

How to

Save 95 Minutes

on Transfer Center Workflows

Keeping patients in-network is important for maintaining continuity of care and ensuring patient safety. But when transfer center communications slow down the transfer process, it leads to patient dissatisfaction and leakage to out-of-network facilities.

Health systems can improve patient outcomes, decrease costs, and reduce patient leakage by smoothing their transfer center workflows. See how HIPAA-compliant role-based messaging enables the transfer center, sending unit, and receiving unit to share information in real-time.

A TYPICAL HOSPITAL WORKFLOW

VS.

THE TIGERCONNECT WORKFLOW

Transfer request made by the sending provider



PLACEMENT

INITIAL FACILITY



Transfer center calls target facility to confirm bed availability and staffing

with house supervisor. This may require calls to multiple facilities if the target facility cannot accept.

On-call list referenced for hospitalist's phone number.



ACCEPTANCE

PROVIDER



Transfer center facilitates provider-to-provider phone call. Multiple delays occur with phone calls back and forth.

accepts the patient.

On-call hospitalist



BED PLACEMENT



bed from the house supervisor.

Transfer center requests a

requests a bed from the charge nurse. Delays may occur with these back and forth phone calls. Charge nurse calls

House supervisor





supervisor with bed assignment. House supervisor

back the house

center of bed assignment.

notifies transfer



Nurse to nurse

phone call.



TRANSFER

handoff completed via

Patient transport is

arranged, and the transfer center

COMPLETED

PLACEMENT

INITIAL FACILITY

messages target facility to confirm bed availability and staffing with house supervisor.

Transfer center



Transfer center sends a group message to the sending hospitalist and the on-call hospitalist at the target facility with the patient's information.

PROVIDER ACCEPTANCE

The sending and receiving providers communicate via messaging or phone calls in TigerConnect.





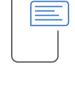
Transfer center

accepts the patient.

On-call hospitalist

BED PLACEMENT

messages house supervisor to request a bed and forwards patient information from previous message.



group message to request bed assignment. Charge nurse replies with the assignment. **NURSE HANDOFF**

House supervisor adds

charge nurse to the

Sending and receiving

within TigerConnect for handoff. **TRANSFER**

nurses text or call



Patient transport is arranged, and the

transfer center completes the transfer request.

completes the transfer request.

A TYPICAL HOSPITAL WORKFLOW

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workflows for a patient that required transfer to a facility 75 miles away in order to

VS.

THE TIGERCONNECT WORKFLOW

Minutes See how the University of Maryland Medical System used automated transfer

receive the correct treatment for a time-sensitive emergency.