SQUEEZING WATER FROM A STONE:
MAXIMIZE YOUR EXISTING RESOURCES AND ENHANCE YOUR PATIENT FLOW PROGRAM

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Healthcare Reform

Much of the coverage of the health care reform law in its early stages has focused on efforts to expand health insurance coverage. But the law has another focus as well.....improving the quality and value of medical care.

Hospital Value-Based Purchasing Program

The Department of Health and Human Services (HHS) announced on April 29, 2011 the Hospital Value-Based Purchasing Program, created under the Affordable Care Act.

This program provides hospitals with incentive payments based on their performance on health care quality measures such as:

- How quickly do heart attack patients receive interventional procedures?
- How often do patients with heart failure get the discharge instructions they need to help them care for themselves?
- How satisfied are patients with their experience of care at the hospital?

April 29, 2011
Don Berwick – Administrator, Centers for Medicare & Medicaid Services
What can we expect from Healthcare Reform?

Effective as of 2012

- Physician payment reforms are implemented in Medicare to enhance primary care services and encourage doctors to form "accountable care organizations" to improve quality and efficiency of care.

- An accountable care organization (ACO) is a type of payment and delivery reform model that starts to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated health care providers form an ACO, which then provides care to a group of patients.

- An incentive program is established in Medicare for acute care hospitals to improve quality outcomes.

Healthcare.gov

What can we expect from Healthcare Reform?

Effective as of 2013

- The Centers for Medicare and Medicaid Services begin tracking hospital readmission rates and puts in place financial incentives to reduce preventable readmissions.

A national pilot program is established for Medicare on payment bundling to encourage doctors, hospitals and other care providers to better coordinate patient care.

Healthcare.gov

How can an efficient patient flow program help?

**Goals**

- Ensure timely access to healthcare for all
- Improve the quality of care
- Ensure safe patient outcomes
- Reduce Hospital Acquired Infections (HAI)
- Prevent readmissions

**Strategies for Goal Achievement**

- Obtain immediate notification of patient discharge
- Decrease bed turnover times
- Decrease patient wait-times
- Assign the right patient into the right bed the first time preventing lateral moves
- Ensure timely transfer of ready patients into ready beds
- Track patient movement throughout the course of stay
- Notify physicians real-time that lab/test results are ready
- Track equipment for efficient retrieval for use during patient transport and loss prevention
- Immediately locate biomedical equipment so that ordered IV intervention or monitoring is not delayed
- Reduce exposure to pathogens
- Contact with Healthcare personnel
- Biomed Equipment in clean (pumps, monitors)
- Transport devices are clean (wheelchairs, litters)
Characteristics of an organization not
practicing Precision Placement – a Rocky Road

• Multiple phone calls
• Rounds to look for beds
• Multiple bed meetings
• Delayed discharge notification
• Delayed room cleaning
• Long waits for transport
• Placement of “not-ready patients” into “Ready Beds”
• Off-service placements with lateral transfer to right-service bed during inpatient stay
• Extreme examples of Symptoms of Overcrowding (as noted previously)

Symptoms of a System-Wide Capacity Issue

• Delayed/canceled OR procedures
• Extended ED wait-times
• ED Hallway Patients
• ED LWBS (left without being seen)
• Ambulance Diversion/silent diversions
• Placement of Patients off-service
• Delayed Discharge Notification
• Long bed turnover times

Stages of Throughput Gridlock

1. Delayed discharges on med/surg units increases bed occupancy
2. Med/surg floors are full; ICU/intermediate care units become backed up with patients that can’t be moved to med/surg units
3. Hospital operates at critical census; ED and PACU becomes full with patients unable to move to any unit
Past: Manual World

Bed Meetings, Multiple telephone calls, “rounds” to look for beds – A fragmented process wrought with delays and frustration

Past: Manual World

When will it be ready?

Do I have a bed on Mr. Smith?

3rd call: Do I have a bed on Mr. Smith?

2nd call: Do I have a bed on Mr. Smith?

No

Past: Manual World
Characteristics of an organization practicing Precision Placement - A Smooth Path

- Minimal phone calls
- Rounds are clinically focused on expediting the transfer of assigned patients into ready beds
- No bed meetings
- Immediate discharge notification
- Housekeeper is dispatched immediately upon discharge notification
- Timely room turnover
- Efficient/timely transport of patients
- Placement of "ready patients" into "Ready Beds"
- Minimal off-service placement

Avanti Patient Flow Services 2011
Precision Placement Opportunities

**Elective Schedule**
- Elective Surgery Cases assigned based on scheduled incision time
  - use of confirmed discharge bed for later cases
- Inpatients going to OR and not returning to beds - beds are released and assigned in am to new patients
- ED cases going to OR before they are transferred to assigned inpatient bed are not assigned a bed prior to leaving the ED
- Cath Lab Cases that inpatient bed decision is dependent on results of diagnostic cath are not assigned a bed until decision is made - go to a post procedure area

**Specialty Service and/or Procedure Placement(s)**
- Orthopedic
- Cardiac
- Neurology
- Neurosurgery
- Peritoneal Dialysis
- Chemotherapy
- Traction/joint devices
- Negative Airflow
- Lead-lined Rooms
- Bariatric Surgery/Rooms

Avanti Patient Flow Services 2011
Bed Assignment Priority Indicators

BPIs are easily assigned on the Portal list views. BPIs are displayed on the bedboard for Patient Placement. BPIs can also be assigned from bedboard.

PatientTracking Portal XT (Nursing Unit View)
The electronic bedboard (Patient Placement View)

Portal XT: Inpatient Units and Source Admission Areas (MICU, A & E, Cath Lab) can stop calling for Bed Assignment/Status Information. Bed control uses BedAhead Priority Indicators to make assignments.
Time for placement strategy. Unnecessary phone calls are eliminated. Nursing units use portal and the bedboard to communicate and receive their real-time bed information.

Patient Placement assigns a bed in the order preferred by nursing, ensures prompt room turnover, and notifies destination area of ETA and clinical condition in under a minute:
- Uses Bed Ahead
- Instant Notify used to inform destination of critical update
- Upgrades to a clean next or stat if necessary

Patient Logistics Implementation: Key Elements
- Timely notification of patient discharges
  (Transport Tracking Implementation)
- Timely turnaround of "discharge" beds
  (Bed Tracking Implementation)
- Timely assignment of "ready" beds
  (PreAdmit/Electronic bedboard Implementation)
- Timely movement of patients to ready beds
  ("Pull" system)
Central Patient Transport

- Central Patient Transport assumes responsibility for all discharge escort
- Discharges are assigned a high-priority in system
- Reporting structure changed to patient logistics
- Transport Tracking Software used
- Real-time interface with BedTracking and PreAdmit Tracking results in:
  - Immediate notification that discharge has occurred
  - Immediate dispatch of cleaning job to housekeeping

DBST - Discharge Bed Swat Team

- Team of dedicated housekeepers
- Devoted to cleaning of discharge and transfer beds only
- Staggered shifts based on dirty bed hourly distribution
- Dispatched to clean dirty bed via BedTracking
- Uses alpha pager and bedside phone to communicate updates
- No competing priorities

Automation with Precision Placement founded on Best Practice Patient Flow Strategies yields Incredible Results
Case Study #1

1000 bed Level 1 trauma and burn center across three campuses.

Problem Statement:
Overcrowding and lost business from ED LWBS and Transfer Center denials due to bed availability.

Solution:
Implementation of TeleTracking CMS along with centralization of patient placement and transfer center for multiple campuses.

Results (scorecard):

- Transfer Center admission growth
- 20% admission growth over 3 year period - all campuses - all patient types
- Dramatic Reduction in Operating Theatre Hold
- Reduction in A & E wait times
- Bed Turns at top quartile (advisory board measure)
- Improved A & E patient satisfaction

Requests continue to rise while bed availability refusals decline as a more efficient bed search process across 3-campus system allows Transfer center coordinator to confirm acceptance within 10 minutes of call.

Dramatic Reduction in OR HOLD
Left Without Being Seen in Emergency Department (A & E)

ED Patients Left Without Being Seen (LWBS)

% LWBS 2003 2004 2005 2006 2007
2.8% 1.9% 2.1% 2.0% 1.6%

ED Visits 2003 2004 2005 2006 2007
49,187 49,896 53,288 56,099 59,448

Patient Satisfaction

ED Patient Satisfaction CC-ED percentile rankings

Fiscal Year

Bed turns began at 48 and increased to 62
Meeting Industry Standard: Do we meet the Advisory Board’s Expectations?

Sample hospital with Centralized Bed Control and Best Practice Use of Patient Placement Technology

Case Study #2

Premier medical facility with >1800 beds and an impressive array of specialty services

Problem Statement:
Overcrowding and lost business from ED LWBS and Transfer Center denials due to bed availability.

Solution:
Implementation of TeleTracking CMS along with centralization of patient placement and Transfer Center across multiple campuses

Results (scorecard):
- Impressive Transfer Center admission growth
- Reduction in time from bed request to assignment
- Reduction in A&E wait time

* Benchmark source: Advisory Board “True North Publication

BedTurns (staffed beds divided by # of admissions annually)
average annual bed turns top quartile 61*
2009
58,000 visit ED—No Diversion Policy
LWBS (Left Without Being Seen)

Total Transfers (Oct '09-March '10)

Total Transfers: 479

Growth from Oct '09: 5.2%
Growth from Nov '09: 3.0%
Growth from Dec '09: 1%
Growth from Jan '10: 34.0%
Growth from Feb '10: 5.2%
Growth from March '10: 1%

TeleTracking
Best Practices to maximize use of Patient Flow technology

- Entry of pending discharge
  - Update pending to confirmed with use of precision placement
  - Transport escort of discharges with interface to bedboard
  - Transport discharge escort interface to housekeeping to clean the bed
  - Dedicated cleaning team for discharge and transfer beds
  - Use projected census to better align resources with demand
- Centralized Bed Control with use of BedAhead to assign beds
- Use of Discharge Planning Milestones to facilitate early discharge and precision placement
- Transparency of information
- Implementation of a "Pull System"
- Data driven patient flow program with goals for all patient flow stakeholders incorporated into performance evaluation
Create a Pull System

- “Pull Systems” ensure Timely Movement of Ready Patients to Clean & Ready Beds
- Rapid, Streamlined communication between feeder areas and patient units
  - Capacity Management Software
  - Avoid “phone tag” - unnecessary phone calls
  - Hold staff accountable to timely transfer/patient acceptance

Bed Alert: M/S near full-capacity LLM/High-level at full-capacity – 20 post-ops, 7 ED holds, projected census to hit 99% within 3 hours

Provide Community Command Center with Real-time Bed Capacity Information

The powerful impact of Remote Locationing Systems (RTLS) on patient flow

Integration of RTLS into the Capacity management Suite (patient flow software) allows for immediate decisions based on real-time patient movement information.

This becomes the foundation of Precision Placement.

- Immediate discharge notification
- Immediate page to housekeeping to turnover bed when discharge occurs
- Immediate notification that transfer of patient has occurred (or didn’t occur) into assigned bed
- Continuous updates on location of hallway/overflow patients
- Ability to immediately locate necessary equipment
About Teletracking RTLS
A Real-Time Location System (RTLS) that uses a combination of reverse IR and traditional RF (estimated) technologies to track people and assets.

- 100% bed-level accuracy
- Timely, robust data
- Network-friendly
- Easy installation
- Power-efficient
- Low Total Cost of Ownership

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