

# Improving COVID-19 Response Together: A Case Study

# COVID-19 highlights the inefficiencies of current communication solutions.

Existing communication channels in many health systems are ineffective and can further complicate an already complex condition. A major metro area recently approached us to describe their frustrations with trying to manage COVID-19 surge while protecting their staff and resources.

# THE SCENARIO

While inadequate communication tools resulted in a myriad of hurdles for this metro area, one particular example they cited is below:



ONE PATIENT'S JOURNEY

Each Red Arrow Represents a Separate Communication Channel

- A patient thought they were experiencing COVID-19 symptoms and didn't know where to seek care.
- B They found an urgent care facility that, after evaluation, called a transfer center at a hospital, who told them to call 9-1-1.
- O Dispatch listened to the report and identified them as a possible COVID-19 case with an identified receiving center, and dispatched a special response ambulance.
- D Once EMS arrived on the scene, they determined that the patient was stable enough to receive at-home treatment.

#### THE PROBLEM

Everyone in this health system was understandably frustrated. Responding to this case took time that could have been used to respond to other more urgent cases, forced clinicians to waste PPE, and created avoidable exposures to multiple providers.

Clinicians simply needed to communicate to make a care or transport decision, however separate lines of communication across multiple technologies and different facilities resulted in incomplete information. This is especially dangerous in times of high stress and high volume, as well as in rapidly evolving systems of care.

#### **COMMUNICATIONS CHANNELS: NUMEROUS**

Each Red Arrow Represents a Separate Communication Channel



Rigid Telehealth solutions based on the hub and spoke model are no longer sufficient. Interactions between care teams, organizations, and patients need to be FLEXIBLE.



### THE SOLUTION

This healthcare system implemented Pulsara and immediately saw a reduction in avoidable exposures and consumption of critical PPE. Leveraging secure live video allows clinicians to remotely assess the patient as well as communicate with other providers. All healthcare providers are now connected on a single Pulsara channel, enabling clinicians to teletriage patients to the appropriate disposition option. This streamlined communication channel allows teams to avoid dispatching emergency transport when possible, which limits clinician exposure, and reduces inappropriate movement of infectious patients in the community.



ONE UNITED CARE TEAM



# THE RESULTS

PATIENT JOURNEY

After implementing Pulsara, the health system has a new workflow for managing COVID-19 patients. Here's how the same scenario described previously is now handled:



A patient thinks they're experiencing COVID-19 symptoms and doesn't know where to seek care.



They find an urgent care facility that initiates a telehealth conference with a transfer center at a hospital (or centralized Medical Operations Center) via Pulsara.



During the telehealth consult, clinicians determine that the patient can return home from the urgent care center.



The health system schedules a follow up telehealth visit while the patient remains in outpatient medical isolation.

### COVID-19 IS A COMPLEX PROBLEM THAT NEEDS A SIMPLE SOLUTION

Pulsara enables fast, easy-to-access information shared with everyone in real time. While the above is just one scenario our COVID-19 workflow can help with, Pulsara is flexible enough to accommodate your region's and your facility's unique needs and resources.

With Pulsara's COVID-19 package, mitigate and manage patient surge, protect clinicians and preserve PPE, limit patient transfers, and reduce exposure by keeping eligible patients at home.



# IT'S ABOUT PEOPLE