



How to Save 95 Minutes on Transfer Center Workflows

Keeping patients in-network is important for maintaining continuity of care and ensuring patient safety. But when transfer center communications slow down the transfer process, it leads to patient dissatisfaction and leakage to out-of-network facilities.

Health systems can **improve patient outcomes, decrease costs, and reduce patient leakage** by smoothing their transfer center workflows. See how HIPAA-compliant role-based messaging enables the transfer center, sending unit, and receiving unit to share information in real-time.

A TYPICAL HOSPITAL WORKFLOW

VS.

THE TIGERCONNECT WORKFLOW

Transfer request made by the sending provider



INITIAL FACILITY PLACEMENT



Transfer center calls target facility to confirm bed availability and staffing with house supervisor. This may require calls to multiple facilities if the target facility cannot accept.

On-call list referenced for hospitalist's phone number.



INITIAL FACILITY PLACEMENT

Transfer center messages target facility to confirm bed availability and staffing with house supervisor.



Transfer center sends a group message to the sending hospitalist and the on-call hospitalist at the target facility with the patient's information.



PROVIDER ACCEPTANCE



Transfer center facilitates provider-to-provider phone call. Multiple delays occur with phone calls back and forth.

On-call hospitalist accepts the patient.



PROVIDER ACCEPTANCE

The sending and receiving providers communicate via messaging or phone calls in TigerConnect.



On-call hospitalist accepts the patient.

BED PLACEMENT



Transfer center requests a bed from the house supervisor.

House supervisor requests a bed from the charge nurse. Delays may occur with these back and forth phone calls.



Charge nurse calls back the house supervisor with bed assignment.

House supervisor notifies transfer center of bed assignment.



BED PLACEMENT

Transfer center messages house supervisor to request a bed and forwards patient information from previous message.



House supervisor adds charge nurse to the group message to request bed assignment. Charge nurse replies with the assignment.



NURSE HANDOFF



Nurse to nurse handoff completed via phone call.

TRANSFER COMPLETED

Patient transport is arranged, and the transfer center completes the transfer request.



NURSE HANDOFF

Sending and receiving nurses text or call within TigerConnect for handoff.



TRANSFER COMPLETED

Patient transport is arranged, and the transfer center completes the transfer request.



A TYPICAL HOSPITAL WORKFLOW

151 Minutes

VS.

THE TIGERCONNECT WORKFLOW

56 Minutes

See how the University of Maryland Medical System used automated transfer workflows for a patient that required transfer to a facility 75 miles away in order to receive the correct treatment for a time-sensitive emergency.

[Read Case Study >](#)

Disclaimer: Time based on experiences of select TigerConnect users. Actual times may vary.

© 2022 TigerConnect, Inc. | 2110 Broadway, Santa Monica, CA 90404 | 800.572.0470 | www.tigerconnect.com