Solve ADT Challenges To Boost Your Health System's Bottom Line

FutureFlowRx™

With six in ten U.S. hospitals functioning at operational capacity, patient flow optimization is one of the most cost-effective ways to optimize your bottom line. However, solving the issues related to admission, transfer and discharge (ADT) is complex with many variables related to patients, staffing and bed management.

Discrete event simulation incorporates real-time ADT, staffing and EHR data to build a proactive patient flow optimization system. Leading hospitals such as Children's Hospital of Philadelphia and Brown University Hospital have used patient flow simulation and predictive modeling to tackle the complexity associated with optimizing bed management, accurately predicting census and right-sizing staffing.

Commitment to patient flow quality improvement, along with integration of the right technology tools, gives health systems an accurate way to visualize, measure and improve patient flow to lower costs and increase reimbursements.

Boost Your Bottom Line with ADT Patient Flow Optimization

- Lower Costs Related to Inefficient and Hidden Discharges
- Shrink ED Boarding and Crowding to Add Revenues
- Lower Labor Costs by Right-sizing Staffing

Lower Costs By Surfacing Hidden Discharges

Reducing the length of stay (LOS) frees up capacity but requires proactive planning of the entire process of care, especially around discharges. **Every hour of discharge delay costs your hospital up to $2,500 per patient.** Most discharge delays stem from inefficient open loop processes, e.g., staff wanting to tightly control workflow during busy periods or lack of real-time access to clinicians with authority to discharge.

A patient flow optimization system can decrease LOS by identifying "hidden discharges", i.e. potential candidates for discharge based on diagnosis codes tied to average length of stay metrics.

At huddle meetings, your staff can quickly:

- Identify candidates for discharge based on average LOS metrics
- See past-due discharges based on the typical LOS by diagnosis
- Reassign DRG status due to latest clinical knowledge
- Visualize your future flow

www.FutureFlowRx.com
877-333-4499 | FutureFlowRx@promodel.com

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Shrink ED Boarding and Crowding to Add Revenues

Consider these examples of lost revenue due to inefficient patient flow:

- A hospital lost $200 for each patient who waited over three hours in the Emergency Department (ED) with chest pain.
- A community hospital lost more than $3.8 million in one year due to ambulance diverts and patients who left without being seen (LWBS).

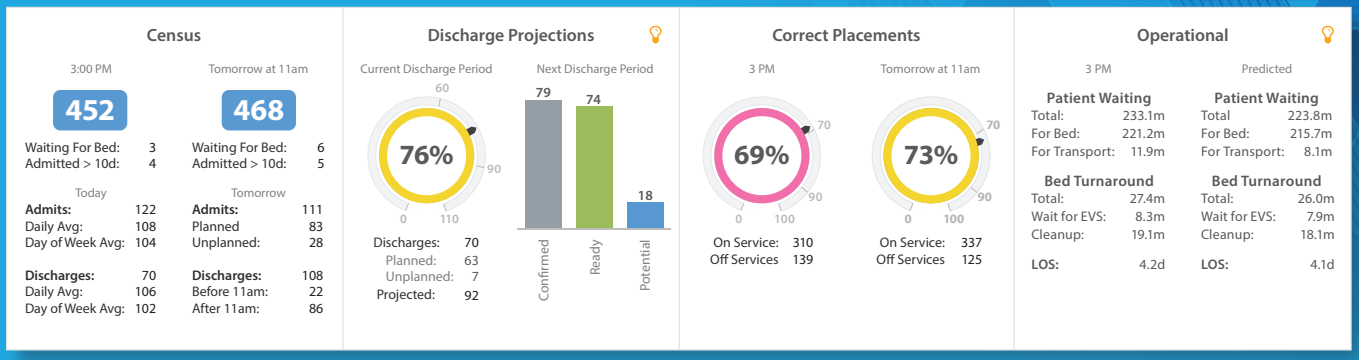
ED boarding is directly correlated to diminished bed and resource capacity. Optimizing patient flow results in additional available inpatient beds and lower ED boarding rates, significantly decreasing the number of patients who leave without being seen.

Lower Labor Costs by Right-sizing Staffing

With labor comprising up to 60% of hospital expenses, there is between $2 million and $20 million of potential labor cost savings opportunities per location.

By implementing a patient flow analytics system, your organization can decrease labor costs based on ADT cycles and census. With intelligent patient flow, expenses associated with costly nursing agency personnel, travelers and unnecessary overtime significantly decrease.

The FutureFlow Rx Dashboard



FutureFlow Rx's dashboard consists of key performance indicator (KPI) "cards". The left side of each card shows the last 24 hours; the right side predicts the "Next 24"; and clicking the upper right "light bulbs" provides prescriptive actions to improve the predicted future.

About FutureFlow Rx™

FutureFlow Rx by ProModel uses historical patient flow patterns, real-time clinical data, and discrete event simulation to reveal key trends, provide operational insights, and deliver specific corrective action recommendations to enhance patient outcomes, lower costs and drive additional revenues. Our platform accurately predicts future events, helping hospitals make the right operational decisions to reduce risk, decrease LOS and improve operational margins.

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