

HERE COMES THE SUN

Northwell Health meets the challenges of COVID-19 and shares stories, challenges, teamwork and inspiring moments.

TRACKING CLINICAL TRIALS

Facilitating research by bridging logistics and operations at VCU Health.

PROACTIVE PREPARATION WITH SynapseIQ®

Addressing immediate and strategic patient flow challenges at West TN Healthcare.

SYSTEM LOAD BALANCING

Better, faster patient care decisions at Intermountain Healthcare keeps patients closer to home.

PATIENT FLOW

quarterly™

Going above & beyond

MEETING CUSTOMERS WHERE THEY ARE

FALL 2020

A QUARTERLY PUBLICATION FROM **TeleTracking**



ALIGNING THE STARS

AIMING FOR THE ULTIMATE OUTCOMES

When COVID-19 hit earlier this year, healthcare professionals experienced the emergence of two profound feelings—*anxiety* and an urgency for innovation. The territory changed almost overnight, with the demand for beds and life-saving equipment exploding in ways most of us have never seen before.

The anxiety was a given—a human response to the impact of this pandemic and the myriad of unknowns facing healthcare systems and healthcare teams. But for those at the top of their operational game, action and innovation followed immediately. New processes, software, information sharing, care strategies, efficiency measures, and so much more were all positive outcomes that came out of a dire need for finding ways to increase capacity and deliver compassionate patient care.

At TeleTracking, we were able to meet healthcare systems needs by meeting them where they were—so more systems could help more patients access the care they needed. Together, we are making what felt like the impossible, possible, and what felt like sky-high expectations, realistic and accessible.

REFLECTIONS: A NOTE FROM THE PRESIDENT



Welcome to the Fall 2020 issue of PFQ! While this has certainly been a summer like no other, it has also been a time when TeleTracking's mission—to ensure that no patient waits for the care that they need—has never been more important.

As we are all navigating this new normal, I want to begin by recognizing your incredible work and selfless sacrifices over these past months. Your commitment to your patients and your teams is nothing short of heroic. In this issue, we are pleased to share some of those stories and honor our collaborations.

- *Highlighting three leaders from New York's Northwell Health, which was one of the hardest hit areas in the United States at the start of the pandemic. These crusaders share what it was like to be at the epicenter of the COVID-19 crisis earlier this year.*

- *Showcasing the remote, rapid deployment of TeleTracking in just under two weeks at West Tennessee Healthcare, to not only address the immediate crisis by providing real-time bed visibility, but also to address more strategic, long-term patient flow challenges.*

- *Illustrating how Intermountain Healthcare is effectively load-balancing patients across their system—thus delivering the right care in the right place, maximizing resources, and keeping patients closer to home.*

- *Sharing a Today's Hospitalist article, which describes how VCU Health is managing COVID-19 clinical trials with TeleTracking.*

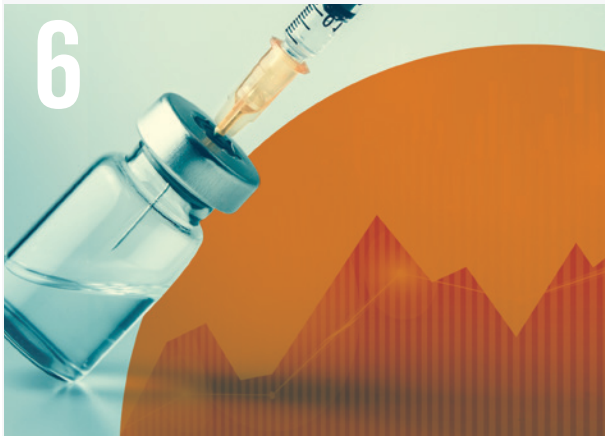
- *And finally, shining a well-deserved spotlight on the dedicated work of TeleTracking's Technical Support team.*

And while COVID-19 is still presenting challenges, TeleTracking is not stopping, and we are not slowing down. In fact, we are more committed than ever to innovation and growth. We are looking towards the horizon, not through the rear-view mirror—acting strategically not reactively, and turning data into wisdom. That is because we know the actions and activities that happen at your hospitals can mean the difference between life and death—and that is not something we take lightly.

Thank you for your support, thank you for your belief, and thank you for your kindness and compassion. Enjoy the issue!

CHRIS JOHNSON
President, TeleTracking

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FALL 2020

A QUARTERLY PUBLICATION FROM **TeleTracking**

Compassion, creativity and collaboration have been the hallmarks of healthcare professionals since the COVID-19 crisis started in January. In this issue, we are showcasing how health systems are training their teams, redefining processes and doing everything possible to ensure that their staff stay safe and that no patient waits for the care they need.

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TeleTracking emerged as a versatile solution to manage multiple research initiatives.

SUCCESS IN ACTION

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TeleTracking's Transfer Center technology leads to effective load balancing at Intermountain Healthcare.

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Three team members from Northwell Health share their challenges, changes, teamwork and inspiring moments.

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TELETRACKING TECHNICAL SUPPORT RECOGNITION :: PAGE 18

WHAT'S HAPPENING

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

01. **Hospitals Employ Lessons Learned in Load Balancing, Supply Chain as COVID-19 Cases Surge, *FierceHealthcare*, July 27, 2020**
Paul Haskins, an emergency physician and the Medical Director of Virginia-based Carilion Clinic's Transfer and Communications Center, shares his thoughts on the importance of load balancing patients between health system facilities, which involves transferring patients to outlying facilities to conserve resources at the main tertiary hospital.

02. **TeleTracking's President on How Company is Scaling Up to Battle COVID-19, *Pittsburgh Business Times*, July 21, 2020**
Chris Johnson, TeleTracking's President, discusses how TeleTracking was chosen by the federal government to collect COVID-19-related data from the nation's hospitals, and the benefits it can provide long after the pandemic is over.

03. **Royal Wolverhampton Predicts Needs for PPE Using TeleTracking, *Digital Health*, July 20, 2020**
Royal Wolverhampton NHS Trust has developed a tool that predicts the need for PPE using TeleTracking. The Trust measured patient staff interaction with possible confirmed COVID-19 cases. The data analysis allowed the Trust to measure the amount of PPE likely to be needed day-by-day and week-by-week by frontline staff.

04. **RTLS Helps Texas Hospital Save Time and Money With Patient Discharges, *Healthcare IT News*, July 15, 2020**
CHRISTUS Santa Rosa Hospital-Westover Hills saved two hours and 40 minutes per patient discharge—and the increased capacity led a \$351,000 gain in revenue in one year for the 150-bed community hospital.

05. **The Positive Impact of Establishing an Internal Transfer Center, *Nurse Leader*, April 28, 2020**
Baptist Health in Jacksonville, Florida, shares how they went from an outsourced transfer center to an in-house transfer center in three months, and how in the first 28 days alone, patient transfers increased by more than 600.

VIRTUAL TRAINING

SUPERVISOR COURSES PROVIDE ASYNCHRONOUS TRAINING FOR HOSPITAL LEADERSHIP

Asynchronous training is one of the best ways to ensure teams understand their role, derive meaning from their work and are ready to embrace new technology.

The new **Leading with TeleTracking** courses provide a complete online training experience—where new clients can adopt a limited run of these courses during implementation and training and existing clients can use it for onboarding new employees.

More information is available on Knowledge Bridge, our client community. To inquire about eLearning, please email clientlearning@teletracking.com.

-  CHALLENGE
-  ACTION
-  RESULT

SETTING THE
BAR FOR
SUCCESS
IN ACTION

AT THE SPEED OF NEED

West Tennessee Healthcare is a public, not-for-profit, seven hospital, 1,237 bed healthcare system, providing care to half a million people, living across 9,000 square miles of West Tennessee.



CHALLENGE

Like most health systems across the country, West Tennessee Healthcare was taking proactive measures to prepare for the influx of patients due to the COVID-19 pandemic. They knew that real-time visibility into capacity and equipment, such as med/surg rooms, ICU rooms, negative pressure rooms and ventilators, was critical.

Only one West Tennessee Healthcare hospital, Jackson-Madison County General, was utilizing TeleTracking to provide a compre-

hensive view of bed status, improve bed turn times, automate patient placement, streamline patient transport, and manage care progression and discharge planning.

To manage a large influx of patients, West Tennessee Healthcare needed a solution that would provide critical day-to-day operational decision support and support the regulatory reporting requirements for local, state, and federal agencies.

ACTION

A remote and rapid deployment of TeleTracking's SynapselQ® Enterprise and Capacity Management Suite™ solutions occurred in just under two weeks across the remaining West Tennessee Healthcare hospitals. The goal was to address the immediate crisis requirements, as well as the more strategic, long-term patient flow challenges related to patient access, leakage to systems in Nashville and Memphis, and

system-wide adoption of process and best practices.

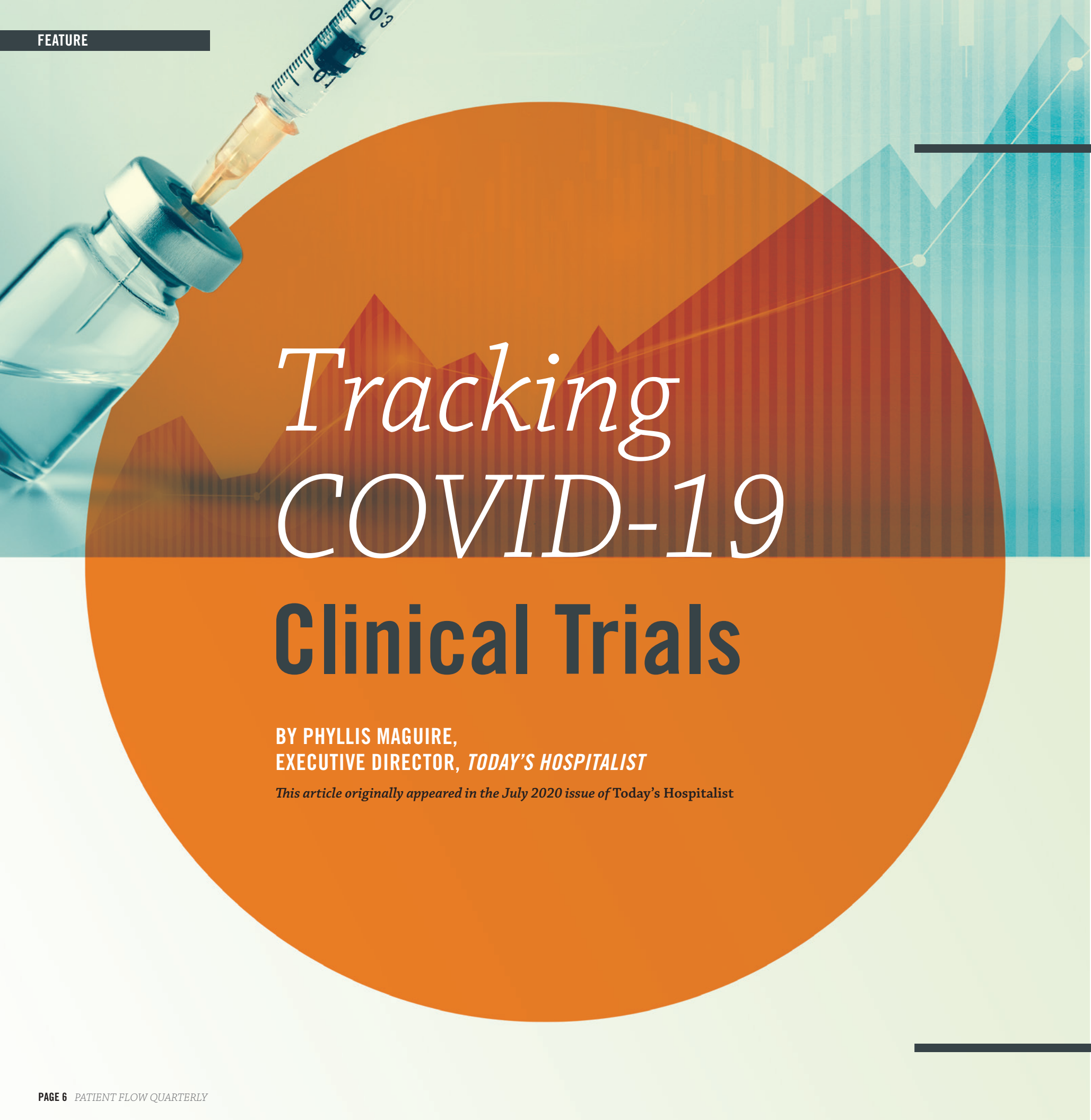
TeleTracking assembled a project scope and outlined deliverables to remotely implement, configure and train a select number of staff over the course of a few days. And because these are cloud-based solutions, they were deployed without disrupting operations.

And, in response to the pandemic, TeleTracking released an enterprise capacity, census and epidemiology dashboard to its clients providing real-time information related to patient census, bed availability, COVID-19 patients, patients in need of ventilation, capacity of specialized treatment areas, and patients by age, among other metrics that West Tennessee Healthcare relied on to make decisions.

RESULTS

SynapselQ® was deployed in less than two weeks, providing visibility into 1,237 beds across seven campuses at West Tennessee Healthcare.

“It’s unfortunate that this pandemic was the catalyst to operational transformation, but it is all the more reason to ensure that no patient waits for the care that they need,” says Scott Krodel, CIO, West Tennessee Healthcare.



Tracking COVID-19 Clinical Trials

BY PHYLLIS MAGUIRE,
EXECUTIVE DIRECTOR, *TODAY'S HOSPITALIST*

This article originally appeared in the July 2020 issue of Today's Hospitalist

Estimates of how long it takes clinical research findings to work their way into clinical practice range as high as 17 years. But that was before coronavirus. "We are definitely in an unprecedented time in terms of how research into COVID therapies and clinical practice are being integrated," says Alison Montpetit, PhD, RN, Director of Nursing Research and Innovation at VCU Health in Richmond, VA.

New therapies are being prescribed for some COVID patients via compassionate use or expanded access pathways. Others may be receiving that same drug as part of an investigational trial.

"Research and clinical practice typically run alongside each other," Dr. Montpetit says. "But they're now tied together in a way we haven't seen before. As our infectious disease colleagues like to say—we're building the car as we drive it." Patients enrolled in one trial may, as they proceed through different phases of the disease, have that trial drug stopped and be considered for another investigational drug.

Given that pace, Dr. Montpetit and her colleagues had to figure out how to keep track of patients transitioning on and off different trials. They also wanted to ensure that patients and families were not being approached by a half-dozen different principal investigators.

To solve those issues, Dr. Montpetit and her colleagues ended up turning to a tool already well-established in the medical center: its patient flow software. It turns out that software designed to maximize bed management can also successfully track patients across multiple trials.

Research Transformation

According to Dr. Montpetit, coronavirus has transformed just about every aspect of the research enterprise in her center. Many of the siloes that used to exist, slowing studies down, have

dissolved with cooperation toward a common cause.

"What matters is the patients, and that concern is pushing translational science." It helps that the red tape that once slowed studies down seems to have been swept away. "What used to take months" in getting studies off the ground "now takes only days to weeks, without compromising their integrity."

In addition to its own investigations, VCU Medical Center is working on trials sponsored by pharmaceutical, device, testing and lab companies. With the center being approached for and participating in multiple trials, VCU created a committee—the COVID-19 research oversight committee—to keep track of them all and to determine which should be given priority. "We are initiating studies in-house," says Dr. Montpetit, who sits on that committee, "but we are giving priority to those that offer the greatest benefit to patients and to larger, multi-site trials. There's a power in numbers, and larger studies that enroll more patients will lead to quicker answers."

As Dr. Montpetit explains, COVID-19 has several different phases, and "different trials are targeting those different phases." It's been very interesting, she adds, to see a clinical team recommend a trial because the patient's condition has changed. "I've never seen the intersection between research activity and the clinical team executed so beautifully."

An Available Tool

But research, Dr. Montpetit points out, has many moving parts. Each trial has principal and secondary investigators and coordinators, as well as “physicians and other providers screening patients for safety and eligibility.” There are also logistical and operational sides, as well as the investigational pharmacy compounding medications, and nurses navigating infusions with isolation precautions. “Each study team is like its own little business.”

So how to keep all those moving parts straight and communicate among them all? The medical center has relied for many years on TeleTracking to track patient movements throughout the hospital. The software knows in real time who’s being admitted and transferred where, when patients are being discharged, which stage of cleaning each empty bed is in, and where available beds are.

To figure out how to track COVID research, “we mapped out the entire process to identify communication gaps,” says Dr. Montpetit. If a patient isn’t eligible for one trial, for instance, how can another study team be alerted without multiple phone calls, texts or e-mails? And how can different research teams communicate about where individual patients are in terms of being screened and enrolled?

Engaging nurse leaders, research directors, and the performance improvement department, Dr. Montpetit and her colleagues hit on the idea of creating a digital whiteboard in TeleTracking dedicated exclusively to COVID patients. “In my mind,” she says, “the movement of patients from bed to bed was very similar to being moved from trial to trial. TeleTracking supports team-to-team communication.”

Populating the Board

It took the in-house TeleTracking team about two weeks to create a board that includes only COVID patients; that original version then went through several piloted iterations before landing on the current one, which went live in May.

The board pulls some information—patient’s name, status, and location, as well as demographics—from the center’s EHR. But several columns use icons, notations and color codes to communicate about various steps within the research trials.

A column with a microscope icon, for instance, identifies with large capital letters any drug trial a patient is in: a capital R for remdesivir, an S for sarilumab or a C for canakinumab (two of several monoclonal antibodies being tested). A capital A is for a compound being trialed that’s produced by the biotech Angion.

A magnifying glass icon indicates whether patients are active on a clinical trial. A hanging bag icon denotes convalescent plasma, with different colors indicating if a patient is being considered, has consented or has already been transfused. A blood drop icon indicates if patients have been approached for a blood sample for a registry or investigational studies and if they have consented or donated.

Checkmarks denote various stages: blue for screening, green for on-study, red for completed and yellow for a screen fail. Other columns show if patients have received trial doses on specific days, as well as trial comments, while other columns list the name of patients’ attending physicians and bedside nurses. Study team coordinators update the information in real time.

“I hope this becomes the new norm of communication between research and clinical practice,” says Dr. Montpetit. “With COVID, it’s clear that the two are inextricably linked.”

▶ *Alison Montpetit, PhD, RN, Director of Nursing Research and Innovation at VCU Health in Richmond, Va. is helping breakdown silos and drive COVID-19 research.*



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CHALLENGE
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RESULT

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INTERMOUNTAIN HEALTHCARE

Salt Lake City, Utah

Intermountain Healthcare is a Utah-based, not-for-profit system of 24 hospitals (includes “virtual” hospital), a medical Ggroup with more than 2,400 physicians and advanced practice clinicians at 160 clinics, a health plan division, and other health services. Intermountain Healthcare is widely recognized as a leader in clinical quality improvement and efficient healthcare delivery fulfilling its mission of helping people live the healthiest lives possible.

CHALLENGE

Health systems throughout the United States face a persistent challenge—a surplus of patients straining capacity at tertiary care facilities, while community hospitals are underutilized. To ensure that no one hospital is overwhelmed, real-time visibility with actionable and meaningful data allows for load balancing across a system. Striking such balance also keeps patients closer to home and in community hospitals when a higher level of care is not medically needed. Load balancing has enormous benefits across the board. For example, from a financial and operational standpoint, smoothing and aligning patient needs and care capacity helps a health system optimize holistically. And most importantly, from the patient perspective, it decreases wait times and keeps patients closer to family and their support network.

However, successful load balancing is a complex challenge. Intermountain Healthcare, long known as one of the most innovative health systems in the United States, developed a multi-faceted, patient-centric approach to this challenge. The first step, however, was to create system-wide situational awareness to understand patterns of patient demand and capacity system-wide.

A key issue related to the lack of awareness was Intermountain outsourcing its transfer center in 2015. The outsourced center resulted in treatment delays, inappropriate placement of patients, and extreme frustration on the part of the referring provider. Shortly thereafter, the transfer center operations were brought back in-house which provided more control over the patient intake process. And then in March of 2019, Intermountain took another step forward by centralizing operations—patient transfers, patient placement, transportation, virtual care, and other key functions in a single center—creating system-wide situational awareness and cohesive workflows.

However, there were barriers that first needed to be addressed. The way in which physicians interacted with one another during a patient transfer needed to improve. For example, previously, the sending physician would speak directly to the receiving physician, which was ideal. However, receiving physicians are often dealing with critically ill patients and are unable to take those calls, which led/leads to delays and dissatisfaction from the sending physician. In addition, critical care physicians also often do not have time to obtain a complete patient history, and then unfortunately when patients arrive at the receiving facility, the placement of that patient isn't correct.

Finding ways to utilize hospital capacity more efficiently was essential. Critically ill patients were being automatically transferred to tertiary care hospitals when they may, or may not have, had tertiary care ICU needs—leading to community facilities being empty while tertiary care hospitals were inundated.

In addition, the telephone system conferencing capabilities needed to be upgraded. For example, the children's hospital requires the ability to conference up to six people simultaneously.

ACTION

When the decision was made to bring the transfer center back in-house, Intermountain was simultaneously implementing the “One Intermountain” organizational strategy, and the decision was made to manage Intermountain Healthcare as a system instead of four disparate regions.

Plans were already underway to create an enterprise-level virtual hospital, combining all clinical telehealth services with provider support services to manage the logistics of patient movement through the system. This made it possible to keep patients at community hospitals when medically appropriate, under the guidance of the hospitalist and in conjunction with the tele-specialty physician.

In collaboration with TeleTracking's patient flow experts, the team began to standardize enterprise patient access, patient placement, and patient discharge processes—while incorporating telemedicine to expedite the entry of critically ill patients into the system.

TeleTracking's analytics platform, SynapselQ® Enterprise, was launched in conjunction with the TransferCenterIQ™ module, which increased visibility and the ability to gain the critical insights that lead to better decisions. For example, SynapselQ provides a report that timestamps the patient transfer process—the time it takes the transfer agent to get a hold of the physician, the time it takes the physician to call back, and the time it takes to accept and place the patient in the most appropriate care setting. In addition, ICU patient transfers are challenging, risky, costly, and inefficient. The team started closely analyzing the data in SynapselQ, specifically looking at patients coming from other facilities, patients that could be downgraded versus transferred again, and patients who needed comfort care at perhaps a local facility.

As part of the transfer center launch, a single number was marketed—1-855-WEADMIT—which people call when they need to transfer a patient, need a consult on a patient, or have a question about the process. The calls are answered by a registered nurse who triages each call and determines next steps. For example, in the case of a critically ill patient, the Tele-ICU physician does a thorough, structured assessment of the patient, and then works with the transfer agent to determine the appropriate placement for that patient.

RESULTS

TeleTracking's operational platform has helped to manage and automate enterprise workflows and provide shared situational awareness and enterprise visibility with actionable and meaningful data to make better, faster decisions about patient care.

Having a nurse triage calls coming in through the transfer center, along with physicians to support the team 24/7, has transformed how patients are treated in their local facilities before being transferred, as well as during their transfer.

Feedback from sending physicians on the new process has been very positive, with anecdotal input from both sending and receiving physicians.

Documentation processes and workflows have been standardized, and accurate and actionable data has helped the team understand how quickly the team can get to “yes” when a request comes in.

With the centralized, standard processes driven by TransferCenterIQ™, Intermountain was able to change the trajectory of 12-15% of ICU patients—keeping them closer to home for care and reducing stress on tertiary sites.

The team has a report that shows when a case is denied and what the process is for escalating the denial in real time. For example, if a physician denies a patient, it is escalated to a local medical director. It makes it possible to see other denials that are trending so that the team can correct the trajectory.

There has been tremendous support from the very top of the organization, and local leaders who knew that referring physicians were frustrated with the previous process.

HERE COMES THE SUN

Northwell Health shares stories of challenges, changes, teamwork and outcomes to keep you inspired.

Northwell Health is New York's largest healthcare provider, serving New York City, Long Island and Westchester; it strives to improve the health of the communities it serves; and is committed to providing the highest quality clinical

care. These words took on even more meaning when New York became the epicenter of the COVID-19 pandemic this past spring—impacting every location and every department across the system.

And that means each location and each department has a story which we are honored to feature. Jennifer Marchese, Associate Director, Patient Logistics at Staten Island University Hospital; Oliver Perez, Director of Support

Services at North Shore University Hospital; and Mary McGinn, Director of Patient Throughput at Lenox Hill Hospital share their stories—the challenges, the changes, the teamwork and the inspiring moments.



PREPARED AND CONFIDENT

BY JENNIFER MARCHESE

Associate Director, Patient Logistics at Staten Island University Hospital

Jennifer Marchese is the Associate Director, Patient Logistics at Staten Island University Hospital, where she oversees a team of 96 patient transporters, who normally average 14,000-15,000 jobs a month.

Prior to the COVID-19 pandemic, Jennifer recognized the importance of centralizing the patient transport department. One year later the outcomes proved invaluable when faced with the massive rush of transport jobs due to a surge in patients.

The decentralized department performed approximately 150,000 jobs in 2018; after centralizing in 2019, the department performed an additional 20,000 jobs without hiring additional staff. The department had a clear vision and understanding of the new workflows, expectations, and impact on the hospital.

The newly organized department was less reactive, and the team adhered to the hospital's policies and procedures—keeping themselves and their patients safe. This was why the team was efficient during the height of the pandemic.

“We treat our team members as we would treat our family, and so keeping them safe was our number one goal. When we realized the serious impact the virus was having on our operations, and the level of exposure to our transporters, we educated them on the proper procedures for donning and docking PPE,” Jennifer explains. “Then to reduce the level of possible transmission throughout the hospital, we trained the transporters to work in teams of two—a “non-COVID” transporter and a “COVID” transporter. The “COVID” person holds the wheelchair, stretcher, etc., while the “non-COVID” person touches doors, elevators, etc. We were able to use the assist function in TeleTracking to monitor the trips. To further enhance training, we developed a “COVID Transport Team,” where specific team members received hands-on training from the management team on transferring COVID

positive patients, as well as patients under investigation, through the facility. This team then trained the rest of the team through a shadowing program.”

The assist function was just one way that TeleTracking was used. TeleTracking COVID attributes also provided the team with the visibility necessary to stay safe so transporters knew which patients were positive or under investigation. For example, the airborne contact indicators [patient coming in PUI], alerted the transporter to ask for an assist [two-person transport teams], and it was a reminder that they needed proper gear, special preparation, and needed to travel a different path through the building. In addition, TeleTracking was used to determine the total number of COVID-19 patients in the hospital, which helped in identifying and cohorting PUI's and positive patients. The team also created census reports by unit to determine how to best utilize space. This information was shared daily to communicate changes.

“We took a hard look at every part of our process. For example, we disinfected the rails on stretchers and wheelchairs before and after each use; we implemented huddles at the start of every shift to ensure all team members understood what happened and the information available to them. We also developed an elevator plan designating “COVID” and “non-COVID” elevators, working in tandem with Environmental Services, to establish standard cleaning protocols. We were always extremely truthful regarding the seriousness of the disease and the status of our organization. The bottom line—the team felt very prepared and very confident every time they came to work,” Jennifer continues.

One very sad, very sobering task was transporting patients who passed away to the morgue. This task required three people—two “COVID” transporters and one “non-COVID” transporter to

“The ability to get very granular with the data is powerful. From a management perspective, we are able to explain to our team how their performance is tied to the overall performance of the hospital, and why it’s important to respond to requests in a timely manner.”

OLIVER PEREZ



log into the morgue book and touch surfaces along the route. The team could see in TeleTracking both when they needed to move a deceased patient, as well as how many patients passed away from COVID-19 each day. As the number of deceased patients increased, the hospital added trailers, which were added to TeleTracking as units. The use of the trailers also required the transport team to go through additional training on safe patient handling.

“If we didn’t have TeleTracking, our patient transporters would have been blind going into the rooms, and I couldn’t imagine managing the volume, dealing with the delays, and matching the right patient with the right level of contact/PPE. A sign on the door is not the same as a detailed report,” Jennifer adds. “We also wouldn’t have been able to coordinate testing and transport the way that we did—patients didn’t have to sit in hallways, and we were able to separate COVID and non-COVID patients in the testing areas. In addition, TeleTracking was invaluable at the beginning of March when every patient was considered PUI; once the test results were in, we were able to cohort patients appropriately. This information was marked in TeleTracking and the patient status was continuously updated. It was the biggest communication tool during shift change too.”

While things were challenging, there were positive moments. The team celebrated every time a patient was discharged by playing “Here Comes the Sun” over the loudspeaker as the patient was transported down the hallway and our “1,000 COVID Discharge” countdown was celebrated with a “clap-out.” The team also added clap-outs to their huddles as the number of cases decreased and COVID units started closing.

“I’m most proud that no one from the team has tested positive since they started moving patients through the hospital the second week of March. In addition, there was no turnover during this entire time. The entire team grew from this experience, they were called the ‘Rock Stars’ throughout the pandemic. If we get a second wave this fall, I am 100% confident that by implementing the same processes and trainings, we will be successful. We know the disease and we know the precautions,” concludes Jennifer.



SYSTEMWIDE VISIBILITY

BY OLIVER PEREZ

Director of Support Services at North Shore University Hospital

Oliver Perez is the Director of Support Services at North Shore University Hospital, where he oversees a 225-person environmental services (EVS) team that turns over more than 4,500 beds a month and ensures the complete disinfection of the building. He also leads a 110-member patient transport team which typically handles over 1,000 requests each day. As COVID-19 unfolded, and the cleaning and sanitization procedures became increasingly complex, staff from other areas of the hospital offered their help thus increasing the team by an additional 50 people.

“The safety of every team member and every patient was our first priority. Every level of management wanted to be sure the team felt comfortable and secure. We worked with the nursing educators to train EVS staff on how to don and doff PPE,” says Oliver. “The entire building also started using N95 masks, so we had an in-service training on how to use them—within a week and a half, all employees were fitted with the proper version. In addition, we gave them face shields, glasses and disposable scrubs. A lot of thought went into the plans and it involved rapid change. We now have the processes in place to be more prepared if a second wave hits.”

Typically, EVS staff are staged on units. However, as units were converted to COVID units, staff stationed in those areas were trained on new cleaning and sanitization processes with managers showing them how to clean the rooms which sent a powerful message of support.

New processes were also implemented, including designating specific elevators for COVID vs. non-COVID patients, and disinfecting them after each use. Everything was considered dirty, so everything—from doors and railings to staircases—

were continuously disinfected. In addition, units were provided with disinfecting wipes so they could clean their areas.

“The magnitude of what we were dealing with hit home when we considered turning our OR, cafeteria and auditorium into COVID units,” continues Oliver. “I don’t know how we could have possibly done this without TeleTracking. It made it possible to map out the entire hospital to see when and where to place patients. EVS, Patient Transport and Logistics are all connected, and we worked together very closely.”

By monitoring TeleTracking, one could see which patients needed to go where, and that gave EVS a head start in converting units and allowed them to gauge how long it took to clean a COVID vs. non-COVID room. The team was also able to quantify delays through TeleTracking reports—pre-COVID and post-COVID—to determine the impact on EVS room cleans, how long it took patient transport, to move a patient, and the time it took to properly don and doff PPE. The reports generated from TeleTracking were shared with the entire EVS team and patient transport, which illustrated their impact on the hospital. Specifically, the reports break out metrics by shift, and by hour, and includes average response time for EVS, average clean time, and average turn time, as well as patient transports volume by hour, performance by employee and house-wide turn times.

“The ability to get very granular with the data is powerful. From a management perspective, we are able to explain to our team how their performance is tied to the overall performance of the hospital, and why it’s important to respond to requests in a timely manner,” explains Oliver. “These metrics also help our team learn how to work smarter. In addition, as we rapidly implemented these changes, we received great support from TeleTracking’s Jim Branka, Outcomes Consultant, Rick Stevenson, Application Consultant, and Tom Perry, Product Manager. They were always available to help us optimize our solutions and answer any questions.”

“As difficult as the past few months have been, it has also been inspiring,” says Oliver. “Much like Staten Island University Hospital, every time a COVID patient is discharged, we play songs throughout the building, and we clap and cheer. It’s priceless! Throughout all of this, everyone was focused on one thing, and that was doing what was best for our patients,” concludes Oliver.

◀ *The Patient Transport team at Staten Island University Hospital had a clear vision and understanding of the new workflows, expectations, and impact on the hospital.*



FINDING BALANCE

BY MARY MCGINN

Director of Patient Throughput at Lenox Hill Hospital

Mary McGinn is the Director of Patient Throughput at Lenox Hill Hospital and is responsible for ensuring patients get to the right place at the right time, and that a patients' clinical requirements are met by the operational resources available.

When COVID-19 took hold in New York City in March, there was a great deal of emergency management, which was all handled very strategically. Teams were charged with creating surge plans, which were submitted by region and then sent to management—the plans had to be feasible and operationalized. That is the power and strength of being one of 19 hospitals in the Northwell Health system.

“We worked closely with IT to create virtual nursing stations to support the surge units both within the hospitals and outside,” says Mary. “For example, a 35-bed surge unit was created in Greenwich Village to provide a safe place for people who couldn't immediately return to their own homes. And while we did not use the space, we did the planning and work to send patients to Manhattan Eye, Ear and Throat Hospital [MEETH] just in case.”

While COVID-19 presented new challenges, the Lenox Hill team had experience working under difficult conditions having worked through Hurricane Sandy in 2012. In fact, the team opened nursing units that hadn't been used since Hurricane Sandy, and they did so by working closely with TeleTracking to digitally build nursing units and beds for real-time visibility into available capacity. For example, patient attributes to rule out COVID, or identify positive COVID patients, were added in TeleTracking.

“Lenox Hill has a very robust analytics team, and they analyzed the data and built additional COVID dashboards for ease of consumption. The trending information is very helpful,” continues Mary. “The ability to stand up units very quickly was so important. For example, we needed more negative pressure rooms, and so the team moved patients' unit to unit, bed to bed in case they needed to be intubated, they were in the proper location. By using the patient attribute in TeleTracking, everyone knew when a negative pressure room was available.”

Load balancing was also critical. Long Island Jewish Valley Stream and Forest Hills—sister hospitals at the epicenter of the pandemic—were overrun by an influx of COVID-positive patients, so Lenox Hill took transfers to keep the system from breaking under the weight of the surge. Knowing which beds were available made it possible to know where patients could be placed. The EDs triaged patients coming from other hospitals to assess how stable they were before moving them. Sufficient ICU capacity across Northwell Health was very important. At Lenox Hill, four units with 12 beds each were created by using space in the step-down and pediatric units—all of which were filled during the surge. The rooms were designed to enhance visualization. The large windows let staff see patients without having to go in to their rooms, thus reducing the amount of valuable PPE. There were also meetings every morning at 9 a.m. so that the teams could share information, educate themselves, adapt patient care techniques, etc.

“Some of the biggest wins in managing capacity were how nimble we were. I can't say enough about being part of a huge system—you don't have to worry about resources for one—we had the infrastructure and staff to support us,” says Mary. “Nurses from units that were shut down stepped in. For example, a nurse filling in from another unit was always paired with a strong partner. Things were constantly flowing, and we were caring for and placing patients in the most appropriate beds.”

“I could not imagine doing this without TeleTracking. Could you imagine doing this on paper? TeleTracking gave us the ability to share enterprise-wide our bed capacity, and that was so valuable,” concludes Mary. “At the peak we had 340 COVID-19 patients and were taking in 20 patient transfers a day. We had just 10 days to stand up the remote units after the state mandated that hospitals had to increase capacity. Lenox Hill had one of the lowest mortality rates and that was due to the absolute best ICU team. They were in the rooms and never took time off. They are incredible, and I'm honored to be their leader.”



We are honored to be partnering with health systems across the United States and helping them devise effective solutions to keep patients and staff safe—all while delivering the care that is needed and deserved. For more information about what TeleTracking and our clients are doing to combat COVID-19, visit www.teletracking.com/resources.

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EVERY STEP OF THE WAY

MEET THE TECHNICAL SUPPORT TEAM DEDICATED TO YOUR SUCCESS 24/7.

TeleTracking's Technical Support Team is a dedicated client resource of 40 people—available 24 hours a day, seven days a week, 365 days a year. With the pressures health systems are facing because of COVID-19—everything from having to quickly increase capacity, reassign staff, redesign processes and integrate technology—being able to rapidly troubleshoot issues is more essential than ever.

“Our solutions are the heart and soul of a health system, so we are with them every step of the way on their journey,” says Jim Leasure, Director, Technical Support. “TeleTracking’s mission is to ensure that no one will ever have to wait for the care they need—when we’re helping our clients serve their patients, we’re vividly bringing our mission to life.”

When the challenges of COVID-19 began in the spring, hospitals needed help quickly adding units and beds as they increased capacity. While these were big changes for the health systems, these were just a normal part of the team’s day-to-day work. And when things were busier than normal, the team rallied around and did whatever was necessary to make sure client deadlines were met—so staff and patients would have what they needed.

“We have received absolutely wonderful feedback from the hospitals we’re interacting with,” continues Jim. “I have been in this industry since 1991 and this is by far the best team of people I’ve ever worked with—the service and help they provide clients with, along with the respect they have for each other is incredible to be a part of. And I think a big reason for this culture is because across every level of TeleTracking we have a purpose and a mission that everyone believes in, everyone is driving towards, and everyone wants to see succeed.”

That focus on a singular mission also reflects the hard work and focus of TeleTracking’s client delivery team. Their effectiveness in training clients meant that many clients were well-equipped to make the necessary adjustments to meet

their hospital’s specific needs as they met the challenges of COVID-19 head-on—freeing up the technical support team to focus elsewhere.

“It is great to have the opportunity to hold the team up to the light,” concludes Jim. “My job is to support them and give them the tools that they need to support our clients in the best way they can. Not to mention, working in technical support is a tremendous launching point for TeleTracking careers—people have become application deployment engineers and joined the quality assurance team. They are able to talk about how customers are using the solutions and they take that customer mindset with them.”

Tech Support team members have a strong bond while providing the best possible service to clients—and enjoying time together outside the office.



CUSTOMER & EMPLOYEE TESTIMONIALS

"I HAVE CALLED THE TECH SUPPORT LINE A FEW TIMES, AND YOUR STAFF HAS ALWAYS BEEN PROFESSIONAL, KNOWLEDGEABLE, AND HELPFUL. THANK YOU FOR THE SUPPORT DURING THESE TIMES." **INTELLIGENCE ANALYST**

"Working at TeleTracking as a tech support intern has been an incredibly meaningful experience. Like many others at the start of the COVID-19 pandemic, I felt confused and wanted to help. Now I'm proud to say that through TeleTracking, I know I'm helping. Every day I am on the phone assisting hospital workers and healthcare professionals do their jobs as best they can. These workers are under immense pressure at a time like this, so nothing makes me feel better than successfully helping someone. The interactions I have had have always been positive—whether I'm leaving a call with a smile on my face or sharing a laugh with a client. It always reminds me that who I'm on the phone with is a wonderful person who genuinely cares for others. This brings me the greatest sense of purpose I've ever felt before and it's why I love working at TeleTracking."

RYAN MURPHY, TECHNICAL SUPPORT INTERN

"I WISH TO THANK YOU (GARY ROBINSON SPECIFICALLY) FOR YOUR VERY HELPFUL ASSISTANCE. I HAVE FOUND THE TELETRACKING TEAM TO BE VERY RESPONSIVE AND ACCOMMODATING. PLEASE EXTEND MY GRATITUDE TO YOUR COLLEAGUES AS WELL."

DIRECTOR, EMERGENCY MANAGEMENT & SAFETY

"I'VE TALKED TO USERS AND HEARD THEIR CONCERNS; I'VE LEARNED THAT WE ARE NEEDED MORE THAN I EVER REALIZED. THINGS WERE INCREDIBLY TOUGH WHEN WE WERE AT OUR BUSIEST. BUT SEEING THE REST OF THE COMPANY RALLY WITH US TO WORK THROUGH EVERYTHING WAS THE MOST HUMBLING AND BEST MOMENT OF MY CAREER SO FAR."

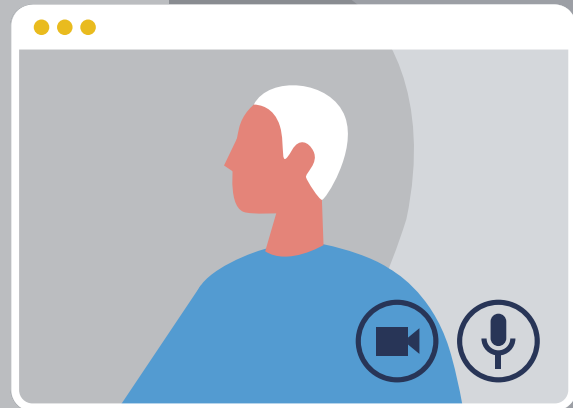
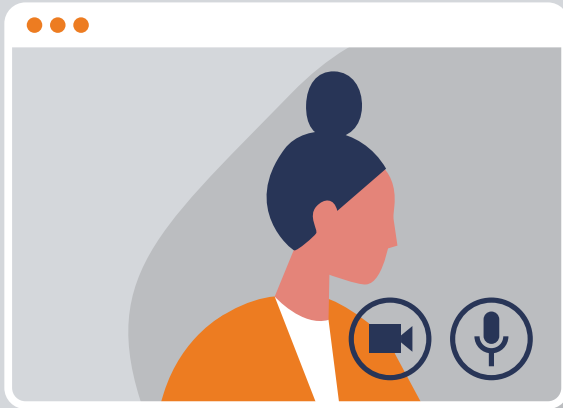
EMILY WATTERSON, TELETRACKING TECHNICAL SUPPORT ENGINEER I

"When I can help someone that is contacting TeleTracking pertaining to COVID-19 and their portal, or if it is just a general question, I feel a great sense of pride. I am not on the front line like the great folks I get to interact with, but I am assisting them behind the scenes. Just knowing that answering a question, or being able to help set up an account, can make a difference for someone is a great feeling. What I get to be a part of is an amazing experience that not many people get to do in their lifetimes. I know that each day I am helping make a difference, and that difference is truly amazing. I just want to personally thank all doctors, nurses, transporters, specialists, physicians, and anyone else I missed for everything you have done, and will continue to do. All of you, along with all of us at TeleTracking, will continue to make that positive difference."

BILL PELINO, TECHNICAL SUPPORT ENGINEER II

VIRTUALLY PERFECT

TeleCon20 goes online and on the record with the information, inspiration, and collaboration we all need right now.



TELECON20
TeleTracking

Our mission is more important than ever before, and we are thankful and forever grateful to the healthcare community—for your perseverance, resilience, and dedication **to ensuring that no one will ever have to wait for the care they need.**

After careful consideration, and to protect the health and well-being of our employees, valued partners, families,

and communities, we have made the decision to transform our Annual Client Conference—and are excited to announce that TeleCon20 will be going virtual the week of October 26, 2020! While we won't be able to meet in person this year, we look forward to the connection, inspiration, and collaboration that a virtual experience will bring!

SOON, WE'LL BE ANNOUNCING OUR:

- ▶ New format,
- ▶ New agenda,
- ▶ New networking opportunities,
- ▶ New speaker lineup,
- ▶ And so much more!

There is no fee to register or attend so save your spot by visiting:

CONFERENCE.TELETRACKING.COM.

We look forward to 'seeing' you in October!

Questions can be directed to Tori Rodgers, Marketing & Events Coordinator, at tori-rodgers@teletracking.com.

