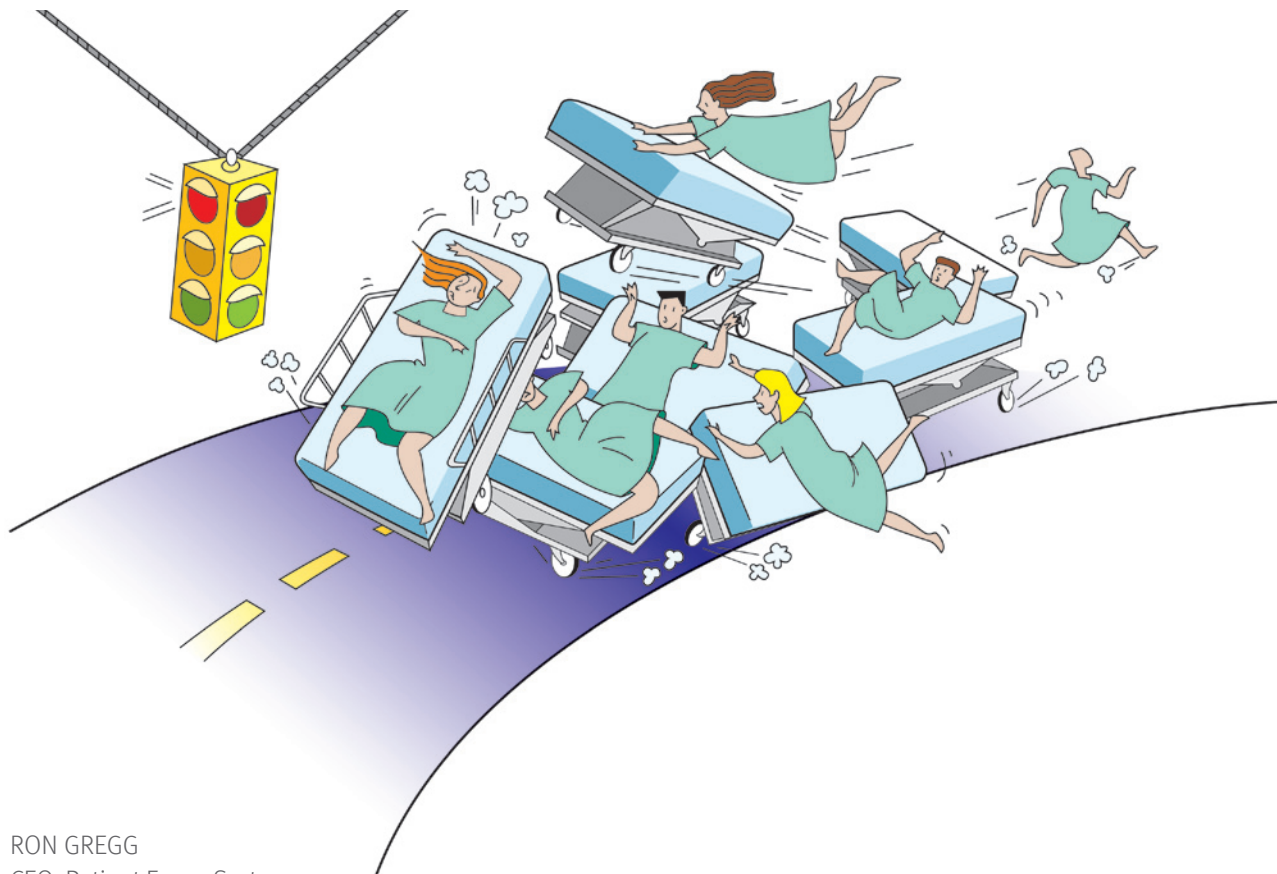


# The ABC's of Patient Flow



RON GREGG  
CEO, Patient Focus Systems

## **You talk about an integrated approach to improving patient flow. What do you mean by that?**

Efficient patient flow supports hospitals' efforts to deliver high-quality healthcare, enhance patient and staff satisfaction, comply with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) patient flow standard, increase revenue and productivity, and decrease operating costs. Achieving it requires timely communication and coordination of efforts among various staffs, including clinical, patient access, nursing, environmental services, admitting and patient transportation. Automation is very helpful in this kind of environment.

Our product, Access Bed Control™ (ABC), provides automation to support all the staffs mentioned above in doing their jobs of admitting patients, delivering patients to their in-house appointments, discharging patients and preparing room/bed for other patients. We have built on our historic strength in developing sophisticated software to support in-house patient transportation and discharge operations to expand into patient/bed matching, patient placement and bed turnaround. We have fully integrated our software products so that when patients are discharged or transferred by transporters, notices go not only to environmental services so that they can start the cleaning process, but also to the bed access staff so that they can anticipate the availability of the bed for patients that have been admitted and are waiting in the emergency department (ED) or post anesthesia care unit (PACU).

During the implementation process, clients define the clinical information that is relevant to bed selection decisions and the linkages between the clinical information and the specific unit, room and bed configurations. The bed access staff then uses ABC to see all the appropriate configurations – whether the beds are clean, in-process, dirty or in a pending state. We define a pending state as coming about when a request has been received through the transportation module to pick up a patient for discharge or transfer. Our product integration makes it possible for the bed access staff to see projected times for bed availability when the bed is in this pending state.

Upon reaching a final decision as to where the patient will be placed, ABC automatically logs a trip request to move the patient from their current location to the location of the matched bed. Our goal is to cover the whole patient cycle with our integrated bed management and transportation software.

The integration of the products also allows us to display real-time data relating to current census and projected census, taking account of prospective discharges and pending admissions as well as patient placement response times.

### **How does your company stand out from other vendors of patient flow software?**

The business strategy we have adopted to create a competitive advantage is to focus on delivering a comprehensive and flexible technological solution for patient flow requirements. There are several parts to that. The first is to provide options within key software features so the client can fit the software to its established procedures, not the other way around. The second is to see client requests for new features or options as opportunities rather than as a burden, and to shape our response accordingly. The third is to provide positive value in our ongoing client support program beyond just remedying problems that arise. We have also spent a good deal of time creating what we believe to be a high-value, straight-forward pricing structure. I would sum it up by saying that we try to make it easy for hospitals to do business with us.

Our clients, and some prospective clients, have affirmed that many of the approaches we are taking are appreciated and valued by them.

We understand that there will be some variance among hospitals in the way that clinical information is used to determine bed selection, as well as in the classification and organization of units, rooms and beds. So we have provided sufficient tables and record space to allow each client the flexibility required to fit its own situation. And we provide flexibility in establishing the relationships and links among the tables so that almost any set of clinical information can lead to a match with appropriate beds. The final configuration is determined by client input during the implementation process. So, in everyday use, when the clinical information for an incoming patient is received by our software, the bed matches that are displayed are customized for that client.

Once a match has been made, then the issue is whether there is a reason why the patient should not be placed in the selected bed – perhaps something to do with unit staffing levels or other

medical conditions within the unit. Hospitals have different ways to resolve questions such as what response is required of the unit and what happens if there is no response. Historically, the final placement gets worked out over the phone, and in some cases, there is no other resolution possible. Any automation support of this process of managing the interests of the patient access staff and the interests of the nursing unit staff is tricky and requires a flexible design. We think we have accomplished that.

The other side of the coin is that no matter how flexible the software, there are always new features required as a result of client requests that were unanticipated by the design team. We think it is important to respond quickly to these requests. Just with respect to the environmental services part of the software, in the past few months we have responded to requests to develop outbound notifications of completed bed assignments to the hospital information system, to change our bed cleaning assignments to accommodate a situation where more than one bed in a room needs cleaning, and to give clients more flexible options in how they handle preemption of assignments covering normal bed cleans when priority bed clean requests show up. We have been able to include our response to many of these requests within the original pricing for the software or as part of the annual license fee and client support program. We collect these changes into a new release, which we make available to all our current clients as part of our client support program.

With respect to pricing, we have developed an approach to measuring the return on investment to a hospital from the use of our software, which includes both time savings resulting from the availability of relevant information to all the people who are involved in both the environmental service and patient access processes, and the potential for increased revenue due to higher bed utilization. We do not charge a per user fee, but price our product(s) to reflect the benefits that are realized by both small and large hospitals. We set our prices to be able to demonstrate to a client that it can recover its investment within a reasonably short period of time.

We present a “turn-key” price which includes installation, training and a one-year warranty bundled together. They seem to appreciate this approach. We also provide several leasing alternatives, one of which qualifies for the use of operating as opposed to capital funds, which are attractive to some clients.

We try to be constantly sensitive to ways to improve our responsiveness to clients’ needs that make sense both to the clients and to us.



**Ron Gregg** is the CEO of Patient Focus Systems. In 1991, he founded D/V Technologies, a developer of custom IVR applications, including an interface used by the PFS bed management and patient transportation products. D/V Technologies subsequently acquired Patient Focus Systems in 2004. Ron has served on the board of a hospital consulting firm that is now a part of Affiliated Computer Services, a leading provider of healthcare technical services. He was also a member of the staff of an HEW advisory committee on hospital effectiveness.