

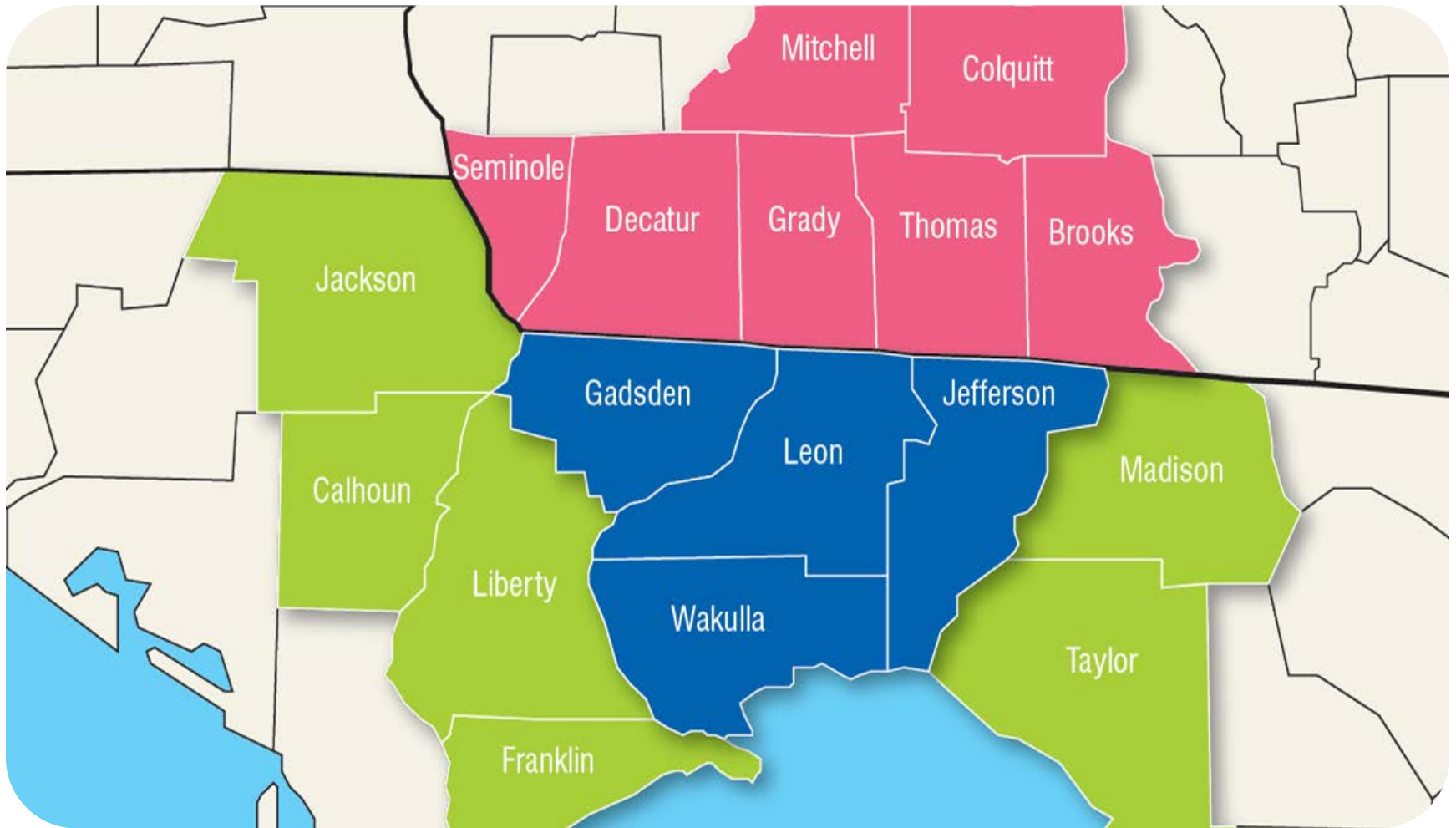


**TALLAHASSEE
MEMORIAL**
HEALTHCARE

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

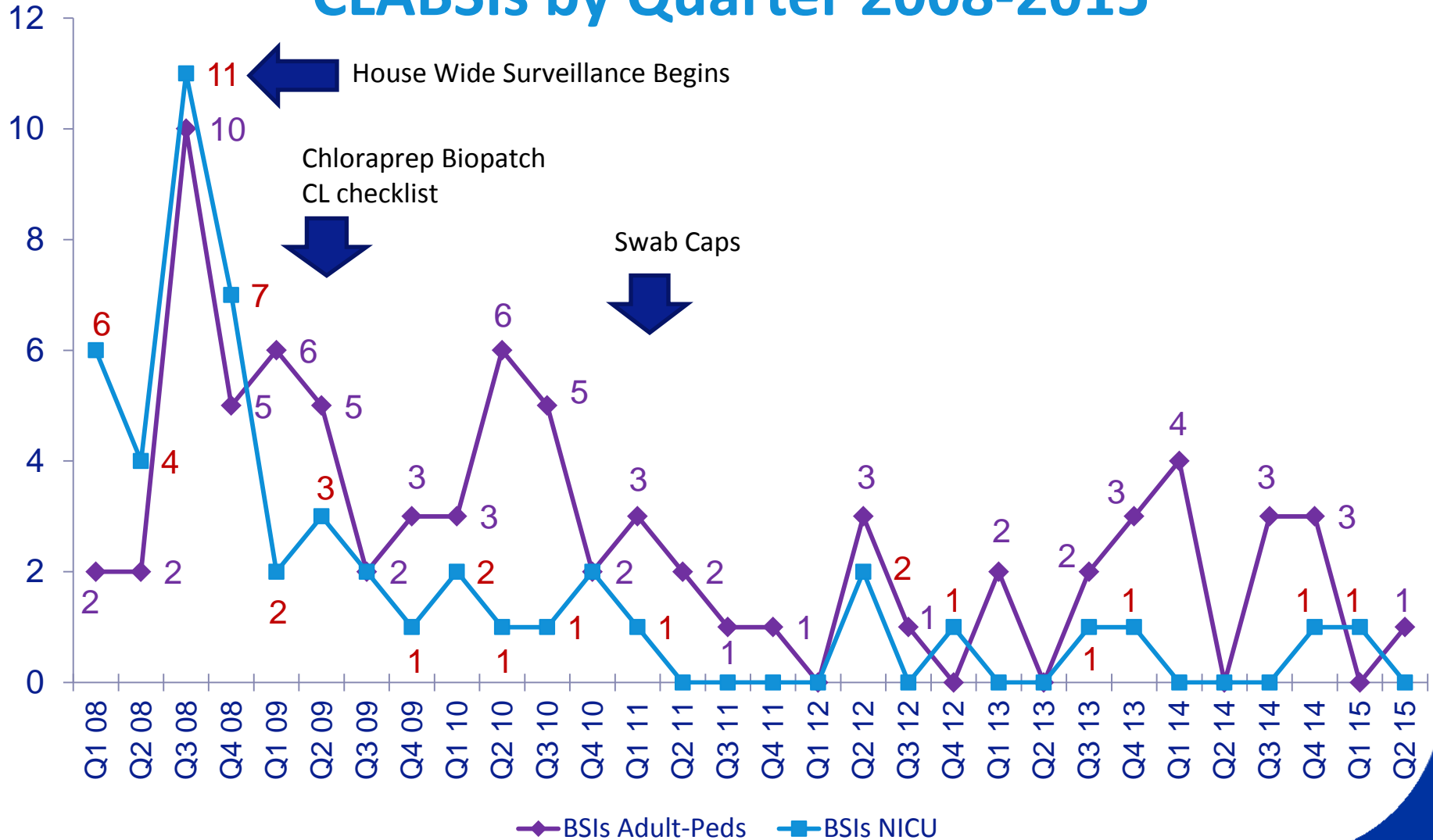
- ⦿ Administrative Support
- ⦿ Medical Staff Support
- ⦿ Avoid Process Duplication

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



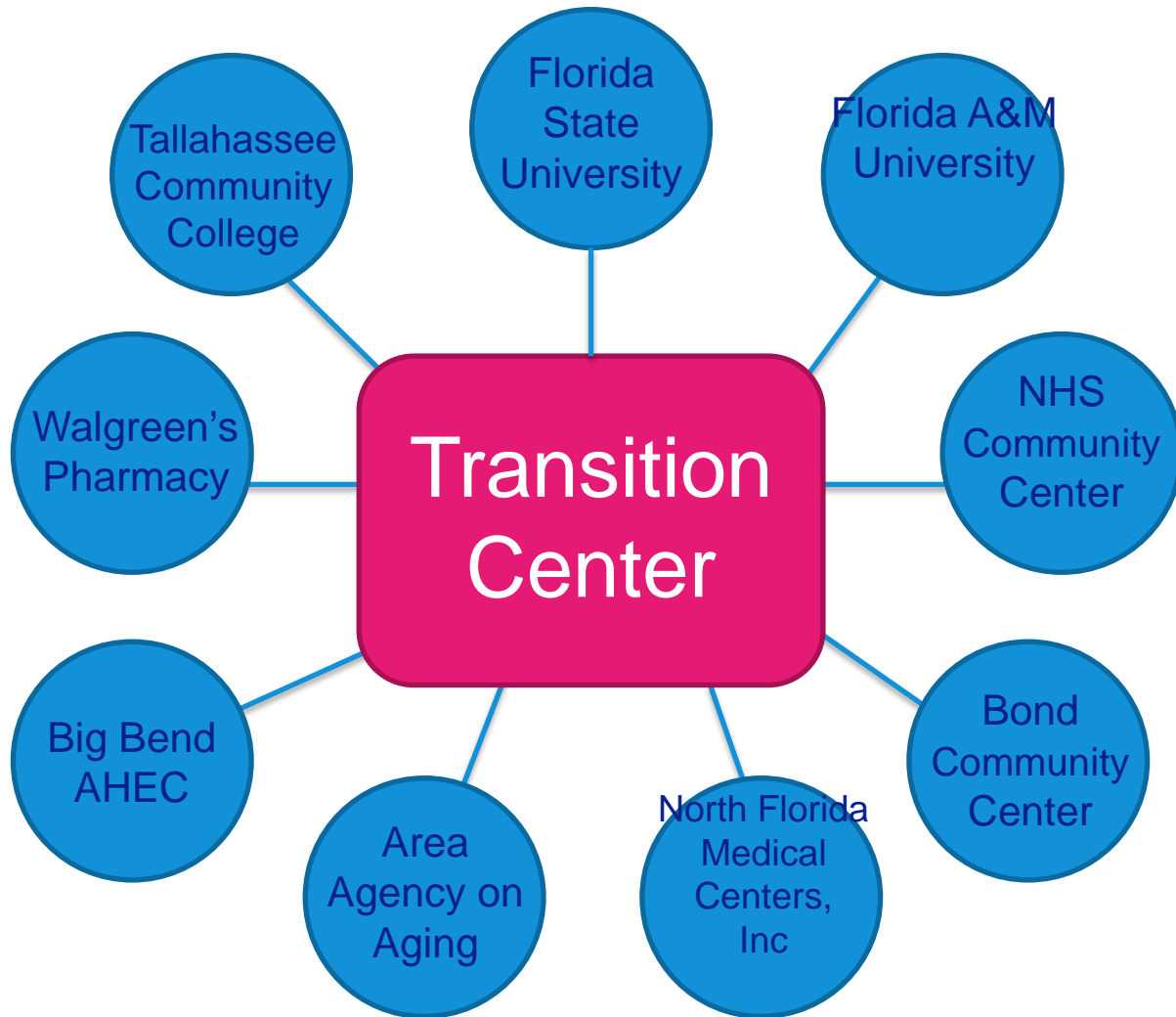
THE COLLEGE OF MEDICINE



**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