

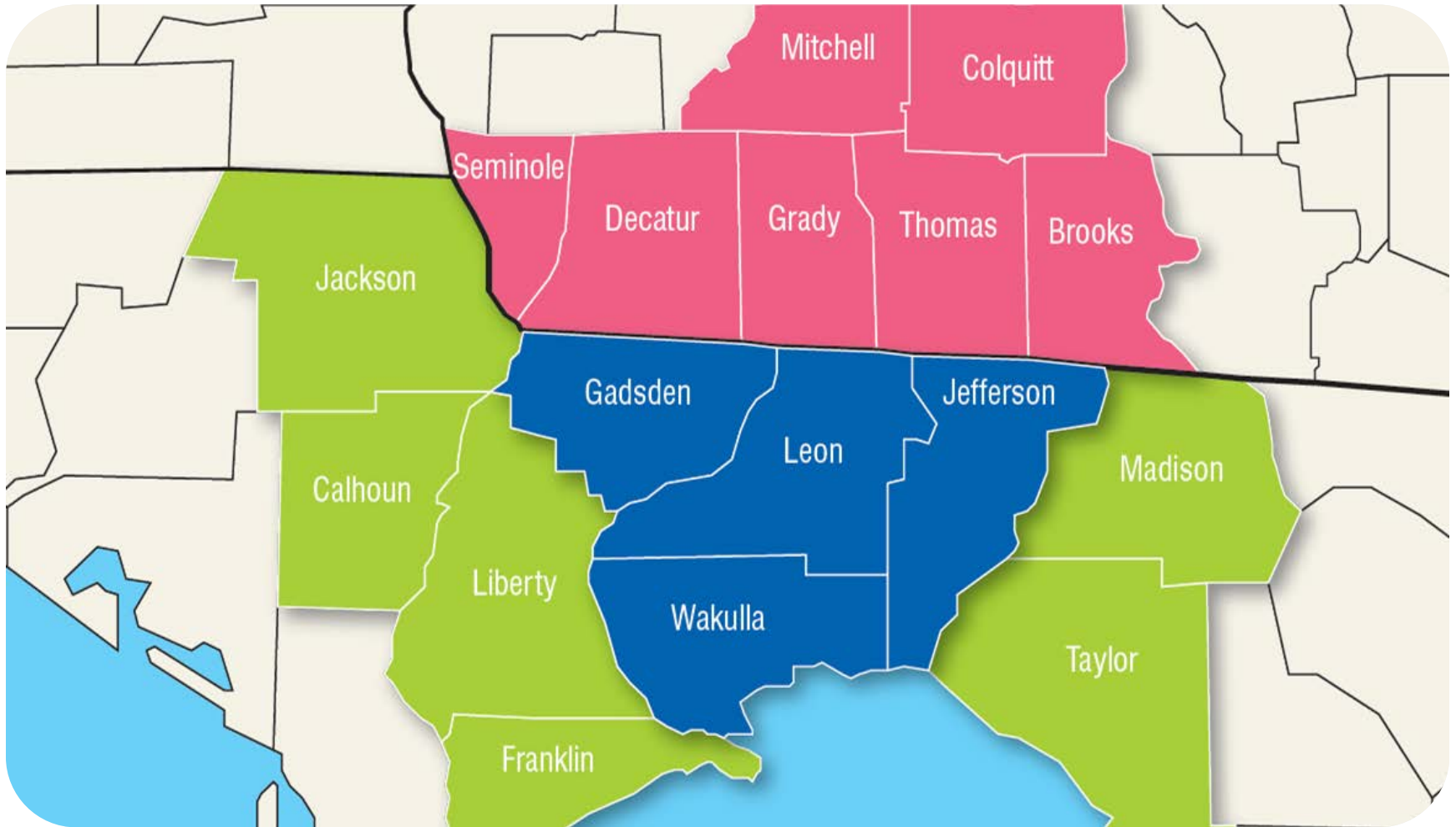


**TALLAHASSEE  
MEMORIAL**  
HEALTHCARE

# Overview

- ⦿ 772 beds
- ⦿ Private, not for profit
- ⦿ No recurring local tax support for indigent care
- ⦿ 558 physicians
- ⦿ 60+ medical specialties
- ⦿ 40 Adult Intensive Care Beds

# Service Area



# Capabilities

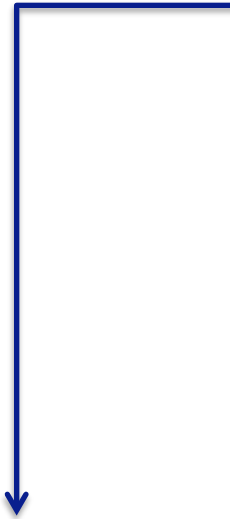
- ⦿ Level II Trauma Center
- ⦿ Level III Newborn Intensive Care Unit
- ⦿ Specialized Intensive Care Units
- ⦿ Advanced Endovascular Neuro & Heart Procedures

# Community Benefits

# Community Benefits

- ⊙ Charity & Uncompensated Care
  - ⊙ \$20,440,100 at cost
- ⊙ Medical Education
  - ⊙ Three physician residency programs
    - Family Medicine
    - Internal Medicine
    - General Surgery
  - ⊙ Nursing Residency Program
  - ⊙ Pharmacy Residency Program

# Patient Access



Main  
OR

Outpatient  
Surgery  
Center

Red Hills  
Surgery  
Center



# Patient Location Selection

- ⦿ Type of Procedure
- ⦿ Case Complexity
- ⦿ Support Service Requirements

# Efficiencies in Operations

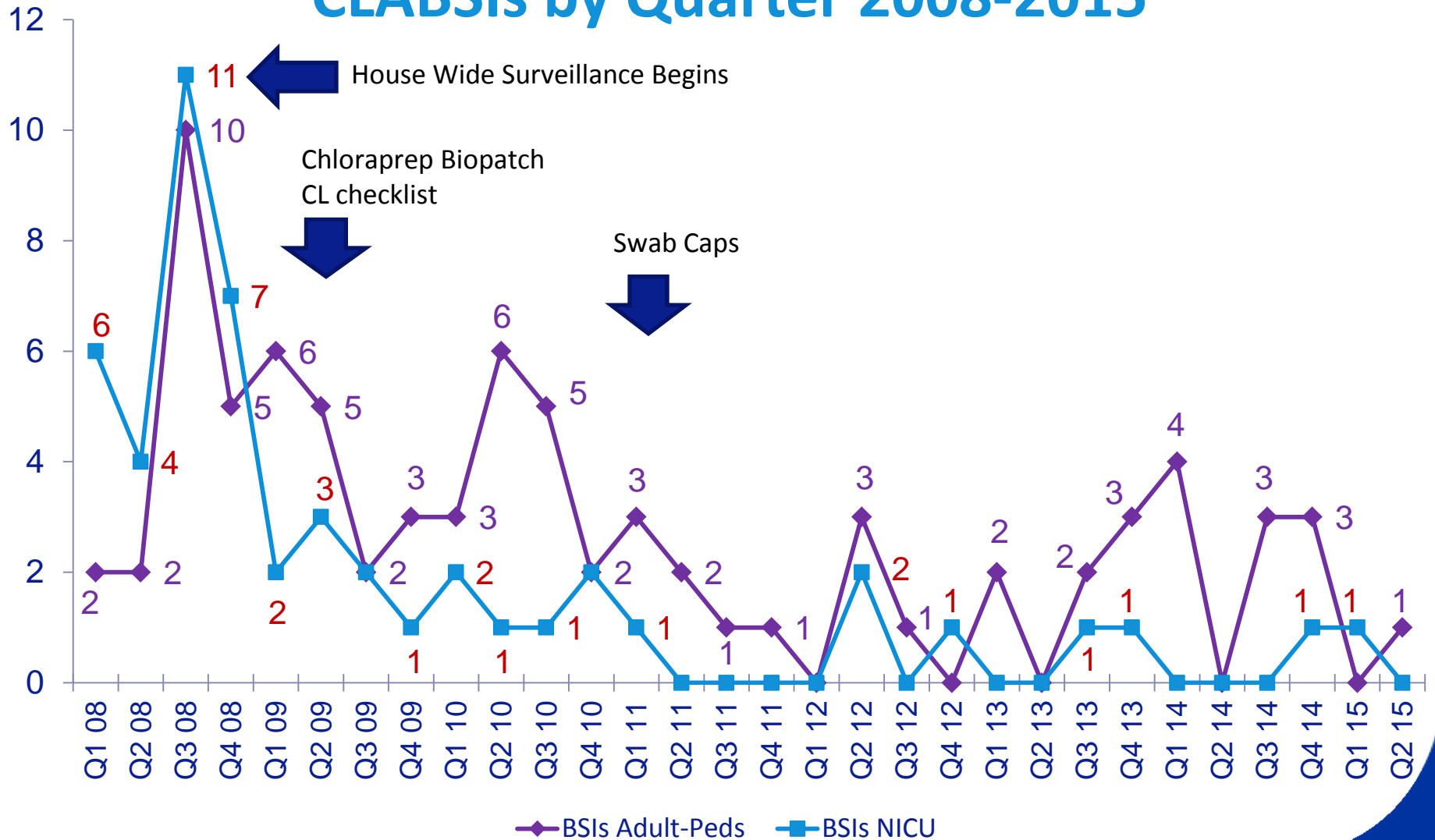
- ⦿ Administrative Support
- ⦿ Medical Staff Support
- ⦿ Avoid Process Duplication

# Quality Collaboration: Central Line Infections

- ⊙ Interdisciplinary Collaboration
  - ⊙ Physicians
  - ⊙ Infection Control
  - ⊙ Organizational Improvement
  - ⊙ Nursing

# Results

## CLABSI by Quarter 2008-2015





Bixler Trauma  
& Emergency  
Center

Urgent Care  
Center

Emergency  
Center -  
Northeast

Transition  
Center

# Community Collaboration



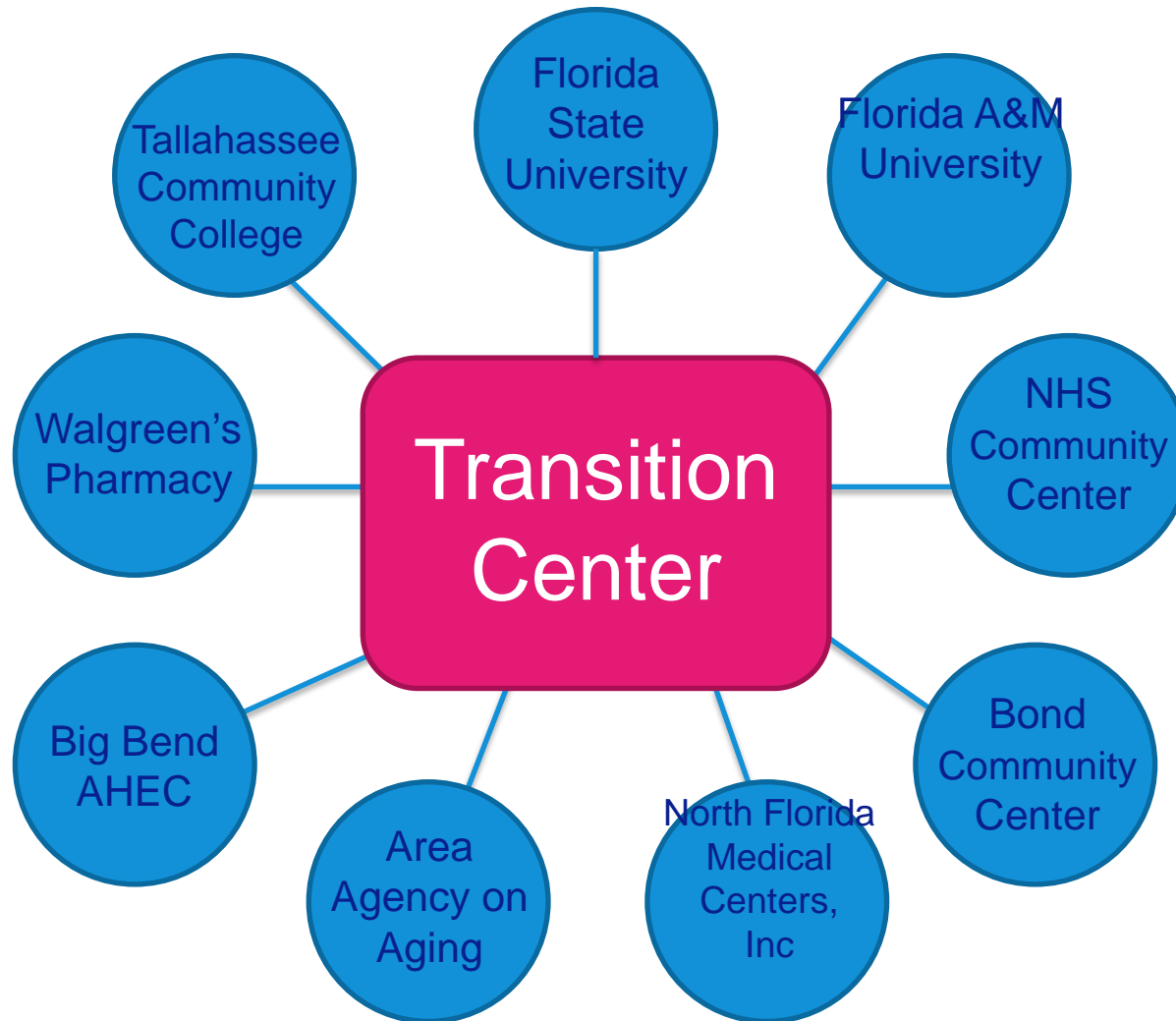
THE COLLEGE OF MEDICINE



**TALLAHASSEE  
MEMORIAL**  
HEALTHCARE



# Community Partnerships



# Transition Center Patients

- ⦿ Typical Transition Center Referral Candidates:
  - ⦿ Patients with 3 or more admissions in the past year
  - ⦿ Patients with no primary care
  - ⦿ Patients who are not insured
  - ⦿ Patients with chronic diseases
  - ⦿ Patients unable to arrange follow up within 7 days of discharge



# Transition Center Model

## TMH

Hospital ER  
or Inpatient Stay

- Case manager identifies patient as high risk for readmission
- Referral is made to the Transition Center
- Contact made with patient within 48 hours

## Transition Center

- Simplified care plan developed
- Medication review and follow up plan
- Appointments for appropriate follow up care
- Telephonic calls to remind patient of appts.
- Social work team helps patients apply for benefits/services

## Primary Care

- On going care and intervention

# Transition Center: Impact

- ⦿ Reducing visits and costs in first 90 days after discharge
- ⦿ Total variable cost avoided
  - ⦿ \$273,759

	30 Days After Discharge	90 Days After Discharge
Total Inpatient Visits	-87%	-67%
Total Emergency Dept. Visits	-73%	-53%

# TeleHealth

## ⦿ Telemedicine

- ⦿ A system that utilizes technology to deliver quality healthcare in a setting where the physician (or care provider) and patient are in two different locations

## ⦿ Telemonitoring

- ⦿ The use of technology to remotely monitor patients

# TeleHealth Goals

- ⦿ Improve overall health and quality of life for patients
- ⦿ Increase patient access to primary and specialty care
- ⦿ Increase efficiencies within the regional health system
- ⦿ Promote successful transitions in care
- ⦿ Reduce readmissions and unnecessary transfers to the emergency department

# Telemedicine

- ◎ Telemedicine does not change the way providers care for patients, but changes the delivery method for communication



# Telemedicine Equipment



# Telemedicine

- ⦿ Expansion of Behavioral Health Services to Rural Communities
- ⦿ Partnership with Primary Care Providers
- ⦿ Rural Emergency Department Baker Act Evaluations
- ⦿ Outpatient Follow-up

# Telemedicine

- ◎ Services to Rural Hospital Partners
  - ◎ Doctors' Memorial Hospital in Perry, FL
    - Psychiatry, Dietary, Specialists, Transfers





# Telemedicine

- ⦿ Specialty Consults
- ⦿ Expanding Transitional Care Services
- ⦿ Residency Program Training



# Telemedicine

- ⦿ Reducing unnecessary readmissions and visits to the emergency department by connecting medical directors to LTC/SNFs/rehab facilities
- ⦿ Benefits
  - ⦿ Reduced transfers costs
  - ⦿ Increased patient safety
  - ⦿ Increased patient satisfaction
  - ⦿ Increased provider satisfaction

# Telemonitoring

- ⦿ Allows providers to remotely monitor key health indicators such as weight, blood pressure, oxygen levels, glucose, and health behaviors.
- ⦿ Interventions are provided quickly to prevent health episodes that result in hospitalization or a visit to the ER.
- ⦿ Empowers the patient be an active participant in managing their own health.

# Telemonitoring

- 30-90 Day Patient Monitoring
- Blood Pressure
- Weight
- Pulse Ox
- Medication Adherence
- Care Plans



# Telemonitoring: Impact

## Remote Monitoring pilot project:

1. 23 high E.D. utilizers where monitored for 30-60 days
2. Nurses were able to monitor and provide timely interventions

## Results:

Visits prior to remote monitoring/interventions	Visits after remote monitoring/interventions	Impact
105	18	83%

# Suggested Improvements

- ⦿ Telemedicine

- ⦿ Legislation to support reimbursement

- ⦿ Human Resources

- ⦿ Shortage of physicians and nurses