


Emergency Preparedness Plan (EPP) Series 6: Care Coordination and Surge

Charles Larsen, RN, MSN-L, MBA

Co-Founder & Chief Nursing Officer, Blackbox Healthcare Solutions

Erin Tams, MSHI

Co-Founder & Chief Operating Officer, Blackbox Healthcare Solutions

Health Services Advisory Group

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Agenda

- Upcoming EPP Webinars
- Care Coordination and Surge
- Q&A

Upcoming EPP Webinars

Date	Title
August 16, 2023	Engaging Your Staff—Being Prepared at Home
September 20, 2023	Table-Top Exercises—Planning For and After Action
October 18, 2023	Top Ten ETag Deficiencies
November 8, 2023	EOP—Updating and Utilizing the CAHF Templates for Disaster Preparedness and Survey Success

Introductions

Erin Tams

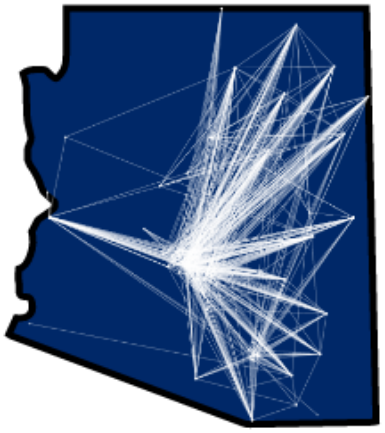
REACH – Executive Oversight Role – Leadership Support, Data & Analytics

Erin Tams, MSHI
Co-Founder & Chief Operating Officer
Blackbox Healthcare Solutions

Charley Larsen

REACH – Executive Oversight Role – Leadership Support, Clinical Processes

Charles Larsen, RN, MSN-L, MBA
Co-Founder & Chief Nursing Officer
Blackbox Healthcare Solutions



REACH

Resource Equity & Access Coordination Hub

An Equity Enhancing Support Model, Developed From Lessons Learned Through the Arizona Surge Line

THE ARIZONA SURGELINE

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA Poison and Drug Information Center

Today's Outline

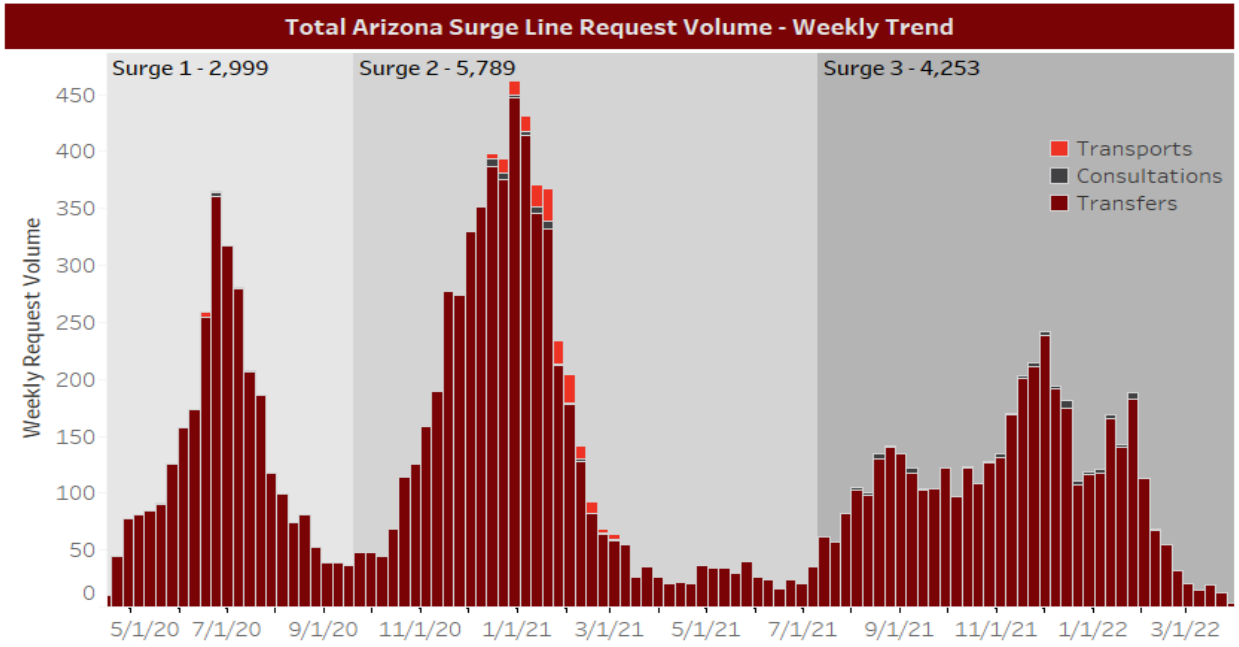
1. THE ARIZONA SURGE LINE (ASL)
2. ASL TRANSFER PATTERNS
3. ASL POST–ACUTE PLACEMENT
4. AZ REACH
5. AZ REACH OPERATIONS
6. AZ REACH 6-MONTH REVIEW
7. AZ REACH FUTURE
8. THANK YOU

Our Predecessor – THE ARIZONA SURGELINE

- Public Health Emergency Response Tool
  - Public Health funded and operated
  - Use mandated through Executive Orders
- Patient Eligibility: COVID Suspected + Confirmed
- Goals: Load Balancing + Expediting Care
  - Expedite patient transfer to **higher** level of care
  - Expedite patient transfer to **lower** level of care
  - Safety net for interfacility transport
  - Provide critical care and palliative care consultation

Weekly Utilization Trend –

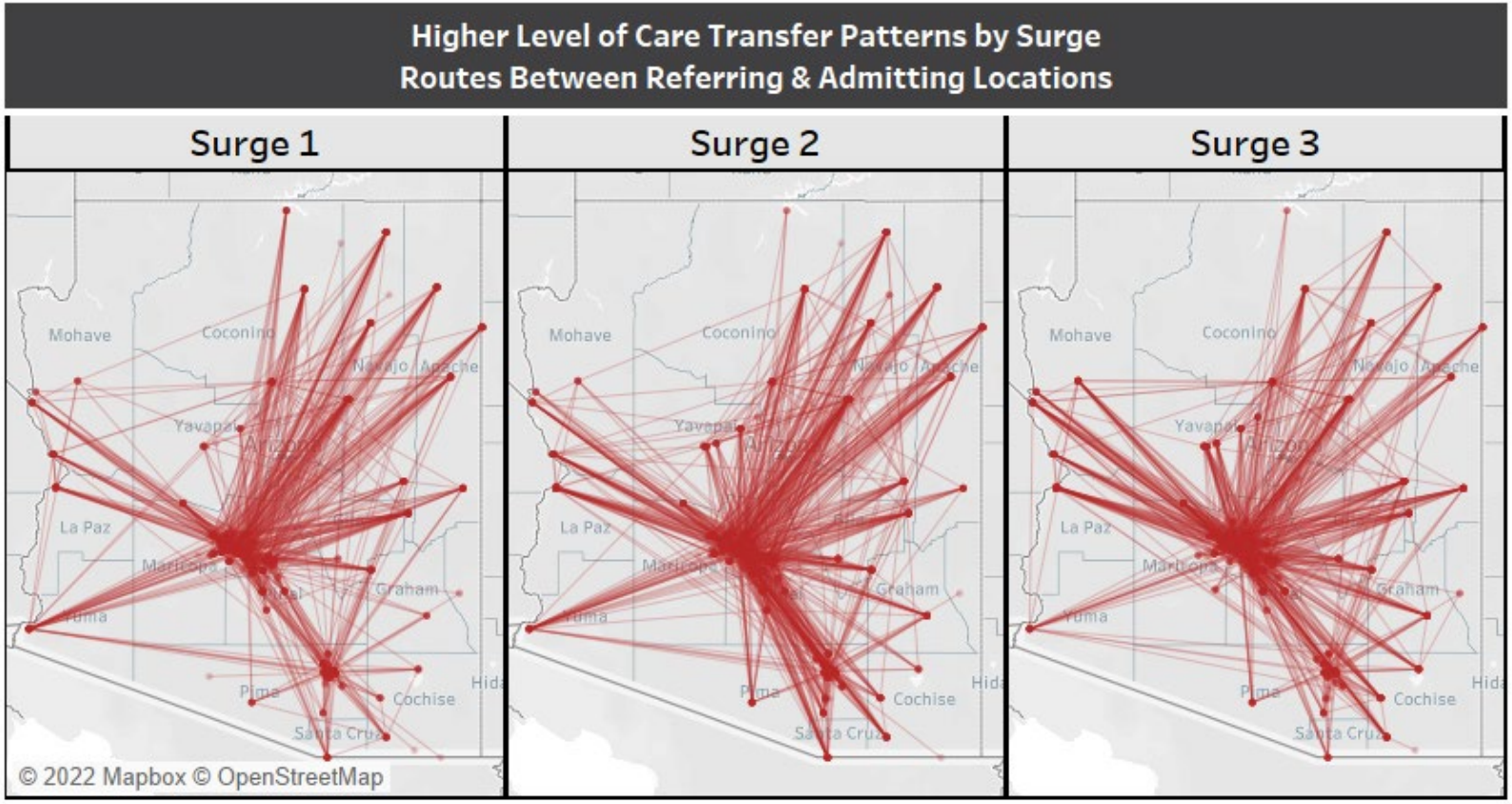
THE ARIZONA SURGELINE



- Active Period: April 2020 to April 2022
- 10k+ Patient Transfers
  - 85% Higher Level of Care
  - 13% Post Acute Facility
  - 2% Behavioral Health

Patient Transfer to Higher Level of Care

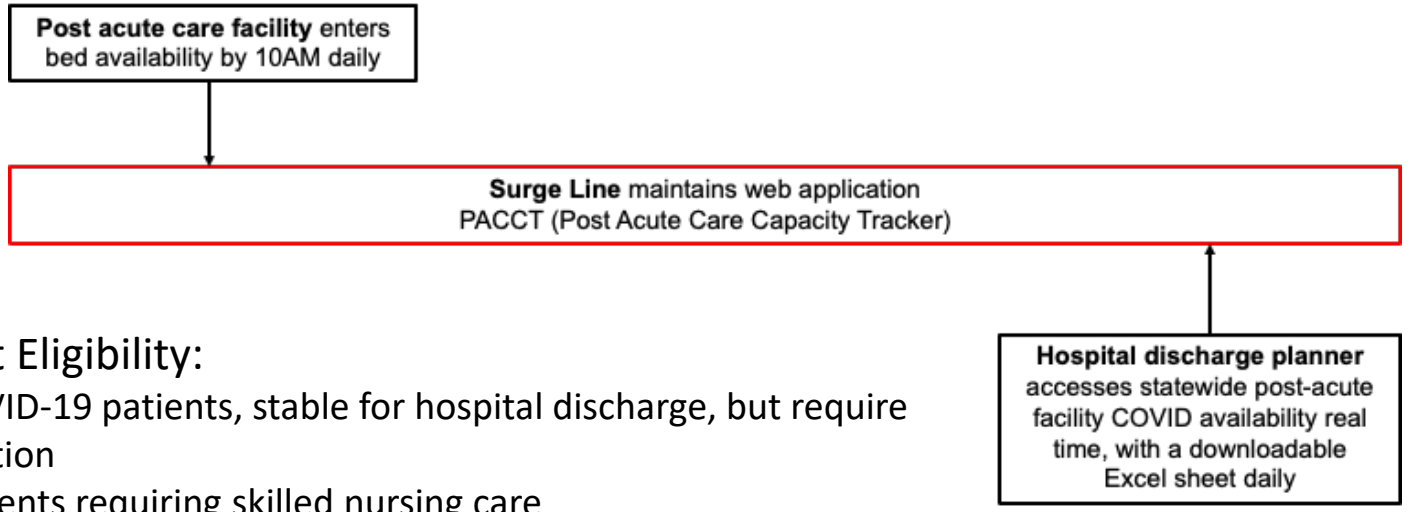
Interfacility Transfer Patterns – THE ARIZONA SURGELINE



Disruption in Hospital Discharge to Post Acute

- Limited number of post-acute care facilities accepting COVID-19 isolation patients
- July 2020, Arizona Department of Health Services contracted with skilled nursing facility operators to hold available beds
  - Began with 9 skilled nursing facilities
- Post Acute Care Capacity Tracker (PACCT) is deployed to improve visibility into available capacity
- December 2020, added 2 “high acuity” locations for medically complex patients

Isolation Alternative Care Site (IACS) Process



- Patient Eligibility:
  - COVID-19 patients, stable for hospital discharge, but require isolation
  - Patients requiring skilled nursing care
  - Patients with a post-isolation placement plan started
  - Patients cleared by case management for placement in an IACS bed

https://www.azdhs.gov/covid19/documents/healthcare-providers-surge-line/iacs-eligibility.pdf

IACS Reporting Requirement - PACCT

PACCT is a web application for:

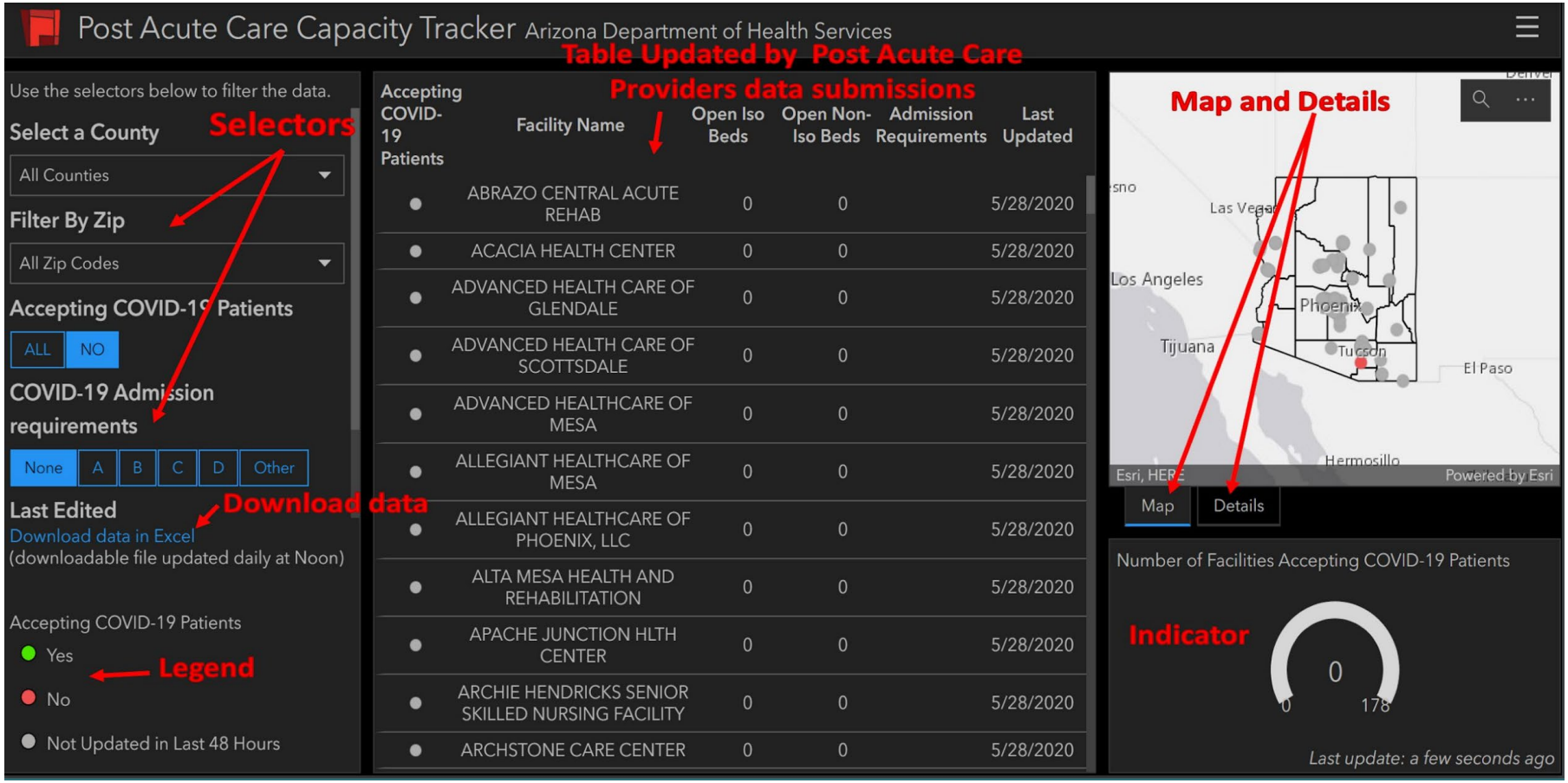
- Post-acute care facilities to input public health surveillance and bed availability data
- Public health to maintain awareness of post-acute facility capacity for COVID-19 patients
- Acute care hospitals to easily see and place discharged patients with COVID-19.

PACCT Daily Reporting Questions

1. The number of residents who have tested positive for COVID-19 and require isolation.
2. The facility's ability to accept new COVID-19 admissions on that day.
3. The facility's current admission criteria for those with COVID-19.
4. The number of beds available overall, and
5. The number of beds available for those who have active or previous cases of COVID-19.

THE ARIZONA
SURGELINE

PACCT Dashboard View



“Wait A Minute!”

The Problem: The interfacility patient transfer process has become increasingly burdensome for independent and rural health providers, widening access to care gaps between rural and urban communities.

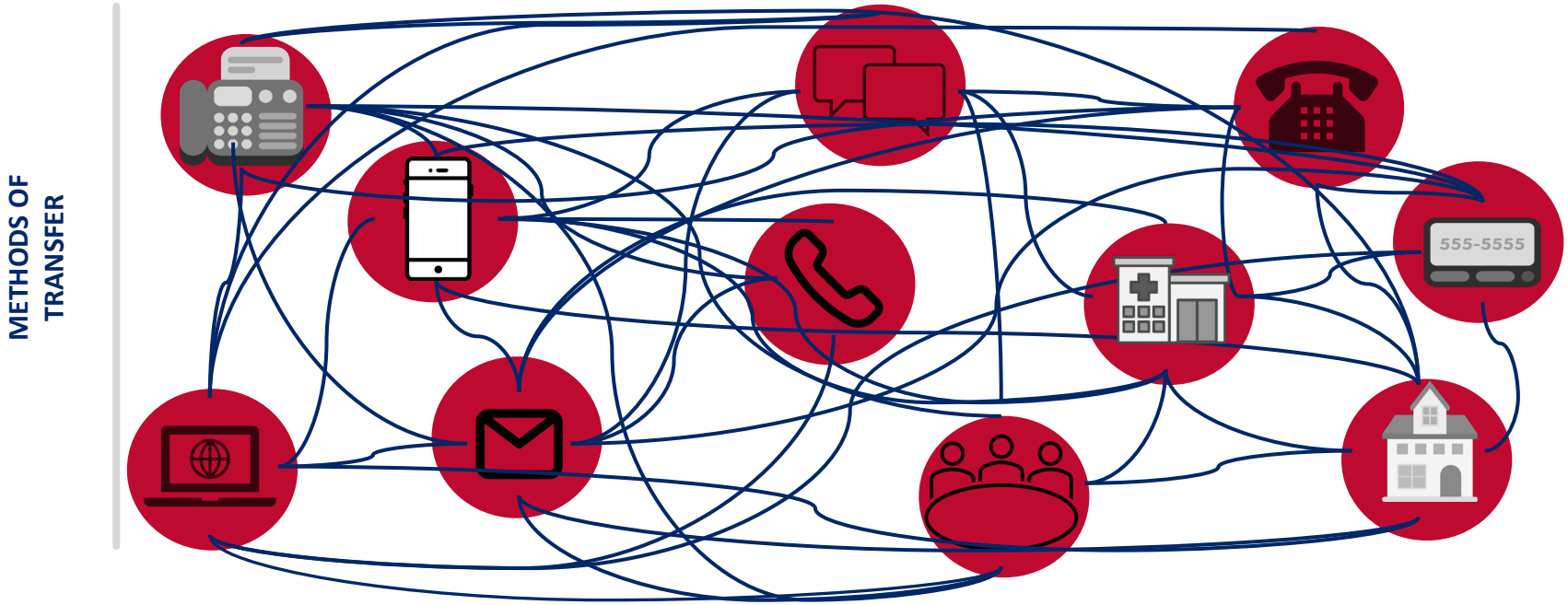
Who is Affected: Arizona’s rural hospitals are primarily classified as critical access, Indian Health Services (IHS), P.L.93-638, or community non-profits. Data from the Arizona Surge Line showed that from 230+ referring locations over two years of operations:

- Nearly 85% of patient transfers came from these hospital types
- 67% of transfers originated from rural locations

What is Happening:

Periods of high hospital occupancy or low staffing can cause extensive wait times for patient acceptance, triggering the referring provider to attempt numerous hospitals for acceptance. While interfacility transfers are a routine business practice, the work effort and burden required to facilitate these transfers ultimately fall to the referring care team and patients.

This Is How We Move Patients



REACH

What is REACH?

- AZ REACH streamlines the transfer process by facilitating calls for placement, connecting physicians, and following through on placement progress, allowing referring facility team members to focus on bedside care. In addition, AZ REACH will provide referring hospitals with comprehensive reporting on their patient transfer trends and any unmet needs they are experiencing.
- We are a voluntary, free 24/7 service that coordinates acute medical care transfers out of IHS, PL 93-638, and critical access hospitals across Arizona.

Vision: We envision a future where every Arizonan has equitable access to care.

Funding – A Braided Model

- Approximately $2M/year
- Current braided funding:
  - Hospital Preparedness Program
  - ARPA funds
  - Health Disparities Grant
  - Public Health Crisis Response Workforce

REACH Scope

IN SCOPE

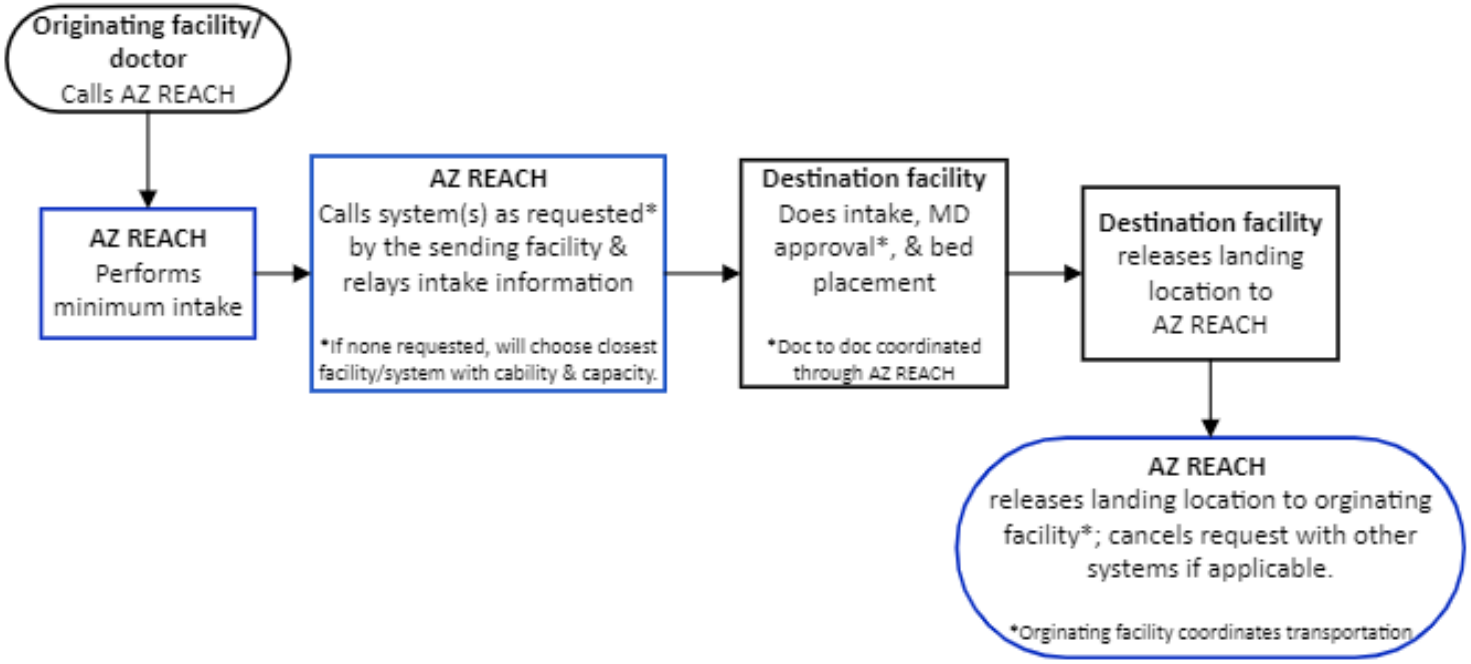
- Medical transfers from a participating hospital
- Reason for transfer
  - Higher level of care
  - Specialty not available
  - Continuity of care
  - Capacity
  - Insurance
- Public Health Emergency Response

OUT OF SCOPE*

- Non-Medical transfers
  - Behavioral Health
  - Post-Acute (SNF, LTACH, Rehab, Hospice)
- Physician Consultations
- Requests from non-participating hospitals
- Transportation Coordination

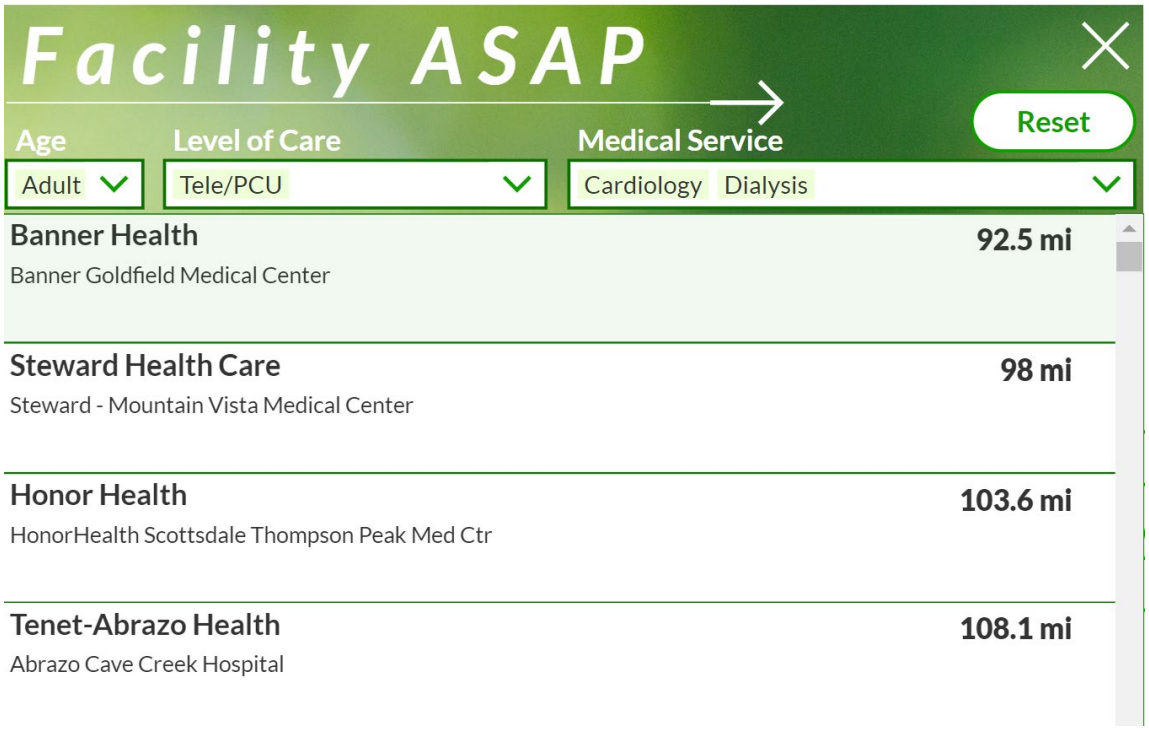
*Future expansion of services could allow for the inclusion of behavioral health, post-acute transfer needs, and other services.

The Transfer Process



Guiding Data Sources

Closest facilities with the requested capabilities



The Patient Acceptance Tracking

Total Patients Accepted: 14 Total Patients Pending: 2		ICU 150 min	Med Surg 180 min	Tele/PCU 185 min	ED 30 min	Trauma 17 min
Organization 1 180 min	5 1 4	150 1	143 1 2	296 2 1 2		17 1
Organization 2 159 min	1 0 0		159 1			
Organization 3 173 min	3 0 4	 1	239 1 1	140 2 2		
Organization 4 8 min	1 0 2	 1		 1	8 1	
Organization 5	0 1 0			 1		
Organization 6 56 min	1 0 0			56 1		

Administration

ARIZONA DEPARTMENT OF HEALTH SERVICES

(Funding)

THE UNIVERSITY OF ARIZONA

ARIZONA Poison and Drug Information Center

(Grant Recipient)

blackbox

(Administration)

Daily Staffing

- Dedicated Leadership
  - 1.0 FTE On-site Clinical Director (RN)
  - 0.875 FTE Executive Leadership Support
  - 0.875 FTE Reporting & Data Analysts
- Clinical Staff Coverage 24/7
  - EMTs, Medical Scribes, Physician Assistant Students, etc.
  - 12.0 FTEs
  - Hours allocated on bell curve to meet hourly volume trends

Benefits to: Sending Hospitals

- Practitioners and staff back to the bedside
- Ease of transfers
- Enhanced equitable access to care
- Public Health Emergency response infrastructure
- Single point of contact
- Robust data
- Electronic record of transfer
- Seat at the regular governance council meetings

Benefits to: Receiving Organizations

- Common point of contact
- Waitlist release / clean-up
- No disruptions in current transfer patterns
- Routine follow-up with referring, better updates with care team & less frequent follow-up requests from the sending facilities
- Recorded phone calls
- Option for public health emergency response

Benefits to: Public Health

- Real time data of health of the healthcare system
- Regional mapping of services
- Immediate re-activation of Surge Line possible
- Ability to adapt to public health emergencies
  - Respiratory season (*tested in 2022)
  - Pandemic
  - Mass Casualty Incident

6-Month Review - Participation

REACH
Resource Equity & Access Coordination Hub

REACH Summary of Operations
YTD Q4 12/13/22 to 6/30/23

Participation Metrics					
	Central	Northern	Southern	Western	Grand Total
Eligible Referring Locations	4	9	7	2	22
Referring Location Utilization	4	9	7	2	22
Utilization %	100%	100%	100%	100%	100%

Transfer Outcome Metrics					
	Central	Northern	Southern	Western	Grand Total
% Total Requests by Region	40%	32%	25%	3%	100%
Requested Transfer Volume	1,157	916	738	84	2,895
Accepted Transfer Volume	1,043	834	680	76	2,633
% Transfers Accepted	90%	91%	92%	90%	91%

Date Range: 12/13/2022 to 6/30/2023

6-Month Review – Requested Specialties

Top 15 Requested Medical Specialties	Central	Northern	Southern	Western	Statewide
Cardiology	216 (19%)	201 (22%)	145 (20%)	20 (24%)	582 (20%)
GI - General	104 (9%)	114 (12%)	81 (11%)	1 (1%)	300 (10%)
General Surgery	127 (11%)	62 (7%)	65 (9%)	8 (10%)	262 (9%)
Internal Medicine (Medical)	46 (4%)	63 (7%)	53 (7%)	6 (7%)	168 (6%)
Pulmonology	70 (6%)	63 (7%)	72 (10%)	7 (8%)	212 (7%)
Neurology-General	35 (3%)	64 (7%)	39 (5%)	6 (7%)	144 (5%)
Nephrology	57 (5%)	55 (6%)	49 (7%)	7 (8%)	168 (6%)
Orthopedics	60 (5%)	38 (4%)	26 (4%)	2 (2%)	126 (4%)
Urology	78 (7%)	26 (3%)	17 (2%)	3 (4%)	124 (4%)
Neurology-Stroke Intervention	41 (4%)	38 (4%)	10 (1%)	3 (4%)	92 (3%)
Neurosurgery	35 (3%)	17 (2%)	17 (2%)	2 (2%)	71 (2%)
GI - Complex (ERCP, EUS, etc.)	17 (1%)	20 (2%)	21 (3%)		58 (2%)
Hand	36 (3%)	10 (1%)	6 (1%)	1 (1%)	53 (2%)
Interventional Radiology	15 (1%)	16 (2%)	6 (1%)	1 (1%)	38 (1%)
ENT	25 (2%)	12 (1%)	11 (1%)	3 (4%)	51 (2%)
All Other Requested Specialties	195 (17%)	117 (13%)	120 (16%)	14 (17%)	446 (15%)

Date Range: 12/13/2022 to 6/30/2023

6-Month Review – Admitting Level of Care

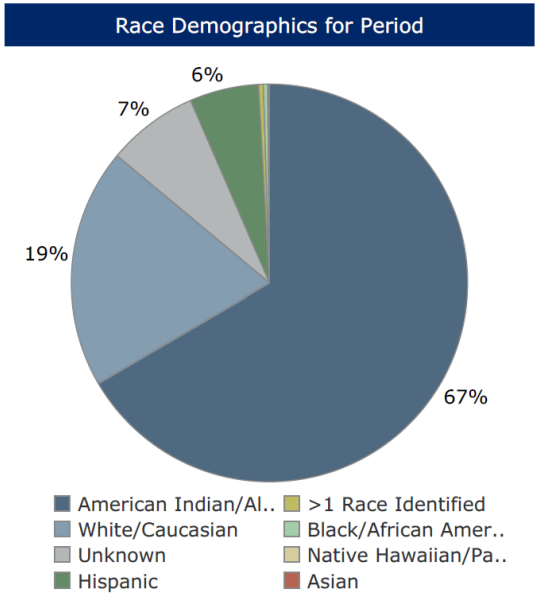
REACH Summary of Operations
YTD Q4 12/13/22 to 6/30/23

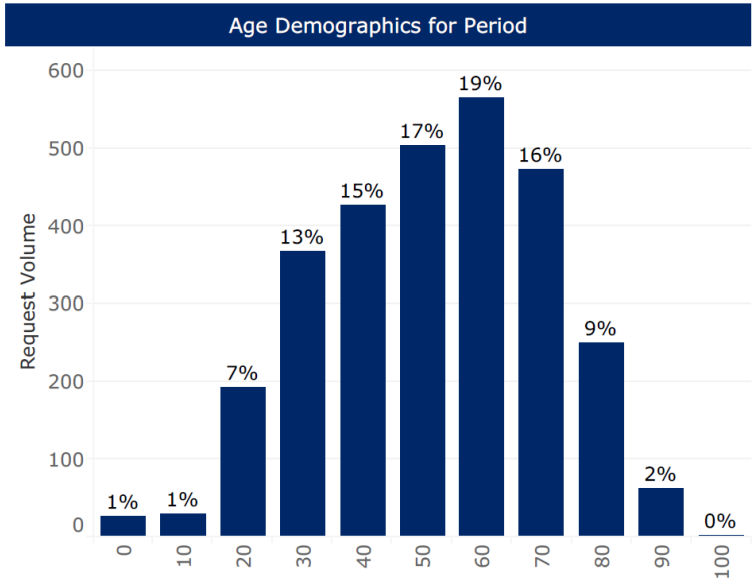
Transferred Levels of Care

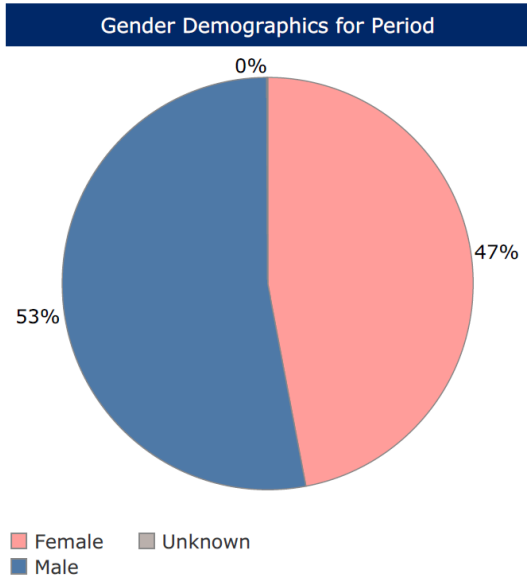
		Central		Northern		Southern		Western		Grand Total	
		#	%	#	%	#	%	#	%	#	%
Accepted	Tele/PCU	391	37%	354	42%	189	28%	27	36%	961	36%
	Med Surg	358	34%	200	24%	186	27%	19	25%	763	29%
	ED	156	15%	101	12%	201	30%	22	29%	480	18%
	ICU	116	11%	162	19%	84	12%	6	8%	368	14%
	Trauma	21	2%	10	1%	6	1%			37	1%
	Gen Peds					10	1%			10	0%
	PICU			4	0%	4	1%			8	0%
	OB Triage/L&D			3	0%			2	3%	5	0%
		1	0%							1	0%
	Total	1,043	100%	834	100%	680	100%	76	100%	2,633	100%

Date Range: 12/13/2022 to 6/30/2023

6-Month Review – Patient Demographics







Date Range: 12/13/2022 to 6/30/2023

6-Month Review – Public Health Interface

- AZ REACH participating hospitals encouraged their public health departments to attend their steering committee meetings. Several public health departments regularly attend.
- Public health made some requests:
  - Immediate REACH expansion due to pediatric and respiratory surge (2022)
  - Public health requested (2023): Report on impact of Title 42
- REACH had some requests for information: new trends, regulatory guidance

Feedback From Participating Hospitals

“I am so thrilled that you are providing this service to our community facilities!” - TMC **(Receiving Facility)**

“When we call AZ REACH they reach out to numerous hospitals in Arizona, one of the issues for us is having the available staff to coordinate these transfers, and this is where AZ Reach provides a lot of support.”
“I am excited to see what we will be able to accomplish in our time together!” - Parker **(IHS)**

“I am excited to share the services REACH provides as we have faced challenges with finding beds for patients.” - Sage **(PL.93-638)**

“We appreciate your efforts to facilitate transfers for rural facilities!” - White Mountain **(CAH)**

“We’re incredibly excited for this resource. Thank you for supporting our ability to find specialty services for our patients. I expect this to provide immediate relief to our front-line clinical staff.” - Whiteriver **(IHS)**

”We truly appreciate and THANK YOU for assisting Rural Healthcare organizations with the transfers!” - Wickenburg **(CAH)**

Early Learnings / Opportunities

- The significant workload on sending facilities
  - December 2022: Calling 26 facilities/organizations to place one patient
- Clinical intake question standardization need
- Duplicative provider-to-provider discussions
- Urgent need for capability list by hospital
- Keeping REACH involved
  - Bed assignments
  - Doc-to-Doc conversations
- Need for expansion of services

Possible Future Expansions

TRANSPORTATION
Track and trend

CONSULTS / TELEHEALTH
Without intent to transfer

BEHAVIORAL HEALTH
Placement & transport

EMERGENCY MANAGEMENT
Seasonal surge vs. MCI

POST ACUTE
Placement & transport

RETURN TO HOME
After higher level of care treatment

Three Take-Aways

1. **THIS IS A REPLICABLE MODEL**
2. **FUNDING IS AVAILABLE, BUT NOT EASY – FIND A CHAMPION**
3. **BE ADAPTABLE EARLY**

Three Things to Do by Next Wednesday

- Identify potential issues with transferring or discharging a patient.
- Collect data around discharge placement.
- Meet with key leaders from the care continuum and start or continue the conversation.

Questions?

Thank you!

Charles.Larsen@blackboxhs.com

Erin.Tams@blackboxhs.com

AZREACH@blackboxhs.com

Karen Schindler| kschindler@hsag.com

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