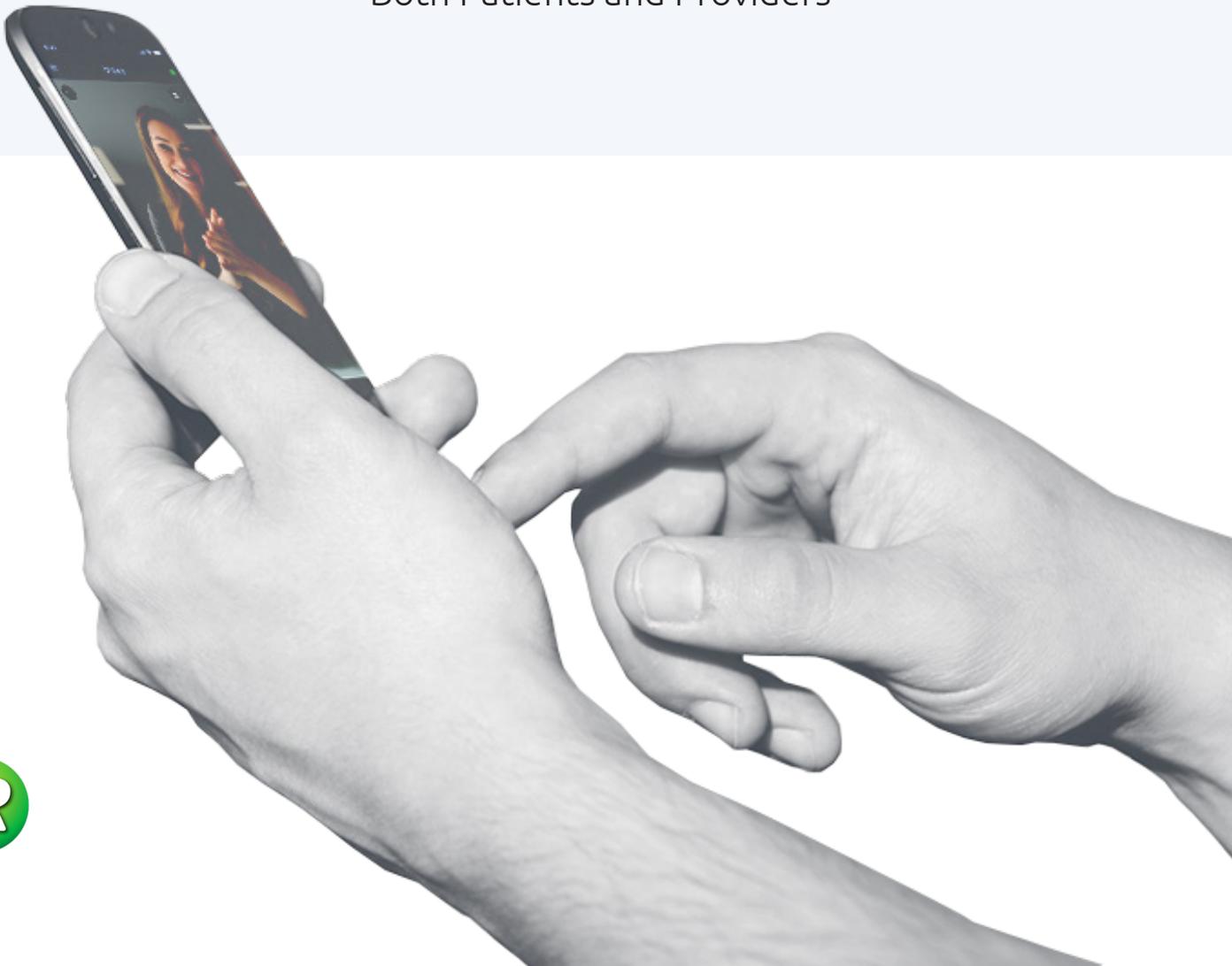


Transforming the Transfer and Referral Process

Why Efficient Communications Benefit
Both Patients and Providers



Contents

3 Chapter I

3 2020. It was the year that was... a lot of things

5 Shortages and Shortcomings

6 The COVID Quandary

6 Hitting the Highway

7 Burnout, Big Time

8 Chapter II

8 Patients in Peril

9 The Domino of Discovery

10 A Patchwork of Platforms

11 Transfers Can be Troublesome

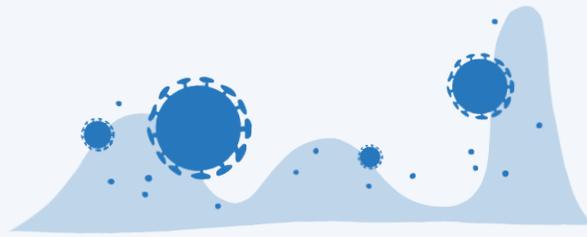
13 Chapter III

13 Drip, Drip, Drip

14 Hold the Phone

15 Sound familiar?

17 About Revation Systems



Chapter I

2020. It was the year that was... a lot of things

From nursing shortages and overflowing ICU units to telehealth and plummeting margins. It was also a year of introspection. Hospitals found themselves in an industry that had fundamentally changed overnight. They weren't prepared and it wasn't pretty.

But let's step back a second. Long before COVID-19, many U.S. hospitals were already losing money on outdated operational processes. In fact, the median hospital margin sat at a modest 3.5 percent for decades. It took a pandemic to drive hospitals to examine deep-rooted processes to cut costs and create new revenue streams. For some, the place to start was patient transfers and referrals.

Inter-hospital patient transfer is a crucial element of patient care – one that can improve patient management, enhance facility reputation, and lift margins. A 2017 nationwide outcomes study published by The Journal of Patient Safety found that each year, transfers between acute care hospitals represent approximately 3.5 percent of all hospital inpatient admissions. That amounts to 1.5 million admissions annually.

Likewise, outside referrals are essential for any growth strategy, particularly in highly competitive markets where referring physicians have multiple options. According to a recent study, a transfer center that can bring in an additional 300 transfers per year can substantially boost hospital revenue. For example, using an average per-patient contribution margin of \$10,836 yields an additional \$3.25 million per month, or \$39 million annually. Even if additional transfers are half that – 150 – the numbers remain impressive: \$1.6 million a month, or \$19.5 million annually.

But there's a flip side. Incongruent treatment goals, disparate information sources and, in some cases, numerous distractions during transfers can impact the patient's well-being. The study found that transfer patients had higher risk-adjusted inpatient mortality than non-transfer patients at 4.6 percent versus 2.1 percent, respectively. In addition, they consumed more resources when compared with non-transfer patients, had longer hospital stays – 13.3 days versus 4.5 days – as well as lower odds of discharge home.



Yet research published in Today's Hospitalist suggests that patient outcomes could improve if transfer processes were more broadly standardized, resulting in fewer communication breakdowns when complex handoffs occur. That means implementing best practices to create an environment that fosters team collaboration and affords quick and easy access to documentation.

Providers that have optimized clinical communications report measurable improvements in patient outcomes, transfer times, patient throughput and patient satisfaction. In a nutshell, innovation enables the continuum of patient-centered care and produces higher margins. In this eBook we will detail why implementing efficient communications tools can streamline patient transfers and boost revenue.

Where there are multiple conditions required for patient-centered care, few are as critical for nurses.



Shortages and Shortcomings

While many elements collided to shape the industry transformation of 2020, one stands out as the most significant. The staffing shortage, and in particular, a lack of nurses. Healthcare leaders saw this troubling trend on the horizon as far back as 2012. But the industry has seen it before.

The United States has experienced nursing shortages periodically since the early 1900s. Multiple factors, including world wars and economic recessions, led to each shortage. But the magnitude of current circumstances is greater than ever before. Today's nursing shortage is caused by several factors, including:



An aging population – By 2030, the U.S. Census Bureau reports that the entire baby-boom generation — 73 million people — will be 65 or older. Longer lifespans will increase the timeframe when patients require services and add pressure to an already strained healthcare system.



Retiring nurses – One million RNs will retire by 2030, making a prolonged shortage even worse. The U.S. Bureau of Labor Statistics predicts 194,500 RN job openings every year until 2029, or nearly 1.5 million open positions.



Shrinking educational opportunities – Nursing schools have lacked enough faculty and facilities to graduate students for some time now. In 2019, for example, this resulted in 80,000 prospective nursing students being denied enrollment in educational programs.



Turnover – The 2021 National Nursing Workforce Study found that the number of RNs leaving the profession has almost doubled since 2010. During the Great Resignation, countless thousands left for better paying jobs with more perks and less exposure to COVID-19.



Travel nursing – What began in 1978 as a means to meet the seasonal demands of New Orleans' Mardi Gras is now an accepted response to nurse staffing problems nationwide. Travel nursing in the U.S. has become a \$10 billion dollar industry and shows no indication of slowing down.



The COVID Quandary

When COVID hit, many nurses retired or were given early retirement packages. Hospitals didn't anticipate what a perilous mistake it would be to reduce staff early in the pandemic.

As noted by the American Hospital Association, the pandemic has already cost hospitals an estimated \$24 billion to mitigate the staffing shortage. For many, higher recruitment costs are straining already tight budgets, especially those that suspended profitable elective surgeries. The National Institutes of Health reported that cancellation of elective surgical procedures during the pandemic resulted in estimated losses of \$16.3 to \$17.7 billion per month in reimbursement, and \$4 to \$5.4 billion per month in net income to the U.S. hospital system.

COVID also contributed to overall staffing shortages, including a lack of physicians. Becker's Hospital Review reported in a recent survey that 88% of healthcare facilities turned to locum tenens, or temporary physicians, to combat

staffing shortages and treat pandemic patients. Almost half of healthcare facilities said they are actively seeking locum tenens healthcare workers at any given time, and 58 percent said that the temporary physicians had been very or extremely important during the pandemic.

The staffing shortage takes a direct toll on patients, too. Researchers at Ohio University found that a lack of nurses can have a debilitating effect on patient care. As fewer nurses care for more patients, mistakes are more likely, as are higher rates of mortality and failure-to-rescue situations. A pre-COVID study commissioned by the Society of Actuaries found that errors cost healthcare organizations a whopping \$20 billion per year.

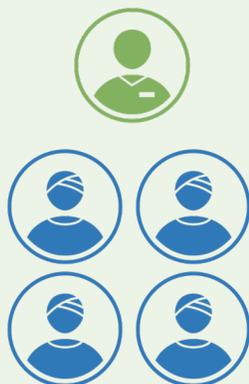
In turn, staffing shortages have contributed to problems in patient transfers – a process which is increasingly under scrutiny for preventing leakage, and whereby patients are transferred to another facility for care due to lack of staff or inability to offer the required services.

Hitting the Highway

COVID also changed the function of travel nursing. Before the pandemic, travel nurses only made up between 3-4 percent of overall national nursing staff. As of August 2021, travel nurses accounted for 8-10 percent of overall hospital nursing staff.

Many organizations have hired travel nurses as a stopgap measure, paying them well above staff nurses who've been on the job for years. According to Indeed.com, the average annual salary for a travel nurse in 2022 is \$108,070. Compare that to the average salary for staff nurses –\$75,330 annually per the U.S. Bureau of Labor Statistics (BLS). That's a huge disparity in pay and it's a costly, employee relations problem for hospitals. What's more, this trend is expected to continue into the foreseeable future. Data from various travel nurse agencies suggests that demand ranges from 50,000 to 100,000 open positions annually.

Nurse-to-Patients before the Pandemic



Nurse-to-Patients after the Pandemic



Burnout, Big Time

The pandemic also highlighted shortcomings in a system already stretched to its limit. McKinsey & Company research revealed that staffing levels, demanding work, and the emotional toll of nursing all contribute to a nurse's decision to leave the field. Pressured work environments, emergency decision-making, long hours, and the strain of caring for patients with poor outcomes have all led to one thing – burn out.

A survey released in September 2021 by the American Association of Critical Care Nurses found that 66 percent of 6,500 respondents considered leaving the profession because of COVID-19 experiences, while 76 percent said that unvaccinated patients “threatened nurses’ physical and mental well-being.”

The nursing shortage further translates to inadequate nurse-to-patient ratios across the board. At large, busy hospitals and healthcare systems, a single nurse may be responsible for up to eight patients at a time – that’s double the nurse-to-patient ratio prior to the pandemic. The constant juggling of patients and their records can be mentally, emotionally, and physically exhausting for nurses, making burnout more likely.

Despite monetary incentives, burnout leads to increased turnover with a profound impact on hospital margins. The 2022 NSI National Health Care Retention & RN Staffing Report found that the average cost of turnover for a bedside RN is \$46,100 and results in the average hospital losing between \$5.2m – \$9m annually. Each percentage change in RN turnover will cost or save that hospital \$262,300 per year. But this only worsens the crisis as vacancies go unfilled. As of January 2022, the RN Recruitment Difficulty Index was elevated at 87 days on average, regardless of specialty.



Chapter II

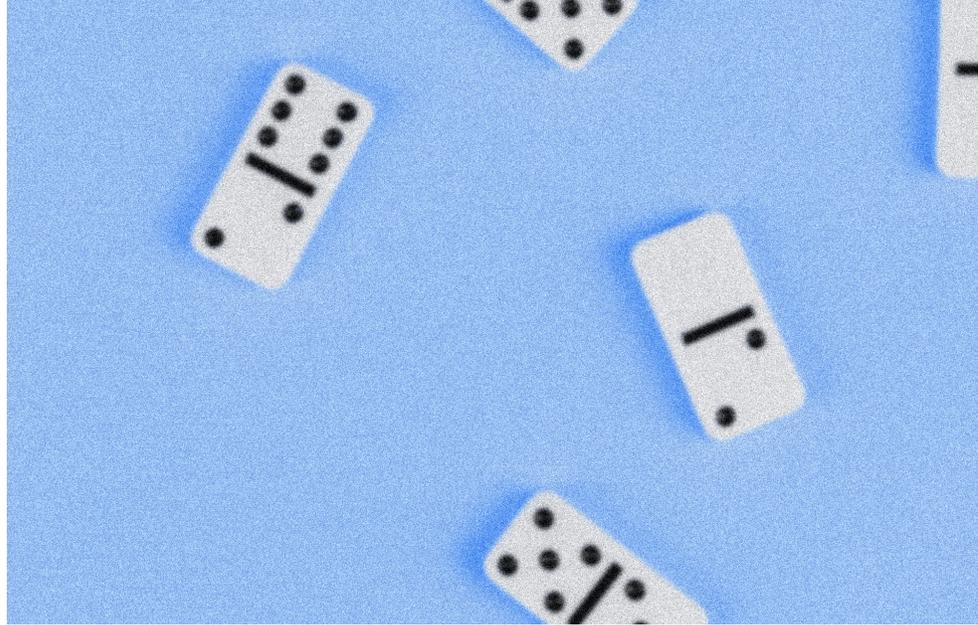
Patients in Peril

Nurses are often responsible for patient education, ensuring that patients understand their health and care management moving forward. But what if they're stretched too thin to do it? Without this key element of the patient experience, there's a risk that the patient's condition will deteriorate post-discharge. In fact, the Agency for Healthcare Research and Quality (AHRQ) states that adverse events occur in approximately one in five adult patients within three weeks of discharge. In many cases, this leads to the patient being readmitted, which is costly, results in financial penalties for hospitals, and can be traumatic for the patient.

Likewise, it can result in lower patient satisfaction scores and increased dissatisfaction among the nurses themselves. Since nurses are the common denominator in most patient-facing roles, patient satisfaction and compliance often depends on the quality of their

interactions with nursing staff. In hospitals where nurses regularly work more than 13 hours, patients are less likely to recommend that facility to others, according to PubMed Central. This indicates that patients are aware that they've received lower-quality care, even if they don't know the root cause of the issue.

For large health systems, there's another variable to consider. Bringing smaller hospitals and private practices into their networks mean that most have staff working across multiple locations. Wherever these geographically diverse teams are, they need the ability to share information quickly and collaborate on the fly, ensuring patients benefit from a higher level of care.



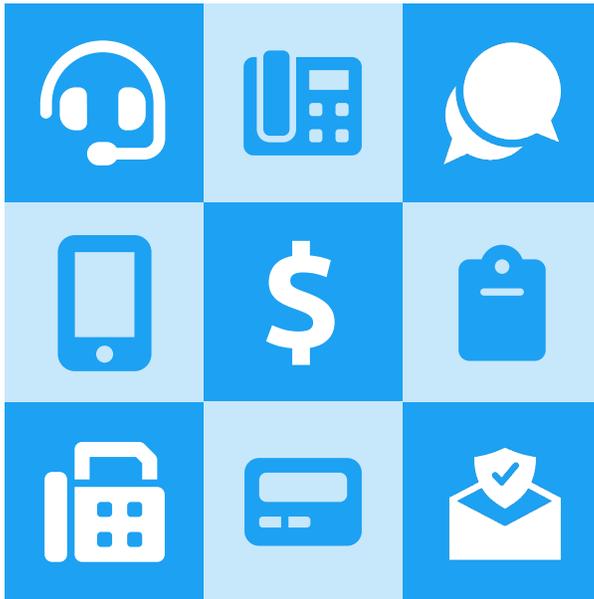
The Domino of Discovery

The 21st century has seen rapid, and at times, mind-bending changes in technology. Each technological improvement can create the next, stronger generations of technology at an advancing rate. This phenomenon is known as Accelerating Change, but the 21st century can't claim all the credit.

Take the X-ray, for example. Before the development of radiologic imaging technologies, doctors could only look for external signs of injury, illness, or damage. But in 1895, a German professor of physics named Wilhelm Roentgen was working on an experiment to learn if cathode rays could pass through glass. Even though the cathode tube he was using was covered in heavy black paper, an incandescent green light escaped and projected onto a nearby fluorescent screen. Surprised, he deduced that a type of radiation must be at work from inside the tube.

Soon after, Roentgen discovered that these rays had very short wavelengths, enabling them to also pass through human flesh and leave a shadow of the underlying bones on the screen. He named this form of radiation X-ray, using the mathematical designation of X for unknown.

Roentgen received the first Nobel Prize ever awarded in physics in 1901. Yet he couldn't have known that his discovery would become a keystone of modern medicine. His breakthrough research led to inventions that included the CT (or CAT) scan, MRI, electrocardiography, ultrasound, and nuclear imaging such as the PET scan. It was, perhaps, the first example of Accelerating Change in medicine. Technology developed today holds the promise of revolutionizing healthcare at every level, especially in the way we communicate clinical information.



“
Technology has
simply outpaced
most hospital
budgets”

A Patchwork of Platforms

Studies show that medical data is doubling every 73 days – an exponential groundswell that will fuel discovery and innovation for decades to come. While this generates opportunities for newer, better communication platforms, it also creates pitfalls in how providers communicate about patient care.

Consider the many modes of communication that providers work with today. A departmental cell phone, a personal cell phone, a tablet, a pager, a clip board, a desk phone, a fax machine and a computer, all of which involve some aspect of capturing and transposing patient data. Unfortunately, these devices often rely on platforms that are disparate, unrelated, or worse yet, inadequate. Technology has simply outpaced most hospital budgets.

As a result, hospitals have patched together communications systems that may not cover such things as physician-nurse messaging, while other platforms can't be synced with the hospital's EHR. Digital technology is only as effective as personal communications that support it and vice versa. The challenge is knowing what adds value and what just adds noise.

Transfers Can be Troublesome

The fact is, healthcare communications must now seamlessly bridge all device types, whether mobile or traditional desktop. When lives can be at risk, information must quickly reach everyone involved in the continuum of care. This is particularly true in high-priority situations such as emergencies and interhospital transfers.

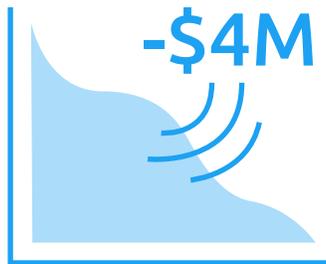
The Joint Commission and the Agency for Healthcare Research and Quality's hospital survey on patient safety culture have cited care transitions as an area of concern for several years now. When patient care shifts from one setting to another, such as from hospitals to rehabilitation centers, gaps in communication lead to error.

Moreover, The Joint Commission found that 80 percent of medical errors are the direct result of communication failures – a costly problem. The Journal of Healthcare Management noted that an average 500-bed hospital loses more than \$4 million each year due to communication inefficiencies. As a result, both agencies have emphasized improving and standardizing patient handoff communication.

Yet a study led by researchers from New Jersey's Rutgers-Robert Wood Johnson Medical School found that transfer practices and requirements varied so widely that no clear standards exist.

More than 80 percent of institutions surveyed did require a three-way recorded discussion between transfer-center staff and referring and accepting physicians. Yet 77 percent didn't extend that three-way conversation requirement to include bedside nurses.

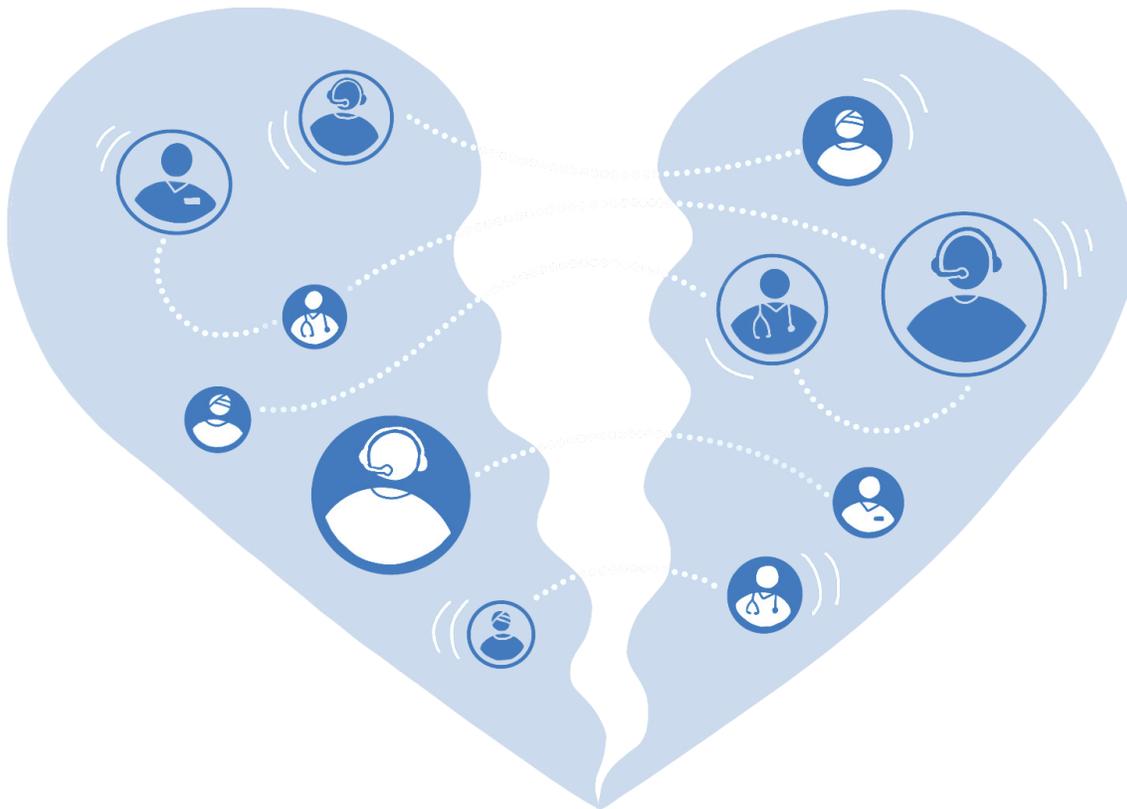
Key clinical data — current labs, imaging, and progress notes — were available in only 29 percent of hospitals, and in many cases, the quality and timeliness of clinical information varied widely. For example, frontline clinicians assuming care for transferred patients frequently don't receive sufficient advance notification of a patient's arrival.



“

...an average 500-bed hospital loses more than \$4 million each year due to communication inefficiencies”

Journal of Healthcare Management

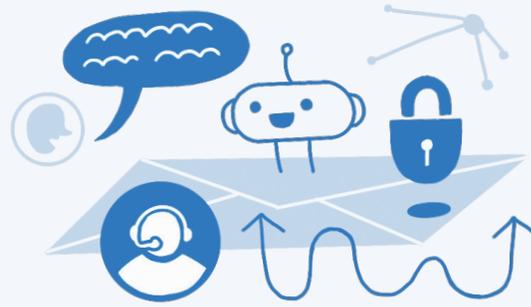


Ineffective handoff communication has also contributed to prolonged lengths of stay, avoidable readmissions, delayed or inappropriate treatment, increased costs, and inefficiencies related to rework. The keys to safe and effective patient transfer lie in timing, consistency and mutual understanding between the clinician who is handing off care and the clinician who is taking over. Their jobs depend on fast, seamless, and private information sharing.

Technology tools – or the lack thereof – are at the very heart of the issue. Consider a 2019 study by researchers at Definitive Healthcare. They found that 36 percent of acute care providers use manual-only strategies to coordinate patient transitions with Long Term and Post-Acute Care (LTPAC) facilities. What’s more, 62 percent of post-acute care facilities rely solely on phone calls between case workers to transfer patient information and other clinical details.

The study also found that most acute care facilities only share the “most critical” data points when it’s time to move a patient to post-acute care. This means that key elements imperative to coordinating care – measurements and observations, location, patient status and advanced care planning information – are still missing. Why?

Survey respondents are reluctant to adopt electronic data transfer due to concerns about patient privacy, even if those concerns are baseless. And yet, many said they’re more comfortable transmitting protected health information (PHI) via paper or fax than on a secure digital system. Even with unprecedented levels of security, old habits die hard.



Chapter III

Drip, Drip, Drip

No doubt staffing shortages have also contributed to problems in the patient transfer center, which are increasingly under pressure to reduce leakage. Referral leakage occurs when patients seek out or are referred to an out-of-network physician by a healthcare provider. During the COVID crisis, leakage took on even greater importance as hospitals' and health systems' operating margins dropped sharply.

In 2020, About Healthcare/Central Logic found that 96 percent of healthcare executives said patient leakage is a priority. But only 31 percent who have a plan to keep patients within their system networks believe they have the right tools to accomplish their goals.

It's a precarious predicament. According to Advanced Medical Reviews, roughly one-quarter of physician referrals in the United States go to specialists who are out-of-network. Other studies indicate that a health system can lose 55-65% of revenue due to leakage. Translated into dollars, that's between \$821K and \$971K on average per physician per year. Think about that for a moment. For a hospital with 100 affiliated providers, total leakage can cost the health system between \$78M and \$97M per year. And the bigger the physician network, the bigger the losses.



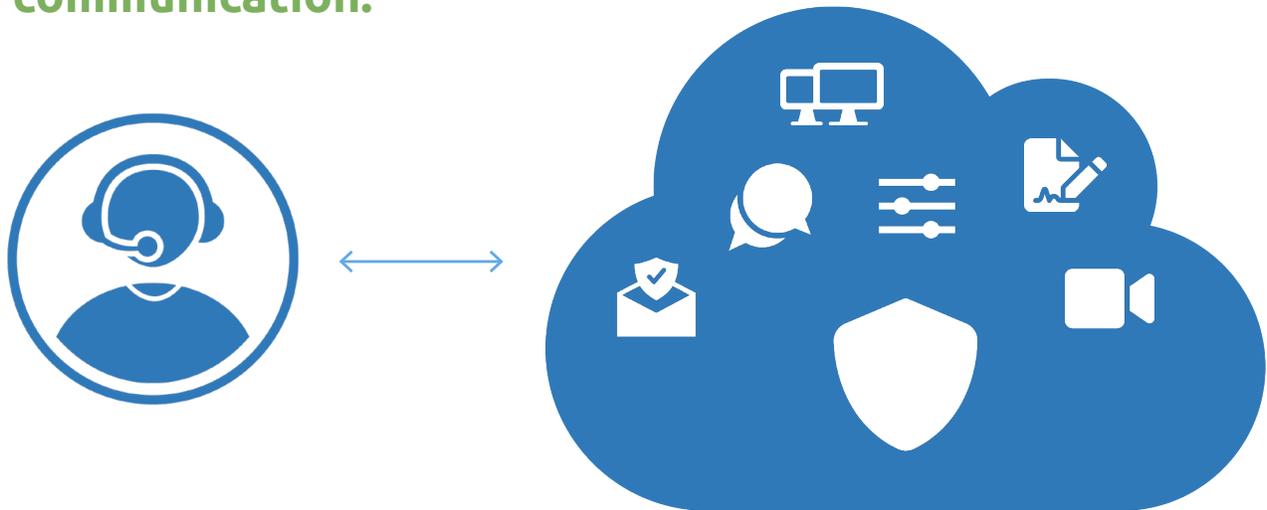
Hold the Phone

That's where a technology-rich contact center can stimulate growth and generate income. By making it easy for referring hospitals to obtain care for their patients, it creates a positive experience for referring clinicians. In addition, it makes it more likely that they'll continue transferring their patients to a specific health system, especially when it results in better patient outcomes.

According to a recent Cisco Global Contact Center survey, traditional contact centers are challenged with cumbersome processes that create inefficiencies. They found that 71 percent of contact center decision-makers say having too many manual processes and a lack of automation is a significant problem, hurting productivity, customer satisfaction, and business outcomes.



One secure platform. Multiple modes of communication.



Sound familiar?

It should. In healthcare, the traditional transfer process uses a standard phone bank of nurses dialing an inordinate number of calls to clinicians in surrounding facilities to determine who has the space and skills to treat the patient. It's cumbersome, repetitive, and inefficient at a time when minutes matter.

State-of-the-art healthcare contact centers provide an omnichannel experience rooted in Contact Center as a Service (CCaaS) technology. CCaaS is a cloud-based software solution specifically designed to deliver best practices that improve patient care. It's comprised of collaboration and communications software, contact/interaction tracking applications, contact center-specific unified communications features and integration capabilities – all delivered via a single-source platform.

In an omni-channel contact center, callers can be routed much more quickly and efficiently to the right resource that can add the most value to the experience based on the intent or urgency of the call, and the channel the caller is using (e.g. email, phone, chat).

But considering the nursing shortage, razor thin margins and the need to reduce hospital readmissions, how can hospitals justify CCaaS technology? In a CCaaS model, contact center hardware and software are hosted and managed by a third-party provider. This eliminates upfront investments in data center services and reduces the resources required to maintain and upgrade that infrastructure. In short, CCaaS enables hospitals to move from a capital expenditure to an operational expenditure, allowing them to keep cash on hand and budget for a monthly variable cost.

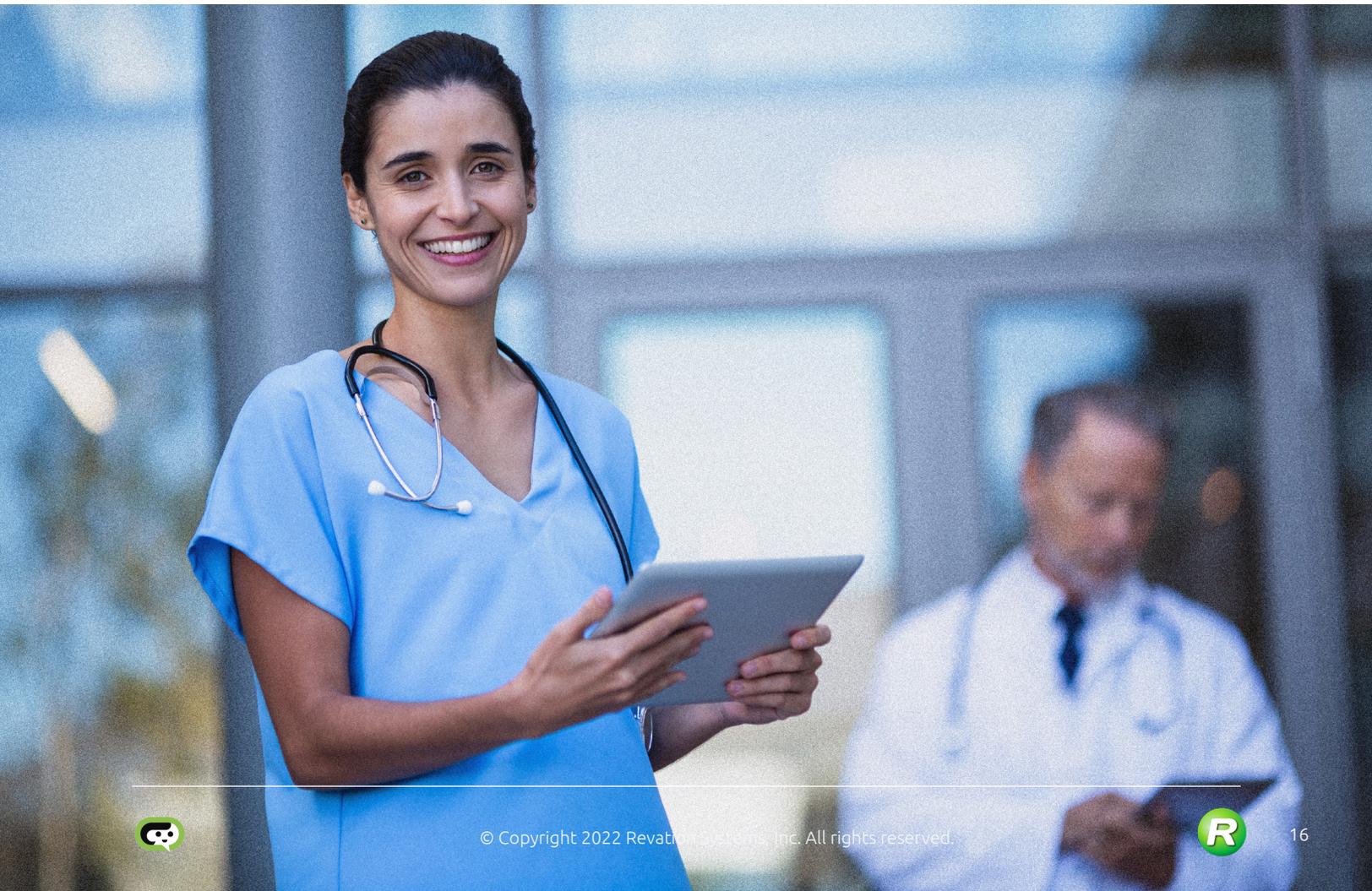
The right CCaaS solution also makes integration with existing systems virtually seamless without compromising service or security. For healthcare providers, this is crucial for the mission-critical and data-sensitive services they require. The technology is also vital to scaling services up and down as needed as care fluctuates, especially at busier times of the year such as holidays and weekends.

As the world population continues to grow and age, AI and machine learning offer new and better ways to make contact center operations more efficient for healthcare systems. McKinsey estimates that there could be \$100 billion in annual savings for medicine and pharma by leaning on big data as well as AI and the machine learning tools to process it. AI algorithms fueled by recent advances in computational power learn from the data and can predict the probability of a condition to help doctors accurately provide a diagnosis and treatment plan.

The development and application of AI expressly for nursing, however, is still in its infancy. Preliminary evidence suggests that AI-powered context and knowledge in real-time empowers nurses to deliver the timely and accurate responses clinicians expect. Virtual agents such as chat bots, conversational IVRs, and intelligent assistants help

to minimize clinician burnout while improving the quality and efficiency of the transfer process. AI, therefore, is an enabler for better live assistance, not a replacement of it.

Can CCaaS help patient transfer strategies pay off? The answer is yes. Streamlining outdated processes saves time and money and generates new income streams. It can enhance the experience for patients and providers when transfers are needed. It also increases a hospital's sphere of influence, especially for those with specialty Centers of Excellence. And when transfers are viewed as an essential patient acquisition and retention strategy, it opens the door for providers to deliver care across the continuum for many years to come. And isn't that exactly what the doctor ordered?





About Revation Systems

At Revation Systems, we have a passion for making the complex simple and managing risk to deliver great results. We have a security first mindset and a purpose-built approach to everything we do from our policies and processes to our infrastructure and architecture. Security is at the core of our DNA; both at the organizational level and for the architecture of our technology. Security is not a check box for us, but rather an approach that starts from the ground up and influences every product we bring to market.

Our secure solutions have been validated with our HITRUST Certification. For financial providers, HITRUST certification means that the organization in question (including its products) has already undergone rigorous scrutiny and is a verified-secure partner whose technology an organization could leverage for its digital transformation without fear, hesitation or time spent on an additional internal review.

We believe in the power of human relationships and that innovation in communication will connect people to help achieve financial security and live healthier lives. Revation Systems serves hundreds of healthcare and finance consumers in the U.S. with its all-in-one full contact center in the cloud with the ability to drive experience across digital and physical channels. LinkLive is unified communications software hosted in the cloud that offers a broad range of capabilities including rich digital messaging, a seamless ability to engage humans across physical and digital channels, and leading voice and video communications.

We offer the advanced, sophisticated capabilities that are expected in a contact center like skills-based routing, session recording, workforce management, agent scheduling, and quality monitoring tools. We also offer a broad range of digital capabilities from chat, secure mail, and co-browsing to the ability for digital users to engage the physical channels and humans at a healthcare or banking organization. Since its founding in 2003, Revation has been dedicated to the belief that the quality of communications can be increased, while the costs and hassles can be decreased, using virtual communications with a cloud-based platform.



CONTACT US NOW
TO LEARN MORE!

 1.952.392.1834

HQ - SAN FRANCISCO

 535 Mission Street - 14th Floor,
San Francisco, CA 94105