutely is the healthcare system we are striving to become. It is the healthcare system we must become in order to deliver efficient, patient-centered, high-quality care at a lower cost. Mr. Smith's story demonstrates many of the facets of operational improvement that we are aggressively tackling. Most importantly, it highlights the critical blend of both clinical AND operational excellence. We will transform health care and provide a dramatically different experience for both our patients and our healthcare workforce.



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Dr. Eric A. Brown has served as the System VP for Patient Flow & Care Innovation for Palmetto Health in Columbia, SC since August of 2016. In this capacity, he has led the construction of a comprehensive flow improvement strategy for this four-hospital system by chartering a dedicated team, reengineering countless processes to improve efficiencies across the organization, and optimizing health IT systems, including TeleTracking, to create a data-driven enterprise.

Dr. Brown has served as the Physician Executive (CMO) at Palmetto Health Richland, the flagship academic hospital of the Palmetto Health system, since February of 2014.

He is a board-certified Emergency Medicine physician, faculty member with the Palmetto Health Emergency Medicine Residency Program, and Fellow of the American College of Emergency Physicians.