

**CARE TRAFFIC CONTROL**

A new standard of command center success. Learn how to apply and get certified!

**A CAREER DEDICATED TO CARE**

From the ICU and trauma to flight nursing and administration, Lisa Maples always kept her eye on the patient.

**DISASTER READINESS**

Preparing and responding in the most high-pressure situations.

**CLIENT SUCCESS IN ACTION**

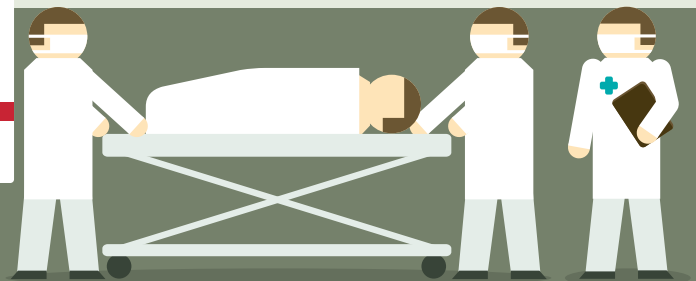
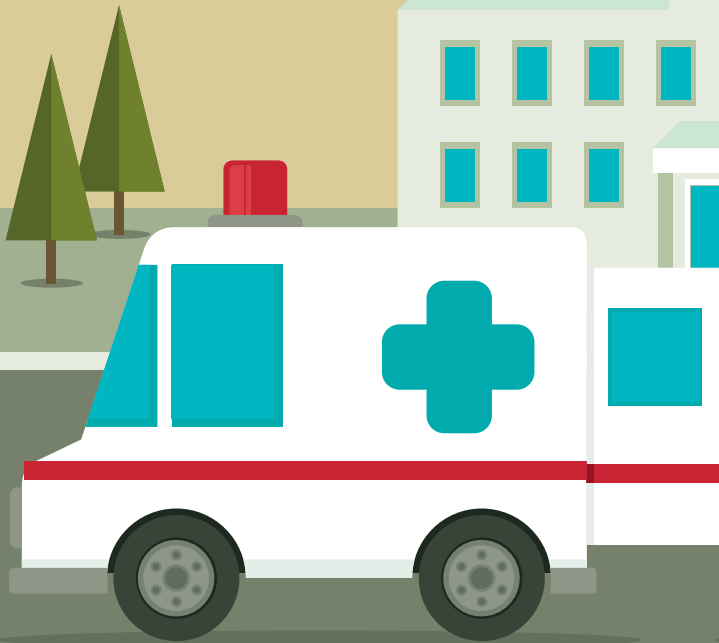
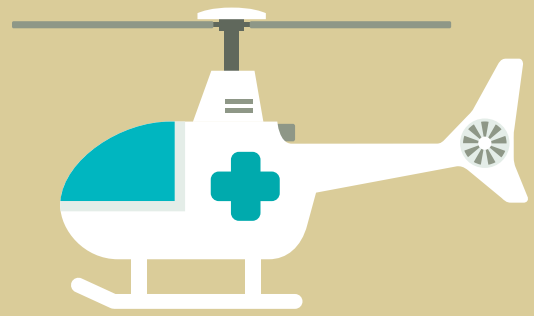
Two stories of outstanding performance in process improvement that is saving lives.

# PATIENT FLOW

*quarterly*<sup>TM</sup>

*Supporting caregivers and patients through action, collaboration and the unmistakable desire to drive results.*

**LIVING**  
*the mission*



*Thank you to these TeleTracking clients who will present at TeleCon19. We greatly appreciate your collaboration, insights and willingness to share your successes so that we can all work towards the goal of having no patient wait for the care they need.*

**BROWARD HEALTH, FT. LAUDERDALE, FL**

**CARILION CLINIC, ROANOKE, VA**

**CHI ST. VINCENT, LITTLE ROCK, AR**

**HEALTH FIRST, MELBOURNE, FL**

**KETTERING HEALTH NETWORK, DAYTON, OH**

**NORTHWELL HEALTH, NEW YORK, NY**

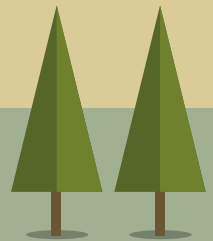
**THE ROYAL WOLVERHAMPTON NHS TRUST, WOLVERHAMPTON, UK**

**UNIVERSITY OF LOUISVILLE HOSPITAL, LOUISVILLE, KY**

**UPMC, PITTSBURGH, PA**

**VCU HEALTH, RICHMOND, VA**

**WASHINGTON REGIONAL MEDICAL CENTER, FAYETTEVILLE, AR**



# CLIENTS, COMMAND CENTERS AND WHY BETTER NEVER STOPS



## Welcome to Issue 14 of PFQ!

*It's been four years since we launched this publication as part of TeleTracking's 25th anniversary. Over the course of these four years, we've continued to evolve, as have you. However, our goal with PFQ remains the same—to bring you stories of interest that are both educational and actionable—because as we often say at TeleTracking, better never stops.*

*Here are some notable high points:*

- In partnership with our clients, we have pushed the operational efficiency agenda forward in some very meaningful ways—configuring TeleTracking for use during a disaster; our ongoing transition to the cloud through the TeleTracking IQ platform; and our continued evolution from the market leader in patient flow management to the pioneers of the health system command center.*
- We now proudly support over 100 Command Centers. In fact, the health IT research firm, KLAS, credits TeleTracking with more health system command center clients than the rest of the vendor field combined.*
- And come TeleCon19, (roughly the time of this PFQ publishing date) we will introduce Care Traffic Control Certified™—a program where we recognize the outstanding accomplishments of those pushing their health system command centers to the forefront of care delivery.*

*To accomplish so much, in so short a time, there are several key tenets that must be held sacred. At TeleTracking, that's our mission—to ensure that no one waits for the care they need. These simple, but powerful words have been—and will continue to be—our true north. We pay homage to it in this issue, and we recognize it in the people whose actions exemplify it every minute, of every day. To live the mission takes more than a plaque on the wall. It takes more than a sharp marketing team. It requires action, collaboration, and a drive for results that serve a greater good.*

*Finally, if you're joining us in Florida and reading this from the JW Marriott Miami Turnberry Resort & Spa, welcome to TeleCon19! We are thrilled you could join us. Thank you for your continued belief in TeleTracking and our mission. If you didn't make it to Miami this year, we hope to see you at TeleCon20 in Las Vegas.*

**KRIS KANETA**  
Managing Editor  
PFQ@teletracking.com

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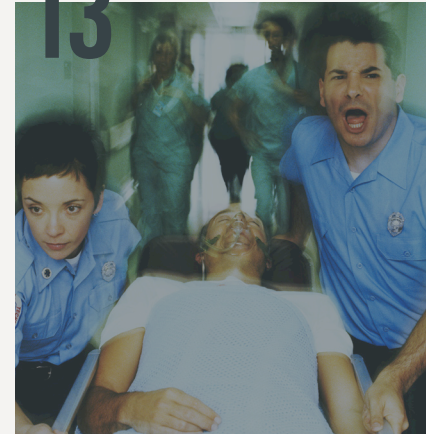
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FALL 2019

A QUARTERLY PUBLICATION FROM **TeleTracking**

*The journey to operational efficiency continues to evolve in some very meaningful ways— with health systems combining people, process and technology to deliver the best care to their patients and the best culture to their caregivers.*

## FEATURE STORY

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A new program to foster collaboration, innovation, and continuous performance improvement between health system command centers.

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A compassionate approach, towards both healthcare workers and the overall community.

## INNOVATION AT WORK

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Real-time data provides the necessary shared awareness to efficiently manage through critical events.

CHALLENGE, ACTION, RESULT —  
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# WHAT'S HAPPENING

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

01. TeleTracking was named Culture Leader of the Year at the Pittsburgh Technology Council's 2019 Tech 50 Awards.
02. *Becker's Hospital Review* published an article on how VCU Health identified its top-quality concern for the 2020 fiscal year as decreasing mortality within the system. VCU Health's, Sharon Bednar, Sr. Performance Improvement Analyst, discussed the initiative and where she sees future innovation.
03. *NPR's Morning Edition* interviewed patients and providers at the Mission of Mercy Pittsburgh free dental clinic. TeleTracking is the founding sponsor of this annual event that delivers life-changing dental care to the underserved members of our community.
04. *South Florida Hospital News* featured Broward Health's Patient Logistics Center and their recent emergency drill that included a direct hit storm scenario.
05. B. Braun announced on July 24, 2019 the integration of their Space Infusion Pump Systems with TeleTracking's RTLS Asset Tracking solution.
06. *Health Tech Newspaper* interviewed Neil Griffiths, Managing Director, TeleTracking EU, who discussed how technology is transforming the bed management process.
07. *Healthcare Purchasing News* covered Memorial Medical Center's Environmental Services department and how they cut bed turnover time in half.
08. *Health Data Management* named the 2019 class of Most Powerful Women in Healthcare IT leadership across the country, which included Kelley Barry, Senior Clinical Applications Analyst, VCU Health and Kelly Jones, Clinical Informatics Manager, Stamford Health.

# EVENTS

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

## **HIMSS GLOBAL HEALTH CONFERENCE & EXHIBITION**

**March 9-13, 2020**

**Orlando, FL**

**Orange County Convention Center**

The HIMSS Global Health Conference & Exhibition brings together 40,000+ health IT professionals, clinicians, executives and vendors from around the world. Exceptional education, world-class speakers, cutting-edge health IT products and powerful networking are hallmarks of this industry-leading conference. [himssconference.org](http://himssconference.org)

**CHALLENGE**  
**ACTION**  
**RESULT**

SETTING THE  
BAR FOR  
SUCCESS  
IN ACTION

# THE MID AND SOUTH ESSEX UNIVERSITY HOSPITALS GROUP (MSE)

*Billericay, United Kingdom*



The Mid and South Essex University Hospitals Group (MSE) is comprised of three hospitals—Mid Essex, Southend and Basildon. MSE is an 1,800 bed system committed to providing the highest quality patient care. The planned merger of the hospitals, slated for 2020, was viewed as an opportunity to review workflows and operationalize the care continuum in order to improve overall efficiency, maximize capacity and provide excellent patient care. Mid Essex Hospital Services NHS Trust provides a comprehensive range of acute and community-based services to a local population of approximately 371,000. Southend University Hospital provides health care for nearly 330,000 people through a comprehensive range of acute services found at the main Prittlewell Chase site and at outlying satellite clinics across the region. Basildon and Thurrock University Hospitals NHS Foundation Trust primarily provides services for 405,000 people living in southwest Essex covering Basildon and Thurrock, together with parts of Brentwood and Castle Point.

## CHALLENGE

- Each year, NHS Trusts spend between £2 million and £7 million adding capacity in an effort to treat more patients. Some have attempted building new wards and adding more beds, but the challenges remain the same because core operational issues haven't been addressed.
- A common challenge among NHS Trusts is a lack of visibility related to real-time bed capacity—leading to beds not being cleaned as soon as they became available, and the inability to fill beds when they were clean and ready. Periodically, nurses would roam wards to find beds. Nurses were also sometimes tasked with bed preparation, which would cause delays in bed turnaround, in addition to patients being placed in the wrong wards because ED beds are typically allocated on 'time waited' rather than 'care needed.' Combined, these factors impacted getting the right patient into the right bed.
- Manual approaches to key processes were impacting the co-ordination of admissions and discharges from the hospitals.

## ACTION

- The merger of the hospitals was viewed as an opportunity to review workflows and operationalize the care continuum in order to improve overall efficiency, maximize capacity and provide excellent patient care.
- The decision was made to launch a centralized control center to improve co-ordination of patient admissions and discharges among the three sites and their satellite locations, and to provide visibility across the entire MSE system, allowing caregivers to view and anticipate bed demand and availability in real-time. MSE also analyzes operations by using predictive models to anticipate downstream demand and adjust resources to changing circumstances in real-time.
- The centralized control center allows MSE to identify root causes of operational inefficiencies across the enterprise and make the correct decisions to eliminate those inefficiencies—contributing to reducing patient wait times, decreasing discharge times and lowering a patient's length of stay.
- The 1,150-square foot facility is operated 24/7, 365 days a year by a staff of 52 nursing professionals.
- Operational decisions are driven by an independent executive team and a managing director for each hospital in the group. In addition, a complimenting mobile app allows caregivers to view bed status in real-time from their devices to make data-driven decisions, ensuring that patients get to the right bed sooner and receive the care that they need.
- The centralized control center also makes it possible to track the location and use of equipment across all MSE sites to ensure that it is in the right place at the right time.

## RESULTS

- The implementation of the centralized control center has provided the tools to analyze metrics and determine the factors that are driving those metrics. With this information, the trusts now have a complete picture of the overall patient flow process, as well as the actionable data to make the adjustments that result in an enhanced patient experience. For example:
- Nurse time back to care [August 2019]—406 hours per week
  - Bed assignment time (time waiting in ED for a bed to be assigned) reduction [November 2018-August 2019]—Mid Essex Hospital Services had a 56% reduction; Southend University Hospital had a 52% reduction; and the overall average was a 17.4% reduction
  - Cancelled operations (number of last-minute elective operations canceled for non-clinical reasons) reduction [based on averages using April-June 2018 data compared to April-June 2019 data]—Southend University Hospital had a 46.6% reduction and the overall average was a 17.4% reduction
- With the improved operational efficiencies generated by the control center, the wards are quieter and consequently less stressful for the nursing staff. In addition, patients are receiving the care they need more quickly, improving both their satisfaction level and overall outcomes.

# CARE TRAFFIC CONTROL

The Ultimate Standard in  
Command Center Success

For close to three decades, TeleTracking has recognized the benefits of a centralized approach to care—which led to the development of the Health System Command Center—and an entirely new market segment. Having launched more than 100 Command Centers, we know how much effort goes into centralizing operations and integrating people, process and technology. And now we want to recognize that work with a new program that takes Command Centers to the next level by giving you the opportunity to become Care Traffic Control Certified™. In addition to creating a standard set of criteria to measure Command Center success, the program is also designed to foster collaboration, innovation and continuous performance improvement between centers.



“We pioneered the technology, and now by offering Health System Command Centers the ability to join a collaborative and become Care Traffic Control Certified™, we are adding additional depth to the overall client experience,” says Chris Johnson, TeleTracking’s President. “We are establishing standards and benchmarks to determine the operational maturity of a Health System Command Center, while at the same time creating a framework to facilitate knowledge-sharing. Eventually, this will be a way to recognize the industry’s most advanced centers.”

For example, health systems that become Care Traffic Control Certified™ will have access to subject matter experts who can share outcomes and experiences from other participants to enhance learning. Health systems will also be recognized as true leaders in command center operations—and can promote that fact with the Care Traffic Control Certified™ logo.

## Start the Process: Care Traffic Control Certified Criteria

Ready to have your accomplishments recognized? Ready to collaborate with your peers? Here’s the criteria to get started:

- A centralized patient access and placement process for the hospital if you’re a single facility or the main campus, plus one additional facility at a minimum, if you’re a multi-facility enterprise.
- A way to demonstrate visibility for incoming demand—and ways to track existing and projected capacity.
- A process for collecting and tracking data on performance metrics and adhering to best practices.
- A process for patient flow governance—such as a cross-departmental patient flow council that meets regularly.
- And finally, a willingness to show your pride and appear on a public list of Care Traffic Control Certified™ centers.

## How to Apply

Complete the online application that can be found on Knowledge Bridge [TeleTracking’s client portal] after TeleCon by providing the following information:

- Patient flow governance document, such as a charter that demonstrates your governance process.
- Photo and/or floorplan of your Health System Command Center that shows the co-location of patient access and placement roles, along with other functions that may be part of your center.

- List of other current system certifications and awards such as the Baldrige Award.
- Performance data such as transfer volume, emergency department and PACU hold hours, as well as patient and physician satisfaction scores, monthly patient volume managed by your command center and demographic information.

## Reviewed by Experts

We’ve assembled a team of experts to review every application—including a panel of TeleTracking clinical operations professionals, along with an anonymized, peer review by Health System Command Center leaders. The overall evaluation and decision process are driven by a demonstrated commitment to continuous performance improvement.

Application periods to become Care Traffic Control Certified™ are twice a year. New health systems will be announced in the fall at TeleCon and in the spring at HIMSS. If you don’t achieve certification on the first try, don’t give up! We understand it’s a journey and so you may reapply and try again in any following application period.

The obligations of Care Traffic Control Certified™ centers are simple. You simply have to notify TeleTracking if there are material changes to your center related to certification (e.g., your health system is acquired, you’re no longer an active user of TeleTracking solutions or services as part of your Command Center). The certification is valid for two years as long as you continue to meet the requirements and then you may always reapply.

## How the Data is Used

Health system specific data is kept strictly confidential. PHI is not required as part of this program and should not be shared or submitted by a health system as part of the program.

- A panel of clinical operations experts reviews the data and other application materials to verify Health System Command Center structure, governance, and practices for the purposes of making a certification determination.
- The data may be anonymized and provided to one or more peer reviewers for validation.
- Anonymized data may be aggregated for benchmark purposes.

“We encourage you to join this collaborative of peers to keep the momentum strong in Health System Command Center operations, create the most advanced centers to drive excellence in patient care and continue innovation in this new industry segment,” concludes Chris Johnson, TeleTracking President.



# LIVING *the mission*

## REFLECTIONS ON CAREGIVING AND COMMUNITY

“To ensure that no one has to wait for the care that they need.” These simple words have been TeleTracking’s guide and inspiration for close to 30 years. Every day, every employee lives this mission—from analyzing workflows, to bringing solutions to life that support our clients’ work. Living the mission also means being selfless and ready to lend a helping hand to those in our community who are less fortunate—another way of delivering on the importance of being a caregiver.

### CARE AT THE BEDSIDE AND BEYOND

This compassionate approach, towards both healthcare workers and the overall community, emanates from Michael Zamagias, TeleTracking’s Chairman and CEO. The lack of time caregivers have to dedicate to healing the sick—and finding ways to give them that time through operational technology—that’s the important role Zamagias plays in living and delivering on the promise of TeleTracking’s mission.

“If a caregiver is working on anything other than caregiving, that is problematic,” says Zamagias. “Yet, we know that at many health systems, a great deal of time is spent working on problems outside of their core skill set. A Health Affairs.org<sup>1</sup> study states that nurses spend approximately seven percent of their time hunting for supplies such as medications, infusion pumps and nutritional supplements. There are also inefficiencies in getting patients or equipment from point A to point B that need to be streamlined. At the same time, we know that no one works harder than people in health care—and yet they are also incredibly underappreciated. That’s why we try to put the love back into the care—every minute of every day should be doing productive work, not frustrating work.”

As health care has evolved, TeleTracking has evolved too. As the industry shifted from free-standing hospitals to integrated delivery networks,

TeleTracking’s combination of people, process and technology—which started off as a way to manage beds—has become a comprehensive approach to patient care through Health System Command Centers. This powerful platform is the nervous system that can control the mechanical functions of the path of the patient.

“When we started in 1991, we were working closely with environmental service teams. Now we are working closely with senior leaders in the board room,” continues Zamagias. “And that’s because we’ve learned more and more about how to interconnect efficiency and making caregiving enjoyable. In fact, we’ve had nurses and doctors say if TeleTracking isn’t there they wouldn’t be there either. The real-time visibility—along with the multi-dimensional approach to operations that TeleTracking provides—is what drives those levels of loyalty and we reward that loyalty by living our mission every day.”

And finding ways to keep caregivers loyal and engaged is more important than ever. According to the Bureau of Labor Statistics’ projections<sup>2</sup>, there will be a need for an additional 203,700 new RNs each year through 2026 to both fill newly created positions and replace retiring nurses. Of the nurses who are working, more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work-life, the quality of patient care, and the amount of time nurses can spend with patients. Nurses also see these shortages as a catalyst for increasing stress on nurses (98%), lowering patient care quality (93%) and causing nurses to leave the profession (93%).

“These numbers are sobering, and finding ways to turn that tide is one of the great unmet needs,” adds Zamagias. “And this is where capitalism and creativity come together. We want to stop the frustration, and we want to put the ‘care’ back in caregivers’ lives.”

<sup>1</sup>Source for HealthAffairs.com article: <https://www.healthaffairs.org/doi/10.1377/hblog20190321.822588/full/>

<sup>2</sup>Source for Bureau of Labor: <https://www.aacnursing.org/News-Information/Fact-Sheets/Nursing-Shortage/>

## WARM WORDS FROM MISSION OF MERCY PITTSBURGH PATIENTS

*“THE MOST AMAZING VOLUNTEERS. I AM SO BLESSED TO RECEIVE CARE. THE BEST DENTAL EXPERIENCE YET.”*

*“YOU GUYS WERE AMAZING! EVERY SINGLE PERSON I MET WAS HELPFUL, CARING AND EFFICIENT!”*

*“YOUR ORGANIZATION TRULY HELPED ME. THE PAIN PHYSICALLY AND EMOTIONALLY WAS ALMOST INTOLERABLE.”*

L-R: Daniel Pituch, DMD, MD; dental patient; Michael Zamagias



## CARE IN THE COMMUNITY

The idea of having an impact on caregiving extends into the community too. For example, when Zamagias learned about the number of people without access to dental care, TeleTracking became the founding sponsor of Mission of Mercy Pittsburgh [MOMPGH]. MOMPGH delivers life-changing dental care to underserved members of the community through an annual, two-day, free dental clinic. The 2019 clinic, held July 26-27, had 100 full-service dental chairs and close to 1,500 volunteers helping 1,302 patients from all walks of life—elevating their dignity, alleviating their pain, increasing their confidence and giving them their bright smiles back. In fact, Pittsburgh is, to our knowledge, the only city in the United States to offer an annual, two-day, free dental clinic of this scale.

TeleTracking's TeleCares Program supports a wide range of other community programs, including Imani Christian Academy, a K-12 school for economically-disadvantaged children. With the support they receive, 90% of the students go on to attend college. Employees also have access to \$250 grants to help the charities that mean the most to them. Employees also participate in other activities throughout the year—from ringing bells for the Salvation Army Red Kettle campaign and donating items for Thanksgiving on Every Table, to assembling care packages for deployed soldiers and participating in the local MS Walk.

“Giving back is a key part of our principles at TeleTracking,” Zamagias concludes. “Everyone at TeleTracking has created a life bigger than themselves—and when everyone pursues that life, we all become bigger collectively. The reach is greater, and the impact is greater—and who knows what can happen when you change someone's life by giving them the care and support they need. That's what makes a great purposeful life and that's what living the mission means.”



# DISASTER *readiness*

THREE STORIES OF RESPONSIVENESS AND RESILIENCE

Disasters—from wildfires, hurricanes and tornados to flu outbreaks and mass shootings—are unfortunately a part of life. During these difficult times, the benefits of a centralized approach to care emerge—and demonstrate how important planning and regular disaster drills are. This type of preparation is tremendously impactful—especially when mere seconds can mean the difference between life and death.

TeleTracking knows the impact these high-pressure situations have on caregivers—we've heard their stories, absorbed their input and developed streamlined workflows and technology solutions to help them with their operations. This comprehensive approach leads to real-time data—and provides the necessary shared awareness for efficiently managing through such critical events.

Three health systems recently had to put what they had done during drills into practice—Kettering Health Network in Dayton, OH; Broward Health in Ft. Lauderdale, FL; and University Medical Center in El Paso, TX. John Weimer, Vice President of Emergency and Trauma Services at Kettering Health Network; Justin Willis, Nurse Manager, Centralized Patient Logistics Center at Broward Health; and Jesus Reverol, Industrial Engineer at University Medical Center of El Paso share their experiences.

**PFQ: Explain the recent disaster that your hospital/system responded to?**

**Weimer:** We were recently impacted by the mass shooting in Dayton's Oregon District on August 4th, 2019. The shooter was neutralized by the Dayton police department within 30 seconds, however, there were 40 casualties including nine fatalities, as well as the deceased shooter.

**Willis:** We were in the forecast cone for Hurricane Dorian, the Category 5 hurricane that stalled over the northern Bahamas in early September.

**Reverol:** Mid-morning on Saturday, August 3, 2019, University Medical Center (UMC) received a surge of trauma patients from a mass casualty shooting event, approximately five miles from our campus. An active shooter with an assault rifle opened fire in a Walmart, killing and injuring customers.

**Q: How many patients were transferred into /out of your facility because of this event?**

**Weimer:** Three of our hospitals received casualties—a total of 14 patients.

**Willis:** We received several patients from the Bahamas, however, it did not impact daily operations.

**Reverol:** We received a total of 15 patients as a result of the shooting. One of the 15 patients was transferred to UMC from Del Sol Medical Center to receive more advanced surgical care. Two of the 15 patients were children with minor injuries that were later transferred to El Paso Children's Hospital where they were subsequently treated and released 24 hours after they arrived.

**Q: How prepared were you for the disaster?**

**Reverol:** UMC is very fortunate to have strong executive leaders that support our Emergency Preparedness Committee. This committee is chaired by UMC's Safety Officer and Director of Safety Operations. The chairs of this committee facilitate training exercises annually.

UMC's most recent training was March 2019, with an active shooter exercise. Participating members included the El Paso Children's Hospital (EPCH), local law enforcement officers and the Texas Tech University Health Sciences Center. The objectives were to evaluate our hospital policies and procedures for the active threat; demonstrate timely activation and use of the Hospital Incident Command Center (HICS) and our emergency management system; identify the resources needed and those available within the hospital during the active threat; identify department training needs; identify emergency management needs at the hospital and provide senior leadership with input on active threat training/planning needs.

**Q: Were you able to operate 'normally' despite the disaster?**

**Weimer:** By activating our emergency operation plan and standing up the Emergency Operations Center with hospital incident command, we were able to handle the surge of patients without compromising normal operations. It is worth noting that the time of the incident was very early morning, no elective procedures were scheduled during this time making access to surgical suites a non-issue.

**Reverol:** Our emergency department triaged patients and did not divert any patients to other hospitals. Nor did we divert EMS/ambulance traffic to other hospitals. Our hospital was able to operate "normally" despite the disaster. This demonstrates teamwork and the ability to prioritize the needs of the patients with the required resources.

Various department team members came in without having to be called. As soon as some heard the news, they immediately came to the hospital to offer their assistance. And our departments really pulled together because everyone's job, at every level, became crucial. Environmental Services shined the brightest as their assistance was essential to ensuring rooms were turned over promptly for the next patient. The phlebotomists who came in to assist the blood bank team members were another shining example—emphasizing our ability to keep up with the massive blood transfusions that some of the severely injured patients required.

The technology aspect was also extremely vital. Keeping track of the patients that came through our doors, and their disposition, was not only important to our operations—it was also important to law enforcement and family members who needed to know who was receiving treatment at our trauma center. Patient name reconciliation was done electronically and shared through our web-based Emergency Operations Command Center Network.

**Q: Do you regularly drill for disasters?**

**Willis:** Yes, we do semi-annual drills to prepare for hurricanes and mass casualty events. We did not sustain a direct hit from Hurricane Dorian, so it was an opportunity for us to do refresher training with the Patient Logistics Center and hospital staff to ensure everyone had proper access and knew what their responsibilities were.

**Q: Did you co-locate your incident command system in your operational command center?**

**Willis:** We did not co-locate our incident command system with our operational command center, however, census data and bed availability from TeleTracking were available. As our center evolves, we are considering integrating them in the future.

**Reverol:** Initially they were co-located, then we made the decision to separate them due to space constraints, the number of responders and campus safety concerns. The two were rejoined during a second debriefing and at the closing debriefing sessions. While they were co-located, both the Hospital Incident Command and the command center worked in tandem, feeding information to each other regarding bed availability and status, pending and confirmed discharges, and dispatched EVS and transportation through TeleTracking as needed.

**Q: Did you rely on paper or technology during the disaster?**

**Willis:** We relied on technology. We used real-time census data to report directly to the State of Florida regarding our bed availability. We also trained hospital staff to pre-triage patients in case we needed to prioritize evacuations using the trauma triage tagging system (green, yellow, red, black). We also had the ability to track staff, visitors and non-patient boarders through TeleTracking.

*We are very fortunate to have strong executive leaders that support our Emergency Preparedness Committee.*

– UMC EL PASO

**Q: Please share three lessons you learned that your peers should consider as they prepare for the next event?**

**Weimer:**

- (1) Drill with the community, including the agencies you will be working with during a large event. Relying on established relationships proved to be invaluable during our response.
- (2) Have a plan for media. Our public information officer was inundated with requests almost immediately, including international media outlets. A crisis communications plan is essential.
- (3) Utilizing an after-action process to evaluate and formally document a response is also essential. It is important to get feedback from all levels of the organization to ensure continued quality improvement and planning for future events.

**Willis:**

- (1) Pre-train both nursing leadership and the patient access staff on how to register patients in TeleTracking, without involving the ADT system.
- (2) Have a defined evacuation triage system in place.
- (3) Pre-determine the physical locations of where your disaster locations will be.

**Reverol:**

- (1) Participate in as many exercises/drills available at the regional level. Each drill should have pre-assigned objectives and participants should take a good hard look at any exposed weaknesses and rectify them before an actual event occurs.
- (2) Establish solid communications with multiple agencies, from law enforcement to behavioral health agencies.
- (3) Practice like you play by involving all the departments that would be impacted by such an event because the ability to work as a team is essential.



## CONSTANTLY IMPROVING THE PATIENT EXPERIENCE

Lisa Maples' career-long dedication.

*As Director of Centralized Patient Logistics, Lisa Maples, RN, BSN, MSHSA provided leadership for the multiple departments that impacted patient flow across the Health First Integrated Delivery Network (IDN). Lisa recently retired and took a few minutes to share her thoughts on what it takes to launch and sustain a successful patient flow strategy, along with the staff members and patients who had an impact on her over the years.*

### AN ORIGIN ROOTED IN CARE

"I have been an RN for more than 30 years. I graduated with a BSN and started my career working in a med/surg unit, eventually transferring to the ICU after a year—but I always knew that I would end up in the ED because I knew that emergency nursing was my true calling. When the right opportunity became available, I moved to a Level 1 trauma center as a staff RN. I worked my way into the trauma room and never looked back. I spent 12 years at this center and was the director by the end of my time there. I also spent a few years doing part-time flight nursing during this time. I then spent the next eight years as an administrative director for a couple of different emergency departments—including having responsibility for two urgent care centers. At that point, I was looking for something different and found the patient flow role at Health First. I had only seen patient flow—and the opportunities for improvement—from the emergency department side and was very interested to see it from the inpatient side. I took a new role at Health First as the Patient Flow Administrator and within six months I had also taken on the role of managing

the staffing office and the house supervisors. The patient flow role morphed into a role that allowed us to centralize patient flow across the IDN, by adding the flight team, flight communications, centralized registration, non-medical stretcher transport and the transfer center under the one umbrella of Centralized Patient Logistics."

### CUTTING WASTE AND IMPROVING PATIENT EXPERIENCE

"About six years ago we had TeleTracking do an assessment for Health First. We had Capacity Management™ Suite in place for about 10 years but were not using it to its full capacity. The assessment returned over 30 areas of improvement in order to be in compliance with best practices. One of the first things we did was look at workflows in the ED, as well as the inpatient nursing units. We wanted to approach the changes in a way that would have minimal impact on the workflow of the caregivers at the bedside. Watching the workflows showed us the areas where we could interface with the flow of information once the caregiver had completed their usual documentation. The next step involved looking at our process for moving patients from the ED to the inpatient units with a team of frontline caregivers. The end result was the development of a process that removed waste and made for a smooth patient experience. With these processes in place, we then moved on to centralizing the key areas that impacted patient flow. Bed control, transfer center, discharge transport, direct admits and non-patient facing registration went from being done at the hospital level to being done in a centralized location. Online and face-to-face education was completed with associates, information on patient flow was added to the new associate orientation and a TeleTracking subject matter expert was added to our Operational Excellence Team for support."

### GROWTH THROUGH CENTRALIZATION

"One of the biggest accomplishments for my team was the launch of our Transfer Center. We knew that we could improve the number of incoming patients to our facilities, so we pulled together a team and started working on the process to make it happen. The Operational Excellence Team helped us map our old processes and then develop new streamlined ones. Our new process was based on the phrase, "We always say yes!" We started following the metrics for request to accept times for our transfers, denials of transfers and the number of non-Health First to Health First transfers that were coming to us on a monthly basis. Once we had our process in place, we went out to the surrounding facilities and presented information on our transfer center and handed out transfer packets with my number for them to call with any concerns. We quickly started to see our transfer volume grow month over month. In fact, over the course of five years, we saw 60% growth in our non-Health First to Health First transfers—and saw transfers to our community hospitals grow by 30%.

The other great accomplishment for the team was when we initially went live with Centralized Bed Control. We moved from the nursing units assigning beds to our Centralized Bed Control assigning beds. The nursing units could still determine where they wanted their patients and prioritize their workflow—but Centralized Bed Control was now constantly scanning to assign the beds within a goal of five minutes after the ready-to-

move timer was active. The first day we began assigning beds we went from an average of 120 minutes for a bed assignment to 14 minutes. And we continued to move that number down to our current average of 5-10 minutes on most patients."

### MAKING ROOM TO GROW

"I think one of the biggest changes I've seen in health care from a patient flow perspective is the view that emergency department overcrowding is an organization-wide opportunity for improvement. This has allowed patient flow improvements to be tackled in a comprehensive way by the emergency department, physicians, inpatient units, testing areas, transport and environmental services. We have seen over the years how all of these areas impact the flow of a patient through our organization. By utilizing the tools that allow us to have real-time insight into how long it takes for a physician to write the inpatient order, or how many minutes are spent getting a test done, or how long it takes for transport to respond, or for environmental services to clean a room we are able to detect where there are delays and can then focus on decreasing the delays."

### REAPING THE REAL REWARDS

"One of the most impactful moments for me came from a patient's family. In Centralized Patient Logistics we impacted every patient that came to our organization seeking care, but we never actually saw them. Our area also scheduled outpatient blood transfusions for two of our facilities. This process included being called by a physician to schedule the transfusion, sending and reviewing orders, arranging with the facility for a time for the patient to come in and then notifying the patient of the time they were scheduled. Many of our patients received multiple transfusions over a span of time. One such patient we spoke with almost on a weekly basis. She was a wonderful, kind person and we all found it incredibly enjoyable when we were able to speak with her and get her care arranged. She began telling us about her family and her daily life when she called. We truly bonded with this patient even though we never met face-to-face. One day her husband called and told us that his wife had passed away the day before, and he knew we would want to know. In the middle of his grief, he took the time to call us and let us know what an impact we had made on his wife and how much she liked talking to us when she needed care. For my team, that was confirmation that what we do on a daily basis matters!"


### ON MAKING TIME FOR WHAT MATTERS THE MOST

"My plan for retirement is to enjoy spending a lot more time with my family. We will be camping and enjoying campfires and s'mores. I will eventually probably volunteer at our local hospital—I just can't stay away from health care! I have enjoyed my career and the people I have met and cared for over the years. Nursing is a great profession that allows you multiple opportunities to make a difference in this world."



# UNIVERSITY OF LOUISVILLE HOSPITAL [UofL]

*Louisville, Kentucky*

-  CHALLENGE //
-  ACTION //
-  RESULT //

## CHALLENGE

- Extensive competition existed between area health systems for both patients and team members.
- In July of 2017, UofL ended its relationship with its parent organization, KentuckyOne Health, and a multi-disciplinary black belt team was formed to address challenges within the organization—one of which had to do with technology infrastructure.
- Capacity was typically between 88%-105% due to the average length of stay of 6.1 days and ED/PACU boarding—which meant diverting patients was common.
- Members of the nursing team were doing tasks that were not the best use of their skills thus taking them away from their core mission of caregiving—such as transporting discharged patients.

There was also a large footprint for team members to navigate across the hospital.

- Issues in the discharge process included delaying discharges in order to avoid new admissions, a lack of communications between departments and a lack of non-emergency transportation services to support the needs of discharged patients.

## ACTION

- At the same time the KentuckyOne Health relationship ended, UofL Hospital created an access center, led by the capacity management director who was tasked with addressing capacity challenges. The initial focus was on improving discharge efficiency—including monitoring the number discharges occurring by 11a.m. and 2p.m., completing the necessary tasks pending discharge and ensuring that a patient had the proper transportation arranged in order to be discharged.

*University of Louisville Hospital [UofL]—an academic teaching and research hospital with 340 beds—is located in the heart of the Louisville metro area. UofL is the only Level I trauma center and adult burn unit in the region, admitting more than 3,000 patients each year—including 1,500 patients who live outside Jefferson County and its surrounding communities. UofL also includes a top-notch cancer center and a uniquely streamlined, nationally accredited stroke center—the latest innovations in a long history of world-class care. The goal of UofL process improvement is not just to save lives and restore health, but to get patients back to enjoying their lives as fully and quickly as possible.*

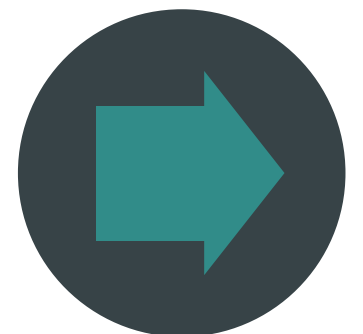
- Metrics started being reported across the organization and presented to hospital leadership at a monthly meeting. These meetings resulted in the creation of a multi-disciplinary patient flow council.

- Prioritization of patient transports is essential to the discharge process, and the decision was made to place a registered nurse in the transport manager role. The transport department was further transformed with a process change that involved ensuring patients were actually ready for discharge before a transport request was made. Transport staff was also increased during peak hours of discharge volume. In addition, wi-fi access points were increased to support the shift to improved communication using iPhones.

- Another nursing staffing change included having a charge nurse dedicated to assisting with patient downgrades to observation status, discharges and overall patient flow.

- Monitors were installed on all units displaying TeleTracking's PatientTracking Portal. Icons illustrating patient status and their progression towards discharge was another way to improve discharge readiness communications amongst caregivers.

- Collaboration with case management led to the implementation of rapid rounds on all inpatient units, as well as the establishment of a daily afternoon huddle to assess discharge readiness—and if appropriate, start the tasks necessary for discharge. In addition, the discharge order process was revised so that any attending physician can now sign the discharge order rather than just the admitting provider.





## RESULTS

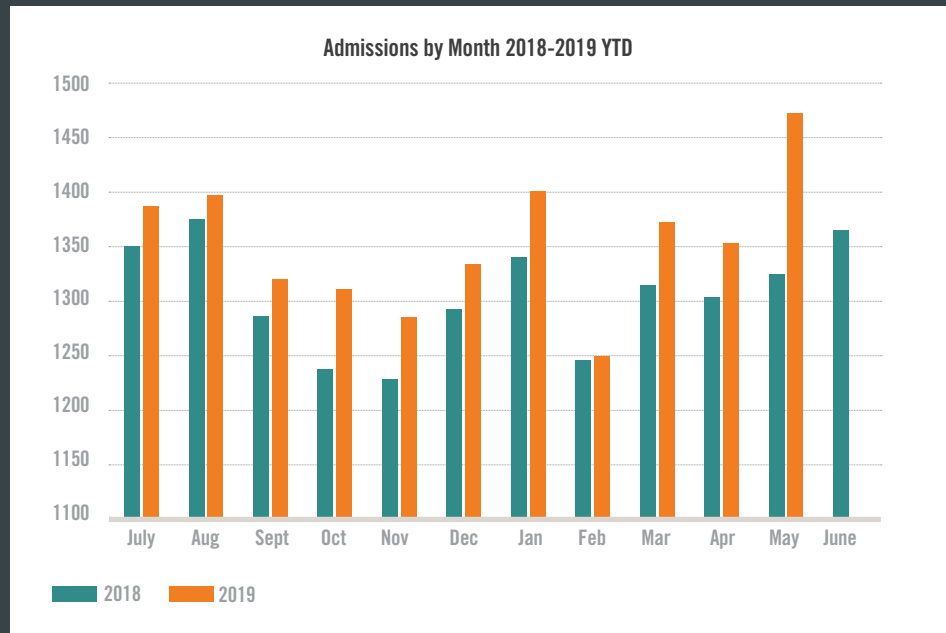
Strong support from senior leadership, the dedication of the entire UofL team led by a passionate advocate for patient flow, and the combination of people, process and technology has resulted in the following outcomes in a very short period of time:

- The ability to admit and provide care for 589 additional patients January—September 2019
- A 525-hour reduction in capacity status hours and a decrease in patient length of stay from 6.1 days to 5.3 days
- An increase in discharge compliance from 39% to 56%
- 169 additional OR cases
- An increase in the number of patient transport trips from 3,604 per month to 5,135 per month and decrease in total trip time of more than 5 minutes

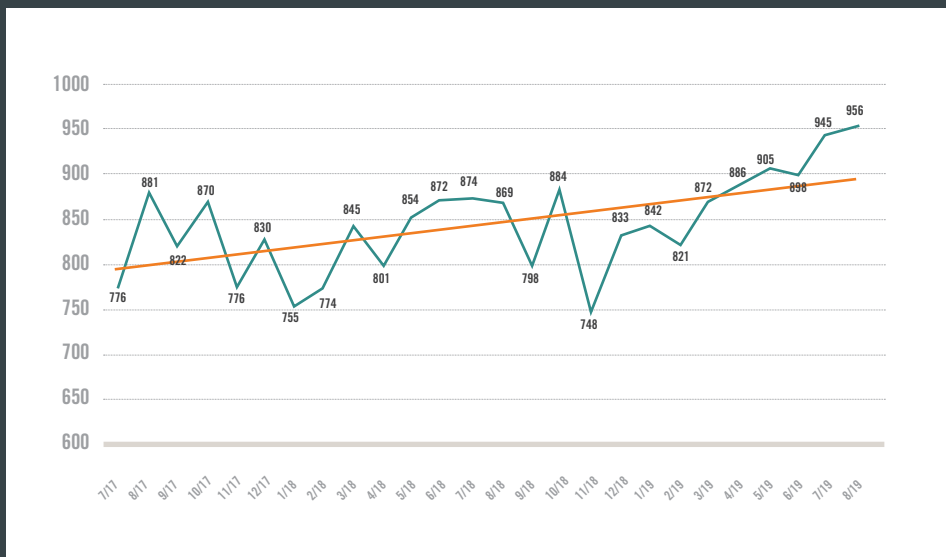
Next steps include rounding and continued education to maintain momentum—along with continued analysis of data and process to identify areas of improvement. Soon, UofL plans to add the emergency department as a transport origin and destination to aid in pulling patients out of the ED and on to the units to improve patient flow. And, in the near future, the goal is to establish a Health System Command Center that will provide visibility across the entire Louisville UL Health Campus to facilitate care throughout all medical facilities and the community.



## ADDITIONAL CAPACITY FOR PATIENT CARE



## MONTHLY MAIN OR CASE VOLUMES



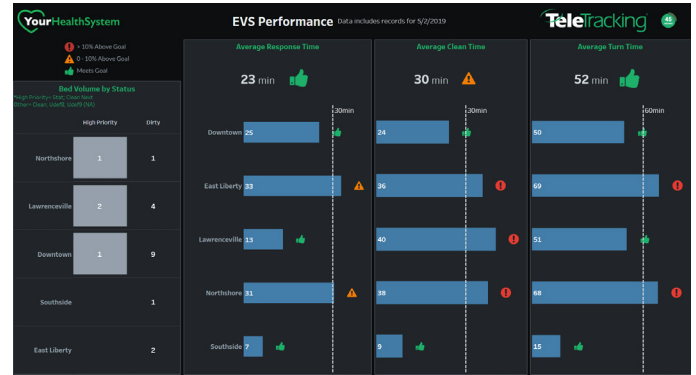
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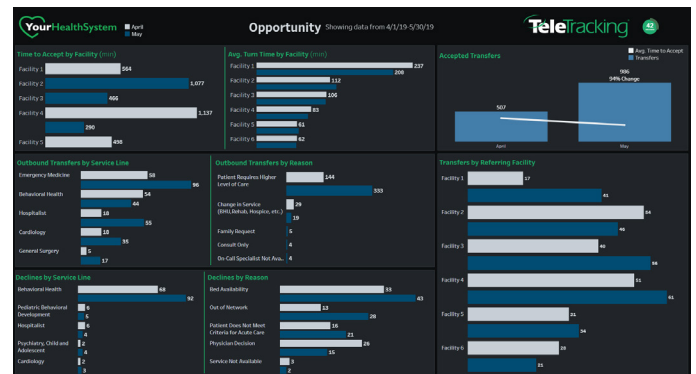
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