Building a Communication Strategy for Expanding Health Systems

Leveraging TigerConnect at St. Luke's University Health Network

TigerConnect East Coast User Group Meeting
Philadelphia, PA, October 15, 2019

tigerconnect

Today's Speaker

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St. Luke's University Health Network

Overview

- A multi-state clinically integrated health delivery network.
- 11 hospitals and over 350 clinical locations.
- Originally formed to service Bethlehem Steel Corporation (1872).
- Now serves patients in the Greater Lehigh Valley (PA) and Western New Jersey.

Agenda

- Growing pains of a rapidly expanding organization
- Technology can drive strategy
- Driving Adoption
- Architecting the Future
- Aligning Strategy
- Realizing Benefits

Growing Pains of a Rapidly Expanding Organization

Significant growth of organization

Opportunity

- 2015 – 2019 … SLUHN 2x size in almost all categories
  - Hospitals, ambulatory locations, employees, etc.

Challenge

- Re-thinking business processes for a $2B+ enterprise rather than a small community health system
  - process, workflow, and governance …
  - especially related to communications

Technology can drive strategy

Early 2017 - Enable TigerConnect and Drive a Discussion

- Day to day operations ran as “business as usual”
  - Nobody came to us and said “We need secure messaging!”
  - Nobody “owned” communications between HCPs
  - Nobody “owned” scheduling and on-call oversight
  - Internal operators acted as quasi-glue for clinical comms

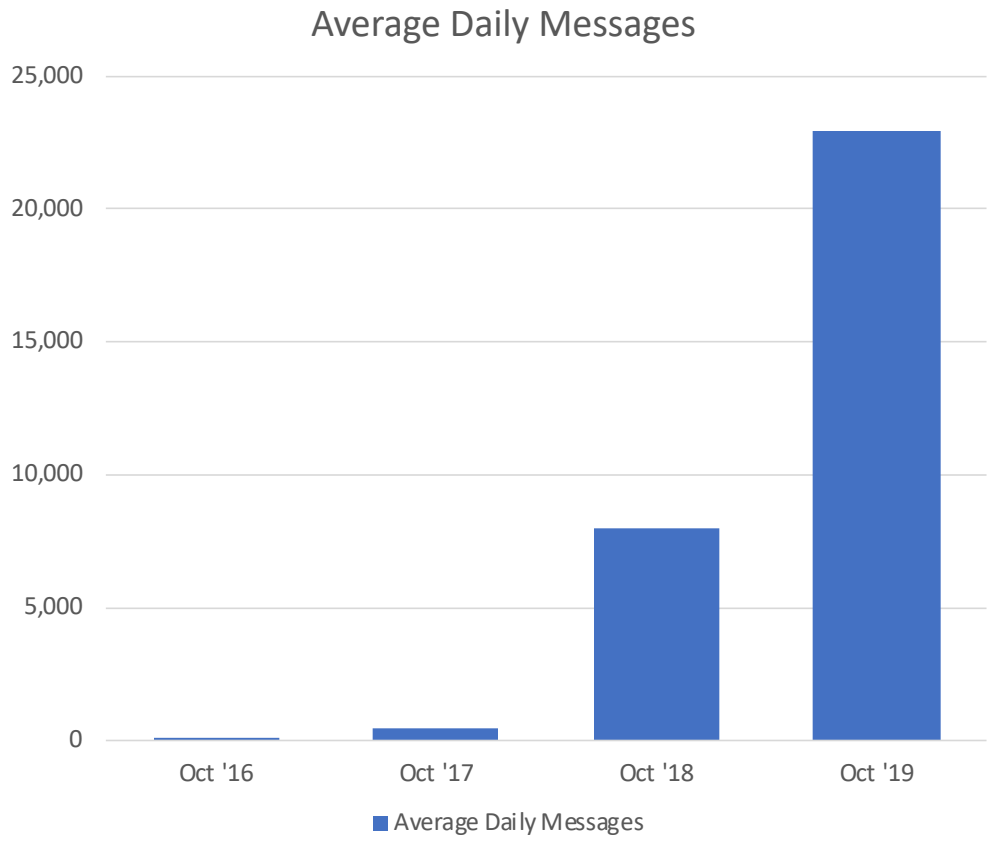
- Innovation program is charged to identify gaps in strategy, test/validate impact, and support long-term planning

Broad Strategic Plan Required to Realize Value

- **Direct Benefit:** Streamline practice scheduling, provide Network-level support and maintenance, streamline provider-to-provider communications, reduce scheduling expense, & reduce pager expense
- **Secondary Benefit:** Reduce workload on Operators – allowing them to answer critical calls more quickly, allow Operators to respond to external (patient) calls faster. **~50%** of all Operator Calls can be shifted to direct provider-to-provider messaging.

Driving Adoption

- We have significant YoY growth of TigerConnect utilization … that sounds like the easy part
- However … utilization numbers do not tell entire story



Oversight and Governance

Bring to light the opportunity

- **Executive leadership**
  - Awareness of opportunity (risk) and long-term impact (costs)
- **Operational leadership**
  - Awareness of challenge – review on current-state
- **Clinical leadership**
  - Awareness of opportunity – if-I-could scenarios
- **Clinical boots-on-the-ground**
  - Awareness of limitations and applicability

Goal: Unified Clinical Communications Program

- **What:** Establishment of Network-wide Program to oversee clinically-focused communications … including technical capabilities and vendors, operational adoption and customization, benefit and goal alignment, and governance.
- **Rationale:** Ongoing organic and strategic growth of the Network, including decentralized care teams, has identified an opportunity to improve operations, reduce cost base, and modernize clinical staff coordination.

- ✔ **Centralize** oversight and governance
- ✔ **Standardize** applications and processes
- ✔ **Reduce** cost-base and staff frustration
- ✔ **Optimize** workflows & metrics

Building Momentum and Enterprise-wide Governance

Turning on the technology was the easy part

- **Executive Sponsors:**
  - **Program:** 2x VP Ops, CNO, CMO, CMIO, Chief of Hospitalists, Chief of Pulmonary & Critical Care
  - **Pager Reduction Initiative:** COO, President Physician Group
  - **Secure Messaging Adoption:** CMIO, All clinical chairs
  - **On-Call Scheduling Initiative:** VP Ops, VP Specialty Practices
  - **Code Alerting Initiative:** Clinical Technology Governance Board
- **Net-New Position:** Director, Internal clinical communications
- **Operational Sub-Teams -** 4 Operational Directors (hospital operations, SLPG operations)
  - **Pager Reduction, Secure Messaging Roll-Out, On-Call Scheduling, Code Alerting**
- **IT Lift:** IT Director, IT Communications, IT Analysts (TC, AmIOn), IT Portfolio Manager
- **Additional Stakeholders:** Chief Clinical Strategy Officer, Chief Clinical Integration Officer, CIO, All Department Chairs, All Entity VPMAs, All Nursing VPs, CQO, IT Senior Leadership

If I asked people what they wanted

they would have said "faster horses"

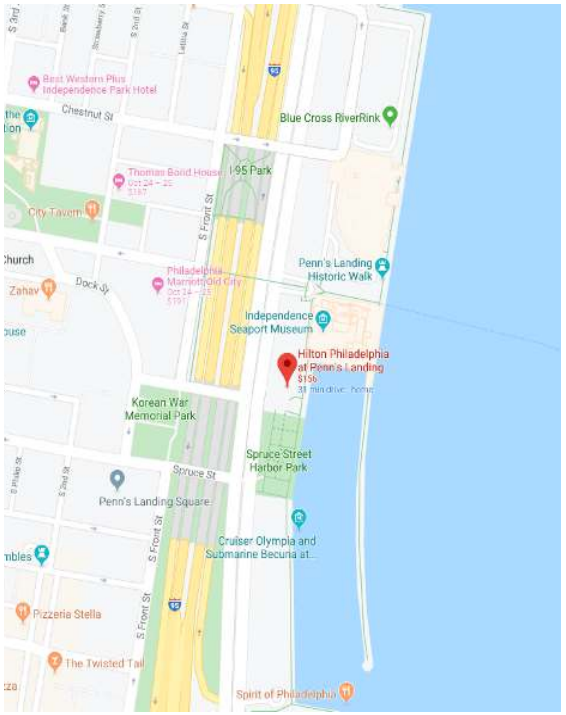
--Somebody (probably not Henry Ford)

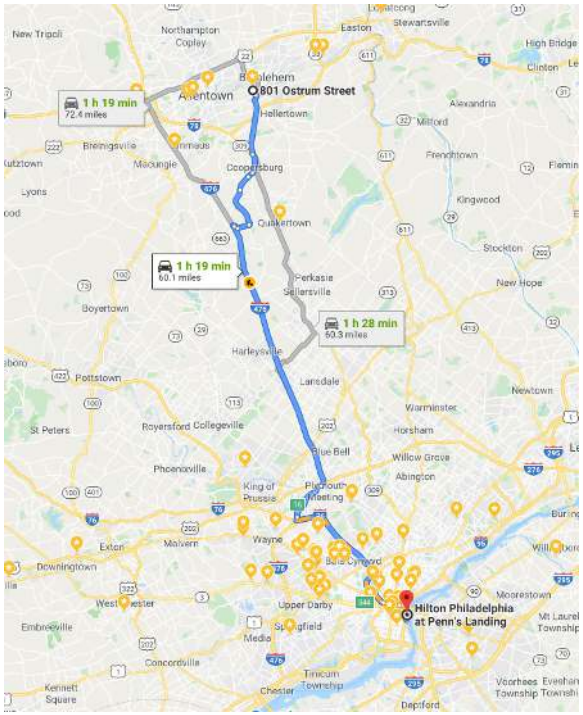
Architecting the Future

Re-think future-state and build infrastructure for scale

- Providing the ability to send a message to a person is like having their address … it doesn't help me get there

- True self-service requires understanding what is possible and to build a plan to get there

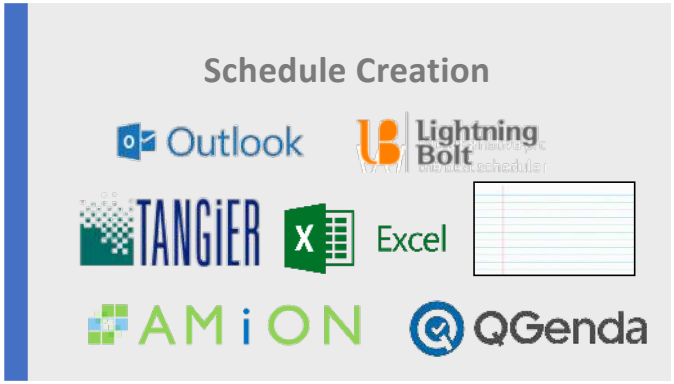




Architecting the Future

Retooling processes to be enabled by technology

- Role based messaging requires roles to exist … somewhere
- Early aim to automatically link TigerConnect role with staffed role in on-call schedule
- But no centralized governance for on-call scheduling existed
- And no standard way to schedule staff, build and name roles existed
- Brought to light opportunity to standardize tools, processes, and governance for enterprise-wide on-call
- Massive enterprise-wide application rationalization of on-call scheduling systems
- 250+ departments using AmIOn for on-call scheduling



Rebuild Practice Schedules from Ground Up

Standard workflows will drive value

Enabling TigerConnect within a Practice is NOT the end goal …
The goal is to **future-proof the practice for end-to-end communication needs**

Now

- Re-build how on-call schedules are staffed
- Re-build on-call roles, geographic coverages, and escalation policies
- 400+ unique roles exist in TigerConnect

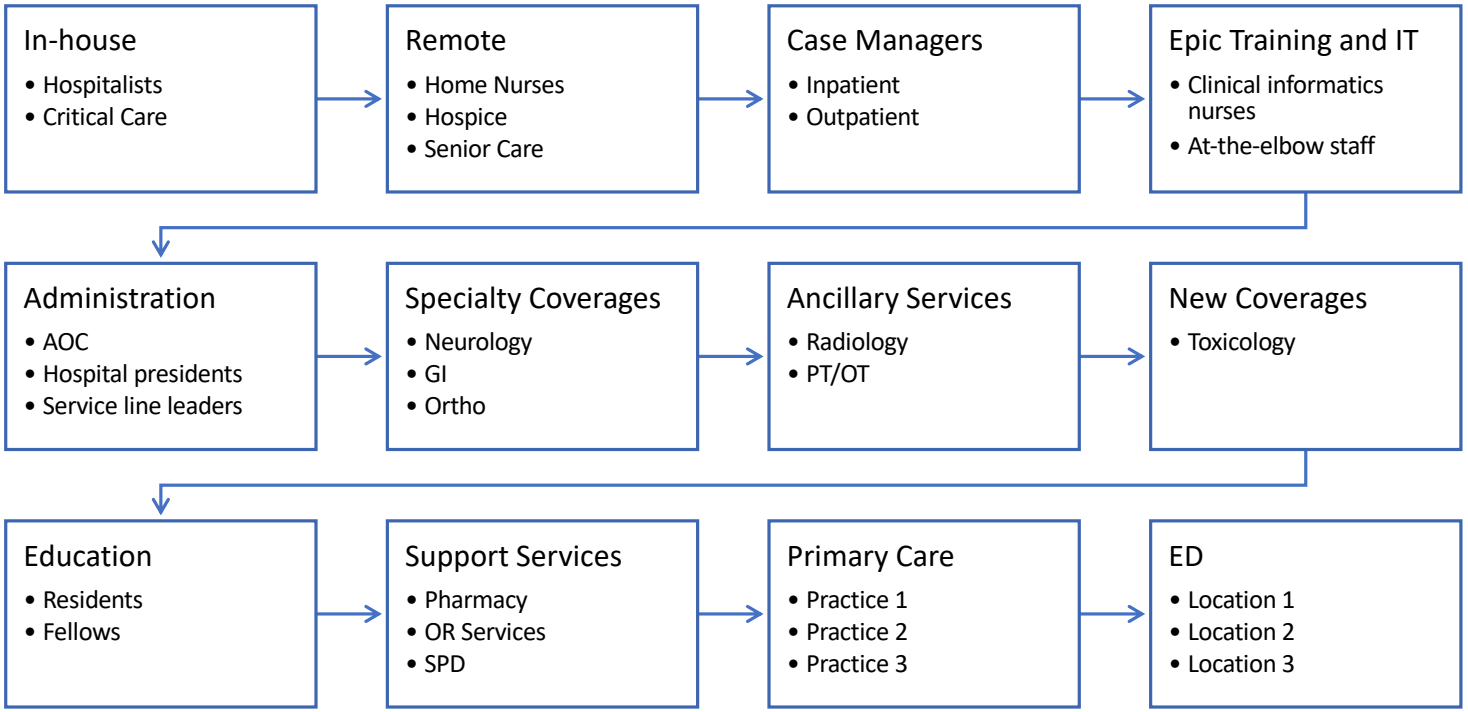
Future

- Re-build all codes and alerts for Enterprise … deliver them via TigerConnect
- Connect machine-to-text functionality (Epic BPA alerts)

Prioritize Re-Architecting for High-Volume Practices

Retooling takes effort and energy

Prioritize onboarding groups who have high-volume **inbound or intra-department** communications



Realizing Benefits

Combination of process, technology, and workflow

Message delivery and requests from minutes and hours to seconds

- Managing Surge Volume for Radiology Volumes
- Notification of consult requests

Net-new self-service communication ability

- Send message directly to on-call AOC
- 50% more employees from 2016, 33% fewer internal operator calls than 2016

Group huddles and communication

- Daily brief for all senior care physicians

Empower staff who were left out of communication channels

- Charge nurses
- OR Circulation nurses

Rapid sharing of critical information

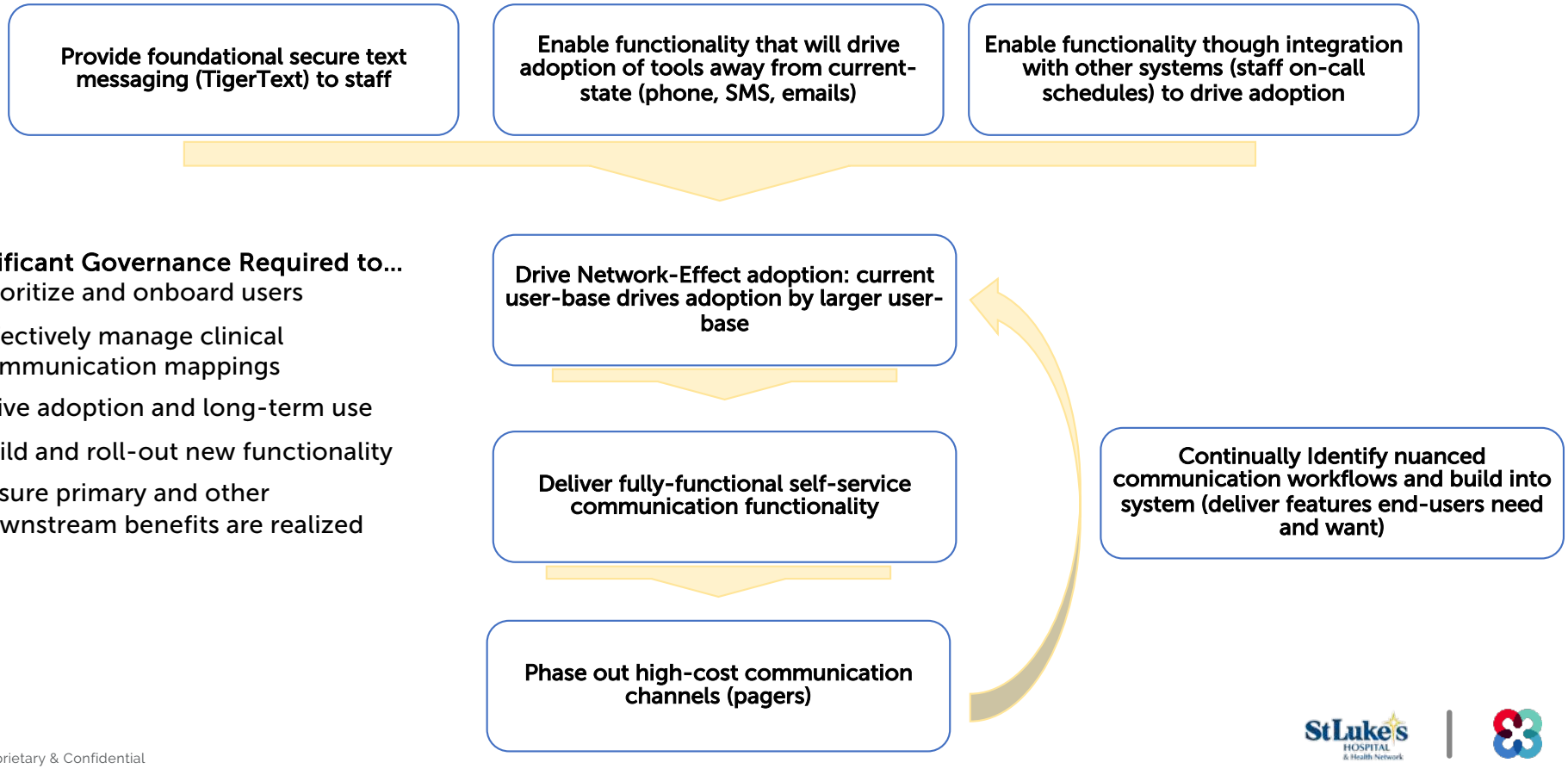
- At the Elbow support for IT upgrades or changes
- PI Committees

Elimination of Pager Expenses

- Hospitalists
- Administration
- Select HCPs
- IT

Difficult to QUANTIFY benefits apart from pager elimination

Enterprise Roll-Out is an Iterative Process



Significant Governance Required to…

- Prioritize and onboard users
- Effectively manage clinical communication mappings
- Drive adoption and long-term use
- Build and roll-out new functionality
- Ensure primary and other downstream benefits are realized

Clinical Communication Strategic Vision

Core alignment of infrastructure to deliver value