

PATIENT FLOW

quarterly[™]

SPECIAL EDITION

*Celebrating the Year of
the Nurse & Midwife*

SPRING 2020

A QUARTERLY PUBLICATION FROM **TeleTracking**

NURSES...

...are the steady voice in the night, calmly answering the call and coordinating the transfer of a patient who needs a higher level of care.

...are at the bedside offering a hand to hold when a patient is scared about a diagnosis.

...are always determining new ways to bring care to the underserved.

...are leading health systems and bringing the very best care to their communities.

...prevail courageously on the frontline of pain and suffering.

...offer care and compassion when disease and infection separate loved ones during the final moments of life.

...cultivate hope for colleagues and the others with whom they serve.

...tell stories of both triumph and sorrow so others may achieve understanding.

...bear witness to new lives arriving into the world and breathe life into those who cannot do it for themselves.

...stand firm for what is right and just to protect patients and coworkers.

...defend the spirit of humanity across the globe.



The World Health Organization declared 2020 as the International Year of the Nurse and the Midwife. Never has there been a more appropriate designation in our time.

While the confluence of pandemic events has brought global attention to the perils of frontline nursing, this is not new to those of us who have spent our careers there.

As the world's largest healthcare workforce—21 million strong—threats to the health, wealth and security of populations are well-known to nurses. We constantly bear witness to the silent diseases of inequality, lack of access to care, racial and ethnic disparity, and social and political strife—while standing resolute and bringing comfort and healing to those entrusted to our care. We

bring together our diverse talents, weaving the compassion of our profession into the organizations we serve, our neighborhoods and communities, and the fabric of society.

We celebrate what nurses have offered, are offering today, and will offer tomorrow. We thank our nursing colleagues around the world. Thank you for answering the call, anticipating the needs, improving the systems, setting new standards and refusing to compromise. We honor those who serve in uniforms of all styles and colors, regardless of setting, who provide for those

across the continuum of care. We appreciate you.

I am honored to write the opening letter for this issue of Patient Flow Quarterly. And, on behalf of the TeleTracking nurses and staff featured in this issue, you can count on us—we will never stop working to support you and the patients you serve.

With deep honor and respect,

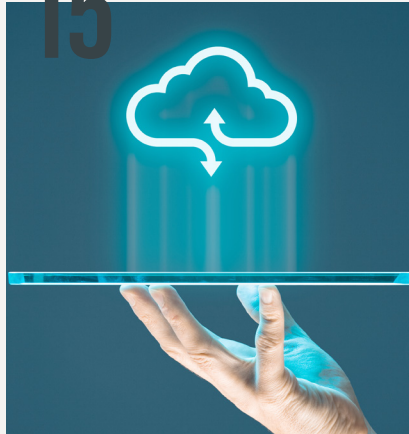
SCOTT NEWTON DNP, RN, MHA, EMT-P
Executive Director, Clinical Operations, TeleTracking

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SPRING 2020

A QUARTERLY PUBLICATION FROM **TeleTracking**

We are honored to dedicate this issue of Patient Flow Quarterly to the nurses who are working selflessly, diligently and bravely to ensure that no one will ever have to wait for the care that they need. We are also pleased to share how health systems are collaborating and working together to solve the challenges of this global pandemic.

THIS ISSUE

What's Happening & Events :: PAGE 3

A roundup of TeleTracking experts sharing their knowledge.

FEATURE

Answering the Call :: PAGE 4

The dedicated nurses on our clinical team at TeleTracking share what led them to nursing and their thoughts for the profession's future.

CLIENT FOCUS

Health System COVID-19 Crisis Response :: PAGE 15

Health system leaders are collaborating, learning, sharing—and helping each other navigate the pandemic care demands.

INTERVIEW

Q&A with TeleTracking President, Chris Johnson :: PAGE 20

Chris Johnson was a guest on the Pittsburgh Technology Council's *Business as Usual* radio series.

WHAT'S HAPPENING

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

01.

TeleTracking Release: 40 health systems unite to share COVID-19 lessons, successes and best practices in managing patient surges (April 27, 2020)

Virtual roundtable provides health system leaders with opportunities to collaborate, learn and share.

02.

Health Tech Digital (April 16, 2020)

Deb Sutton, Director of Client Support, TeleTracking UK, writes about porters and how moving patients efficiently is critical to maintaining flow throughout the hospital. She discusses the lack of visibility regarding both porter location and performance. She also stresses the importance of automated solutions and how real-time visibility within a hospital frees up time that should be used for caring for patients.

03.

Pittsburgh Business Times (April 4, 2020)

Jeanne Iasella, TeleTracking's Chief Solutions Officer, discusses how a new dashboard system will help hospitals prepare for and manage the surge of COVID-19 patients. The information provided by the dashboards allows hospitals to prepare and scale up as their patient load increases. This information includes how many intensive care beds there are, how many ventilators are available, and a real-time, up-to-date look at capacity.

04.

TeleTracking Release: COVID-19 Capacity and Census Dashboards (April 2, 2020)

TeleTracking releases new enterprise COVID-19 capacity and census dashboard to equip health systems with the critical information needed to prepare for and respond to the COVID-19 patient surge. The dashboard is in response to customer requests to be able to see, in real-time, information related to patient census, bed availability, confirmed and possible COVID-19 patients, patients in need of ventilation, capacity of specialized treatment areas such as negative pressure and ICU rooms, and patients by age.

05.

Hospitals Crippled by the Coronavirus (March 20, 2020)

Scott Newton, DNP, RN, MHA, EMT-P, Executive Director, Clinical Operations at TeleTracking, co-authored an article about the steps Australia could take to flatten the COVID-19 curve and prevent hospitals from being crippled by the virus' impact.

06.

Fierce Healthcare (March 20, 2020)

Scott Newton, DNP, RN, MHA, EMT-P, Executive Director, Clinical Operations at TeleTracking was interviewed regarding actions hospitals could take to prepare for COVID-19, and how an operational platform like TeleTracking can provide a comprehensive view of hospital capacity.

EVENTS

Join TeleTracking at an upcoming event and learn about our solutions while sharing ideas with other professionals.

TELECON20

Henderson, NV | October 25 - 28
Green Valley Ranch Resort Spa & Casino

Join us and hundreds of your peers from around the globe to network, share best practices and success stories, and learn about the latest innovations. To register or for more information visit conference.teletracking.com.



ANSWERING *the call*

HOW TODAY'S NURSES ARE STAYING STRONG ON THE FRONTLINE OF CARE.

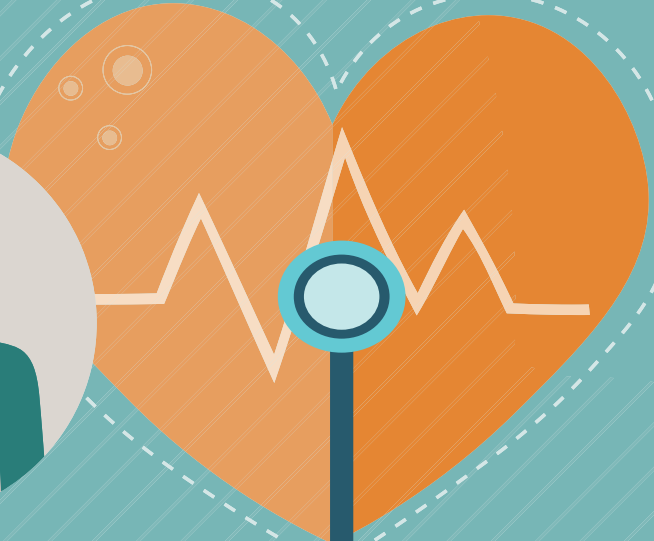
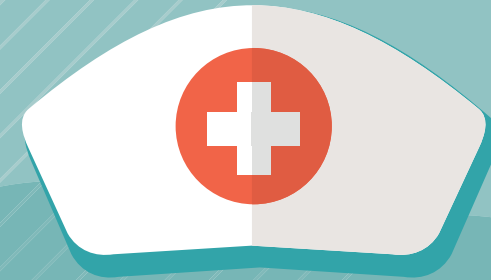
The work involved in nursing is not for everyone. Since the beginning of bedside care, only very special souls were the first to raise their hands, make the commitment and open their hearts in service of patient care. The curiosity and passion around the science of helping and healing is embodied by only a few.

Today, the tireless commitment of nurses to deliver patient care, while juggling the demands of modern healthcare operations, has been compounded by the seemingly

endless need for help associated with COVID-19. Gratitude for their selfless service is being celebrated during this Year of the Nurse and Midwife.

To put kind faces and true stories behind the calling of becoming a nurse, and the hopeful vision for what nursing will be in the future, we are sharing the perspectives of the dedicated nurses on our clinical team at TeleTracking. This team works with clients to apply clinical knowledge and best practices with the goal of helping nurses have more time at the bedside, all while providing patients with a positive care experience.

Thank you to all the nurses everywhere for answering the call.





WHY DID YOU BECOME A NURSE?

GREG MORAN RN, BS, MBA, CLIENT SUCCESS MANAGER

My journey into healthcare started as an EMT with the local fire department. I learned quickly that I enjoyed helping others and working in a fast-paced environment that made a meaningful impact. I'm so grateful that I made the decision to become a nurse because I have a career that I am passionate about, and I know I am making a difference.

MARIA ROMANO RN, BS, CLINICAL ADVISOR

When I was a little girl riding in the back seat of my parent's car, I would hold my breath as we drove past the local hospital, thinking about everything that was going on inside and just wanting to be a part of it. The desire never left me. I still remember the moment I walked in with my student nursing cap and uniform and knew in my heart that this was exactly where I needed to be and what I should be doing.

BRANDI HOLLINS RN, BSN, MBOE, CLINICAL WORKFLOW CONSULTANT

While working to become a middle school science teacher, I gave birth to my second child. My birthing nurse was AMAZING!

Her personality, expertise and knowledge provided my husband and me with the feeling of safety that we needed during those life-changing moments. I looked at my husband, and before our son was born, I said, "I'm going back to school to become a nurse!" I love what I do so much that my husband was inspired to become a nurse too!

ANGELA LONG DNP, MBA, FACHE, NEA-BC, ADVISORY CONSULTANT

I knew at an early age I wanted to be in healthcare and had a passion for people. I wanted to do something in my career that was challenging, interesting, and made a difference in people's lives daily. The relationships that you build and having the opportunity to positively impact patients and the community is why I love being a nurse.

CHRIS OWEN RN ADV DIP NURSING, ANP, V300 PRESCRIBER MS TRANSFORMATION MANAGER, UNITED KINGDOM

Nursing was always something I instinctively knew I would do. As a child, my grandparents owned a small nursing home, and I spent many weekends and holidays helping out. I understood very

early on that I had a natural flare for caring for others and was keen to continue this into my adult life and career.

DANA WILSON RN, BSN, CLIENT SUCCESS MANAGER

My stepmom was an OR nurse and my dad a dentist. I was always drawn to science as far as curriculum, and felt nursing provided a much-needed role with an immediate way to contribute—my best friend and I both ended up as RNs at different colleges.

MAGGIE FALGOUT RN, MHCA, MANAGER, BUSINESS DEVELOPMENT

When I started college, I thought I wanted to be a teacher, but quickly realized that wasn't the right career for me. My family had always told me that they thought I would make a great nurse—I'm glad I listened.

KARI MCLAUGHLIN RN, BSN, CLINICAL OPERATIONS ADVISOR

When I was in high school, I knew I wanted to go into nursing. There was just something about helping people that spoke to me.



KATHY MENEFE DNP, MSN, BS, MANAGING CONSULTANT

I initially wanted to be a physical therapist, but I'm very impatient, and learned that I could become an RN in two years versus the four for PT. I just wanted to start taking care of patients. Then, I was hooked! I went back to get my BSN, then my MSN, then my doctorate, so I guess you could say that I've become a very "patient" person after all.

KELLY MCDONOUGH DNP, RN, CENP, ADVISORY CONSULTANT

I chose a career in nursing because I wanted to be a part of creating a competent and caring patient experience. Throughout my career I have enjoyed challenging people to become part of a process that promises to improve how patient care is delivered.

LISA GRANT RN, BSHA, MHA, SENIOR WORKFLOW CONSULTANT

My older sister was already a nurse. Hearing her talk about the ways she helped her patients and seeing them get better made me want to do the same.

LORI CODY RN, BSN, MHA, SENIOR WORKFLOW CONSULTANT

I decided to become a nurse while I was in high school. I could tell you it was because I wanted to help people. But really, I wanted to be a nurse like my sister and aunt.

LORI MARTIN RN, CLIENT SUCCESS MANAGER

I wanted to be a doctor, but my SAT scores were not high enough, and I loved science. During high school, I was a candy striper at my local hospital and that same hospital had a nursing school. I immediately gravitated to the fast-paced areas, like the ED and the ICU. If I had to make the decision again, I would do it all the same.

MARK HOLOSKA BSN, DIRECTOR, HEALTH SYSTEMS

Growing up, I seemed to always be the one to jump in to help if someone got hurt, but I never thought it would lead to a career in nursing. I was majoring in biology and a friend in the nursing program convinced me to talk to one of the professors who sparked my interest in perioperative nursing. I watched a few total joint replacements and loved it!

REBECCA WENZEL BSN, WORKFLOW CONSULTANT

My first job as a nurse was in the ER while working part time as a flight nurse. I expanded my nursing experience working in med/surg, ICU, pediatric brain tumor step-down unit, and senior care units before landing in a transfer center, which was my best decision ever.

ROBERT GRAYHEK BSN, RN, MBA, ADVISORY CONSULTANT

I served in the Army as a medic and had the privilege of working in an emergency department in Augsburg, Germany. While on duty, I had the opportunity to work with



several nurses and soon recognized that serving people as a nurse is something I would enjoy.

TONI DEMKO RN, PCM, CLINICAL APPLICATION CONSULTANT

After eight years in the military, I wanted to do something that would be both meaningful and enjoyable. I shadowed a mother of a friend of mine who was a nurse. As I spent the day with her, I knew this is what I wanted to do. Taking care of people felt right. Once I started down that path, I have yet to work one day. Nursing is simply not a job to me; it is who I am.

DEBORAH HALL EXECUTIVE MSN, CNML, RN, SENIOR WORKFLOW CONSULTANT

Nursing is a trusted and respected position and no matter where you work or what type of nursing you do, it all contributes to making a difference, so nursing was perfect for me. It's one of very few professions that allows the chance to take part in life's most significant and emotional events. Whether at the bedside or in the boardroom, I knew it was a chance for me to make a difference.

REBECCA RANSON RN, BSN, SENIOR PRODUCT SPECIALIST, CLINICAL OPERATIONS

From a young age I was drawn to healthcare. After my mother suffered a brain aneurysm and endured a long hospitalization, rehabilitation and ultimately complete recovery, I knew exactly what





my path would be. I couldn't think of anything more rewarding and to this day I consider my decision to become a nurse one of the best I have ever made.

LUANNE ZESZUTEK
RN, BSN, INTERFACE
ANALYST

My aunt was a nurse and was one of the strongest people I have ever met. Her stories of the profession were so interesting. I too wanted to make a difference and was up to the challenge.

GRETCHEN DEANGELLO
RN, BSN, SOLUTION DESIGN
BUSINESS ANALYST

When I was 12, my brother severely cut his hand and required a trip to the ED for stitches. My parents panicked and I was the only one that remained calm and took care of him until we got to the hospital. When the physician was stitching him up, he looked over at me and told me what a great job I did and that I would make a great nurse someday. I was so proud of myself in that moment and that is when I knew that nursing was my path.

TERI RIDGE
CLINICAL ADVISOR

When I was 16 years old, my mom helped me find my very first job at the hospital where she worked as an assistant in the medical library. Never did I imagine that it would become the foundation of why I wanted to become a nurse. After learning about what nurses did and seeing it firsthand, I just knew that becoming a nurse is what I wanted to do, and I never looked back.

“When I was a little girl riding in the back seat of my parent’s car, I would hold my breath as we drove past the local hospital, thinking about everything that was going on inside and just wanting to be a part of it.”

MARIA ROMANO
RN, BS, CLINICAL ADVISOR



WHAT ARE THE BIGGEST DIFFERENCES YOU’VE SEEN IN THE PROFESSION SINCE YOU STARTED YOUR CAREER?

DANA WILSON: The intensity, stress, workload—all seem to be so much more than when I was at the bedside. Although many processes are automated, charting is electronic... it seems that the nurses are pulled to do so many things that take them away from the actual patient. The entire shift has a feeling of hurry, hurry, hurry.

BRANDI HOLLINS: Nursing inclusion and autonomy! The profession is evolving into one with highly specialized positions and nurses are well-respected members of the medical community. I also see major changes and a real transformation in how nurses perceive and embrace technology. The impact of technology really has reshaped the way we’re doing our jobs today.

We are understanding the importance of data and how it speaks volumes.

MAGGIE FALGOUT: The integration of IT applications to facilitate smooth transitions across the care continuum—which has led to better patient care. We used to get information on new patients and transfers by fax or hand-delivered... now it’s all captured electronically. Also, a shift to outpatient surgery for procedures that used to command a very long inpatient stay.

CHRIS OWEN: Over the last 22 years I have seen nursing make a huge leap forward as a profession. It is ingrained throughout our training and continuing

professional development to be evidence-based in our practice, as well as our thinking. This has impacted the autonomy of nurses—to be responsible for our practice and development to better serve our patients.





WHAT ARE THE BIGGEST CHALLENGES FACING NURSES TODAY?

ROBERT GRAYHEK: The increase in workplace violence. It has become such an issue that several states have introduced legislation to address it. Another challenge is a shortage of nurses, forcing them to work long hours and at times even being mandated to work two shifts, which can potentially affect patient safety.

LORI CODY: I honestly see one of the biggest challenges is the vast difference between the elderly and the young nurses.

I think the generational differences are so much more pronounced now than they have ever been. Some differences include how they communicate, how they present themselves, and the general lack of respect they may have for one another.

KATHY MENEFFEE: Nursing is facing its biggest challenge in my lifetime with COVID-19. Make no mistake, nurses are everyday heroes and always on the front lines, doing anything that needs to be

done to save a life and provide care for people worldwide.

REBECCA RANSON: I never before felt the uncertainty that I may not have the equipment needed to protect myself, or the equipment to save my patient's life may not be there. The physical and mental stress nurses are facing right now is extraordinary.



MARK HOLOSKA: We create time. Our mission is that no patient waits for the care they need. To do that you need someplace to put them and someone to care for them. We help with both. Reducing the amount of time nurses must spend on indirect patient care activities gives them more time to spend with their patients.

HOW DOES TELETRACKING HELP NURSES AND OTHER HEALTH PROFESSIONALS DELIVER A BETTER PATIENT EXPERIENCE?

When she recovered, she relayed to me that she remembered me talking and singing to her and how loved she felt that holiday. From that moment, I always try to remember, it's not what you say, but how you make others feel that will make an impact.

LUANNE ZESZUTEK
RN, BSN, INTERFACE ANALYST



WHAT DO YOU THINK CAN BE DONE TO SOLVE THE NURSING SHORTAGE?

MARIA ROMANO: The nursing shortage can be solved by continuing to elevate the profession. We need to listen to nurses, hear their voices, and look into their hearts. Research tells us nurses feel they don't have the proper resources to ensure the patients they're care for are safe; they are burned out because they feel leadership isn't listening to them. We need to get back to the basics of listening to the people on the front lines in order to resolve the nursing shortage.



LORI MARTIN: Most of us that went into the nursing profession went into it because we cared or wanted to help people. We need to restore joy to the practice of medicine. We need to humanize the experience. Central to this mission is transforming the way care is delivered at the bedside to reduce the shortage in nurse staffing and improve the quality of nursing care.

KELLY MCDONOUGH: For me, the issue is retaining nurses in the workforce rather than losing them from burnout. In order to provide high-quality care and achieve improved patient outcomes, it is

essential healthcare organizations invest in strengthening nursing professionalism and enhancing job satisfaction.

DEB HALL: I believe it will require dramatic policy changes and developments on a large scale and will require some innovative approaches to recruitment and retention. It is important that health systems invest in the professional development of nurses and consider offering more flexibility in work schedules to accommodate personal obligations. This will promote greater satisfaction, as well as a happier and healthier work-life balance.

KARI MCLAUGHLIN: Increased pay, better nurse/patient ratios and shorter hours always seem to be the answers you get when you ask this question. These are always a good place to start but to get nurses and keep them, their work has to be valued and appreciated, and they have to be protected from the constant threat of litigation.



THE WORLD HEALTH ORGANIZATION HAS DESIGNATED 2020 THE INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE. WHY IS THIS TYPE OF RECOGNITION SO IMPORTANT?

GRETCHEN DEANGELO: Nurses have more knowledge, skills, and responsibilities than ever before. How fitting in the Year of the Nurse that the world truly is celebrating their achievements (due to COVID-19). Although response to a pandemic was certainly not the way nurses would ever want to gain recognition,

it has certainly shined a light on how important nurses truly are and I hope that recognition continues.

ANGELA LONG: Most nurses do not strive for notoriety or recognition. What they want is for their patients to have positive outcomes and to make a difference

in someone's day. It is the little things that matter in the day of a nurse. In a world where it seems money is the only measure that people look at, nurses are proud to know they matter and that they make a difference in someone's life.

SHARE A PATIENT STORY THAT HAS IMPACTED YOU PERSONALLY.

LUANNE ZESZUTEK: It was Christmas day, my first year of nursing. With call-offs, I was in charge of 40 patients, plus had 12 patients of my own to care for. My 33-year-old comatose patient needed attention, and I decided to put my frustration at the amount of work I faced aside. Instead, I told her it was Christmas Day. I talked about my family's traditions and even sang her a Christmas carol. When

she recovered, she relayed to me that she remembered me talking and singing to her, and how loved she felt that holiday. From that moment, I always try to remember, it's not what you say, but how you make others feel that will make an impact.

LISA GRANT: One that stands out is a young female I took care of in critical care. She was 16 and a type 1 diabetic.

She was extremely sick and unstable and after multiple admissions to our ICU she lost her life. A couple of years later my own daughter was diagnosed with type 1 diabetes at age 4. I remembered that young girl and her family and promised myself and my daughter she would not stay in the hospital her whole young life. I'm glad to say my daughter is 27 and has had diabetes for 23 years. She has been hospitalized only one time in her life—when she was diagnosed. I have instilled in her the importance of healthy living and the importance of keeping her diabetes under control.

*“By bringing the key stakeholders of an organization into one room and providing them with meaningful data, **health systems can do amazing things.**”*

GREG MORAN, RN, BS, MBA, CLIENT SUCCESS MANAGER





HOW ARE TELETRACKING HEALTH SYSTEM COMMAND CENTERS HELPING IMPROVE ACCESS ACROSS THE CARE CONTINUUM?

GREG MORAN: By bringing the key stakeholders of an organization into one room and providing them with meaningful data, health systems can do amazing things. Having the ability to see where your open beds are across multiple campuses and anticipate any delays helps ensure the right patient can receive

the right care at the right time. This saves time, resources and lives.

TONI DEMKO: In a single word, transparency. It is absolutely amazing to see multi-facilities from a single chair.

REBECCA WENZEL: TeleTracking Command Centers are becoming increasingly popular as facilities see the value in visibility and transparency across large enterprise health systems. In the past, each facility worked in their own "silo." Now, systems act as one with multiple campuses.



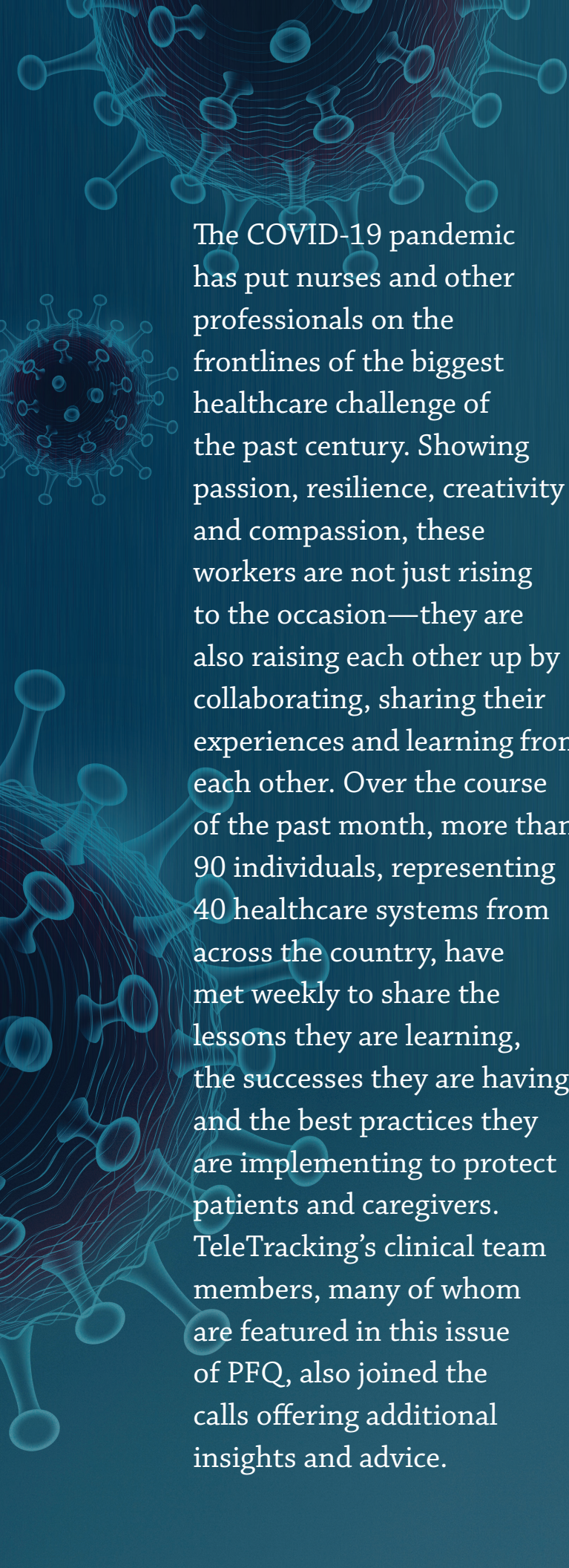
*We need to restore joy to
the practice of medicine.*

LORI MARTIN, RN, CLIENT SUCCESS MANAGER

FINDING STRENGTH AT A TIME OF CRISIS

Health system leaders collaborating,
learning, sharing—and helping each other
navigate the response to COVID-19





The COVID-19 pandemic has put nurses and other professionals on the frontlines of the biggest healthcare challenge of the past century. Showing passion, resilience, creativity and compassion, these workers are not just rising to the occasion—they are also raising each other up by collaborating, sharing their experiences and learning from each other. Over the course of the past month, more than 90 individuals, representing 40 healthcare systems from across the country, have met weekly to share the lessons they are learning, the successes they are having and the best practices they are implementing to protect patients and caregivers. TeleTracking’s clinical team members, many of whom are featured in this issue of PFQ, also joined the calls offering additional insights and advice.

The health systems who are part of this conversation include:

Beth Israel Deaconess Medical Center
in Boston, MA

Carilion Clinic in Roanoke, VA

Huntington Hospital part of Northwell Health
in New York, NY

Kettering Health Network in Dayton, OH

Methodist Healthcare in San Antonio, TX

University Medical Center of El Paso
in El Paso, TX

SSM Health in St. Louis, MO

Freeman Health System in Joplin, MO

Avera Health in Sioux Falls, SD

These are some of the nation’s foremost experts in disaster and incident response, having managed through mass shootings, tornados and hurricanes—and who are now bringing their expertise to the COVID-19 pandemic. They are also leveraging their Command Centers to track vital resources such as ventilators on a system-wide basis, add and manage new beds at alternative care sites, and provide visibility to suspected and confirmed COVID-19 cases in real time for all stakeholders. Below is a sampling of COVID-19 recommendations and best practices shared to date.

WHAT WE ARE LEARNING TOGETHER

01. Incident Command Center/ Health System Command Center COVID-19 Best Practices

Kettering Health Network’s Incident Command Center, located adjacent to its Network Operations Command Center, was established in early March and includes members from nearly every operation across the network—including marketing and communications; nurses and physicians; data analysts; logistics, operations, lab services and infection control staff; police departments, etc. As Kettering ramped up for COVID-19, the ability to get information in real-time was essential, and the TeleTracking COVID-19 dashboard has made it possible to look at metrics hour by hour. The team at Kettering knew the processes and data that was necessary to effectively manage a large-scale health crisis like the COVID-19 pandemic after dealing with a major tornado and a mass shooting within a few months last summer.

The Incident Command Center at Beth Israel Deaconess Medical Center is sharing information about capacity at each hospital—including community hospitals—as well as available ventilators. Senior staff members meet morning and afternoon to share critical capacity information.

The Carilion Clinic Transfer and Communications Center (CTaC) makes it possible to quickly and easily share and communicate information across the system. For example, the CTaC can identify negative pressure rooms, in real time, at an enterprise level and prioritize patients that can be moved in order to open space for incoming patients. The CTaC is also responsible for indicating persons under investigation (PUI) for COVID-19 and when a bed is needed they can quickly assess the location of available beds across the system in TeleTracking and start the patient transfer/admission.

02. Preparing for the Surge

Methodist Healthcare in San Antonio started its preparations in early February after receiving notification from the Southwest Texas Regional Advisory Council (STRAC) that American citizens returning from Wuhan, China would be sent to the Joint Base San Antonio-Lackland military base. Citizens who showed signs and symptoms for COVID-19 would then be transported to Methodist Hospital for care. Approximately 100 American citizens were housed on the base. Three citizens were transported to Methodist Hospital, with one testing positive for COVID-19. This patient remained at the hospital for approximately one week. Joint Base San Antonio was also where 300 passengers from the Diamond Princess cruise ship were evacuated upon arriving back in the United States. One patient tested positive for COVID-19 and was also cared for at Methodist. Methodist continued to prepare for what the pandemic would look like, with things being slow, at first. However, that changed around the time of spring break, with an increase of cases that appeared to be travel-related with people returning from New York, New Orleans and Colorado. All Methodist Healthcare facilities implemented surge plans and developed COVID-19 cohorting units. To expand capacity within Methodist Healthcare, an ambulatory surgery center was transformed into a COVID-19 facility within 48 hours.

Administrators from UMC El Paso started meeting in mid-February, and by March, it was all hands-on deck. UMC El Paso has done many disaster preparation drills, and having responded to a mass shooting incident last August, the team knew they were ready for just about anything. Organizing teams and organizing information was very important early on. Custom views in TeleTracking were created for leadership to track, in real-time, the volume of patients and those testing positive or negative for COVID-19, and read-only views are being shared with pharmacy,

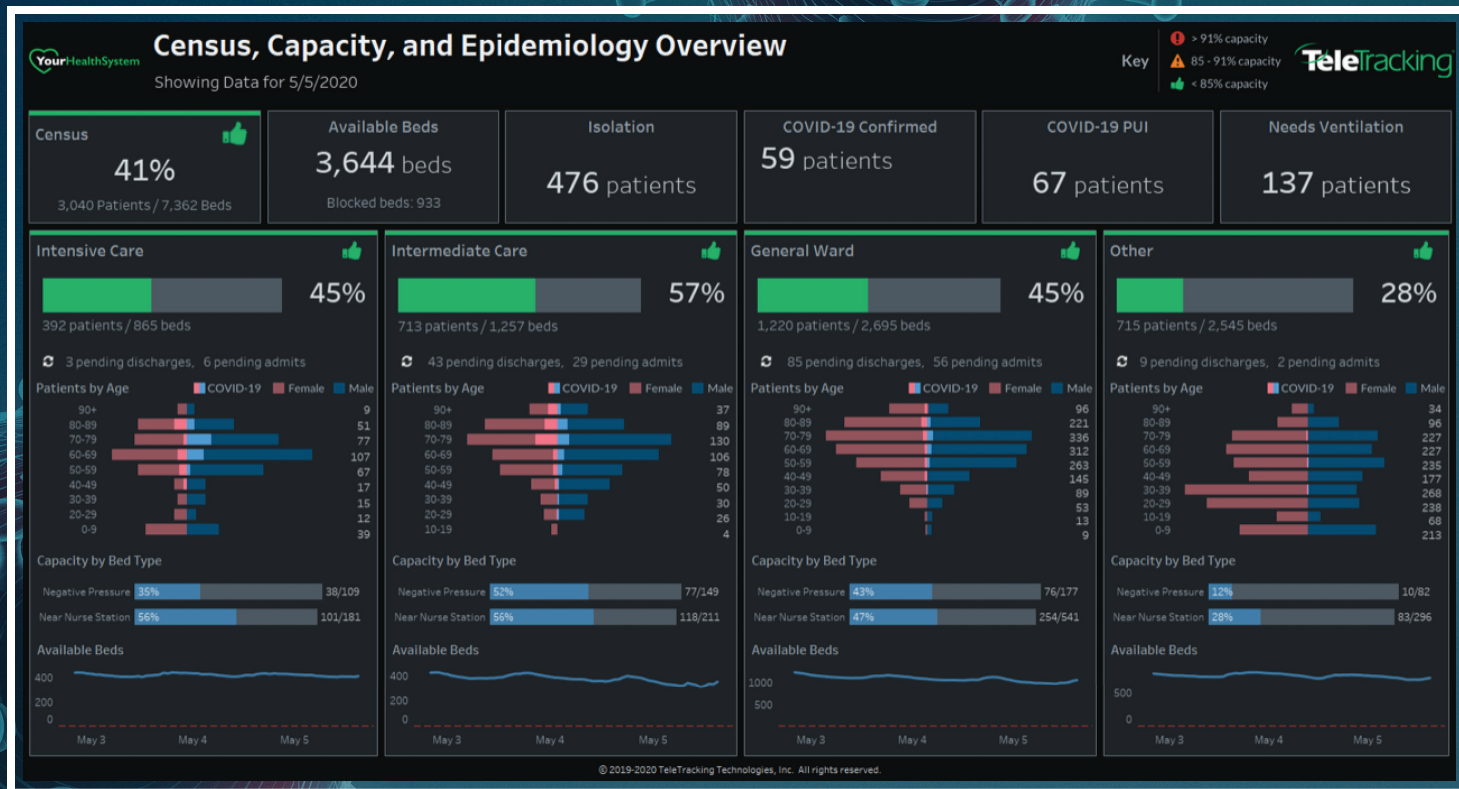
respiratory and food service for increased visibility—and to maintain staff safety. Engineering also expanded the number of negative pressure rooms by placing exhaust fans in windows. El Paso, TX is seeing on average 40-50 positive cases every day, for a total of more than 400 cases to date, and the spike was projected for early May.

Northwell Health’s Incident Command Center opened in early March and has been staffed 24 hours a day for the last 45 days. The critical role that TeleTracking plays in managing patient logistics across the system was evident when Governor Cuomo instructed hospitals in New York to increase capacity by 50 percent. Northwell Health has added 1,000 additional surge beds since the pandemic started. For tracking purposes, Northwell is using TeleTracking to indicate the location of the newly added beds. Huntington Hospital, for example, converted PACUs, catheterization labs and vacant emergency room spaces into additional ICU beds since elective surgeries have been canceled or delayed. And nurses working in other units stretched their skills to heroic levels treating critical care, ventilated patients. The team is also load-balancing patient care across the Northwell system, helping out their sister hospitals.

SSM Health was charged with increasing capacity in two phases—in the first phase 140% and in the second phase 180%. This rapid level of expansion meant that alternative care sites [ACS]—such as the pediatric hospital and nearby hotels—had to be quickly operationalized. For example, hotels are set up to accommodate patients who are ready to be discharged from an acute care facility, but still need to remain in quarantine or isolation because they have a loved one at home that is elderly or immunocompromised, or their home is an assisted living facility that is not accepting COVID-19 patients. SSM Health is the central point of contact for these placements—they obtain the patient information and the discharging doctor’s information, then connect the discharging doctor to the ACS doctor and facilitate the acceptance. Then they obtain the patient room and arrange transportation.

03. Managing Visitors

Freeman Health System started limiting visitors in mid-March to one person, per patient, per day and needed to be able to track them. The team decided to use the miscellaneous field in the patient placement details section in TeleTracking to enter the date, visitor name, and time that the visitor arrived and departed. A patient audit report could then easily export the visitor information for sharing and tracking purposes. Even with needing to train 250 employees and volunteers who were processing the visitors, the program was brought online in just a few days.



The common thread—a centralized approach to care helps maximize valuable resources, provides vital visibility into bed capacity, improves care and safety for patients and protects the health of caregivers.

Enterprise COVID-19 capacity, census and epidemiology dashboard equips health systems with critical information to prepare for and respond to patient surges.

04. TeleHealth

Avera Health serves about a million people, but across a very large swath of land—communities in South Dakota, Nebraska, Iowa, Minnesota, and North Dakota. They do this through six regional healthcare centers and 35 community access hospitals—but in many ways it is frontier medicine. Avera eCare provides e-emergency, e-ICU, e-pharmacy, and e-longterm care—helping to bridge the gap for rural healthcare partners to retain patients within their own facilities. They have also invested a great deal of work into maximizing their command center to load-balance across their regional hospitals through the support of the eCare network—connecting them to cardiologists, pulmonologists and other critical care doctors. The team is also using iPads on COVID-19 units of the hospital(s) so that physicians can do remote rounding to reduce contact and as a way of conserving PPE.

05. Identifying COVID-19 Patients

Of the systems that have shared stories to date, all are using COVID-19 patient attribute icons in TeleTracking to indicate

patients that are under investigation versus confirmed for COVID-19. These icons are displayed on electronic whiteboards on hospital units so that caregivers can quickly see patient status. The hospitals are also tracking positive cases of COVID-19 through an isolation report in TeleTracking to ensure caregivers take precaution and have appropriate PPE, and to indicate if caregivers have been exposed to an infected patient. Many of the hospitals are also cohorting COVID-19 patients.

06. Reports & Dashboards

TeleTracking released an enterprise COVID-19 capacity and census dashboard to its SynapseIQ Enterprise customers on April 1, 2020 to equip health systems with the critical information needed to prepare for and respond to the COVID-19 patient surge. The dashboard provides real-time information related to patient census, bed availability, confirmed and possible COVID-19 patients, patients in need of ventilation, capacity of specialized treatment areas such as negative pressure and ICU rooms and patients by age. The dashboard is also available to hospitals currently using TeleTracking

Capacity Management Suite™ version 3.4 or greater.

Methodist Healthcare developed and deployed a COVID-19/PUI COVID-19 count dashboard that is displayed in the Incident Command Center and Patient Placement Center with real-time updates as patients progress through the testing process. Methodist Healthcare also created a census epidemiology dashboard in TeleTracking SynapseIQ® Enterprise, which is updated in real-time and is also displayed in the Incident Command Center.

Carilion Clinic is using the TeleTracking COVID-19 dashboard to show the number of confirmed COVID-19 patients, those that have been ruled out, the location of each patient, in addition to other critical metrics.

07. Sticking Together

Kettering Health Network and neighboring, competing health systems are working together to share information and stay connected. Methodist Healthcare and UMC El Paso are already thinking through different scenarios and lessons learned

to improve processes related to disaster preparedness and infectious diseases. Carilion Clinic has expanded their CTaC to include a number of large monitors so that at a glance all are aware of the current status. Huntington Hospital is load-balancing patient volume, forecasting what the needs are of the day within the hospital, and using the projected census to determine patient volumes each day.

The common thread—a centralized approach to care helps maximize valuable resources, provides vital visibility into bed capacity, improves care and safety for patients and protects the health of caregivers.

More information about the resources available to health systems to manage operations during COVID-19 are available at www.teletracking.com/resources.



CONSIDERING COVID-19

TELETRACKING'S ROLE IN THE FUTURE OF HEALTHCARE OPERATIONS.

TeleTracking President Chris Johnson was recently the featured guest on Pittsburgh Technology Council's Business as Usual daily radio show. Chris shares his thoughts on the pandemic's impact on TeleTracking, how hospitals were able to manage patient surges and what the future of healthcare post-COVID may look like.

Q. How has this crisis impacted TeleTracking?

A. This global healthcare and economic crisis has illuminated the need for what we do more than ever before—managing hospital operations and providing real-time visibility with actionable and meaningful data. With our depth of experience, TeleTracking was uniquely positioned to respond quickly, with innovative, highly effective solutions. Our organization has shown an unwavering commitment to support our clients and federal agencies.

To help our clients prepare for the surge, we released an enterprise COVID-19 dashboard to provide visibility into patient census, bed availability, COVID-19 patients, patients in need of ventilation, capacity of specialized treatment areas such as negative pressure and ICU rooms, and patients by age. We also rapidly deployed a solution to expand capacity at new facilities and alternative care sites for existing clients—in some cases in less than 48 hours.

Under an agreement with the Assistant Secretary for Preparedness and

Response (ASPR), TeleTracking is contributing to the U.S. Department of Health and Human Services' (HHS) data tracking. This is one of several approved methods by HHS Secretary Azar for gathering key metrics from acute care hospitals to ease the data reporting burden for hospitals and to help with the public health response to COVID-19.

We are very proud of the work that we are doing with existing clients, new clients, and with HHS to ensure that no patient ever waits for the care that they need.

Q. Have any of the hospitals that TeleTracking supports been overwhelmed by a surge in COVID-19 patients?

A. The largest and heaviest impact that we have seen is at a large health system in New York. It is the epicenter. Approximately 400 hospitals across the U.S. represent about 72% of all COVID patients, with a heavy concentration in the hotspots, New York being one of the largest.

Q. What could hospitals potentially have done better based on the knowledge you have?

A. From my perspective, in large part as a nation, we were caught flat-footed. Health systems that have a TeleTracking-powered command center can immediately see beds that are available across their system, expected patient discharges, when beds are clean and ready for incoming patients, the utilization of ICU beds, etc. They are also able to quickly report and share data with local, state and federal agencies.

Second, at the onset of this pandemic, we very quickly shut down non-essential procedures to protect patients and prepare for a surge. This was using a broad sword versus a scalpel in my opinion. With proper visibility and operational systems, we should have been able to manage with more of a "rolling blackout" and rolling startup approach. Without that—we had one

alternative. Unfortunately, we still don't fully understand the impact of the delay in care for many people, and the loss in revenue has put nearly every health system at risk. It's still not clear if we were able to afford that once—we certainly can't do it again.

The third thing that I saw, in New York for instance, it was legislated that all hospitals have a plan in place to increase capacity by 50%, with a target of 100%. This meant converting vacant spaces like PACU's, catheterization labs and surgical suites into patient rooms, as well as finding alternative care sites like college dorms and convention centers as ways of increasing the number of available beds. This is a daunting task without an operational system to manage the extension. New York hospitals using TeleTracking were able to identify and secure space, indicate the location of the newly added beds, and determine how they would move patients to and from those locations—in 24 hours. And because of the visibility that TeleTracking provides, those health systems were able to load-balance patients to not overwhelm any one hospital.

Q. Has the pandemic changed TeleTracking's outlook?

A. To some degree it has accelerated our focus on solutions for non-acute care settings, long-term care and skilled nursing facilities, and doctors' offices for example. We have solutions in place today, but our focus for the last three decades has been in the acute care setting.

No one could have predicted something like this, but fortunately, TeleTracking is well-suited for the management of a crisis. Hospitals and health systems have relied on TeleTracking in the past when gun violence, hurricanes, tornados and wildfires impacted their communities. We have always been there to provide real-time visibility into bed capacity, the tracking of patients associated with a disaster, and actionable and meaningful data to share with executives, family members and news outlets. Our reputation is firmly established over the course of close to three decades, and why we were called upon by HHS.

Q. TeleTracking is providing insight into the entire U.S. healthcare infrastructure, is this a national security issue?

A. I do believe it is a national security issue. One, at 20% of the GDP, healthcare is getting to a price point, and a cost point, in the U.S. that is unsustainable. It is creating economic pressures on employers, economic pressures on our safety net system, and it is creating incredible economic pressures on individuals. Secondly, which is more nefarious, there are bad actors. There are bad actors in the world who are seen that we've been able to, in a very short order, shut down not just the national economy of the United States, but the \$80 trillion global economy with the release of this virus. There are people that are very interested, and I believe that you will see in the future, increased

interest by the Department of Defense [DOD], the Veteran's Administration, and our intelligence community on understanding and having analysis available regarding the pressures on our healthcare infrastructure globally.

Q. Share some of your wisdom based on recent experiences.

A. I think it was Bill Gates who said, "People tend to overestimate what can happen in the next two years, but underestimate what can happen in the next 10 years." I believe in the next two years, you will see great healthcare systems no longer tolerating what is defined as business as usual; government leaders that will no longer tolerate having a blind system knowing what we know now about the impact of a disaster, natural or otherwise; and the Departments of Health and Human Services, the VA, the DOD, and our intelligence community will be demanding sensitivity and visibility into the utilization of resources—beyond what exists today. This will require a national operating platform capable of providing visibility and management to the over 900,000 acute beds across the country.

Now more specific to health systems, I predict that every health system in the U.S. will have an operational command center. Most studies indicated that would happen by 2025. I believe that timeline has accelerated dramatically. I believe by 2022 every major health system will have a command center in place... powered by TeleTracking of course!

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gloved grab of a mop

patient transport

mask found for those in need

sanitized room

respirator moved

helping hand

*step throughout every health system
counts in the fight against COVID-19.*

Thank you to every worker for every
step you take every day to help
ensure safe care for those in need.
You are invaluable frontline heroes!

The logo for TeleTracking, featuring the word "Tele" in a white serif font and "Tracking" in a white sans-serif font, with a stylized white arc above the "T" in "Tracking".