

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine
Vice President, Ambulatory Services and Population Health, Upstate Medical University

UPSTATE
UNIVERSITY HOSPITAL

June 4, 2021

Chief Quality Officer Stepping Down

I regretfully announce that Dr. Dinesh John will step down as Chief Quality Officer at Upstate University Hospital effective June 7, 2021. Dr. John joined Upstate during the COVID-19 pandemic, and immediately engaged in efforts to strengthen our work. He was integral in the development of a uniform COVID-19 screening process for all Upstate locations, championed our hand hygiene improvement initiative through the implementation of SwipeSense, and served as a wonderful leader in moving the needle toward our future goal of Vizient 3 Star recognition. Dr. John was also an avid proponent of creating a fair and effective peer review process, and strongly promoted a supportive culture here at Upstate. We are grateful to Dr. John and appreciate his many contributions during a time of unprecedented challenge. We wish him well in all of his future endeavors.

Effective June 8, 2021, Dr. Matthew Glidden will serve as the Interim Chief Quality Officer for Upstate University Hospital, and Dr. Zachary Shepherd will step in as Interim Associate Chief Medical Officer at our Community Hospital. Please join me in welcoming Dr. Glidden and Dr. Shepherd to their new roles.

New Outpatient Pharmacy Location Live in EPIC by Eric Balotin, RPh

Our new outpatient pharmacy location near our Community Campus is now live in EPIC. The two pharmacies operated by the hospital are listed below:

SUNY UPSTATE **COMMUNITY** CAMPUS OUTPATIENT PHARMACY
5000 W SENECA TRNPK
SYRACUSE, NY

SUNY UPSTATE **DOWNTOWN** CAMPUS OUTPATIENT PHARMACY
750 E ADAMS ST, LOBBY
SYRACUSE, NY

Please make sure you are selecting the correct pharmacy location when prescribing.

TeleTracking by Amy Rottger, MSN, RN

Please find an education PowerPoint attached for the new Teletracking system that we are bringing to Upstate as a process improvement with throughput. This is an informal education and you will be contacted by Kyle Choquette and the Teletracking team in the future for education.

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Words of Wellness by Dr. Leslie Kohman

You can be committed AND take time off.

You can be a good leader AND delegate tasks.

You can be consistent AND have an occasional “bad day”.

You can be a problem solver AND ask for help.

You can be flexible AND prioritize family.

You can work hard without overworking yourself.

- Katy Leeson, LinkedIn Top Voice 2019 & 2020

Revised COVID-19 Policies of Special Interest for Clinicians

- [Infection Control of Aerosol Generating Procedures during COVID-19 \(COV A-02\)](#): Patients that have a negative COVID-19 test will be on Standard Precautions during their admission, including for AGPs during their admission. Removed the requirement to retest every 5 days. Update: removed “due to the rise in community spread” statement under Enhanced Airborne Precautions section.
- [Discontinuation of Transmission Based Precautions of Patients with COVID-19 \(COV D-04\)](#): Removed high-risk category table, international travel verbiage added. Deleted optional protocol to remove isolation from nursing home patients during admission.
- [Specimen Collection for COVID-19/SARS-CoV-2 Testing \(COV S-01\)](#): Added collection information for saliva PCR test and BinaxNOW.
- [Surgical/Procedural Cases During Prevalence of COVID-19 \(COV S-02\)](#): Removed requirement of N95 use.
- [COVID-19 Testing at Upstate University Hospital Locations \(COV T-08\)](#): Updated high risk patient category information.
- [COVID-19/SARS-CoV-2 Testing Results Delivery Responsibilities \(COV T-11\)](#): Changes made in table for Upstate Staff and Students from Employee/Student Health in regard to the reporting of COVID test results.
- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Visitation hours expanded to noon – 8 pm for PMR/rehabilitation units 2N and 4E. Adult EDs, both hospitals, permit two visitors to accompany patient for ED

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care. ED visitors may change out as needed but remain at a maximum of two visitors at any one time at the bedside while in the ED.

Clinical Documentation Improvement (CDI)

by Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

All conditions, acute or chronic, requiring clinical validation. Validation includes acuity assignment, discussion of etiology, relative physical exam findings, specific treatment plan, and response to treatments provided. Every diagnosis should be carried through to the Discharge Summary – your documentation is the end product to justify each hospitalization and capture the outstanding care provided to our patients at Upstate! Please refer to the attached tip sheets for more information and contact the CDI Hotline with questions at 315-464-5455.

Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:



Adult Hematology Oncology: Can't say enough about how wonderful **Dr. Stephen Graziano** is. **Dr. Tallat Mahmood** – extremely positive and great involvement with my daughters. **Dr. Dorothy Pan** is awesome! **Dr. Rahul Seth** really cares.

Apheresis: **Dr. Matthew Elkins** was thorough, put me at ease.

Cardiac Rehab: **Dr. Robert Carhart** – patient, kind and I always felt safe under his care. Thank you!

Family Medicine at Community Hospital: **Dr. R. Eugene Bailey** does an excellent job with providing care. **Dr. R. Eugene Bailey** always listens to me about any issues I may be having at the time of my visit and then we both discuss my options. There has never been a time where it was all about what he thought about decision making it was about how we can get the best decision together about my condition. Great doctor always. **Dr. R. Eugene Bailey** is knowledgeable, informative, and reassuring. **Dr. R. Eugene Bailey** is a step above the rest. I always feel reassured when I visit with him and he feels more like family than just my doctor. Whenever anyone asks me about my health or asks for advice if they are looking for a doctor I say to find someone like **Dr. R. Eugene Bailey**. He has helped me through all of my life changes and has delivered both of my babies. The world of healthcare needs more **Dr. R. Eugene Baileys**. **Dr. R. Eugene Bailey** – great! This was my first meeting with **Dr. Joseph Cincotta** and I felt comfortable with him. **Dr. Joseph Cincotta** – gentle, knowledgeable, caring. **Dr. Joseph Cincotta** was very compassionate and thorough. **Dr. Joseph Cincotta** – knowledgeable and compassionate. **Dr. Joseph Cincotta** has been very interested in finding out all he can about my physical condition and helping me reach my best possible health. I appreciate his attentiveness. **Dr. Heather Finn** is always wonderful. **Dr. Heather Finn** always impresses me with her kindness, concern and listening to my concerns. **Dr. Heather Finn** – insightful and dedicated. **Dr. Heather Finn** is the most thorough and caring physician I have ever worked with. **Dr. Heather Finn** is an excellent care provider. She pays attention to details and takes nothing for granted. **Dr. Heather Finn** – thorough, thoughtful, and gives me her undivided attention. She follows up after visits and is sure all questions and concerns are answered. **Dr. Heather Finn** has always been concerned about my health issues and treatment plans. She's a wonderful doctor and I am going to miss her. **Dr. Igor Kraev** – great! **Dr. Igor Kraev** is an extraordinary physician. He is gracious and shows care for the patient. I was impressed by him.

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Radiology: **Dr. Katherine Willer** – fantastic, made me feel very comfortable. **Dr. Katherine Willer** took the time to fully explain the procedure and also was mindful to not treat me as a disease, but rather as a person. **Dr. Katherine Willer** – wonderful asset to Wellspring, warm, caring, thoroughly explained every step of the procedure, put me at ease and I was very comfortable in her care. Thank you for a wonderful experience at a difficult time.

SUNY Upstate – Virtual: **Dr. Janice Bach** always takes plenty of time, listens, is caring, engaged in call, and spoke to me. Love **Dr. Andrea Berg!** I am very pleased with **Dr. Mark Crye's** care. **Dr. Barbara Feuerstein** is very comprehensive. In fact, due to the time limit on the virtual visit, she called me to finish her recommendations. **Dr. Roseanna Guzman-Curtis** is very thorough. **Dr. Rachel Hopkins** is wonderful! **Dr. Roberto Izquierdo** is great! **Dr. Robert Izquierdo** is always wonderful explaining the tests done and making her feel like a part of her medical plan. He answers her questions and never downplays how she feels about her condition. There's no doubt in my mind if I know of anybody in the future that has any kind of problem like what I had, I would definitely recommend them to **Dr. Joseph Jacob**. I am very happy with the care and partnership I have with **Dr. Hiroshi Kato**. **Dr. Leslie Kohman** is a great listener and a truth speaker. I feel that **Dr. Hani Kozman** always has my back and is best at managing my cardiac care. **Dr. Sarah Lappin** is wonderful! **Dr. Corey McGraw** is clearly an outstanding doctor. He is extremely knowledgeable and has amazing people skills. I consider myself very lucky to have him as a doctor. **Dr. Corey McGraw** – took his time. **Dr. Kaushal Nanavati** gave me tools like nutrition insights, emotional support, and a general feeling that everything was going to be okay. I felt like he listened to my concerns and offered solutions that were up to me to make. I wish I had met **Dr. Kaushal Nanavati** from the very beginning of this journey. Always very good with **Dr. Kaushal Nanavati**. **Dr. Kathryn Scott** was caring, helpful, and smart – we were so impressed by her and the care she offered. **Dr. Zainab Shahnawaz** was very attentive to my needs. **Dr. Rupali Singla** is a wonderful, caring and compassionate doctor. I am currently undergoing chemotherapy, and she always makes it a point to ask how I am doing at the very beginning of my appointment. Her compassion is greatly appreciated! Also, **Dr. Rupali Singla** takes time to answer any questions I might have. She is very easy to talk to – I feel like she talks to me in words I can understand, rather than over my head, and she never makes me feel rushed. I have and definitely will continue to recommend **Dr. Rupali Singla** as a PCP. **Dr. Rupali Singla** was easy to understand, very thorough, and asked great questions. She listened to our concerns and addressed all of them. **Dr. Zafer Sulttan** is an amazing doctor!! He is very knowledgeable, kind and compassionate! I highly recommend him to anyone who needs his help! **Dr. Awss Zidan** – nice!

The Surgery Center – CG: Thank you to **Dr. David Halleran** for calling my wife after the procedure. **Dr. Moustafa Hassan** was kind and supportive during and after my surgery. His knowledge and professionalism are extraordinary. Also, his surgical talents are definitely world-class. I'm grateful to him. Thank you. **Dr. Joseph Jacob** did a really good job. **Dr. Lisa Lai** – great! I received great care from **Dr. Lisa Lai**. I am very grateful for the care I received from **Dr. Lisa Lai**. **Dr. Jennifer Marziale** – wonderful, very calm presence. **Dr. Jennifer Marziale** – nice and caring. I was struck by **Dr. Gary Wishik's** expression of care that not having a family member with me can be difficult. He then put me at ease with a personal story. Very kind! Reassured me that he would be watching over me like a hawk.

UHCC – Neurology: **Dr. Nicole Brescia** – friendly.

University Cardiology: **Dr. Robert Carhart** is a provider who goes beyond to take care of your concerns. **Dr. Robert Carhart** has always greeted me as a friend and he has always been a thorough and professional provider. **Dr. Robert Carhart** is excellent and we love him! **Dr. Robert Carhart** is the best – he listens, gives information, and is always genuinely interested. **Dr. Robert Carhart** has always been a great listener and cares about my condition and concerns. **Dr. Robert Carhart** – excellent! **Dr. Robert Carhart** was so personable. **Dr. Hani Kozman** – great!

University Center for Vision Care: I think **Dr. Samuel Alpert** was the first doctor that has always asked what I felt about my situation before and after he explained what he suggested and we made a decision together. **Dr. Robert Fechtner** really cares about his patients and engages with them as individuals. **Dr. Robert Fechtner** was very thorough in answering my questions and explaining

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clearly what the issues were as well as the options. **Dr. Preethi Ganapathy** is by far the best physician I have seen in my 70+ years. I feel I have made a new friend. **Dr. Preethi Ganapathy** has excellent bedside manner and puts me at ease, even though my condition is severe. She offers both hope and perspective. I am 100% satisfied with the care that **Dr. Preethi Ganapathy** provided me. **Dr. Preethi Ganapathy** is always super. She found out why my vision had changed and scheduled me for further treatment. **Dr. Bryan Rutledge** took the time to explain the procedure I was about to have. **Dr. Robert Swan** – personable, concerned and answered all questions. Takes whatever time needed to treat your problems. **Dr. Robert Swan** is very good and excellent at what he does! **Dr. Robert Swan** was outstanding! **Dr. Robert Swans'** bedside manner is remarkable. I really appreciate the care and consideration he takes when talking with me about my health concerns. **Dr. Robert Swan** is always excellent. I have been very fortunate to have **Dr. Amirfarbod Yazdanyar** treat me. **Dr. Amirfarbod Yazdanyar** is wonderful, knowledgeable, compassionate and efficient. **Dr. Amirfarbod Yazdanyar** – great! **Dr. Amirfarbod Yazdanyar** has been very thorough in his examination of my right eye.

University Geriatricians: **Dr. Andrea Berg** is an excellent, understanding professional. **Dr. Andrea Berg** was very patient and understanding. She did an excellent job communicating. **Dr. Andrea Berg** is so caring, sincere and she reads me well. **Dr. Andrea Berg** – amazing to work with. **Dr. Jeanne Bishop** – exhibited extreme kindness, compassion and knowledge.

2East at Community Hospital: **Dr. David Joseph** is the best, very professional, love! **Dr. David Joseph** checked on me all the time. **Dr. Allison Loi** – amazing! She took such good care of my child. After delivery, we had a virtual appointment and she answered all my concerns.

4North at Community Hospital: **Dr. Joseph Jacob** is amazing!

05A: **Dr. Amie Lucia** provided expert care with tact.

05B: **Dr. Eposi Mbame** always explained in detail what was happening and why. She answered any questions I might have before she left.

6th Floor at Community Hospital: **Dr. Scott Van Valkenburg** is always honest and tells you what you need to know about your surgery.

11E: **Dr. Matthew Mittiga** – amazing, knowledgeable, spent a great deal of time explaining everything in detail, phenomenal, thank you! **Dr. Anjali Sura** – wonderful!

Thank you for all you do! Have a wonderful weekend!

Amy

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Clinical Documentation Improvement (CDI)

Tip of the Month – “Justify June”

Applies to all providers

- ✓ Use specific diagnostic statements like hypokalemia, hypernatremia, hypotension
 - Avoid symbols or terms like “high, low, soft”, etc.
- ✓ Documentation needs to show clinical significance
 - Best achieved by documenting etiology
 - What is this diagnosis **due to**?
 - Is it known, suspected, or likely **due to**?

What it was...	What it is now!!
Septic Shock	Septic Shock due to Severe babesiosis infection and possible translocation of gut bacteria due to ischemic gut due to hypotension/hypoxia
Acute kidney injury	Anuric AKI due to septic shock due to severe babesiosis infection
Acute hypoxic respiratory failure, Intubating to protect airways	Acute respiratory failure due to encephalopathy and hematemesis, inability to maintain open airway due to worsening metabolic encephalopathy, GCS 5
GI Bleed	Possible mesenteric ischemia with gut sloughing and multiple blood bowel movements due to septic shock and hypoxia associated with hemolysis due to babesiosis
Acute metabolic encephalopathy	Acute metabolic encephalopathy due to septic shock

- ✓ Most accurately reflects severity of illness and risk of mortality – you do hard work, take credit for it!

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CDI Query escalation – Refresher

Applies to all providers

Physicians/Providers must reply to all CDI queries in a timely fashion. The attending provider's response rate will be monitored and reported.

Residents can continue to respond to queries and update the documentation whenever appropriate, but the attending of record is still responsible for the overall accuracy of the documentation.

Please ensure that query responses should always be documented within the query, using the 'Reply' function, and updated documentation should reflect consistency of this response and be carried through subsequent Progress Notes.

Please don't ever hesitate to reach out with questions, cdi@upstate.edu – we're here to help!

Query Escalation Policy & Procedure

- * You will have 3 business days to reply to a query and update the documentation regarding medical decision making and the plan of care.
- * On the **second business day**, after a query has been in place, the CDI nurse responsible for the query will attempt within reason to contact you via EPIC secure chat/phone/pager to notify you of the still open query.
 - *If this was a verbal query, it will be converted to a written query in EPIC.
- * On the **third business day**, if the query is still not answered, you will receive an escalation email from the CDI specialist, (To include the attending provider queried and team as well as the CDI service line physician advisor assigned. It will also include Danielle Synborski, Amy D'Andrea-Durney, Dr Hegazy and Bobbie Jo Massena.) The CDI physician advisor may follow-up on any case where the provider queried disagrees with the query for discussion. This email will not be sent prior to 72 hours of a query being placed.
- * On the **fifth business day**, after communication from our physician advisors, if the documentation has still not been updated then a final email (to include the CMO, CDI service line specific physician advisor, CDI Leadership and HIM Leadership) will be sent and the query will be closed and categorized as a "No Response." This final email will not be sent prior to 96 hours of a query being initiated.
 - *Please note the query will remain open in EPIC until a response is received.

Please remember, this is in effort to maintain our remarkable response rates and to maintain documentation integrity across the institution, while also working with you to make a positive impact on hospital-wide improvement initiatives.

We appreciate your time!

Thank you,

cdi@upstate.edu
for help with anything
documentation related

TELETRACKING

A SUPPORT SYSTEM THAT WE ARE ADOPTING TO OPTIMIZE
THE PATIENT THROUGHPUT AT UPSTATE.

PATIENT FLOW MISSION, VISION & VALUES



-
- **Mission** is to improve the health of the communities we serve by providing patients in our region access to specific medical services only we can offer.
 - **Vision** to create a healthier world for all by:
 - Improving patient flow
 - Reducing wait times
 - Improving length of stay
 - Use technology and collaboration to increase access to world class care
 - **Values**
 - Serving our community by efficiently and timely acceptance of patients into our organization that require our specialized care
 - The fact that no patient should wait for the care they need to receive
 - Organizational transparency of patient flow
 - Utilization of the rights of patient placement: right service, right level of care, right unit, right bed, right time

STRATEGIC PRIORITIES

- Reduce ED boarding and diversion hours
- Improve patient experience, patient satisfaction and quality of care
- Increase team member satisfaction and retention
- Improve discharge efficiency and effectiveness to reduce LOS
- Grow service lines
- Decrease referral and transfer declinations

HOW CAN OPTIMIZATION OF PATIENT THROUGHPUT HELP.

- Each year 16.2 million admitted patients wait 4.3 million days for a bed
- On the average there are 7 open beds for every two patients who are admitted, why is there a wait?
- 6 plus hours of waiting equals an increase of 1.7% of mortality leading to an increase to 1.5 additional days to a length of stay.
- This has an overall impact on patient safety, quality and financial burden for your organization.
- If you were only turning over your beds at 48 times a year, but could increase it to 60 turns per year with an improved system and method, a 300 bed facility could increase the number of patients seen to an additional 2000-3000 patients a year.

UPSTATE GOALS AND OBJECTIVES

Goals and Objectives	Baseline	Desired Outcome EOY 1
LWBS	2.7%	1.4% reduction
ED LOS	6 hours	5.25 hours
DC Times	3-7p Goal 50% by 2p	40% by 1200
LOS (adults at University Hospital Campus)	6.5 days	6.25 days (reduction of 0.25 days)
Centralized Command Center	Temp Center 1/27/21	Software Solution Implemented Summer 2021
Improve OR Utilization		1% improvement
ED Boarding Hours	40,280	30% reduction
Lost Transfers	1,390	25% reduction
Diversion Hours	813	25% reduction

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LWBS=Left without being seen
LOS=Length of Stay

WHAT'S IN IT FOR UPSTATE

- Creates partnerships with other health care providers:
 - Primary Care, Transportation Services, Short- and Long-term care facilities
- Measurement and visibility of data
 - enables real-time notification of potential bottlenecks in flow and/or capacity constraints
- Improves overall communication and collaboration hospital-wide
- Increases transparency among
 - clinical, ancillary, diagnostic, support, and leadership team members

WHAT IS IN IT FOR THE PATIENT?

- This new process will provide the necessary information to save lives, give time back to caregivers and increase patient satisfaction by quickly providing the care that is needed when it is needed.
- Patient flow and improving throughput will ensure a patient is not waiting for a bed. Helps the patient get through the system smoothly, and as quickly as possible.
- Improved communication among team members results in increased efficiency, comfort, and safety for the patient

WHAT'S IN IT FOR ME?

PHYSICIAN

- Your patients get to the beds they need sooner
- Patient satisfaction and safety improves, particularly in the ED and at time of discharge
- Improves bed capacity
- Increases the opportunity that my patients have beds when needed
- Shows which patients need to be seen or evaluated first
- Decreases patient wait times in the ED
- Improved visibility to discharge delays
- Improved visibility to hospital capacity
- Right bed for the right patient with use of bed attributes, patient attributes

WHAT IS IN IT FOR ME?

THE CHARGE NURSE

- Provides information vital to patient assignments and workload
- Visibility of admissions and discharges
 - Real-time notifications of new admits and bed assignments
- Standardized workflows
- Increased time with patients
 - Reduction in phone calls to EVS and Bed Control
- Ability to manage the order of how beds are assigned
- Staff assignments provide for visibility to all other units of caregivers assigned to patients
 - Reduction in confusion with nurse to nurse handoff
- Visibility to confirmed and pending discharges
- Real-time visibility of assets/equipment throughout the hospital; location of IV Pumps, compression devices, etc.

WHAT'S IN IT FOR ME?

BEDSIDE NURSE

- The ability to prioritize care and allot time for discharge teaching
- Smoother handoffs between departments
- Visibility of admissions
- Reduction in wasted time on phone calls to EVS and Transport
- Real-time visibility of patient's home location and current location when patients are off the unit
- Real-time visibility to discharge delays
- Visibility to confirmed and pending discharges
- Real-time visibility of assets/equipment throughout the hospital; location of IV Pumps, compression devices

WHAT IS IN IT FOR ME?

CASE MANAGER/SOCIAL WORK

- Identifies patient's needs and communicates their status to the team
- Increased visibility of Observation status patients for improved management
- Comprehensive view of Projected and Confirmed Discharges for all patients
- Ability to update discharge delays/milestones in real-time during daily bed meetings / rounds
- Hospital-wide visibility to patient discharge delays

WHAT'S IN IT FOR ME?

THERAPY

- Allows for prioritization of treatments and care based on discharge increasing bed availability
- Hospital-wide visibility to patient discharge delays
- Create visibility for therapies and allocate resources to areas of need

WHAT'S IN IT FOR ME?

TRANSPORTER

- Highlights where transporters will be most needed, and the average response time to assist with discharges from units
- Ability to review RTKI, real-time key indicators which is a 60-minute retro average of performance

WHAT'S IN IT FOR ME?

SUPERVISOR/STAFFERS

- Offers a 'heads up' on likely staffing changes and needs based on census for the next 24 hours
- Staffed Beds functionality offers the ability to update real-time capacity for each unit
- Staff Assignments archives Caregiver History for every patient care unit and reporting

WHAT'S IN IT FOR ME?

ADMINISTRATION

- Highlights the likely flow for the day, areas that may need additional assistance or support
- Improves patient satisfaction and HCAHPS scores by decreasing wait times
- Increases revenue by increasing admissions and OR cases
- Decrease in overall length of stay
- Create a data driven culture of accountability
- Improve staff satisfaction and decrease turnover

WHAT'S IN IT FOR ME?

NSC/MOA

- Assists with prioritization of work, accessing pre-discharge test results and setting bed priorities
- Ability to view bed statuses
- Ability to request transport from one location: reduction in phone calls to EVS and Transport
- Visibility to confirmed and pending discharges

WHAT'S IN IT FOR ME?

EVS

- Alerts EVS to delay a full clean on discharge rooms until patient departs (and a terminal clean is done)
- Visibility to confirmed and pending discharges helps facilitate staff planning and staffing numbers

WHAT'S IN IT FOR ME?

UPSTATE TRANSFER CENTER

- Provides vital information on the number of and time beds should be available for admissions, PACU patients, ED patients and transfers
- Visibility to confirmed and pending discharges
- Right bed for the right patient with use of patient attributes / bed attributes
- Real-time view of capacity for each unit; improves placement decisions