ProModel®
Better Decisions—Faster

A Brief Profile

Since 1988 we have been working with hospitals and healthcare organizations to help them improve operations and reduce cost. Here are just a few examples of our successful solutions.

Our Customers

ProModel understands healthcare facilities are under great pressure to provide safe, cost effective patient care. We have a long history of working with Hospital organizations to effectively and rapidly meet the many conflicting objectives they face every day.

- Advocate Healthcare Network
- Albany Medical Center
- AltaMed
- Banner Health
- Baystate
- Bon Secours Health System
- Carilion Clinic
- Emory University Hospital
- HCA Hospital System
- Henry Ford Wyandotte Hospital
- Lancaster General Hospital
- Mayo Clinic
- Medical Center of Central Georgia
- Memorial Hermann Healthcare
- Miami Valley Hospital
- Northwest Community Hospital
- Providence Healthcare Systems
- Robert Wood Johnson University Hospital
- Shands
- Stanford University Medical Center
- Texas Health Resources
- UT Southwestern Medical Center
- Veterans Health Administration

Hospital Patient Flow Improvement Projects

Carilion Clinic

They needed to determine the impact of adjusting the number of beds in nursing units, closing or opening a nursing unit, reducing discharge time, and adjusting the arrival volume by specific patient types. The model was successful in analyzing all the objectives. Informed decisions were made which altered hospital policy.

Northwest Community Healthcare

A major transfer of 140 patients was needed after NCH built a new facility to improve patient and family experience. The model showed that elevator capacity for the move was exceptionally efficient, and it helped define an elevator utilization plan with specific routes, allowing the team to transfer 140 patients in 4.5 hours.

ED Patient Flow Improvement Projects

Baystate Health

Patient volumes in the ED had increased from 3% to almost 8%, forcing them to consider a $1.2 Million ED expansion. Their model identified changes resulting in reduced ED LOS by 15%, GTA LOS by 33%, indefinitely postponed a $1.2 million expansion and increased potential patient throughput worth $900,000 annually.

Miami Valley Hospital

A newly built ED experienced an increase in visits from 75,000 to 95,000 two years into their 10-year plan. Their model of the current ED was 99.2% accurate and helped to develop a deeper understanding of the bottlenecks and areas for improvement in order to accommodate the dramatic increase in ED patients.

OR Patient Flow Improvement Projects

Robert Wood Johnson University Hospital

RWJUH anticipated a significant increase in patient volume for their OR suite. The model results were used to optimize the staff and identify other actions to accommodate further volume increases. It has been used over the course of two years to improve both patient experience and hospital operations.

Emory Healthcare

Physicians felt they needed more than the current three to four rooms per physician. Facilities leadership requested an objective data driven analysis. Their model helped determine that adjusting room allocations by physician by hour of day, that additional rooms were not required, while still maintaining acceptable patient satisfaction standards.

Clinic Patient Flow Improvement Projects

AltaMed Health Services

AltaMed was considering facility expansions and building new clinics in their network to meet future growth. First they wanted to determine if they could increase current facility capacity by better understanding patient flow. They were able to save $250,000 at one facility by increasing room utilization thus eliminating the need for additional rooms. All other facilities within the AltaMed system will be similarly evaluated.

Emory Healthcare

Their Infusion Center had long waiting times during busy days and peak hours. Modeling allowed them to optimize their weekly room and staff schedules and better align them with patient demand resulting in a 4% decrease in chair time and a 23.7% reduction of wait time in the lobby.

Introducing

FutureFlowRx™

ProModel is excited to announce FutureFlow Rx.

It is designed to help you:

- Maximize On-Service Patient Placement
- Optimize ADT decisions
- 24-hour warning of impending census issues
- Easily test different scenarios for improved flow

FutureFlowRx | Dashboard | Patient Flow v | Analytics v | What-If v | Rx Solutions v — Thu 6/1, 4:00 PM

Dashboard — Overall statistics

500 Beds Demo — Search

Predicted Holds
Tomorrow at 11AM | Next 24 Hours
ED Holds: 0.4
Post Op Holds: 0

Census
4:00 PM: 352 | Tomorrow at 11AM: 370
Waiting For Bed: 42 | Waiting For Bed: 0
Admitted > 10d: 2 | Admitted > 10d: 1
Today — Admits: 69 | Now through Friday — Admits: 128
Daily Avg: 69 | Now to Midnight: 47
Thursday Avg: 69.9 | Friday: 81
Discharges — Daily Avg: 66.9 | Discharges — Now to Midnight: 41
Thursday Avg: 65.2 | Fri Before 11am: 20 | Fri After 11am: 47
Previous 24 Hrs | Next 24 Hrs

Discharge Projections
Thu 3pm - Fri 11am: 1% | Fri 3pm - Sat 11am: 74, 37, 37
Discharges: Planned: 1 | Unplanned: 0 | Projected: 75
% Discharged last 14 days

Preferred Placement
4:00 PM: 74% | Tomorrow at 11AM: 68%
Preferred: 259 | Preferred: 254
Non-Preferred: 93 | Non-Preferred: 118
Previous 24 Hrs | Next 24 Hrs

Operational
Historical | Predicted
Patient Waiting — Total: 60m | Patient Waiting — Total: 17m
For Bed: 30m | For Bed: 17m
For Transport: 30m | For Transport: 0m
Bed Turnaround — Total: 50m | Bed Turnaround — Total: 19.8m
Wait for EVS: 30m | Wait for EVS: 0m
Cleanup: 20m | Cleanup: 19.8m
LOS: 4.68d | LOS: 4.97d

Bed Occupancy
4:00 PM: 62% | Tomorrow at 11AM: 65%
Occupied: 352 | Occupied: 369
Available: 217 | Available: 198
Dirty: 0 | Dirty: 0
Blocked: 0 | Blocked: 0
Previous 24 Hrs | Next 24 Hrs

FutureFlowRx | Dashboard | Patient Flow v | Analytics v | What-If v | Rx Solutions v — Thu 6/1, 4:00 PM v

Scenario Analysis — Edit different scenarios for what-if analysis

Analysis Model: Los Type | Edit

General | Beds | Unit LOS | Resources | Admits | Case Mix

	Name	Replications	Always Wait For Preferred	Non-Preferred LOS Factor	Total LOS Factor	LOS Type	Unit Cleanup Type
☑	Historical Histogram	3	☐	1.00	0.70	Historical Histogram	Historical Histogram
☑	Historical Average	3	☐	1.00	0.70	Historical Avg	Historical Histogram
☑	CMS Geometric Mean	3	☐	1.00	0.70	CMS Geometric	Historical Histogram

ALOS | Census | Financial — **Average LOS**

CMS Geometric Mean	3.03 days
Historical Average	3.62 days
Historical Histogram	3.68 days