Conduit Health Partners

The Connected System: Insights on Patient Access and Throughput Report

National Insights from Conduit Health Partners

Executive Summary

Hospitals continue to face steady pressure in managing patient volumes, workforce challenges, and patient transitions across care settings. While these issues are often addressed separately, they are deeply connected. Each depends on how effectively a health system coordinates patient entry into care and how smoothly that movement continues across the system.

Conduit Health Partners developed ***The Connected System: Insights on Patient Access and Throughput Report*** to examine how these functions work together and where better coordination can make a measurable difference. Drawing on operational data from partner health systems and insights from 64 nurses working in triage and transfer roles, this report provides a grounded look at how health systems are managing demand, capacity, and coordination under real-world conditions.

The findings show that performance improves most when clinical expertise and system-wide insight come together to guide operational decisions. When patients connect quickly with a nurse, they begin care in the right setting. When transfers are coordinated by nurses with visibility across the network, patients move safely and efficiently through the system. Aligning these functions builds reliability, protects capacity, and restores confidence in operations.

This alignment not only strengthens coordination but also supports better use of labor and financial performance. When access and throughput are connected, hospitals optimize use of existing staff and capacity, reduce diversion-related losses, and limit reliance on premium labor. These efficiencies compound across the system, improving both financial stability and workforce resilience.

Access is more than scheduling, and throughput is more than bed management. Both depend on how well systems bring together data, communication, and clinical judgment to make informed decisions at the most impactful moment. The insights that follow highlight how health systems can use these principles to anticipate demand, improve coordination, and strengthen performance without adding new capacity.

Data and Methodology

Findings in this report are drawn from two primary sources.

Operational Data

Conduit Health Partners analyzed nurse-first triage and transfer center activity from partner health systems between October 2024 and January 2025. The data provides visibility into how patients enter, move through, and transition within the system.

Frontline Nurse Survey

A national survey of 64 nurses, half working in triage and half in transfer centers, offered first-hand insight into daily work, throughput challenges, recurring bottlenecks, and opportunities to improve coordination or care.

Together, these findings combine quantitative data with frontline experience, providing a realistic view of how patients move through health systems today.

Access: The First Point of Care

Access is often the first test of a health system's performance. It determines how easily patients can reach the right level of care at the right time. In recent years, changing payer requirements and care management rules have complicated that first point of contact. In some markets, coordination policies now direct patients to the emergency department by default, even for non-emergent needs. This shift adds pressure on emergency departments and underscores why health systems need accessible, clinically guided entry points outside the hospital.

When that first connection fails through long waits, limited hours, or unclear navigation, patients look elsewhere for help. Some turn to the emergency department, adding avoidable strain to environments and potentially increasing wait times. Others turn to competitors who can meet their needs faster in a more convenient manner.

Improving access is one of the most effective ways to strengthen system performance. When patients reach clinical expertise early, care is directed appropriately, and patient confidence in the organization grows. When access breaks down, the effects ripple through the system. Patients delay care, conditions worsen, and hospitals face greater strain downstream.

Access is more than the ability to schedule an appointment. It includes timely communication, coordinated entry points, and the opportunity to receive clinical guidance before care is needed in person. Many patients simply need advice or reassurance about what to do next. Nurse-first triage meets that need by connecting patients directly with a clinician who can guide them to the right setting and prevent unnecessary escalation.

This clinical access complements broader strategies such as extended hours, telehealth, and centralized scheduling. Regular telehealth use is projected to rise sharply from about 25 percent of patients today to nearly 70 percent, returning to pandemic-era levels (American Hospital Association, 2024 Health Care Workforce Scan).

Together, these approaches help systems anticipate demand, direct patients appropriately, and maintain continuity across settings. Health systems that use access data to understand how, when, and why patients seek help can plan more effectively.

What the Data Reveals

Access Patterns Are Predictable

Conduit's triage data show consistent seasonal and hourly patterns that reveal how patients seek care. 74% of triage cases are resolved without an ER visit, with performance peaking in winter (up to 76%) and dipping in summer (down to 71%).

For clients that use Conduit for after-hours support, we consistently see peak demand around 5pm and on Saturdays. Overnight calls are focused on pregnancy, fever and vomiting. These patterns reflect when patients most often seek guidance outside traditional clinic hours, and triage plays an important role in helping them navigate care safely during these periods. This data also indicates that demand is not random but measurable, allowing leaders to anticipate and plan for predictable surges in access needs.

Access Protects System Capacity

The data revealed a high volume of "information only" calls showcasing the importance of nurse advice and education and how it can be a tool for protecting system capacity. In addition, more than 60 percent of nurses reported noticeable increases in call volume and case complexity during flu season, reinforcing how strong access points can absorb demand before it reaches higher-cost settings.

Common Needs Reflect Opportunity

The most frequent patient concerns include minor respiratory symptoms, medication management, chronic disease follow-up, and low-acuity infections. Between 60 and 80 percent of nurses reported managing these issues effectively through telephonic triage. The prevalence of these calls shows how many patients primarily seek guidance for self-care. Triage provides an opportunity for health systems to meet needs early, preserve capacity, and build patient trust.

Access Influences Outcomes

More than 70 percent of nurses said triage frequently prevents emergency visits, and over 80 percent rated it as highly valuable for reducing readmissions through timely follow-up and education. These perceptions align with operational data, confirming that timely clinical guidance leads to better decisions and greater system efficiency.

Delays Carry Risk

Roughly one in four nurses reported witnessing or suspecting worsened outcomes due to access or coordination delays. Access is not just a measure of convenience. It is a core indicator of safety, reliability, and throughput.

Throughput: The Movement of Care

Once patients enter the system, the challenge shifts from access to movement—how efficiently they transition to the next appropriate level of care. Transfers fall into three distinct categories, each requiring different operational workflows and coordination: inbound transfers, outbound transfers and internal transfers. Understanding these differences is essential to interpreting transfer metrics, as each transfer type has different coordination steps, expected time ranges, and operational considerations.

A centralized, nurse-led transfer center helps standardize these processes. Nurse-led intake ensures consistent assessment, faster acceptance, and earlier visibility into system capacity. Centralizing this work reduces communication delays, strengthens operational predictability, and supports smoother patient movement within and across facilities.

Transfer center benchmarks are rarely available. Most health systems lack a unified, system-wide view of patient throughput, making it difficult to measure or compare performance. Conduit Health Partners' aggregated data provides a unique reference point for what nurse-led coordination can achieve. These insights highlight not only operational performance but also the impact of structured processes, clinical expertise, and clear accountability and reliability.

These measures have direct implications for throughput, patient outcomes, resource utilization, and financial performance. Shorter times reflect faster decisions and stronger alignment across facilities. Faster transfers mean patients are placed sooner, reducing boarding and improving bed turnover. Faster transfers mean patients access care in a timely manner, mitigating risk.

Nationally, nearly half of emergency departments operate at or above capacity, and nine in ten hospitals hold admitted patients in the emergency department while waiting for beds.

In many health systems, the problem is not space but visibility. When departments operate independently, critical information about bed status or logistics arrives too late to prevent bottlenecks. The result is idle capacity in some areas and overcrowding in others.

Standardized coordination addresses these gaps by creating a single point of accountability and consistent communication for patient movement. When clinical and operational teams follow shared procedures, placement and acceptance decisions happen faster. The same principles that strengthen access—clinical expertise, accountability, and coordination—also strengthen throughput. Linking these functions gives health systems predictability, protects capacity, and improves both patient and staff experience.

Definitions Used in This Report

Inbound Transfer

A patient coming into the client health system from an outside hospital or care facility.

Outbound Transfer

A patient being sent out of the client health system when the required capability, bed type, or specialty service is not available at the originating site.

Internal Transfer

A patient moved within the same health system, such as ED to floor, floor to ICU, or hospital to hospital.

Median Case Time

The total time from when a transfer request is opened until the case is fully completed, including communication, placement, and logistical steps.

Start-to-Acceptance (StA)

Time from initiation of transfer request to clinical acceptance by the receiving facility.

Acceptance-to-Bed Assignment (AtBA)

Time from acceptance to confirmed bed assignment.

Start-to-Admit (StAd)

The full patient journey from transfer request to patient admission.

What the Data Reveals

The metrics presented in this section reflect aggregated data across Conduit Health Partners' client health systems in both metro and rural markets. They represent national patterns observed across diverse geographies, not the performance of any single market.

Coordinated Processes Improve Efficiency

Operational data from Conduit Health Partners' health system clients show measurable gains when transfer coordination is centralized. For example, a health system client saw overall transfer times decreased by 34 percent partnering with Conduit Health Partners for their transfer center. Metro hospitals in the network saw a 54 percent increase in direct admissions per week, while communication demands on staff dropped by 12 percent.

Visibility Enhances Decision-Making

Most health systems lack a unified, system-wide view of transfer center performance. Transfer activity data is often fragmented across facilities, making it difficult to identify trends, isolate bottlenecks, or evaluate true operational impact. Conduit Health Partners provides comprehensive system-wide visibility into transfer center activity—including transfer times, referring locations, referring physicians, case volume, and patient movement across the system. This level of transparency supports more informed decision-making and contributes to consistent, reliable patient flow.

Transfer Timing as an Indicator of Operational Control

Inbound transfers are among the most complex cases to manage, requiring clinical acceptance, coordination between facilities, and confirmation of appropriate specialty bed availability. Across completed inbound transfers, median Start-to-Acceptance times consistently ranged from 35 to 47 minutes. The stability of this range across high-volume networks reflects predictable, repeatable performance rather than isolated improvements driven by short-term conditions.

Bed assignment is typically the longest phase of the transfer process and is influenced by real-time capacity, staffing levels, discharge timing, and specialty bed availability. Longitudinal visibility into bed assignment performance allows health systems to identify recurring constraints and operational patterns within their transfer workflows.

Using this visibility, health systems can evaluate trends, assess the impact of process changes, and refine escalation and coordination practices over time. Comparing 2024 to 2025 data, the average Acceptance-to-Bed Assignment time for internal transfers outsourced to Conduit Health Partners improved by nearly 20 percent year over year, reflecting increased efficiency supported by integrated internal systems.

Understanding Declines: Internal Performance vs. External Pressure

That same system-wide visibility extends beyond timing to outcomes, providing insight into why transfers are declined and how those patterns change over time. By tracking decline reasons such as capacity, capability, and diversion longitudinally across the system, health system leaders can observe how adjustments to workflows, escalation pathways, and coordination practices affect transfer outcomes.

Conduit Health Partners supports this process by partnering with health systems to interpret trends over time and understand how operational changes are reflected in the data, allowing processes to be refined as needed to support continued improvement.

Under these conditions, measurable improvements were observed:

- Capacity-related inbound declines decreased by 65 percent over the period analyzed
- Inbound diversion was nearly eliminated, consistently remaining between zero and two cases per quarter.
- Internal capacity-related declines also improved

At the same time, the data provides clarity into where improvement is driven by internal changes versus external factors. Declines associated with referring facilities increased, reflecting growing strain at originating hospitals rather than deterioration in internal system performance.

This distinction allows health systems to evaluate results accurately—recognizing where operational changes are having impact internally and where external market conditions continue to influence transfer outcomes.

This distinction becomes particularly important in rural settings, where capacity constraints, staffing limitations, and geographic distance can amplify the operational impact of transfer delays and declines.

Rural Hospitals are Supported by Centralized Coordination

Rural hospitals maintain strong responsiveness despite the inherent challenges of staffing patterns, transport availability, and longer travel distances. These factors naturally create wider variability in throughput measures, yet performance remains steady when supported by centralized coordination.

The data indicated that rural hospitals saw a 34.6% decrease in average case time from Q3 2024 to Q3 2025, indicating that centralized processes help mitigate resource constraints by providing earlier visibility into capacity, standardizing communication, and ensuring that rural hospitals receive the operational support needed to move patients efficiently across the network.

Seasonal and Year-over-Year Trends

Transfer activity follows predictable seasonal patterns. Case volumes rise about 5.6 percent in late fall and winter, while transfer times increase slightly during these peaks. Even during seasonal surges, metro hospitals maintained stable throughput, and rural facilities recovered quickly once volumes normalized. These trends reinforce the importance of consistent processes during high-volume periods.

Efficiency Protects Financial and Clinical Capacity

Efficiency gains translate directly to value. **Despite up to 20 percent higher case volumes, transfer timeliness has remained stable or improved across Conduit Health Partners' health system clients.** Consistent performance across transfers reflects the strength of centralized coordination, structured communication pathways, and nurse-led operational decision-making. These efficiencies help protect clinical capacity, reduce avoidable delays, and support financial stability by ensuring patients move predictably through the system even during periods of high demand

A Conduit **whitepaper** analysis conducted by a third party validated the ROI of an outsourced transfer center model. Their research indicated that health systems that partner with Conduit Health Partners experience on average a **3:1 return on investment**. For key specialties, Conduit Health Partners' transfer center enabled an ROI of 7:1 for Cardiology, 6:1 for Neurosciences, 4:1 for General Surgery and 4:1 for Spine and Orthopedics.

Workforce and Technology Insights

Workforce stability and technology integration continue to shape how hospitals manage both access and throughput. Nurses described these factors as closely linked. Technology can ease workload and improve coordination, but only when supported by strong staffing and clear processes.

Among the 64 nurses surveyed, workforce strain remains a consistent operational pressure impacting clients. An outsourced transfer center helps ease administrative burden, improve communication, and allow bedside teams to stay focused on patient care. Reducing non-clinical workload directly contributes to satisfaction and retention.

Technology also plays an important role. About 30 to 40 percent of nurses expressed optimism that artificial intelligence and digital tools could help anticipate surges, identify available capacity, and support decision-making. More than half, however, said technology should complement rather than replace clinical judgment. Many noted that patients, especially older adults, still face barriers to digital access, reinforcing the need for human connection.

Roughly one in four nurses reported seeing or suspecting worsened outcomes linked to operational delays. Efficiency gains are most sustainable when supported by both well-designed systems and adequately resourced teams.

Health systems that invest in workforce alignment and practical technology solutions create more resilient operations. Together, these elements reduce administrative burden, strengthen safety, and improve confidence in system performance.

Connecting Access and Throughput

Access determines how patients enter the system. Throughput determines how they move through it. The strength of a health system depends on how well these two functions work together.

When access and throughput are aligned, patients begin care in the right setting and move efficiently to the next level when needed. This alignment creates predictability across operations. Staff workloads become more balanced, bed utilization stabilizes, and patients experience fewer delays.

The same operational principles apply to both: timely decision-making, visibility, and coordination led by clinical expertise. Systems that connect these functions gain foresight rather than reacting to demand. They can see where pressure is building, act before bottlenecks occur, and make the best use of existing capacity.

Nurses working in triage and transfer roles often recognize emerging issues before data systems do. Their frontline insight provides early signals that can guide operational decisions and prevent escalation. Combining that insight with data strengthens decision-making and helps leaders maintain reliability even during high-demand periods.

Operational efficiency is less about speed and more about foresight, the ability to see, decide, and act before delays build up. Health systems that connect access and throughput through coordinated, clinically informed processes gain resilience, protect staff time, and build confidence in their capacity to deliver timely, effective care.

Key Takeaways for Health System Leaders

1. Access and throughput are interconnected. Strengthening access through timely communication, clear navigation, and clinical guidance reduces downstream congestion and supports more predictable operations.
2. Operational bottlenecks are solvable. Communication gaps and lack of shared visibility improve when systems coordinate processes around data and clinical leadership.
3. Data and clinical insight together drive results. Integrating nurse perspectives into operational planning helps identify challenges earlier and supports solutions that work in practice.
4. Workforce and technology alignment sustain performance. Efficiency improves most when technology supports, not replaces, clinical expertise.
5. Optimizing existing capacity strengthens financial stability. The greatest gains often come from better coordination, not expansion, reducing diversion, protecting revenue, and maintaining readiness for high demand.

For more information on Conduit Health Partners transfer center services or to schedule a transfer center strategy session, visit ConduitHP.com.

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