

# SYSTEMS OF CARE THAT SCALE

## Coordinating Care Through a Crisis

### THE CHALLENGE

When the COVID-19 pandemic flared in the state of Texas in early 2020, the state struggled to load balance their COVID-19 patients. Some areas of the state experienced overwhelming waves of surge, while other areas had available beds and resources. Matching the particular needs of complex patients with available beds and other resources necessary for each patient was difficult.

The existing system for coordinating transfers involved trying to push patients to other facilities. It was a complex process run mainly through phone calls, with an average of 30-50 phone calls to coordinate a transfer for a single patient. In order to determine whether a facility would be able to meet the patient's needs, the sending hospital had to print, scan, and fax patient information to multiple locations. Limited by real-time data on constantly changing bed and resource availability, transfers were arranged—only to find out a particular resource was then unavailable. The sheer number of calls meant that miscommunications further complicated matters. There were instances where multiple transportation assets were concurrently mobilized for a single patient, leading to confusion, delays, and wasted resources, resulting in patient gridlock.

### THE SOLUTION

Emergency management personnel across the state knew they needed to try a different solution. The Texas Emergency Medical Task Force (TX EMTF) through the State Coordination Center (SCC) implemented Pulsara, a healthcare communication and logistics platform, to streamline the transfer process. In Pulsara, care teams were able to create a dedicated communication channel for each patient. All the pertinent patient information could be uploaded to the channel, including pictures of the hospital face sheet, medication lists, EMR screens, labs, or even a driver's license.

Using Pulsara, Regional Medical Operation Coordinating Centers (RMOCCs) in areas under surge could now post a list of patients needing a transfer, as well as their condition and specific needs. Hospitals and healthcare system transfer centers using the Pulsara platform could view the list directly, request a telehealth consult to confirm that they could meet the patient's needs, and accept the patient, all within the Pulsara platform. Timestamped messaging streams allowed everyone involved in the patient's care to communicate in real time where each patient was at any given time, and who was involved with their care.

### THE RESULT

Texas RMOCCs seamlessly coordinated transfers by pulling patients through the transfer process, instead of forcing overwhelmed local hospitals to search for ways to push them through the process. RMOCCs around the state saw a 75% reduction in phone calls and dramatically reduced miscommunication and wasted time. The result was a much more efficient and accurate process for transferring patients to places that could provide care for them.

