

# Health Data MANAGEMENT

March 1, 2007

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## I.T. Putting Together the Revenue Pieces

Enhanced tools are bringing a quick return on investment.

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### Capacity management = more revenue

**M**ulti-campus Lehigh Valley Hospital in Allentown, Pa., used to have an average delay of 74 minutes from the time a patient was discharged until housekeepers and other staff were notified. Then it took an average of 210 minutes to turn over the bed and have it ready for another patient.

This prevented quick admissions to the hospital from the emergency department, keeping needed beds occupied in the ED. The hospital also was hitting 1,300 minutes a month in operating hold times. Those delays meant some surgeries couldn't be started because patients ready to leave the recovery room didn't have an inpatient bed available to them, so there weren't beds opening up in recovery.

After the hospital had an admissions increase of 1.5% in 2002, it implemented bed management software the following year from TeleTracking Technologies Inc. of Pittsburgh.

It now takes an average of 60 minutes at all three hospitals to turn a bed around—often half that time at the two smaller facilities. Operating holds have been cut by 87%. And the hospital has seen an increase in admissions during the past three years of 6.2%, 5.3% and 8.4%, respectively. "We grew almost 20% in admissions without the addition of beds," says Lisa Romano, administrator for patient logistics and access.

Better bed management is directly related to an undisclosed but substantial hike in revenue for Lehigh Valley, Romano says. "There's no doubt that when you reduce the OR hold you give yourself increased revenue opportunities," she explains. "We're also no longer turning patients away because we didn't think we had a bed available. The key is turning



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beds over at the peak of the day and truly being able to meet demand."

To cap it off, staff productivity also increased with better bed management. "As you chop the bed turnover delay time, you can chop non-productive work, such as three 'bed meetings' a day," Romano says. "It's unbelievable the salary time spent doing functions that can be completely stopped."

Since the bed management software went in, Lehigh Valley has not had to cancel a surgery or keep the recovery room open all night due to inpatient beds being unavailable, Romano says.

TeleTracking and the American College of Emergency Physicians in December surveyed more than 200 hospitals on capacity management issues. Sixty percent of respondents reported diverting patients to another emergency room in the past year because of overcrowding or patient flow problems. Further, 28% of respondents reported canceling or delaying surgeries because of bed shortages.

At Lehigh Valley, redesigning processes were just as important to improving patient flow and bed management as the software, Romano says. "We have a team of central dischargers who do nothing but discharge patients and turn over rooms."

Patient transport management software from TeleTracking integrated with the bed management software enables a fast start to the discharge process. That's because transportation of a patient to the lobby is recognized as a discharge. That turns the bed's color to brown on the bedboard, signaling it is ready for turnover, and a housekeeper is automatically paged. •