

Optimizing Inpatient Operations to Meet Patient Demand

Transforming Inpatient Demand Across:

30+

Health Systems

100+

Hospitals

20,000+

Inpatient Beds





Optimizing Inpatient Flow to Unlock Capacity and Improve Patient Access — Starting at the Front Door

Hospitals and health systems today face unprecedented pressure to do more with less — more patients, fewer staffed beds, and tighter margins. As elective volumes rebound and emergency departments overflow, outdated and inefficient processes within inpatient units often become the limiting factor to timely admissions, discharges, and transfers. iQueue for Inpatient Flow is designed to solve this challenge by applying predictive and prescriptive analytics to optimize patient throughput, enhance care team coordination, and dynamically manage capacity across the care continuum — from the ED entrance through inpatient discharge.

Rather than relying on anecdotal insights, spreadsheets, or static dashboards, iQueue enables operational teams to make real-time, data-driven decisions that proactively manage capacity. AI-powered forecasts identify potential bottlenecks before they impact patient care, while automated workflows drive consistency, accountability, and action across departments. The result is a more resilient and integrated hospital that can reduce avoidable delays, improve ED flow, and ensure timely access to inpatient care — all without adding beds or staff.

This case study collection highlights the tangible results leading health systems have achieved using iQueue for Inpatient Flow. Readers will learn how organizations are modernizing discharge management, reducing length of stay, improving admission efficiency, and creating more balanced staffing models. Together, these stories demonstrate what's possible when technology enables hospitals to unlock system-wide capacity, align resources proactively, and strengthen the patient journey from arrival to discharge.

Proven Results

2%

Increase in patient admissions

5%

Increase in daily discharges

12hr

Decrease in length of stay

25%

Decrease in transfer declines

3-4x

Return on investment (ROI)

Jump to a Story

**Click on a logo to jump to a specific customer's story*



Baptist Health Arkansas
Increased Patient
Transfers by 23%



Springhill Medical Center Reduced Average
Length of Stay by Half a Day



A Leading Florida Health System Reduced
Average LOS by 13 Hours



UCHealth Decreased Overall Time to
Admit by 16%



Health First Eliminated 517 Avoidable
Days Per Month and Streamlined
Staffing System-Wide



Health First Achieved 44%
Reduction in Core Floating
with Nursing Workforce
Optimization



A Leading Indianapolis Health System Generated
\$1M in Savings/Year by Reducing Patient Moves
and Improving Staff Allocation



A Leading Indianapolis HealthSystem
Reduced ED Boarding by 45% Through
Departure Lounge Enhancement



Hendrick Health System Reduced
Order to Discharge Time by 22% and
ED Boarding Time by 49%

CUSTOMER SUCCESS STORY

Baptist Health Arkansas Increased Patient Transfers by 23%

Top 3 Key Results:

6% ↑

Increase in admissions

25% ↓

Reduction in opportunity days

34% ↓

Reduction in GMLOS variance



Summary

Baptist Health Arkansas, a leading healthcare system dedicated to serving communities across the state, operates 10 acute-care hospitals ranging from 25 to 827 licensed beds. Despite implementing a system-wide operations command center to improve patient access, the organization faced challenges in achieving centralized operational efficiency. Disparate processes across individual hospitals created bottlenecks and limited the ability to standardize workflows, hindering system-wide coordination and timely patient care.

Problem

Inconsistent discharge planning, lack of data transparency, and siloed decision-making presented significant operational challenges. The organization sought a partner to unify and streamline processes, implement AI-driven automation, and improve patient access to shift from a reactive to a proactive decision-making model. Baptist Health targeted three key initiatives to create additional capacity and better manage access across the entire system: Enhance care progression with precise discharge predictions; improve discharge velocity through cross-team alignment; and enable proactive capacity protocols and bottleneck resolution.

Solution

Baptist Health implemented LeanTaaS' iQueue for Inpatient Flow, starting with the flagship Little Rock and North Little Rock hospitals and the command center, followed by the Conway and Fort Smith campuses within the first year.

Baptist Health leveraged iQueue's advanced discharge date predictions and real-time visibility into patient status, which supported more precise planning during daily huddles and reduced barriers to timely discharges. By integrating data-driven insights and escalation alerts, they standardized care transitions, leading to a 34% reduction in GMLOS variance and a 25% reduction in opportunity days.

To streamline and align patient discharge practices, Baptist Health utilized iQueue's forecasts and predictive analytics to foster collaboration between teams. Shared dashboards and automated escalations created a unified understanding of discharge priorities, enabling more efficient planning and reducing discharge processing time by 32%. Early discharge practices improved, with order entry before 11am increasing by 11% and before 2pm by 14%.

To resolve bottlenecks and capacity constraints across high-impact areas like the ED and PACU, Baptist Health leveraged iQueue's forecasting, automation, and alerting

capabilities to establish a single source of truth for capacity protocols across the network. This consolidation provided real-time visibility and collaboration across previously siloed hospitals and the command center. Automated alerts empowered leadership to address flow constraints and manage protocols for critical services like ambulance and helicopter transfers. This approach resulted in a 23% increase in transfers and a 13% reduction in transfer decline, significantly improving system-wide flow.

Results:

6% ↑

Increase in admissions

25% ↓

Reduction in opportunity days

34% ↓

Reduction in GMLOS variance

23% ↑

Increase in patient transfers
(292 per month)

32% ↓

Reduction in discharge
processing time



“It would’ve taken 5-10 years to work with Epic®. We just don’t have the time.”

—Cody Walker
President, Baptist Health Medical Center - North Little Rock

LeanTaaS

Empowering Healthcare Teams: Baptist Health's Journey to Efficiency

iQueue
FOR IDENTIFICATION

BONUS CONTENT

On Demand Webinar

Duration: ~ 35 Minutes

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CUSTOMER SUCCESS STORY

Springhill Medical Center Reduced Average Length of Stay by Half a day

Top 3 Key Results:

1/2 Day ↓

Reduction in average length of stay

50% ↓

Reduction in discharge processing times

90%

EDD compliance achieved



Summary

Springhill Medical Center is a leading healthcare system within the region with its 270-bed acute care hospital receiving several prestigious recognitions. With an extensive continuum of care spanning an ambulatory surgical center, imaging center, physician practices, skilled nursing facility, and inpatient rehab facility, the system handles over 11,000 acute care discharges annually. While providing high-quality patient care, the system recognized opportunities to further streamline discharge management and enhance care team coordination across its facilities.

Problem

Despite dedicated efforts through unit huddles, physician meetings, and metric reporting, the organization faced challenges in coordinating care across teams and gaining real-time visibility into each patient's care progression and discharge readiness. These well-intentioned initiatives sometimes resulted in siloed communication and fragmented collaboration, making it difficult to holistically manage patient flow and length of stay.

The clinical teams recognized a need for a more unified approach that could bring the right care providers together, facilitate seamless communication, and provide clear insights into each patient's milestones before discharge. While the metric reports aimed to highlight areas for improvement, they occasionally added more noise than actionable insights for frontline staff.

Driven by a commitment to continuous improvement, Springhill Medical Center sought a comprehensive solution to bridge these gaps and enable sustainable enhancements in operational performance and patient throughput. This realization prompted their journey toward a digital transformation that could streamline discharge management and enhance care team coordination across their facilities.

Solution

Partnering with LeanTaaS, Springhill Medical Center implemented iQueue for Inpatient Flow to automate and standardize discharge planning across the system. The platform's sophisticated Estimated Discharge Date (EDD) prediction model, combined with watch lists and capacity management alerts, enabled proactive planning aligned with forecasted demands. This empowered clinical coordinators to prioritize and drive discharges in units of greatest need, while discharge expeditors worked cross-functionally on active cases.

iQueue ensured a consistent, repeatable process by enabling early identification and resolution of discharge barriers, expediting simple home discharges, and maintaining collaboration across shifts. The system facilitated proactive evaluation of outpatients, reduced unnecessarily prolonged stays, and flagged high-risk patients for timely interventions. By streamlining these

processes, Springhill Medical Center optimized length of stay and significantly improved overall discharge efficiency.

Results:

1/2 Day ↓

Reduction in average length of stay

50% ↓

Reduction in discharge processing times

90%

EDD compliance achieved

50% ↓


Reduction in outpatients in inpatient beds





“Within less than two months, we saw remarkable improvements that surpassed our expectations. This rapid success is just the beginning – we have achieved even greater results as we’ve built on these early wins.”

— Jeffery St. Clair,
President/CEO, Springhill Medical Center

 LeanTaaS

Breaking Throughput Barriers:
An AI-Powered Approach to
Improved Efficiency

 iQueue
FOR IDENTIFICATION



BONUS CONTENT

On Demand Webinar

Duration: ~ 30 Minutes

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CUSTOMER SUCCESS STORY

A Leading Florida Health System Reduced Average LOS by 13 Hours

Top 3 Key Results:

13hr ↓

Decrease in average LoS during record-high census

10% ↓

Decrease in discharge processing time while experiencing 23% increase in average daily census

32% ↓

Decrease in total ED boarding hours while experiencing a 22% increase in ED visits



Summary

This leading Florida health system is one of the largest employers in their county and has received an IBM Watson Health Top 100 Hospital recognition as well as a Top 100 Hospital with Magnet Designation. With over 45,000 inpatient admissions, this system was looking for a digital transformation to streamline discharge management and care team coordination.

Problem

As patient volumes grew, the organization faced increasing complexity in managing capacity and throughput. Variation in discharge management processes and the need for more coordinated access to real-time patient status and discharge barriers made it challenging for the Patient Logistics Center and Case Management to align on prioritizing patients for discharge. Enhanced visibility and consistent documentation became essential for supporting timely, effective patient progression.

Additionally, unreliable and interruptive communication methods such as in-person conversations or text messages delayed sharing or acting on critical information. These factors ultimately led to discharges taking longer than required, which exacerbated boarding issues in intake areas.

Solution

Partnering with LeanTaaS, this organization implemented iQueue for Inpatient Flow, enabling them to immediately automate discharge prioritization and patient predictions across the system. They were able to prioritize and drive discharges across the units of greatest need by leveraging accurate bottleneck and barrier predictions. This empowered the clinical coordinator to identify potential discharges and coordinate actions while a discharge expeditor was able to work cross-functionally on the day's active discharges.

iQueue ensured a consistent and repeatable discharge process by addressing discharge barriers in advance, identifying easily discharged patients without active orders, and maintaining collaboration and communication from shift to shift.

Results:

13 hr ↓

Decrease in average LoS during record-high census

10% ↓

Decrease in discharge processing time while experiencing 23% increase in average daily census

32% ↓

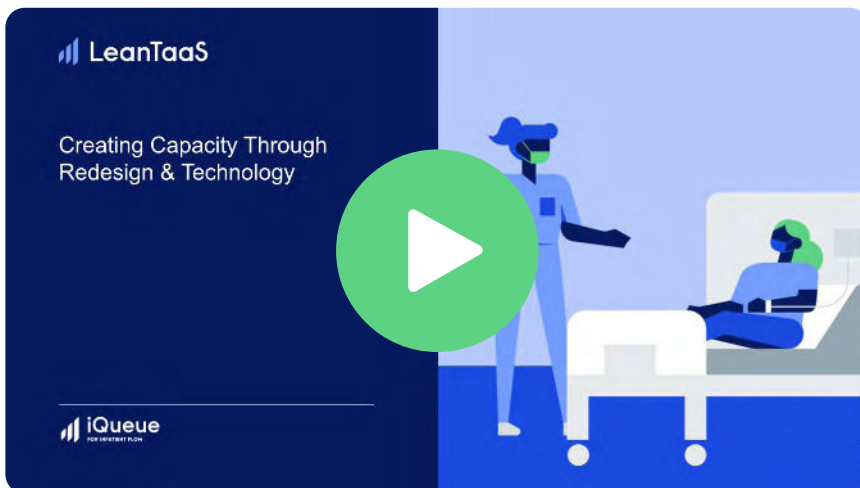
Decrease in total ED boarding hours while experiencing a 22% increase in ED visits





“Our average daily census is now in the mid 800s and we have not gone on diversion or refused transfers. Every surgery, every procedure, admission and direct admit is accommodated. We do not back up the OR, or the Cath lab. This is enabled by the tools we have from LeanTaaS because we can see where the potential roadblocks are in advance and act.”

— Executive Director of Logistics and Patient Throughput,
Leading Florida Health System



BONUS CONTENT

On Demand Webinar

Duration: ~ 40 Minutes

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CUSTOMER SUCCESS STORY

UCHealth Decreased Overall Time to Admit by 16%

Top 3 Key Results:

65% ↓

Decrease in time to complete ICU transfers

8% ↓

Decrease in opportunity days

16% ↓

Decrease in time to admit



Summary

UCHealth is an integrated healthcare delivery system serving Colorado, southern Wyoming, and areas of Nebraska. The network, which runs on Epic® system-wide, consists of 12 hospitals with a total of 1,987 inpatient hospital beds and performs over 136,000 admissions and observation visits per year.

Problem

UCHealth was using home-grown tools that required manual preparation on a daily basis. The bed management system required nurses to enter when patients were “ready to move” after physicians wrote downgrade orders for transfer to lower levels of care.

While the organization had access to reports, dashboards, worklists, and an extensive amount of data, none of these provided real-time data or accurate predictions. The organization needed a solution that would eliminate guesswork and anecdotal information from the decision-making process. A data-driven approach involving predictive and prescriptive analytics would help plan for tomorrow and manage the immediate needs for today. UCHealth needed a single source of truth for capacity management that could be shared in real-time across departments, clinical disciplines, and the health system as a whole..

Solution

UCHealth partnered with LeanTaaS to implement iQueue for Inpatient Flow at its 569-bed main hospital and 12 other hospitals within the system. iQueue provides real-time data plus predictive and prescriptive analytics that enable operational teams to move away from reactive capacity planning and toward proactive problem-solving. The solution also improves patient flow by reducing wait times at key steps along the patient journey and mitigates the chaos historically inherent in managing bed capacity. As a result, UCHealth staff can now predict future admissions and discharges, balance beds across the network, hospital, and unit, and confidently make strategic decisions to get the right patient in the right bed at the right time.

With iQueue, UCHealth staff can instantly see capacity status, as well as which units are performing strongly with discharges and which are falling behind and need more focused support from staff to decrease delays. They can also identify the specific patients who could be discharged soon, and facilitate their discharges as needed. Systemwide, the organization uses iQueue to run daily bed meetings, perform hourly administrative management, and drive capacity protocol standardization.

*Epic is a registered trademark of Epic Systems Corporation

Results:

65% ↓

Decrease in time to complete ICU transfers

8% ↓

Decrease in opportunity days

16% ↓

Decrease in time to admit

10% ↓

Decrease in time to admit from the ED (despite 18%+ increase census)





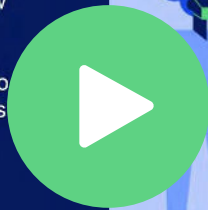
“It is such a powerful capability since it connects the dots between the data, the insight, and sophisticated algorithms to provide actionable guidance to the front line.”

— Steve Hess,
CIO, UCHealth

 LeanTaaS

From Chaos to Clarity: How UCHealth Utilizes AI and Workflow Automation to Streamline Inpatient Flow to Decrease Opportunity Days 8%

 iQueue
FOR ORTHOPEDIC FLUX



BONUS CONTENT

On Demand Webinar

Duration: ~ 40 Minutes

[View Content](#)

CUSTOMER SUCCESS STORY

Health First Eliminated 517 Avoidable Days Per Month and Streamlined Staffing System-Wide

Top 3 Key Results:

6 hr ↓

Reduction in length of stay per patient

44% ↓

Reduction in core floating across the health system to different levels of care

2,600 hrs

Repurposed weekly due to streamlined communication



Summary

Health First, one of Florida's leading non-profit health systems, Central Florida's only integrated delivery network, and the only Level II trauma center in their county, is a high-volume health system. Over 1,200 nurses across 4 campuses cover more than 900 beds with 50,000 annual discharges, while 56 operating rooms perform over 22,000 surgeries per year.

Problem

Health First faced significant challenges in managing capacity across its four-hospital system, including inconsistent operating procedures, reliance on multiple IT systems, and a dependency on homegrown solutions and manual processes on paper, spreadsheets, and over phone calls. These inefficiencies hindered their ability to streamline operations and improve patient care.

Solution

Health First partnered with LeanTaaS to digitize manual processes and enhance operational efficiency across its health system. With iQueue for Inpatient Flow, they transformed discharge management, nurse staffing, and capacity management, fostering collaboration and improving patient care.

Through automated workflows and real-time data, Health First streamlined the discharge process by proactively identifying barriers such as missing labs or post-acute care needs. This prioritization enabled timely discharges, while eliminating manual processes and increasing transparency improved communication across clinical teams.

Nurse staffing benefited from real-time, system-wide visibility into staffing needs, float history, and available resources. AI-driven patient demand forecasting allowed proactive staffing decisions, ensuring appropriate coverage across units. Real-time communication between unit leaders and the staffing office further enabled efficient updates, optimizing resource utilization and reducing staffing gaps.

Capacity management improvements empowered nurses, hospitalists, and support services like radiology and transport to manage operations with AI-enabled situational awareness. Real-time data informed daily huddles, where nursing leaders coordinated hospital-level throughput, unit leaders executed daily activities, and hospitalists set care priorities, ensuring smooth operations and optimal patient care.

By adopting LeanTaaS's advanced analytics platform, Health First has embraced digital transformation, achieving operational goals, enhancing patient care, and effectively responding to crises like COVID-19. Their foundation of real-time data and predictive insights continues to drive performance excellence across the organization.

Results:

517 ↓

Reduction in avoidable days monthly

6 hr ↓

Reduction in length of stay per patient

44% ↓

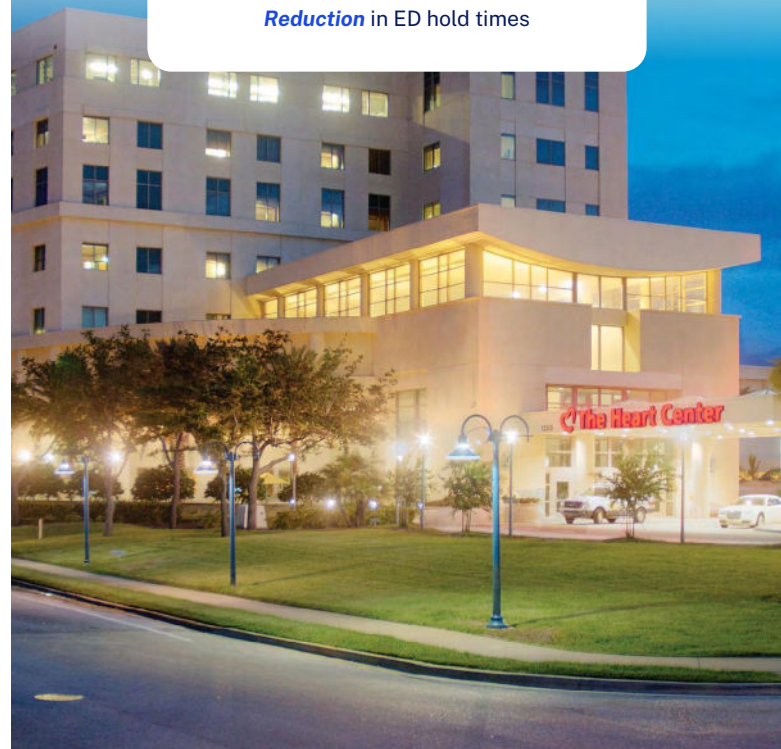
Reduction in core floating across the health system to different levels of care

2,600 hrs

Repurposed weekly due to streamlined communication

26% ↓

Reduction in ED hold times





“As the healthcare environment continues to rapidly evolve, we must pivot to better meet the needs and expectations of those we serve as well as our own caregivers and healthcare providers. Data transparency and proactive data-driven decision making needs to be at the forefront of everything we do. LeanTaaS provides the advanced digital solutions and services that are an integral part of the everyday experience of those we serve.”

— Patti Canitano,
Division Director Patient Throughput, Health First

CUSTOMER SUCCESS STORY

Health First Achieved 44% Reduction in Core Floating with Nursing Workforce Optimization

Top 3 Key Results:

44%↓

Reduction in core floating across the health system to different levels of care

45 min

Improvement in communicating the daily staffing plan

500+

Calls eliminated monthly to deploy staff



Summary

Central Florida's only integrated delivery network and the only Level II trauma center in their county, Health First employs 1,300 nurses across four hospitals. Those nurses help manage over 50,000 discharges through more than 900 beds annually.

Problem

Health First was often left scrambling at the last minute to ensure nursing coverage for all units because they relied on a siloed and reactive staffing process. Visibility into needs and nurse availability were limited to individual units, so the central staffing office faced a challenge in regularly allocating nursing staff to the areas of greatest need.

Unit leaders, aware of this challenge, in turn limited collaboration with other units in order to protect their staff, which left the staffing office spending the majority of their time addressing the issues of the current day instead of looking ahead to future days. They also faced a severe churn in daily allocation due to discharges and admissions.

Beyond simply staffing each unit to their census needs, Health First also lacked insight into staff-related considerations and specific patient care needs when allocating nurses. They had a high reliance on the same few core nurses to float outside of their home units.

Solution

With LeanTaaS' iQueue for Inpatient Flow, Health First revolutionized nursing workforce management by enhancing real-time staffing visibility, enabling proactive planning, and improving system-wide collaboration. The solution facilitated enterprise-wide communication of staffing needs and availability, streamlining the process for unit leaders to manage both immediate and future staffing adjustments, including call-offs and staff considerations.

Health First was also enabled to allocate staff earlier, providing more time for patient assignments and planning. By combining that additional time with trusted, transparent insights, the staffing office made proactive and informed decisions that resulted in more balanced staffing.

Critically, these improvements were made at all four hospitals in the system, allowing strategic utilization of nursing staff at the enterprise level. By leveraging core staff within their level of care to balance patient care needs across the system and identifying the units of greatest need to prioritize float pool allocation, Health First improved both patient care and staff satisfaction.

Results:

44% ↓

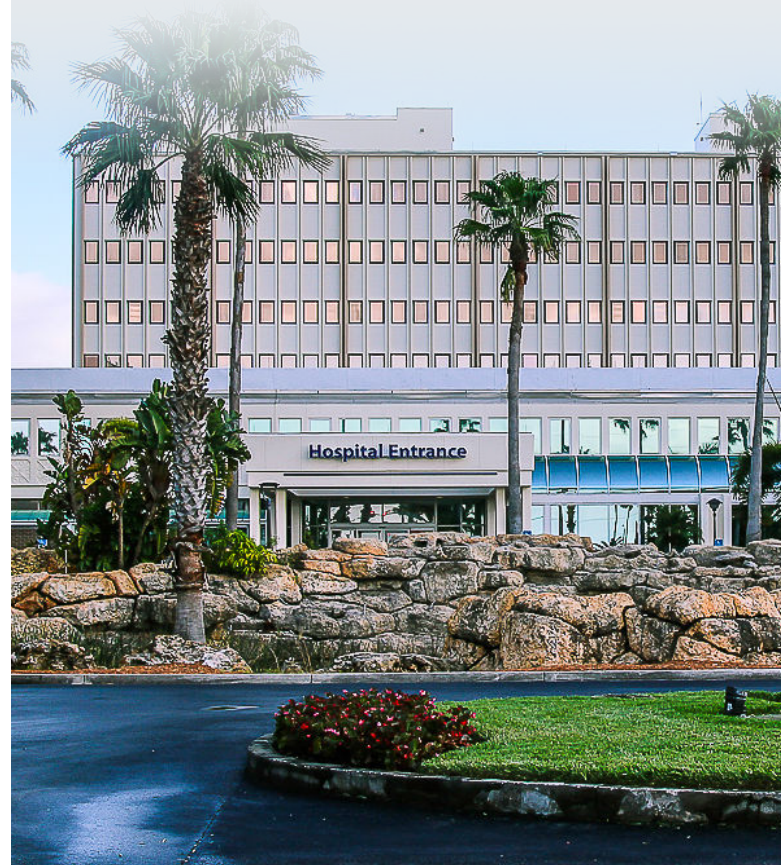
Reduction in core floating across the health system to different levels of care

45 min

Improvement in communicating the daily staffing plan

500+

Calls eliminated monthly to deploy staff





“The team came to huddle with us, they did rounds, they did staffing, they really integrated as part of the Health First team to really understand where we were. And then, together, we developed what the workflows should look like.”

— Patti Canitano,
Division Director Patient Throughput, Health First

CUSTOMER SUCCESS STORY

A Leading Indianapolis Health System Generated \$1M in Savings/Year by Reducing Patient Moves and Improving Staff Allocation

Top 3 Key Results:

63% ↓

Reduction of patient moves within the same level of care

250

Days of usable capacity created per year through more strategic staff allocation

\$1M

Savings per year as a result of fewer patient moves to put towards patient care



Summary

With four hospitals consisting of 760 beds and more than 4,000 staff members managing over 29,000 annual discharges, this leading Indianapolis health system was in search of intelligent workflow automation that could create transparency, increase staffed capacity, and improve patient care.

Problem

Staffing shortages and limited visibility to patient care needs resulted in inefficient operations, which impacted their ability to care for more patients. Resources were not properly utilized or shared across units, leading to staff being allocated to areas of less need. This impacted staff satisfaction and also resulted in leaders overprotecting resources and limiting collaboration to protect the resources they were given.

The organization attempted to address this imbalance by moving patients to where staff was allocated, which reduced patient satisfaction, disrupted the continuity of care, and reduced capacity due to delays and unexpected bottlenecks while moving patients.

In a further attempt to balance patients and staff across units, they relied on bonus pay to proactively fill open shifts, but not only was this process too time-consuming to fill last-minute openings, excessive bonuses were impacting the health system's bottom line.

Solution

iQueue for Inpatient Flow provided full transparency into system-wide patient care needs and resource availability, which enabled strategic staff reallocation based on patient needs, proactive capacity management, and data-driven decisions.

With the improved transparency of the availability of staffed beds along with better collaboration and resource sharing, nursing leaders enhanced their utilization of limited core staff, allocating the right resources to the areas of greatest need to drive the best possible outcomes. While they didn't eliminate bonus pay, data-driven decisions on when to deploy such incentives improved equity across all services lines and proactively balanced the schedule across the health system.

Results:

63% ↓

Reduction of patient moves within the same level of care

250

Days of usable capacity created per year through more strategic staff allocation

\$1M

Savings per year as a result of fewer patient moves to put towards patient care





“The real-time transparency into daily staffing needs and resources that LeanTaaS provides has enabled us to become more nimble. We now send staff to where patients are and move patients less to ensure the best care experience for each patient.”

— Industry Leader,
Indianapolis Health System



CUSTOMER SUCCESS STORY

A Leading Indianapolis Health System Reduced ED Boarding by 45% Through Departure Lounge Enhancement

Top 3 Key Results:

45% ↓

Decrease in ED boarding

250% ↑

Increase in departure lounge utilization

18% ↓

Reduction in discharge processing time variance



Summary

As a leading acute care hospital recognized for its commitment to quality care and innovation, this Indianapolis health system faced challenges with emergency department (ED) boarding, a common issue in hospitals nationwide. ED boarding, where admitted patients remain in the ED due to lack of available inpatient beds, was causing increased wait times. To address these challenges, they implemented a strategic initiative focusing on optimizing their departure lounge from November 2023 to June 2024.

Problem

Despite various initiatives to improve patient flow, the health system faced persistent ED boarding, long wait times, and inconsistent discharge processes. The existing departure lounge was also underutilized. To address these challenges, the organization launched a system-wide effort to streamline discharge and improve lounge utilization.

They redesigned the departure lounge to offer a more comfortable environment and began discharge planning earlier in the hospital stay. Staff received targeted training, and new technology was introduced to monitor bed availability and predict discharges in real time. Patients and families were educated on the lounge's benefits to ease the transition home.

Solution

Between November 2023 and June 2024, with steady ED volume, the organization saw significant improvements: a 45% decrease in ED boarding (from 20 to 11 hours), a 250% increase in lounge use (from 10 to 35 patients daily), and an 18% reduction in discharge processing time variance.

Several factors contributed to this success. A holistic approach — redesigning physical space, training staff, planning discharges early, and integrating new technology — ensured cohesive implementation. Real-time tracking and predictive analytics enabled data-driven decisions that improved resource allocation. Patient-centric improvements, such as lounge comfort and communication, boosted satisfaction. Streamlined workflows reduced administrative burden, empowering staff to focus on care.

By aligning people, processes, and technology, the health system created a more efficient discharge model that improved patient flow hospital-wide. Plans are underway to expand the model across the network and further refine predictive tools for proactive flow management.

Results:

45% ↓

Decrease in ED boarding

250% ↑

Increase in departure lounge utilization

18% ↓

Reduction in discharge processing time variance





CUSTOMER SUCCESS STORY

Hendrick Health System Reduced Order to Discharge Time by 22% and ED Boarding Time by 49%

Top 3 Key Results:

22% ↓

Reduction in order to discharge time

49% ↓

Reduction in ED boarding time

39% ↓

Reduction in left without being seen



Summary

Hendrick Health encompasses 850 beds across 3 hospitals in West Central Texas, with 475 staff members managing nearly 37,000 annual discharges. To better handle this volume, they were in search of real-time insights that could create daily efficiencies, improve patient flow, and drive sustainable process improvements.

Problem

Limited visibility to discharge barriers and bottlenecks resulted in inefficient patient flow across the health system and impacted their ability to care for more patients and create sustainable process improvements. Individual units managed daily discharges in a siloed and reactive manner, while unit-specific projects affected upstream and downstream patient flow, reducing capacity.

Manual communications delayed decision making and limited visibility into why or when decisions were made, delaying care progression. This problem persisted because leadership had no way to obtain quick updates on care progress nor did they have the data necessary to identify key opportunity areas. The scattered data made it hard to sustain process improvements so strategic goals were not being met.

Solution

iQueue for Inpatient Flow provided visibility to daily discharge inefficiencies across the health system, helping their Throughput Committee create an action plan to improve patient flow. With this single source of truth and shared access to real-time data, Hendrick Health was able to standardize patient flow processes across units and create daily efficiencies. The communication platform built into iQueue enabled teams to escalate patient flow issues while providing leadership with a central location to review care plans and decision making.

Not only were these improvements impactful, they were sustainable. Automated metric monitoring made it easy to identify new opportunity areas and individual units were given the tools they needed to consistently track patient flow performance.

Results:

22% ↓

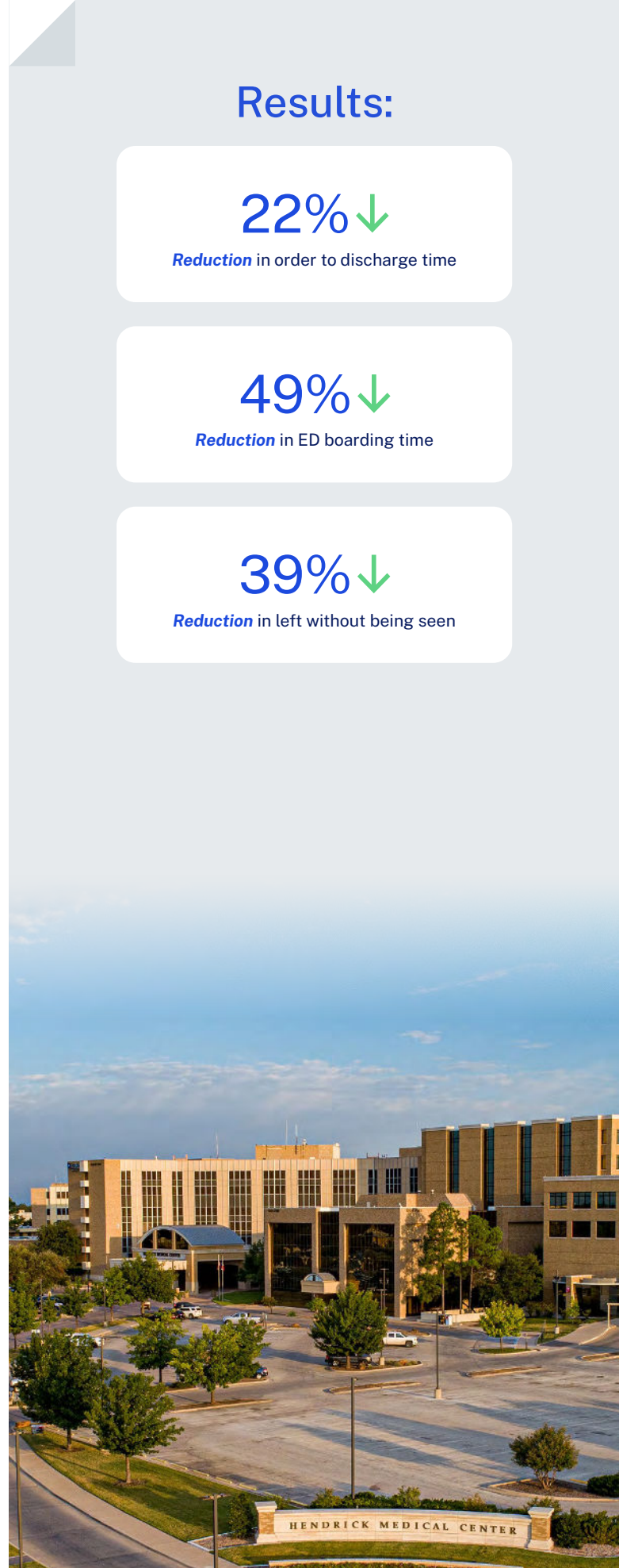
Reduction in order to discharge time

49% ↓

Reduction in ED boarding time

39% ↓

Reduction in left without being seen





“LeanTaaS has provided us with the tools and strategies to create daily patient flow efficiencies, resulting in measurable and sustainable improvements. As a result, we have been able to streamline discharges and create capacity to care for more patients.”

— Jessica Connell, MSN, RN,
Chief Nursing Officer, Hendrick Medical Center Brownwood

