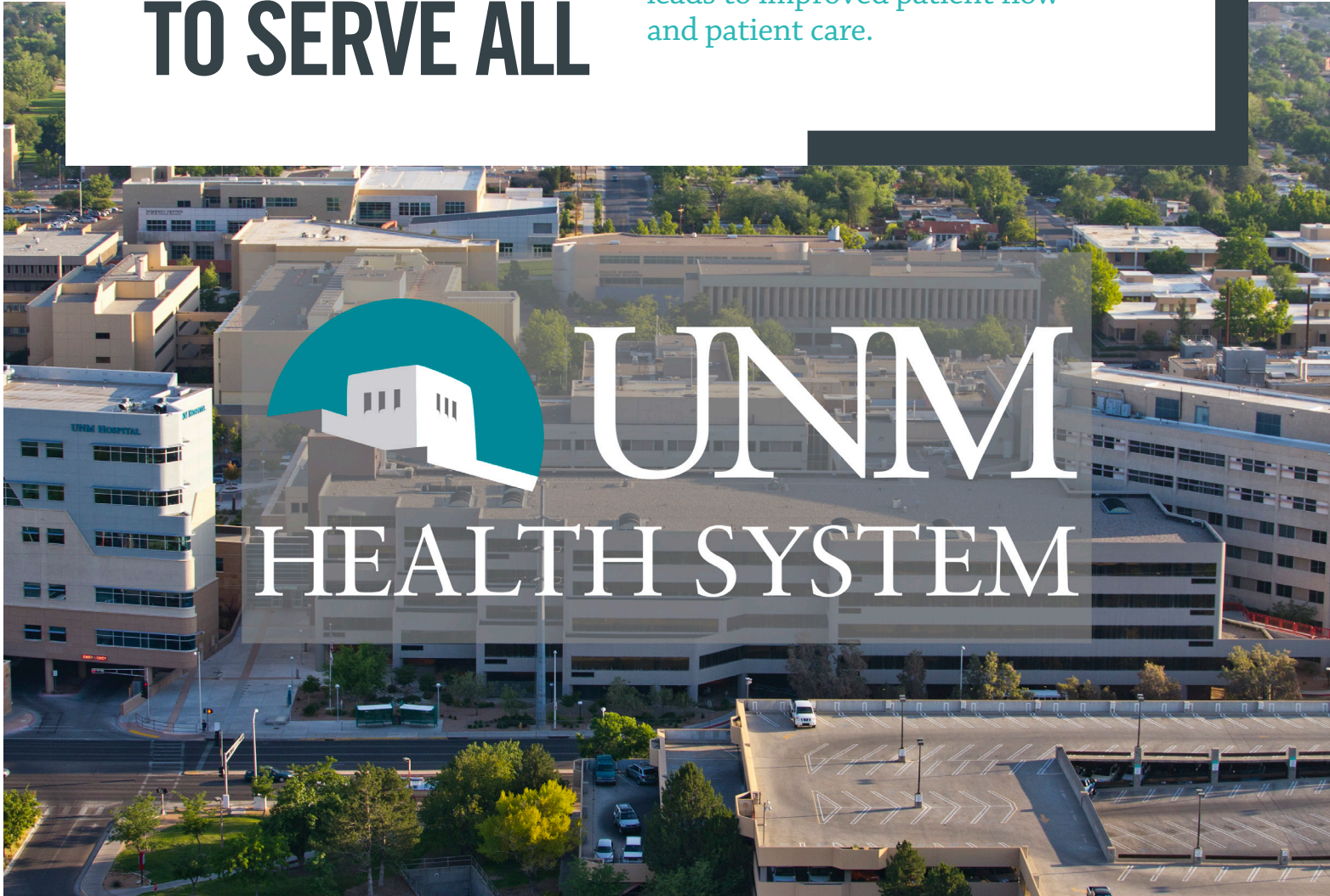


# NEW WAYS TO SERVE ALL

At the University of New Mexico Health System—cultural change leads to improved patient flow and patient care.



Geographically, New Mexico is the fifth largest state in the United States. New Mexico is home to 2 million residents including 22 sovereign Native American tribes spread throughout the state. Health-care needs are served by 28 acute care hospitals, nine of which are critical access hospitals having 25 beds or fewer. Health systems face some challenges related to caring for the state's residents in the lowest commercially insured state, with the second highest Medicaid population. The University of New Mexico Hospitals are the state's flagship facilities, providing the only level one trauma center, the only safety net hospital, and the only academic medical center. In addition, the system of-

fers a comprehensive children's hospital, a comprehensive behavioral health pediatric and adult hospital, a regional hospital and a primary care medical group.

The system uses TeleTracking to effectively manage patient flow and provide the greatest number of patients with quality care. However, in 2014, things were very different, very taxing, and all manual. Bed requests were placed directly by a provider from many different areas—the emergency department, clinics, transfers and procedure areas. The "Bed Management" team then took those requests and sent faxes to every

possible nursing unit to assist and find placement for the waiting patient in the least amount of time. Once a fax was received, the nursing unit performed a chart review on the patient and would decide if the unit was the best fit for the patient. If the patient was accepted, the nursing supervisor or designee would call the physician to notify them of the bed assignment. If the patient wasn't chosen for a bed, they waited in the ED or a nursing supervisor would intervene.

"We knew something had to change," says Dr. Irene Agostini, Chief Medical Officer. "In addition to the previously mentioned issues, we were experiencing

wait lists of up to 30 days in the transfer center. Our EVS team was also using a manual system. The discharge or transfer of a patient and dirty bed notifications were printed and called in to the nursing supervisor, who would then call EVS. Once EVS cleaned the bed, they would call the nursing supervisor to let them know that the bed was clean and now ready for occupancy. The process was very person dependent and did not allow for use of resources of EVS and patient transport. We decided to bring in a consultant to see what could be done and their recommendation was crystal clear—you need a bed management system to improve flow, efficiency and transparency."

Once the decision was made to make the capital investment in TeleTracking, transparency and engagement with the staff was the next critical step. That started at the Sandoval Regional Medical Center.

"This was a significant change for our staff, so we were fortunate to have a champion from our senior leadership team driving this cultural change," continues Dr. Agostini. "We also assembled an implementation team that included nursing executive directors, providers and ancillary staff. We started meeting monthly, then weekly and daily as the launch drew closer. We wanted to be sure that everyone understood why we were making this change, that they felt invested in the decision making process, that expectations were clearly communicated, and that everyone was educated on the new processes."

The development of a check list was a key tactic for keeping everyone on point during the early stages of the implementation and maintaining the vision as things become uncomfortable.

"We created a visual cue in the form of buttons to allow our super users to be easily identified for staff members in order to get their questions answered by their peers. We also created a central command center in the heart of our administration area for ease of accessibility and buy in," says Dusty Chavez,

Director of Operations for the New Mexico Health System Patient Placement and Transfer Center. "In addition, everyone on the implementation team stayed in constant communication. We met three times a day during the first two weeks to review our progress and discuss what was going well and what needed to be improved. Then we went over what was fixed and what the next 12/24 hours were going to look like. And we also made it fun for the team with everyone's favorite snacks—because chocolate makes everything okay!"

### WITH EVERYONE WORKING SO CLOSELY AND COMMITTED TO ACHIEVING THE SAME GOALS, A NUMBER OF MILESTONES WERE MET VERY QUICKLY.

- **August 26th 2014:** UNMH and SRMC:EVS and Transport go-live.
- **October 28th, 2014:** Transfer Center go-live.
- **November 4th, 2014:** SRMC Patient Placement go-live.
- **February 10th, 2015:** UNMH Patient Placement go-live.
- **April 14th, 2015:** Analytics go-live installation and first automated Transfer Center report sent.
- **May 2015:** Dashboard real-time web based information work began.

"By taking what we "knew" to be true, we were able to create a culture of transparency, centralize patient placement, operationalize our processes and create daily management tools to drive outcomes," said Dr. Agostini. "For example, we use an automated daily report that supports the daily management of our patient flow and throughput giving the data we need to respond to changes."

### THAT ABILITY TO RESPOND HAS RESULTED IN MEASURABLE SUCCESS:

- Average Adult Emergency Department Bed Request to Occupy Time has gone from 13.7 hours in March 2015 to 5.8 hours in October 2016.
- Total Completed Discharge Jobs by a transporter has increased from 342 in July 2015 to 685 in September 2016.
- EVS Average Turn Time has decreased from 75.2 minutes in July 2015 to 59.5 in September 2016. It's important to note that National Best Practice turnaround time is less than 60 minutes.
- UNMH is the 11th most improved health system in the country based on United Health Care Consortium Data by Percentile Change of Throughput Efficiency FY15 to FY16.

- Total UNMH Patient Transfers September 2015 to September 2016 went from 484 per month to 686 per month.

Goals for the new fiscal year continue to build on the current successes to support efficiency, remove barriers and carry out the mission to provide exceptional care for New Mexico. These goals cascade to all levels of the hospital to include provider, nursing and ancillary teams.

"We have been able to sustain these changes and the resulting outcomes because the benefits to our patients are clear, and we have strong buy-in from every level of the organization," adds Chavez. "There's still work we need to do, but the transparency and the communication that occur on a moment-to-moment basis have been integral to sustaining the practice of the patient placement center, as well as the transfer portion. This has also allowed for additional conversations to take place around barriers to procedures, post-acute care and more."

"We have a real passion for patient flow because we believe it allows us to provide better patient care. This is why we're so tenacious and committed to moving forward. We have hard wired the process at our organization and live and breathe it every day," concludes Dr. Agostini.



#### DR. IRENE AGOSTINI

*Chief Medical Officer at the University of New Mexico Health System [UNMH] and the Medical Director of the UNMH Transfer Center*

Dr. Irene Agostini is also the medical director and founder of the Albuquerque SANE (Sexual Assault Nurse Examiner) program. She is board certified in emergency medicine.



#### DUSTY A. CHAVEZ

*Director of Operations for the Patient Placement and Transfer Center for the University of New Mexico Health System*

Dusty A. Chavez has 19 years of nursing experience, including cardiac critical care, intensive care, cardiac and medical progressive care and distance telemetry monitoring and patient flow. She has had the opportunity to open two patient placement and transfer centers within the past six years.

▶ Check out our interview with Dr. Agostini and Dusty on the Patient Flow Podcast <https://podcast.teletracking.com/>