Access and Orchestration 988 Center Development Plan

Prepared exclusively for Kansas 988 Council July 18, 2023



Leaders in Access and Orchestration





Deep Healthcare and Government Expertise



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20+ years in Healthcare



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Director, Client Outcomes Engineering
Former ED and Transfer Center
Director
20+ years in Healthcare

Best Practice Insights

17 years of Thought Leadership

High Utilization and Client Retention Rate

Unique Clinical Partnership Model Extensive Integration Experience

Largest Client/Provider
Network

20+

Full-time Clinicians on Staff

850+

Live Integrations

940+

Hospitals/Health Systems

10,100+

Transfer Workflows Assessed and Standardized **75+**

Interfaces

60,000+

Providers in Network

37,600+

Clinicians Trained

50+

HIT vendors

6.4+ Million

Patient transitions per Year

It's **ABOUT** orchestrating access to the right care in the right location, without delay

It's **ABOUT** making an impact

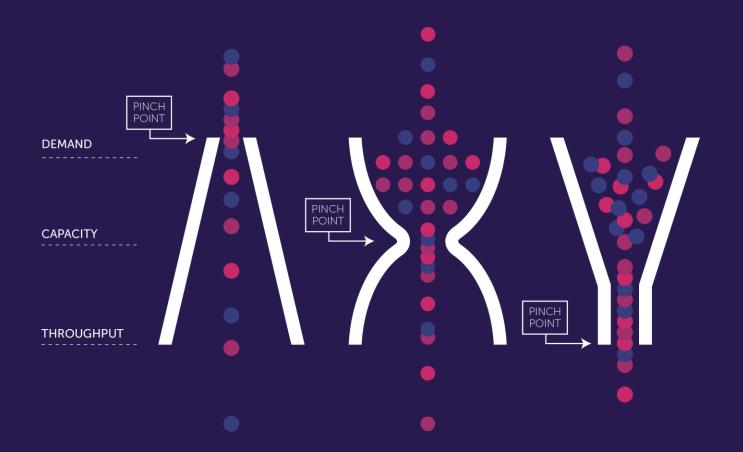
- Your patients & your staff
- Streamlining operations

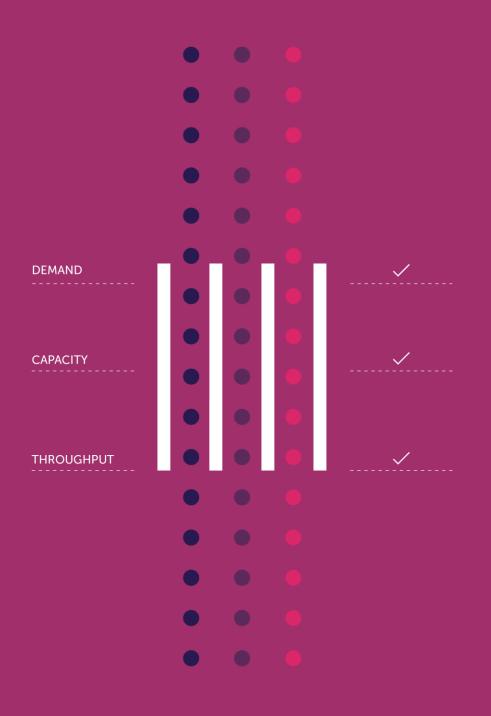
It's **ABOUT** partnering to achieve an outcome

It's **ABOUT** leveraging data, best practices, and benchmarks to achieve the outcome



THREE LEVERS | REMOVING THE PINCH POINTS

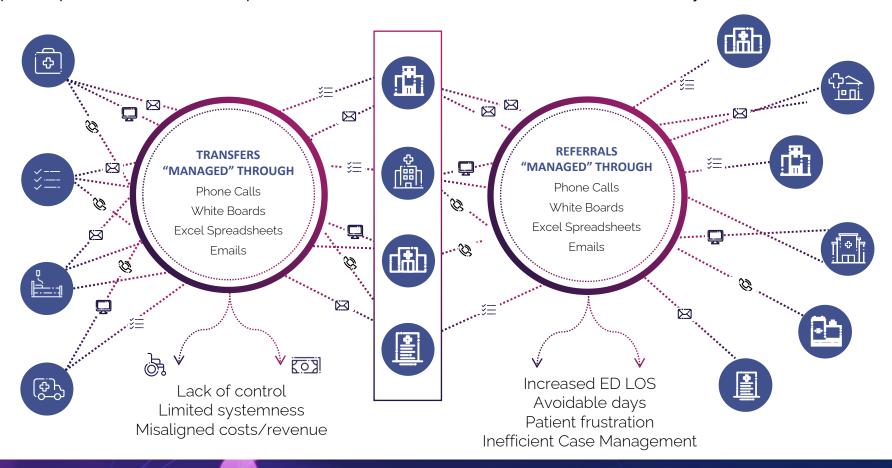




Historical Operations without ABOUT Healthcare

Without ABOUT a patient transfer takes extra hours or days.

Overly complex processes compromise outcomes and result in delays and increased costs.



ABOUT Makes Every Referral Easy and Effective



GOALS

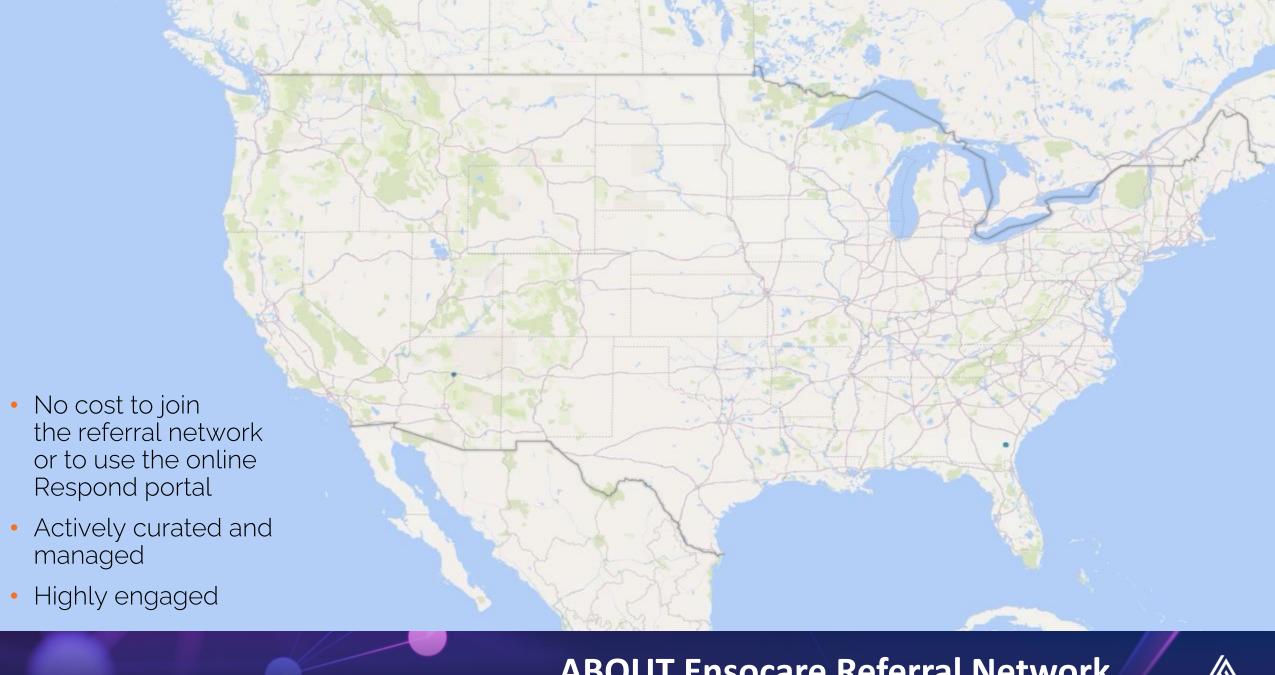
- Safe
- Timely
- Accurate
- Effective
- Standards
- Growth

IMPACT

- Improved outcomes
- Better patient and family satisfaction
- Engaged providers
- Systemness
- Better controls
- More valuable data

METHODS

- Platform design
- Workflows
- Analytics
- Best practices
- Benchmarking
- Integration
- Consulting



The Kansas 988 Coordinating Council is evaluating best practices to standardize BH care orchestration

GOAL: Drive consistent, repeatable, and successful patient screens and referrals to ensure no one slips through cracks



SITUATION

- Kansas desires to create the best 988 center in the country
- Ideally the platform will be very simple agent takes call, routs referral
 to CMHC, mobile crisis, and/or law enforcement
- Platform will provide reporting
- Kansas 988 is seeking best practices to reduce variance, complexity, and risk



INTENDED OUTCOMES

- Platform that can be a one-stop shop for crisis providers in KS
- Leverage existing platforms to ensure continuity of process and data
 - HealthSource uses ABOUT to quickly create a case and dispatch a referral
 - Bidirectional if CMHC and 988 on same system
 - 988 staff can see when referrals have been assigned
 - 988 staff can see if a caller has had previous screens/referrals completed
- Create work queue for mobile health crisis providers.
 - If 988 has patient picked up by law enforcement to get them to a hospital, provider can then use ABOUT to send referral out to CMHC that person was sent to hospital to know they'll likely need a screen.
 - Non-emergent: "Can I have someone call you to discuss options?" Then be able to see who they were assigned to and when follow up was completed.
- Clinical + Analytics:
 - Analytics provide actionable data for decision makers on best places to invest funding.
 - Reporting can show how long it takes to do an assessment, how long to get care for the patient, accurate demographics, and much more.

Arizona Department of Health Services launches the **Arizona Surge Line** with 130+ participating hospitals

ARIZONA DEPARTMENT OF HEALTH SERVICES

CHALLENGE

- Enable statewide capacity visibility and a centralized service for placing COVID-19 patients, with the goal of expediting care while load-balancing patients and health care resources
- Connect and integrate resources and critical patient from multiple EHR systems
- Quickly get the system up and running in the face of a surging pandemic

SOLUTION

• Centralized 24/7 statewide access center for Arizona hospitals to efficiently transfer COVID-19 patients to the appropriate level of care enabled by an interoperable access and orchestration solution, including bed visibility, transportation coordination, clinical operations best practices, and real-time patient tracking

RESULTS

- Arizona Surge Line agents were able to efficiently place patients in hospitals with capacity with real-time, statewide visibility of available beds, physicians, ventilators, and personal protective equipment within all 15 state counties and at peak surge facilitating transfers of nearly 70 patients per day*
- Leveraged the combined experience of Banner Health and ABOUT Clinical Operations Consulting to scale up a statewide transfer center in less than two weeks
- Captured and utilized data from disparate EHR systems and other third parties to provide centralized controls and visibility to manage capacity across 130+ hospitals

KEY OUTCOMES

13k+

Transfer Requests
Received

9,800+

Patients Transferred

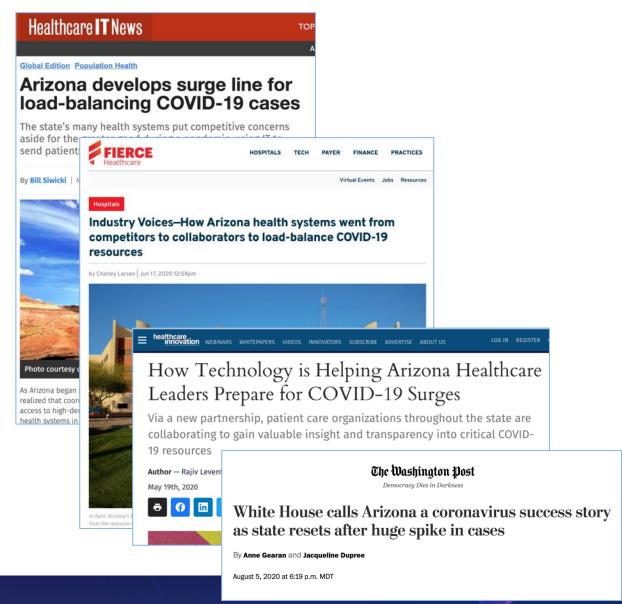
230+

Referring Locations Served



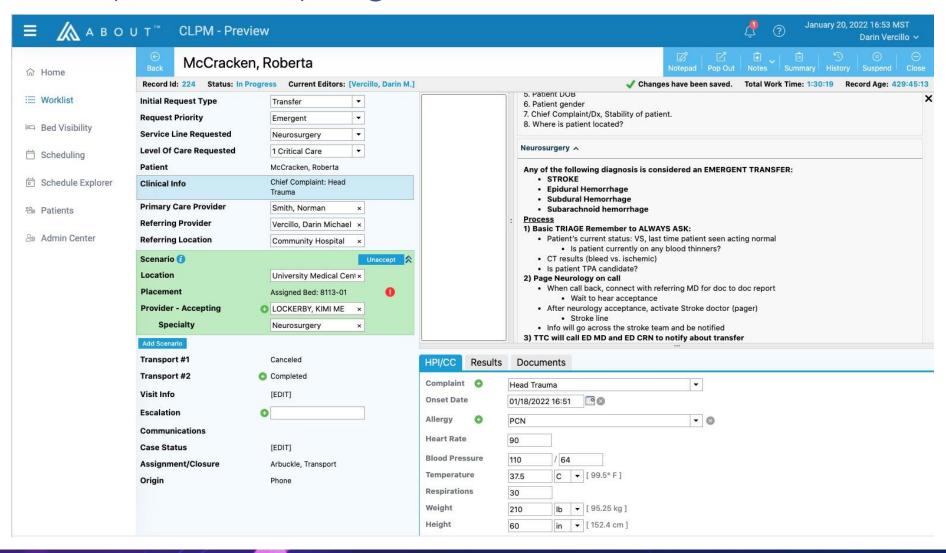
Media in Contrast – NY vs AZ





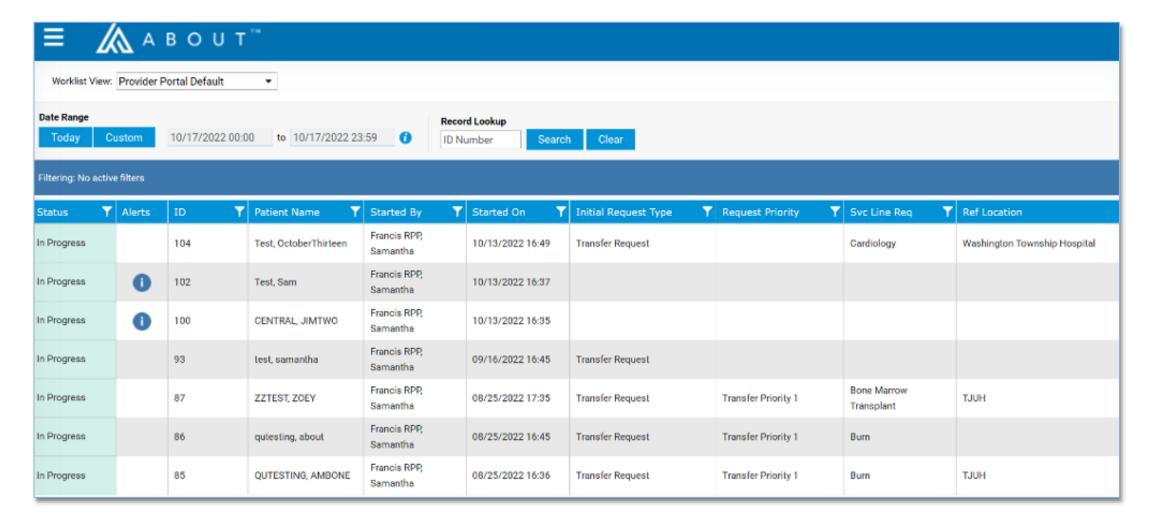


Transfer Request - Scripting





Purposeful Worklists



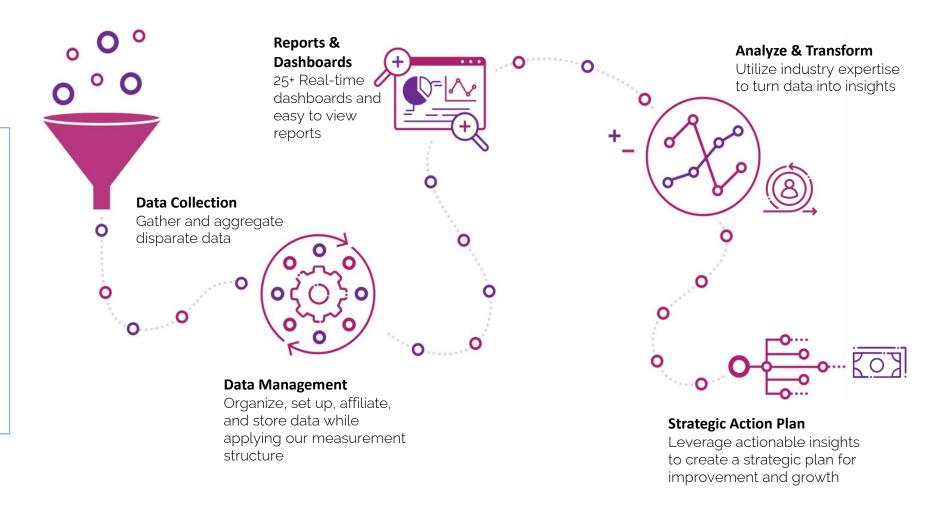


Reporting / Data Analytics & Demonstration

DECISION SUPPORT, ANALYTICS, & REPORTING

PROVIDING THE CONTROLS AND VISIBILITY NEEDED TO STANDARDIZE

ABOUT provides a sole source to manage and track care transitions, performance, and support data-driven decisions.



DASHBOARDS

ABOUT Dashboards

Provide context, visibility and a "common language" for all pertinent areas of patient flow including:

- Volume Drill-Downs
- Referral origin
- Service Line and Level of Care
- Affiliate interactions
- System standards
- Procurement times
- And many more...



- Request Volume Tracking
 - ✓ Tracking volumes by different accountability metrics – ie. Date range, referring region, time of request or placement, complaint, placement type
- Response Times
- Patient Journey
 - ✓ Request to Plan of Care/Intervention
 - ✓ Continues to follow patient to definitive care
- Key Performance Indicators (KPIs)
- Custom Dashboards



DAILY OPERATIONS LIVE DASHBOARD

DAILY OPERATIONS | LAST 24 HOURS

DAILY OPERATIONS | LAST 24 HOURS











Record Id	Start Date	Referring Location	Contacting Location	Service Line Requested
430939	10/12/2022 1:04:49 PM	MH CYPRESS (CY)	MH TEXAS MEDICAL CENTER (TMC)	TRAUMA
430940	10/12/2022 1:15:17 PM	HCA SOUTHEAST/PASADENA	MH TEXAS MEDICAL CENTER (TMC)	PEDIATRICS
430941	10/12/2022 1:20:25 PM	MH SOUTHWEST (SW)	MH TEXAS MEDICAL CENTER (TMC)	ONCOLOGY

Di	aily Volume		Priority Cases		
Suspended	Suspen	ded Cases			
20	Record Id	Start Date	Referring Location	Contacting Location	
	430958	10/12/2022 4:14:48 PM	OAKBEND/JACKSON ST	MH TEXAS MEDICAL CENTER (TMC)	
	430984	10/12/2022 7:30:21 PM	LBJ/HOUSTON	MH NORTHEAST (NE)	
	431044	10/13/2022 5:58:54 AM	MED CTR SOUTHEAST TEXAS/PORT ARTH	MH TEXAS MEDICAL CENTER (TMC)	
	431048	10/13/2022 8:02:46 AM	HCA HOUSTON ER 24/7 EAST HOUSTON N	MH TEXAS MEDICAL CENTER (TMC)	
\sim	431049	10/13/2022 8:10:21 AM	BEN TAUB	MH TEXAS MEDICAL CENTER (TMC)	
	431050	10/13/2022 8:18:40 AM	MHTIRR	Null	
^	431054	10/13/2022 9:38:40 AM	HCA CLEAR LAKE	MH TEXAS MEDICAL CENTER (TMC)	
	431056	10/13/2022 9:49:52 AM	MH KATY (KT)	MH TEXAS MEDICAL CENTER (TMC)	
	431057	10/13/2022 9:57:02 AM	MH MEMORIAL CITY (MC)	MH TEXAS MEDICAL CENTER (TMC)	
	431060	10/13/2022 10:49:08 AM	MH CYPRESS (CY)	MH MEMORIAL CITY (MC)	
				MH TEXAS MEDICAL CENTER (TMC)	
	431061	10/13/2022 10:52:52 AM	METHODIST BAYTOWN	MH TEXAS MEDICAL CENTER (TMC)	
	431063	10/13/2022 11:00:54 AM	WOODLAND HEIGHTS/LUFKIN	MH TEXAS MEDICAL CENTER (TMC)	



Purpose:

Updated every 15 minutes, this dashboard provides a live view of activity in the transfer center allowing the team to determine what is needed to address, prepare for, or pay attention to that day.

Review Cadence:

Daily

Recommended Recipients:

Transfer Center Managers & Directors

DAILY OPERATIONS LIVE DASHBOARD - SAMPLE DATA

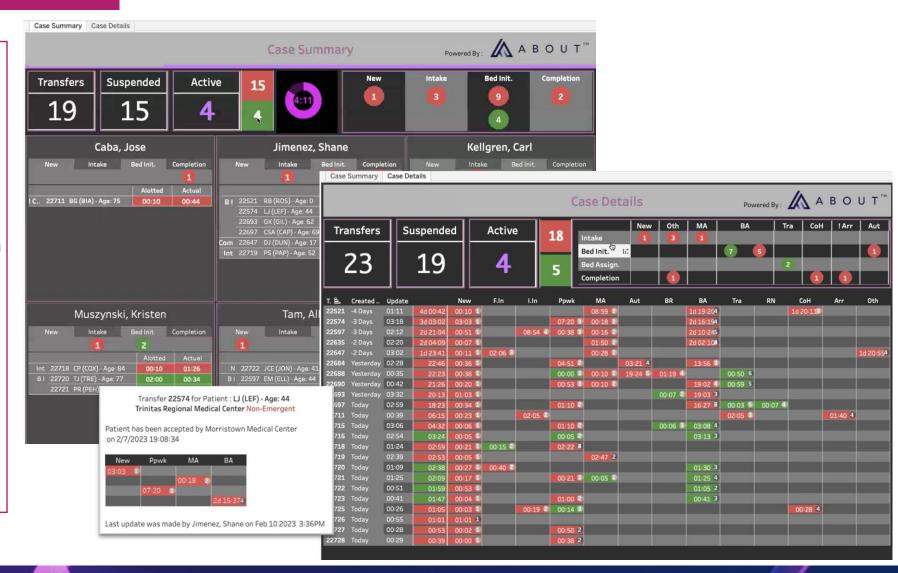
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PURPOSE:

- This live dashboard provides visibility to real-time activity happening throughout the health system.
- This aligns with KPI metrics to provide visual cues and alerts when patient placement occurs outside the targeted windows of time.
- This allows agents and leadership to adjust in real-time to impact patient transport changes, etc.

IMPACT:

A reduction in delays and the ability to pivot proactively vs. reactively.



Thank You

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