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Perfecting Room Readiness for Healthcare

Transcript from Doc Lounge Podcast

Stacey: Welcome to the Doc Lounge Podcast where we dive deep into the world of healthcare with industry leaders and innovators. I'm your host Stacy Doyle and in today's episode we're joined by Allen Cooper, the CEO and cofounder of ReadyList Inc.

ReadyList is revolutionizing hospital operations with its mobile friendly software that guides support service teams through best practice cleanings and room preparation protocols. This not only ensures cleaner and safer facilities for patients and staff, but also helps hospital systems save money and time, ultimately improving patient outcomes.

Allen is a passionate advocate for helping the behind the scenes workers and hospitals and through his leadership at ReadyList and Ancilla Ventures he is driving innovation in healthcare.

Join us as we explore Allen's journey, the impact of ReadyList on hospital operations, and his insights in the future of healthcare.

Welcome Allen!

Allen: Thanks for having me on, I appreciate that.

Stacey: Tell us a little bit, how did you get into this line of work? It's very interesting and I know you have a background that's more tech focused, so give us some information on that.

Allen: Yeah so it started in the quality world initially about 17 years ago where we were focusing on quality of care and how do we improve that type of lens where we worked with a lot of EHRs and the like, and about 10 years ago as we were doing that work one of our colleagues approached us with an idea and basically said we have a new hospital that's coming up and we're looking to transform this as a new way of operating in the background on the operations side of thing. He asked us then to help put together a software to help them do that. We were fitted and understood the hospital healthcare industry and it was a great opportunity for us to dig even deeper with someone who was an expert in this space.

Stacey: I love that! So kind of tell us what ReadyList does? Because our audience might not be familiar with how something like this works.



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Allen: So it's a system that is tailored to the operations and service/supporting front end teams, where we look at it as EHR leaders managing and leading their teams have all the data and information they need to treat their patients effectively. But the missing key is that there are services out there that also support the patients by cleaning and preparing rooms and we wanted to look at how to support that side of the industry to be more effective and efficient, as well as accountable to be able to do the right things efficiently. The software itself actually provides a dashboard to the managers and directors of these teams to get a full view of the landscape of their facilities showing info like where are rooms being turned over and cleaned, where are the floors and other things being cleaned, and at the end of the day gives them a high level lens of what actually is happening at my hospital during any time of the day. This then allows the cleaners themselves to be able to be instructed as to what is expected of them for each activity, elevating their job in some ways rather than just relying on muscle memory. Every room in a hospital is different, there's units that are completely different from other units with different expectations for each of these floors, and to expect any individual to remember that day over day is challenging, especially when you're new. So all in all, it's an all encompassing software that helps the services team be able to operate and clean/turnover rooms effectively and efficiently.

Stacey: So I'm assuming that there's some kind of check-in system? Or how does it work once somebody comes in and performs a cleaning service?

Allen: Depending on what the activity itself is, whether it's a discharge clean where the patient leaves the room and it has to be turned over, or just a typical daily clean where the patient was in the room and you have to do the appropriate things, we have an electronic checklist that allows them to understand exactly what they have to do for the type of clean and the activity for that particular moment. It's meant to take away the guesswork and subjectivity and I think sometimes the subjectivity of any kind of work or task doesn't always work out as expected. This kind of puts the objectiveness into it, while also enabling the managers and supervisors that are trying to work with their staff to know where their areas of opportunity are, where the low hanging fruit is for things that need to be adjusted or corrected within these activities. That's the nice thing about this, we provide lots of reports and give them the data to make effective theories on what is really going on in my hospital.

Stacey: This is where I think software can really help hospital systems manage from a financial, time, and live saving standpoint for patients. I think that's such a great thing to share with our audience for anyone who's in the healthcare space. So tell us, has there been a story where ReadyList really significantly improved the outcomes in a hospital setting?



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Allen: Yeah, we have a few clients, and most actually fall into this space, but the more common story is that hospitals are audited in certain areas, and one of them is with the cleanliness of the hospital. Are they doing the right things and have the right protocols to be able to show external auditors that they actually meet the compliance required of them to minimize infections.

Our software basically does two things, it provides the data readily available to the managers and the directors to give to these auditors to show that you know what, we're actually taking one extra step here to document what we're doing. And we may not be perfect at times, and that's kind of where inspections come into play and we course correct. At the end of the day though we document everything we're doing here and you can see that we're progressing in our ability to turnover our rooms that's minimizing infections because that's what they care about is we don't want to have inpatient infections transferring between patients. It's not a good practice and it's not going to help the hospital in terms of their HCAHPS score and the like. Patients will notice those things which may lead them to be weary to have an operation there or even stay there unless there are no other options. So a lot of the success stories are those kinds of feedback that we were so thankful to have the information in the system to manage through these kinds of things which usually took them 2-3 months to organize but with our software it only takes hours for them to be able to pull together information. So that saves a lot of time for those that deal with those situations.

That's one success story, the other one that comes to mind is when we work with some of our clients they often start to uncover things within our tool in terms of their workflow, processes, and even their individuals that open up new opportunities for them. And they wouldn't have known these things if they didn't have the data to understand these opportunities.

So after we hear these kinds of things, they come back to us saying listen, can your software do this and that? We'd say well it doesn't right now but we can work with you to extend something and create an additional module to incorporate into the existing system. They really appreciate our flexibility and agility to work with them to satisfy their core challenges. But just having that starting point to understand the data to formulate where these opportunities has in itself proven beneficial to them.

Stacey: Love hearing the impact that it has made. Do we know off the top of our heads how many hospital acquired Infections come from not cleaning the rooms? Like are there stats around that?



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Allen: There is, and you know most of it is probably transferred through operations, that's kind of the bigger one. Because that's where a lot of the you know, opening procedures, blood and things like that can transfer easily and if it's not cleaned up appropriately then that affects the patient when they're in there trying to fix themselves and they then come away with a worse situation sometimes. In terms of percentages I don't have the numbers on hand but it probably ranges from 30-40 percent on cleaning the rooms, and our application makes sure that you have the tools in place to make sure those are clean as well. That's when the operating room matters, but even after that they go into another room and they need that to be clean too being vulnerable after a form of operation.

Stacey: That makes sense, tell us a little bit about the benefits of integrating your software solution to really guide patient care, how do you speak on that to a hospital healthcare system?

Allen: For patient care, everything comes back to the patient. From our standpoint we wonder how we can create tools to help support the services area to be able to make meaningful change and beneficial stuff for the patient. The whole point of the hospital is to take care of the patient at the highest level, and if the providers do their job, which they do, then the service people have to do theirs too but they also have to be equipped with the right tools to do it effectively and efficiently, consistently every single time. So from our standpoint being able to collect that data to understand exactly what is going on and give the managers the ability to feel that they have control over their situation. What I mean by that is if they don't understand exactly which rooms are being cleaned and what types of cleans are happening and which resources are doing what, it's hard to make any material changes with your people or even your processes without a sense of control. I think that's kind of the biggest thing is enabling these managers and supervisors with something that allows them to direct their team appropriately. And in some ways when there's an emergency happening in a specific room, if you're not going to the right room at the right time that also has a big impact on some more vulnerable patients. I think integrating a software like this allows them to do it efficiently and in a way that's reliable.

So for me data is a big thing, onboarding is also a big one too. There's labor shortages in hospitals as you've probably talked to many others about and it's across the board: providers, doctors, and the staff that support them as well. Trying to get some of those service individuals to be trained the right way and to be onboarded quickly is very important. If you can't do that it delays everything and takes additional resources to do something that could be done with one resource. So the system enables them to do that more efficiently and effectively. It's one of those things that you can get trained one time and you may recall what maybe 20% of what you did training on, so if you aren't doing this training consistently



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enough, which our system inherently does you literally have to look at what you're doing every time you do it, eventually you'll be trained faster and with best practices, which is what we're trying to ingrain.

We also look out there and work with our hospitals to see what the protocols that are changing may be so that we can bake those into our system so that they have real time changes happening vs. trying to course correct. When you're in a routine it's hard to change, if you don't have something in your face trying to push you to change you'll end up doing backwards things without even knowing it.

Stacey: When you're talking about the shortage we talk about that all the time on the physician side of things, but it's really interesting to hear that it's occurring on the support side of things as well. So the ability to ramp up those team members in a quick and efficient manner would really benefit a lot of these healthcare systems and hospitals. I also had a question for you regarding the software helping everybody who is managing a healthcare system or hospital is running a business, so with that comes the need to balance and be profitable. So how does ReadyList help hospitals minimize profit leaks?

Allen: So to me I look at profit leaks in many different ways, like a profit leak that we're not managing things enough to know that we're doing things that are more costly, but there's also the idea of profit opportunities where you miss one of these opportunities and can't get it back. We try to cover both ends of this spectrum, from a cost perspective we try to provide a way for the cleaners to do their job faster and more efficiently because they know exactly what is expected of them without the guesswork. They have to look at the program and muscle memory eventually comes into play. The other thing I look at is when the supervisors and managers are actually overseeing their staff and do inspections on these rooms, they can give real time feedback to the cleaners on any areas that could be done better. Sometimes it's a personnel thing, but sometimes it's an activity that maybe isn't very clear to them and they notice across the board that maybe 90% of people are doing it wrong. Is it the cleaner then at this point or is it the action? Maybe the action then needs to be evaluated. So at that point in the sense of the profit leak, the goal is to not have to redo things. When you clean a room we want it done right the first time, if you have to go back and clean it again it becomes inefficient. That becomes an additional cost that takes away something else from being done that can't be done now. Or sometimes even the supervisor has to do it, and that's sometimes what happens, you know, the supervisor is already there and they end up doing it. Now you have someone at a higher price point doing the work that someone else should be doing. Sometimes you even have the nurses doing it. The nurses are now being taken away from treating the patient because the room wasn't turned over correctly. Maybe it's missing equipment, not cleaned properly or just isn't to the nurses



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expectations. Now you're taking the nurse away from treating the patient, to do something that should've been done right the first time. So those are 3 sorts of areas from a cost perspective.

From a profit perspective, I look at it for example from a surgeon point of view in the OR room, if there's a planned surgery supposed to happen at 5 am and there's 8 operating rooms that need to be cleaned that aren't done on time, they may need to cancel that. That is gone now, you can't recover that profit. Now you have to reschedule and the spot is taken up by something else. So this is that gain for the hospital that you can't get back. So that's the missed opportunity we focus on, making sure those things are ready to go to make the surgery happen, now they can focus on the patient and getting the job done. So I kind of look at it as either a profit opportunity missed or a cost thing to be tightened up.

Stacey: Smart way to look at it. What advice do you have for hospital leaders looking to implement new technology solutions to improve their operations.

Allen: What I've seen, and this is probably more common knowledge than not but I'll reiterate my point of view on it. If it's not bought in from the top down, it's probably not gonna work very well. The reason is that there won't be enough support from the top to ensure it's being implemented successfully. Then after it's been implemented that it's actually being used thereafter. If managers, directors or supervisors are not supportive of this thing, then people using the tool on a daily basis will stop using it because they feel like they don't have to. So if it's not bought in from the top and supported with resources, where resources could mean many things like additional tools or people, and a lot of that is the onboarding part so they should be shed thereafter, but if it's not supported to be successful then more often than not any sort of technological implementation will likely fail. Then as a result the tool is looked at through the lens like oh we shouldn't have bought this tool. Sometimes this is the case, but most of the time if it isn't supported from the top down then it becomes the lack of engagement and backing of it that fails rather than the tool itself.

The other piece is that if you have the support from above and this is a critical new process, then evaluate your people and processes too. Don't assume just because you throw technology into place then everything will be fixed, sometimes technology will just reveal things that aren't working appropriately in the first place. You won't even know this until you get into the role of implementing the technology.

So you have to evaluate all three of these almost like a stool, when one of these legs gives out everything falls apart. For me, embracing the other areas is just as meaningful as the technology itself.



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Stacey: That's super helpful and I think that will resonate with our audience to give that bind of successful implementation that the whole team will back. Gonna switch gears a bit now and pick your brain a bit, obviously as an entrepreneur: How do you approach guiding your team to come up with these software solutions to meet the unique needs of the healthcare facilities you work with?

Allen: I'd like to take credit that we have an R&D arm coming up with these things, and to be frank we're constantly working with our clients so that together we're able to come up with these ideas. We have such a good connection with them that we almost look at them more like business partners, they're constantly uncovering opportunities to make their lives better and the patient's lives better and even increase their HCAHPS scores. A lot of it comes from being close knit with them, and sometimes they'll come up with something and we'll come back with them like, "Oh did you think of this?" It's a very good collaboration between us and our clients on that and I empower the team to do that, like don't wait for me. I encourage them to constantly find ways to support our clients, and out of that sometimes comes new technology that helps develop both our systems and the current and even future clients. We like that too, we're very engaging with them and it really aligns with the culture we have.

Stacey: You get the best ideas probably from that strong partnership and building together, then getting their feedback to optimize and innovate, which is what I love about ReadyList and what you guys do. I want to now give you the opportunity to tell our audience how they can explore more about ReadyList to see if it's something that would be a good fit for their facility.

Allen: They can just head to readylist.com and that is an opportunity, or they can linkedin with me at Allen Cooper.

We're also trying to push out, not to plug this or anything, but when we work with our clients we're constantly trying to increase and improve our technology but we also look to see how we can improve their people. So I actually offer leadership types of skills and training for both the middle managers and the directors because some of the people in these spaces, not all, but some of them are evolving their career from being a cleaner or a supervisor. I think some of the individuals that go into these paths have the passion to grow into it. I've seen it and it's awesome because they care about their career and view it as more than a job. Often though they aren't sure sometimes like what are the best practices for leading? Or how do I make sure that my team actually buys into what I'm trying to sell them? Because it's hard, and if you don't know the right techniques to do that you may not get the results you're hoping for.



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So with that we opened up a new website called "evsnavigator.com" where we encourage managers and directors to sign up for 2 maybe 30 minute sessions with me, it's free, and we can kind of digest on what your challenges are then following up to provide some good guidance that may be hard to get otherwise. So that's another avenue I'd encourage viewers to go to.

Stacey: That's amazing, I love that you are investing and giving back and are even seeing people from where they're starting as a cleaner or supervisor and they want that upward trajectory. Love those resources, we'll definitely share the links with our audience. Really wanted to thank you, Allen, for your time and sharing all about this fascinating world going on behind the scenes to help create these safe hospital settings. It's very cool to hear about the new technology you are creating to improve these things.

Allen: I appreciate you inviting me, it's been a pleasure, I really love talking about this stuff as it's a big passion of mine.