COVID-19 PANDEMIC RECOVERY STRATEGIES

AN OPERATIONAL EFFICIENCY GUIDE FOR RESTORING CAPACITY AND PATIENT ACCESS AT PROCEDURAL SITES OF CARE
INTRODUCTION

The COVID-19 pandemic has demanded extraordinary efforts from health system leaders and frontline staff to quickly change certain clinical protocols and workflows that may affect coronavirus containment and patient outcomes.

As you strive to return to full capacity of non-COVID-19 care and procedures while ensuring confidence and safety for both patients and staff, Medtronic is committed to providing resources that are relevant and actionable for your consideration in navigating your pandemic recovery.

Though collaboration with healthcare systems across the country, Medtronic Healthcare Optimization Consultants have developed this resource of real-life, actionable practices to aid in improving processes, patient and provider experience, and resource utilization.

AUDIENCE

This playbook and corresponding implementation guides were designed for healthcare leaders focused on restoring capacity, increasing patient access, and improving operational care pathways during both the surge and recovery stages of the COVID-19 pandemic. It is applicable for hospitals, clinics, office-based labs, and ambulatory surgical centers that want to accelerate recovery through the pandemic.

ADDITIONAL PLAYBOOK MODULES

This playbook is structured around key stages of the patient care pathway. With a focus on the most critical productivity and procedural efficiency challenges facing healthcare systems in pandemic recovery, each module contains a guide to help you assess your current state, along with step-by-step action plans with practical tools to help you implement improvements.

Consider how these additional modules may be helpful to your overall care pathway strategies.

1. CARE PATHWAY CONTAINMENT STRATEGIES
2. SCHEDULING AND CASE FLOW
3. PROCEDURAL EXPERIENCE
4. POST-PROCEDURE CARE
KEY CHALLENGES TO THE PATIENT CARE PATHWAY DURING THE COVID-19 PANDEMIC

Crisis response to COVID-19 required rapid development of surge planning and containment strategies designed to keep healthcare providers and patients safe. As health systems enter the COVID-19 recovery stage, new operational challenges have emerged throughout the care pathway as sites return to non-COVID-19 care.

RESTORING THE PATIENT CARE PATHWAY POST-SURGE

This playbook focuses on strategies that address key pain points and provide actionable process improvements intended to optimize site-of-care efficiencies, facilitate predictability for staff, and enhance the overall patient and provider experience.
ACKNOWLEDGEMENTS

Examples where provided are from specific de-identified U.S. health systems who have consented to sharing their data and practices. These modules are intended to disseminate and expand the reach for practical learnings and tools to a broad audience.

DISCLAIMER

These materials have been developed by Medtronic based on information and experience available at the time of publication and is subject to change rapidly as we continue to learn more about the current COVID-19 pandemic. You should continue to review all relevant resources as they become available. This Guide is provided for general information purposes only and should not be considered the exclusive source for this type of information. The ultimate responsibility for controlling the risks associated with patient, visitor and employee traffic patterns rests with your facility, and outcomes will depend on each facility’s own circumstances, including physical layout, resources, and policies. At all times, it is the professional responsibility of providers to exercise independent clinical judgment in a situation. Medtronic makes no guarantee that the use of strategies outlined in this Guide will prevent exposure to any pathogen, reduce the use of personal protective equipment (PPE), or result in minimizing any other negative outcome. MEDTRONIC DISCLAIMS ANY REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WHETHER AS TO MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER MATTER.
Engaging patients and providers in successful remote patient management practices.
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INTRODUCTION
Opportunities and key concepts

Remote patient monitoring has been shown to reduce emergency department/urgent in-office visits, and general total healthcare use in patients with an ICD or CRT-D. Compared with standard follow-up, remote monitoring results in increased efficiency for healthcare providers and improved quality of life for patients. Responding to an increased demand for remote patient management during COVID-19 and beyond may require a renewed focus on technology, capacity, and processes by healthcare providers that want to serve patients in this way.

This post-procedure experience module was designed for healthcare leaders, cardiac device clinic nurses, and clinic staff who follow implanted devices and want to favorably impact patient adoption of remote monitoring, clinic capacity, and staffing at their facilities.

THIS MODULE FOCUSES ON KEY FUNCTIONS IMPACTING POST-PROCEDURE CARE

- Patient Engagement
- Scheduling
- Patient Discharge
- Patient Readiness for Remote Patient Management
- Provider Readiness for Remote Patient Management

OPPORTUNITIES FOR USE
This module is particularly helpful for facilities experiencing challenges like these:
- Staff and/or patient confusion regarding post-procedure patient management and communication
- Missed appointments and/or poor patient compliance
- Over- or underutilization of clinic capacity and staff resources
- Lack of clarity on staff roles and responsibilities
- Breakdowns in communication or processes resulting in inconsistent results
- Lack of insight to staff roles and knowledge barriers that inhibit effective staff coverage and training
- Staffing models that are not adaptable to changing capacity demands
After completing this module, you should be able to:
- Describe and identify barriers for effective remote patient engagement
- Understand and apply Lean Sigma concepts and tools
- Use insights from your own data to validate current processes
- Apply best practices to help implement change

KEY CONCEPTS

Drawing from proven methodologies first developed for use in the automotive and engineering industries and successfully deployed in the healthcare setting, this module will introduce you to Lean Sigma and human-centered design concepts.

You will use these concepts to assess your current state, then adjust and implement an effective framework for optimizing your remote patient management processes.

Concepts explored in this module include:
- Defining value from a patient and staff perspective
- Applying human-centered design principles to processes
- Identifying areas of breakdown, non-value-added activities (wastes), or causes of variation
- Creating more efficient and effective flow for patients and processes
- Creating an environment of continuous improvement and communication

With the benefit of the experiences of other health systems and best practices highlighted in this module, you may apply key learnings and adapt these practices for your own site.

UNDERSTANDING YOUR CURRENT STATE
Assessing your clinic practices

Managing patients remotely during the COVID-19 pandemic could offer certain advantages over conventional office-based care. It may serve to minimize patients coming into the clinic, reducing their fear of contracting the virus while still getting the care they need. With remote patient management, physicians and staff may minimize their risk of infection and reduce consumption of personal protective equipment (PPE) while continuing to manage certain routine aspects of patient care.

Through efficient use of technology and Lean Sigma, patient-focused processes, the goal is to equip clinicians to make timely, data-informed decisions that may improve patient outcomes, reduce costs, and may increase overall patient satisfaction.
Planning for effective remote patient management requires both provider readiness and patient engagement. Let’s begin by thinking about key functions in the post-procedure patient experience.

**PATIENT READINESS**

Effectively acclimating patients to remote and virtual care requires a planful approach to make sure patients are appropriately screened, educated, and supported throughout their enrollment to maintain engagement in their ongoing care.

**PROVIDER READINESS**

Functionally managing clinic operations that optimize resources and create agility in the system demands clear roles and responsibilities, effective processes and protocols, as well as strategies that support staff development and retention.

**A JOURNEY MAP CAN HELP YOU EVALUATE PROCESSES & EXPERIENCES ALONG THE CARE PATHWAY**

The **front of house**, or patient-facing activities, may include high-touch aspects of care including patient education, communication, and engagement.

The **back of house**, or supporting functions, typically include key activities, processes and protocols that enable the front of house and enhance the patient experience. For example, determining:

- How to staff the clinic
- Which patients to enroll
- How transmissions will be managed

**THINGS TO CONSIDER**

Human-centered design uses methodologies like journey maps to identify key touchpoints, functions, operations, etc., that contribute or detract from the overall experience.

*How might you apply this thinking to your own patient and provider experience?*
PATIENT EDUCATION

Patient education and expectation setting is critical to successful remote patient management. Clear and consistent communication between patients, caregivers and clinicians helps patients understand the benefits of remote patient monitoring as part of their larger care plan.

1. **Determine When** — Evaluate the timing that works best for your clinic and patients. Then establish a consistent practice of delivering the education at times such as:
   - At referral, when need for implant is identified
   - At the time of procedure while at the hospital
   - During the initial follow-up and wound check appointment
   - As needed to troubleshoot or provide support for early patient transmissions

2. **Explain Why** — Help the patient understand the benefits of remote monitoring and how it can help facilitate their care plan. Examples may include:
   - Remote monitoring has been shown to reduce the time from clinical event to clinical decision by 79%.7
   - Telemonitoring of cardiac implantable electronic devices (CIEDs) is associated with a marked reduction in planned hospital visits, lower monetary costs and a general decrease in healthcare utilization.8,9
   - Remote monitoring has been shown to produce a 26% faster diagnosis of clinically actionable events.2

3. **Explain and Show How** — Help patients feel prepared for their first transmission. Make sure they also know how to request support as needed to avoid late or missing transmissions.
   - Show the sequence of steps for completing a transmission.
   - Use demonstration units when possible to provide a realistic experience.
   - Explain monitor maintenance and updates that may be needed, such as these:
     - Bedside monitors should always be plugged in/powered.
     - Mobile apps may need to be open or running in the mobile device background.
     - Software updates may periodically occur.

GREAT IDEA

- Consider patient education at the time of referral to establish early patient engagement.
- Train caregivers, not just the patient. Having friends or family present for demonstrations and education can be helpful if troubleshooting is necessary later at home.
- Consider a patient education script that cites advantages clinical evidence supporting remote patient management. This may include benefits of remote patient management during a pandemic to decrease exposure and increase patient follow-up.
PATIENT ENGAGEMENT

Start by understanding your clinic’s remote monitoring and communication protocols. Then seek to adequately communicate these protocols so patients know how to best engage in their care plan.

1. **Explain General Protocols**
   - **Appointments**: How many in-office appointments are needed? How many remote transmission appointments? At what frequency?
   - **Reminders**: Will the clinic remind patients via phone/email/text/mail of upcoming transmissions?
   - **In-office only appointments**: Which visits may require an in-office appointment (e.g., reprogramming of device settings, etc.)?
   - **Unscheduled transmissions**: Will the patient need to call the clinic when sending an unscheduled transmission?
   - **Contacting the clinic**: If patients do call in to discuss signs or symptoms, should patients be instructed to let the clinician know that they have a monitor at home?
   - **Emergency care**: Reinforce that remote monitoring is not a substitute for seeking emergency care when needed. Patients should always contact their emergency care system if they feel they have a medical emergency.

2. **Managing Initial Transmission Set-up**
   - **Communication**: Consider how a patient’s first transmission will be managed and what will be communicated to the patient.
   - **Practice transmission**: It may be helpful to have patients perform an initial practice transmission upon receiving the monitor.
   - **Delayed/missed transmissions**: Consider using a missed/delayed transmission as an opportunity to call the patient for timely troubleshooting.
   - **Outsourced patient support**: Consider using device manufacturer service that can assist patients with setup and troubleshooting.

3. **Managing Transmission Schedules**
   - **Automatic and manual transmissions**: Refer to device manufacturer instructions to determine whether scheduled transmissions will be manual or automatic.
   - **Scheduled transmissions**:
     - Set up remote schedule based on new order/enrollment.
     - Set up remote schedules for a patient only after their initial transmission is received.
   - **Missed Transmissions**: Explain how clinic will respond to a missed transmission.

**GREAT IDEA**

Consider developing a remote monitoring patient participation agreement to reinforce your clinic’s protocols and increase patient understanding of their care and compliance.

**APPLYING LEAN SIGMA PRINCIPLES AND TOOLS**

Standard work is the basis for Lean, Six Sigma and all process improvement work. Standard work is a simple written description of steps needed to perform a process or task. It is designed to reduce variation in the way individuals do their jobs. Checklists are an effective way to apply this concept to your clinic practices.
ACTION ITEM

Download the Remote Patient Management Quick Start Guide where you’ll find the Patient Education Action Plan, Patient Education Checklist, and Remote Monitoring Patient Participation Agreement Samples which provide recommendations and templates you may want to apply at your own site.

LEARN MORE

- For additional clinician and patient resources, as well as training on various Medtronic CareLink™ systems and service options, visit the CareLink Network Training Center on Medtronic Academy. (Free registration is required.)
- For patient remote monitoring set-up services, check out Medtronic Get Connected service for the CareLink network that guides patients through the process of order, setup, and first transmission with their remote monitor — freeing up clinic time at no additional cost.
- For additional resources to support non-Medtronic products and technologies, we encourage you to contact the appropriate vendor directly.
Effective clinic management demands clarity and communication around processes and people. Standardizing these expectations supports everyone on the team because each team member understands what is expected of them and others. They know how to behave, what they need to accomplish, and how to reach shared goals.

In this section we’ll be sharing proven Lean Sigma methodologies and concepts to aid with defining key remote patient management processes, roles and responsibilities for your clinic staff, and developing a clinic scheduling model for visibility to ongoing demand and capacity.

ENROLLMENT PROCESS

Defining a clinic policy to determine which patients are enrolled in remote follow-up, along with how and when to enroll them may increase the likelihood that those for whom remote management is appropriate will be able to fully benefit from it.

1. Establish a standard policy to enroll all patients receiving devices that support remote management.

2. Define and document exception criteria by evaluating situations in which patients may not be a good candidate for remote monitoring. Examples may include things like:
   - No connectivity access for monitor (e.g., phone line, cellular service, Wi-Fi, etc.)
   - Cognitive deficit or inability to learn to use the monitor/app

3. Determine the timing of patient enrollment and any post-enrollment patient communication needs.
   - **New patients:**
     - At time device referral
     - Time of implant
     - Following patient’s first in-clinic follow up appointment
     - As defined by device manufacturer services to assist with patient enrollment
   - **Existing patients:** Designate time to re-educate and familiarize the patient with remote follow-up.

4. Define screening criteria for monitor selection. You may want to consider things such as:
   - Patient enrollment/exclusion criteria above
   - Device telemetry capabilities (e.g., wireless or Bluetooth®-enabled devices)
   - Screening tools and services that vendors may provide to help in this process
   - App-based monitoring capabilities for patients with eligible devices

5. Educate the patient/caregivers on things such as:
   - Benefits of remote monitoring
   - How to use their monitor or app
   - Communication expectations from the clinic related to their transmissions

GREAT IDEA

- Schedule a periodic evaluation of your device patient population to determine if you have patients who are eligible for remote monitoring but are not enrolled.
- You may also wish to track reasons they were not enrolled. Then if patient circumstances have changed, consider enrollment at that time.
STAFF RESPONSIBILITIES

Defining roles and responsibilities within your device clinic permits you to more effectively manage your entire practice by providing clarity, alignment, and expectations to those doing the work.

EXAMPLE

The Problem
A nurse is out ill for an extended period and there’s confusion around how the team should cover her roles and responsibilities. Without any other staff knowing her tasks, the device clinic is running inefficiently. As a result, the clinic is experiencing decreasing levels of patient care. This example highlights the importance of defining and communicating the tasks assigned to specific roles and responsibilities, and then cross-training as necessary.

The Solution
Facilitating a roles and responsibilities workshop session can help your team create solutions to minimize challenges that could cause barriers to the quality and efficiency of patient care at your site.

1. **Assemble a small team** with knowledge of the key roles and responsibilities to help ensure accuracy when capturing this information.

2. **Assign a scribe.** This person will be responsible for recording key meeting outputs.

3. **Assign a process owner.** This person will be responsible for the overall process, including developing the plan to communicate, review, and make needed adjustments over time.

4. **Identify and document roles.** What are the primary roles on the team (e.g., nurse, tech, etc.)?

5. **Identify current-state responsibilities.** What are the top 3–5 responsibilities for each role?
   - Sticky notes are a simple way to visualize this step with the team.
   - Group like items together by role/determine if tasks need to be moved or eliminated.

6. **Identify future-state responsibilities.**
   - Which tasks should ideally be completed by each role?
   - What are the top 1–2 priority responsibilities per role?
   - This step is intended to create dialogue and discussion. Seek to engage all team members in providing input during this critical stage.
In this example, the team used a white board to group key tasks that would then become the basis for their future-state responsibility assignments. This allowed them to document and clearly communicate the plan and expectations to the entire team.

7. **Review and assign tasks** to each role.
   - Seek to reach consensus as the team determines yes/no for each task/role.
   - Apply consistency and seek understanding of the various tasks.

8. **Document the roles and responsibilities.**

9. **Communicate and document everyone’s understanding and agreement.**

10. **Refine** as needed to reflect any inconsistencies.

11. **Communicate the plan and expectations** to the entire team.

12. **Review** in 30–60 days, or another determined timeframe. **Adjust**, as necessary.

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**GREAT IDEA**

Consider using a “parking lot” to capture tasks without a role assignment or other challenges. This allows you to move forward while retaining a record of barriers that may need to be addressed outside of the roles and responsibilities workshop.

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**ACTION ITEM**

Download the **Roles and Responsibilities Matrix** to begin defining roles and key tasks for your team.
APPLYING LEAN SIGMA PRINCIPLES AND TOOLS

Identify areas of breakdown, non-value-added activities (wastes), or causes of variation.

Any time there is a lack of clarity, staff time is wasted dealing with activities that don’t fully contribute to the team’s goals. Time is spent on activities that don’t add value — detracting from focus on activities that are important — and this can lead to missed opportunities and inefficient care.

MANAGING TRANSMISSIONS

With patients enrolled, and roles and responsibilities defined, attention now turns to managing incoming transmissions, developing effective protocols for triage, and establishing patient communication standards.

1. Transmission Types
   - **Routine transmissions**: Those that do not require any further clinical action. That is, no new events were discovered, all measured device data is within normal range, and no programming changes are required.
   - **Non-routine transmissions**: Those where a new episode has been recorded and/or an event was identified in the follow-up report that requires additional attention.
   - **Unscheduled transmissions**: Those that include an alert condition; or a manual transmission sent by a patient outside of their scheduled transmission dates.
   - **Missed transmissions**: Transmissions that did not occur as scheduled.

2. Transmission Protocol Considerations
   - **Dedicated staff for each of the following:**
     - Remote monitoring system: Assign one person each day to review system or portal for transmissions.
     - Medical review and sign-off: Assign a physician or advanced practice practitioner to be responsible for review and sign-off of daily transmissions.
     - Triage: Determine how to prioritize and triage your patient transmissions.
       - Consider use of a triage clinician to review and assign transmissions based on type of device, or type of event.
       - A triage clinician may also help determine which transmissions need physician review, or technician vs. clinician review.
   - **Dedicated time**: Schedule staff time to review transmissions – not in between appointments and meetings, but dedicated time to focus on reviewing transmissions.
   - **Standard work**: Develop a daily checklist to establish clear tasks and routine.
   - **Unscheduled transmissions**: Consider how you will manage unscheduled transmissions and alerts.
   - **Missed transmissions**: Consider how you will manage missed transmissions.
   - **Scheduling visibility**: Consider using the patient scheduling system to enter remote appointments into the daily calendar.
     - This can help ensure volume is reflected in daily shifts and may provide visibility to others in the office for triaging patient calls/scheduling questions.

GREAT IDEA

When starting up a remote monitoring clinic, consider slowly building up the number of daily transmissions based on clinic resources. Ramping up slowly will help you gauge how many transmissions are manageable for your clinic.
3. Patient Communication Protocols

Consistent communication and expectation-setting for follow-up can serve to reassure patients that their device and monitor are working as expected, and they are connected to the clinician(s) monitoring their care. Here are some things to consider when developing patient communication protocols.

- **Circumstances** — Under what circumstances you will contact a patient?
  - Routine transmission confirmations
  - Appointment and transmission reminders
  - Transmission with an event
  - Missed transmissions
  - Disconnected monitors
  - No episodes within a reporting period

- **Form of communication** — What types will you use?
  - Telephone
  - Letter
  - Email
  - Text
  - System-generated notification

- **Differentiation** — Will it differ for certain circumstances/events?
  - Routine transmission confirmations
  - Appointment and transmission reminders
  - Test results
  - Transmission with an event
  - Missed transmissions
  - Disconnected monitors
  - No episodes within a reporting period

- **Timing** — What is the expected timeframe from triggering circumstance to communication?
  - Routine reminders and confirmations
  - Event or missed transmissions

**APPLYING LEAN SIGMA PRINCIPLES AND TOOLS**

Tracking and monitoring are foundational in continuous improvement practices. Consider tracking disconnected monitors and codifying the reasons for disconnection. Periodic review or monitoring of this file may act as a safety net to ensure all enrolled patients can successfully transmit. It can also serve to identify those patients who may need to be called and reminded to send a transmission.

**GREAT IDEA**

Standardize communication of your clinic protocols as part of your patient education. Patients who understand what is expected of them and their care team may find greater satisfaction with their remote monitoring experience and be less inclined to contact the clinic for routine concerns.

**GREAT IDEA**

Practice the exception principle. Consider building your communication protocols around exceptions (e.g., patients receive a phone call only if they (a) missed a transmission; (b) appear on the disconnected monitors report; or (c) if the transmission shows data that needs to be discussed with the physician before the next in-office follow-up.

Patient outreach may greatly improve compliance and reduce the number of missed transmissions. Consider a phone call the day before or sending out a routine reminder letter 2–4 weeks in advance of scheduled transmissions. Perhaps try using a letter template or postcards to communicate results and next appointment information.
CLINIC SCHEDULING

Lean Sigma scheduling helps meet the variability in patient demand while providing balance of the workload for the device clinic staff. The scheduling process will allow flexibility for last minute staffing or patient changes.

Opportunities for Use
Lean Sigma scheduling may be particularly helpful for clinics facing challenges like these:

- **Variability in the time needed** for patient device check appointments
- **Uneven workload** between staff members involved in the device check process
- **No centralized scheduled** (e.g., multiple schedules being used)
- **Lack of visibility** to a shared schedule among team members
- **No dedicated time** to review remote transmissions
- **Lack of communication and visibility** between front office and device check personnel
- **A backlog of patients** needing to be scheduled exists

EXAMPLE

The Problem
Medtronic healthcare optimization consultants worked with a large Midwestern health system encompassing three cardiovascular service sites. They knew they had a problem with clinic scheduling but had been unable to estimate the extent of the scheduling problem and couldn’t pinpoint the causes. A patient survey revealed 30% of patients felt they could not obtain an appointment when they requested one.¹⁰

Root Cause
A cross-functional team was convened. Through collaborative discovery and process mapping, they determined one of the root causes of their scheduling problems was the lack of standardized scheduling across the system. This lack of standardization also inhibited visibility to provider availability, making appointment scheduling suboptimal. This contributed to a growing patient backlog and staff rework.

The Solution
With the goal of standardizing scheduling across their sites, the team began to collect data and take the steps identified below.

1. Determine the **specific days and hours of operation.**
2. Determine the available **work hours for each room/people resource.**
3. Determine the **number of dedicated and trained resources** needed per day.
4. Determine **how long each kind of device check takes** on average. (Remote and In-office)
5. Determine **how many patients you can see per day.**
   - *For example:* Daily demand = [total amount of time available for device checks/the average length of time that a device check takes]
6. **Design a single scheduling tool** — This example schedule* is based on:

- Hours of operation: 8:00 a.m.–5:00 p.m.
- Available work hours per resource: 8 hours
- Number of trained resources: 5
- Types of appointments: 5 (Floater — 30 min; In-office — 30 min and 20 min; and remote — 15 and 10 min)

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<td>10:00 am</td>
<td>Floater</td>
<td>10:00 am</td>
<td>Boost</td>
<td>9:30 am</td>
<td>Boost</td>
<td>9:30 am</td>
<td>Boost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 am</td>
<td>Floater</td>
<td>10:30 am</td>
<td>Device Check</td>
<td>9:50 am</td>
<td>Device Check</td>
<td>9:15 am</td>
<td>Remote</td>
<td>9:00 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 am</td>
<td>Floater</td>
<td>11:00 am</td>
<td>Device Check</td>
<td>10:10 am</td>
<td>Device Check</td>
<td>9:45 am</td>
<td>Remote</td>
<td>9:20 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 am</td>
<td>Lunch</td>
<td>11:30 am</td>
<td>Device Check</td>
<td>10:30 am</td>
<td>Device Check</td>
<td>10:00 am</td>
<td>Remote</td>
<td>9:30 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch</td>
<td>12:00 pm</td>
<td>Lunch</td>
<td>10:50 am</td>
<td>Device Check</td>
<td>10:15 am</td>
<td>Remote</td>
<td>9:40 am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Floater</td>
<td>12:30 pm</td>
<td>Lunch</td>
<td>11:10 am</td>
<td>Device Check</td>
<td>10:30 am</td>
<td>Remote</td>
<td>9:50 am</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GREAT IDEAS**

- **Use a floater**: In Lean Sigma, a floater is a person who is responsible for performing a wide range of tasks which allows other workers to continue performing value-added tasks without distraction. The floater is a multi-skilled and well-trained person.

- **Set-up and wrap-up**: This time should be formally built into the schedule. It allots adequate time to prep for the day’s activities and wrap-up any tasks that must get completed before day’s end.

- **Boost appointments**: Build open appointment times in your schedule to allow for the unexpected, emergent appointment, or time to catch-up.

*Data has been fictionalized to preserve confidentiality*
Improvements
As a result of moving to a single schedule with visibility across sites, the team realized the following benefits:
- Increased flexibility for last minute staffing or patient changes.
- Dedicated time to review remotes without interruption.
- Reduction in the backlog of patients.
- Minimized scheduling re-work.
- Allocated time for set-up in the morning and wrap-up at the end of the day.
- Scheduling which reflected actual, dedicated time needed for tasks (e.g. device checks) that needed to be completed in a day.

**ACTION ITEM**
Download the Clinic Scheduling Tool to build a schedule for your clinic.
CROSS-TRAINING STAFF FOR AGILITY

Cross-training employees provides flexibility within the team to cover for breaks, vacations, illnesses, etc. Cross-training is exactly as it implies: Multiple people trained on each job, and each person trained on multiple jobs.

The Benefits of Cross-training

- Cross-training enables job rotations, which keeps employees challenged, and allows staff to flex based on demand within the clinic.
- It encourages the sharing and development of best practices.
- Cross training brings fresh perspectives which contribute to continuous improvement efforts.

Opportunities for Use

Creating a structured plan for training that aligns key processes with responsibilities can support continuous learning, engagement and overall team morale.

Cross training may be particularly helpful for clinics facing challenges like these:

- Insufficient number of staff trained to perform multiple duties
- Specific responsibilities or tasks are reliant solely on one staff member
- Lack of coverage makes vacations, in-services and education difficult
- Lack of variety and learning opportunities for employees

EXAMPLE

The Problem — Building on the example reviewed in the Roles and Responsibilities section of this module, this clinic team identified the need for additional cross-training to support upcoming absences and planned training.

The Solution — Use this example to consider steps to help you build out successful cross-training at your site.

1. Identify Key Processes — The first step in the solution was to identify key processes and the relation to specific staff responsibilities. This process helped provide the basis for the cross-training.

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Role</th>
<th>Responsibilities</th>
<th>Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon</td>
<td>RN/PA</td>
<td>Manage escalated patient concerns</td>
<td>1. Triage patient calls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Prescription Refills</td>
<td>2. Triage patient calls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Review non-normal remote transmissions</td>
<td>3. Review remote transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Patient/chart sign-off</td>
<td></td>
</tr>
<tr>
<td>Jim</td>
<td>MA</td>
<td>Manage missed appointments</td>
<td>1. Educate patient on remote check</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Triage disconnected monitors</td>
<td>2. Educate patient on remote check</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Return patient phone calls</td>
<td>3. Triage patient calls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Scanning</td>
<td>4. Enroll patients into remote system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Implant data entry</td>
<td></td>
</tr>
<tr>
<td>Jen</td>
<td>Device Tech</td>
<td>Review remote transmissions</td>
<td>1. Review remote transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Enroll patient in remote monitoring</td>
<td>2. Enroll patients into remote system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Patient follow-up</td>
<td>3. Patient follow-up</td>
</tr>
<tr>
<td>Julie</td>
<td>Scheduler</td>
<td>Schedule procedure date</td>
<td>1. Schedule procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Schedule next patient appointment</td>
<td>2. Schedule patient appointment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Billing</td>
<td></td>
</tr>
</tbody>
</table>

MAKING AND SUSTAINING CHANGE

Cross-training staff for agility and sustaining change

20
2. **Consider Training Roles** — Next the team determined how the team could best support cross-training by considering the criteria below.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P</strong> = Preceptor</td>
<td>Preceptor is an experienced leader, who is held accountable to teach and guide others through the process.</td>
</tr>
<tr>
<td><strong>E</strong> = Experienced</td>
<td>Experienced is knowledgeable and seeks answers. They can function independently without supervisor or sign-off from preceptor.</td>
</tr>
<tr>
<td><strong>C</strong> = Competent</td>
<td>Competent person is qualified to do basic duties of the job, knows the standard for each aspect of the job, and can work safely and independently.</td>
</tr>
<tr>
<td><strong>O</strong> = Orientee</td>
<td>Orientee is an adult learner who is a novice and learning new processes.</td>
</tr>
<tr>
<td>N/A = Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

3. **Build a Cross-training Matrix** — The team created a cross-training matrix by adding staff names across the top row and then populating the processes for their clinic.

<table>
<thead>
<tr>
<th>Processes</th>
<th>Jon</th>
<th>Jim</th>
<th>Jen</th>
<th>Julie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule remote check</td>
<td>P</td>
<td>P</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Complete device interrogation</td>
<td>P</td>
<td>P</td>
<td>N/A</td>
<td>C</td>
</tr>
<tr>
<td>Review remote transmission</td>
<td>P</td>
<td>P</td>
<td>E</td>
<td>C</td>
</tr>
<tr>
<td>Triage patient calls</td>
<td>P</td>
<td>P</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Educate Patient on remote checks</td>
<td>P</td>
<td>P</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Enroll patients into remote system</td>
<td>P</td>
<td>P</td>
<td>E</td>
<td>O</td>
</tr>
</tbody>
</table>

4. **Request Staff Self Assessments** — Staff were instructed to self-identify their current proficiency level for each of the using the training roles legend above.

5. **Assign a Cross-training Process Owner** — This role was created to monitor the status of cross training matrix (weekly/monthly/quarterly) and develop a training plan as necessary.

**ACTION ITEM**
- Download the **Cross-training Matrix** tool to assist in identifying opportunities for your clinic.
SUSTAINING CHANGE

Continued **visibility to your data**, **communicating change** with teams, and **process transparency** will be critical to your success in both making and sustaining change. By focusing a small team, identifying gaps, and prioritizing key areas for improvement, you can take action to address key factors that may be contributing to reduced capacity and variations in staff and clinic operations that impact effective remote patient management.

As your site continues managing patient care through the COVID-19 pandemic, creating a structured plan for training that aligns key tasks with responsibilities can support continuous learning, engagement and overall team morale. This will also help you build a reliable process that can accommodate for critical ramps to your capacity.
RESOURCES

- Download the Remote Patient Management Quick Start Guide for many resources and checklists.
- Download the Remote Monitoring Patient Guide and Questionnaire to help facilitate patient education.
- Explore PRO|CV case studies: Device Clinic Overcomes Capacity Barriers to Serve New Patients and Meeting Growing Demand for Remote Device Monitoring to learn from healthcare providers.
- Visit the CareLink Network Training Center on Medtronic Academy to view patient, clinician resources and education that support CareLink monitoring. (Free registration required.)
- To learn more about remote patient management set-up services for certain Medtronic devices, check out the Medtronic Get Connected page on Medtronic Academy.
- For information about billing and coding for cardiac device remote monitoring, visit the Cardiac Rhythm and Heart Failure Resources for Diagnostics and Device monitoring.
- Visit the COVID-19 Recovery Resource Center at Medtronic.com/covid19recoveryresources.

REFERENCES

For more information, please contact us:
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