NATIONAL EXECUTIVE ROUNDTABLE

COVID-19 LEARNINGS: OPPORTUNITY OR SET-BACK?

CREATING COMMUNITY HEALTH WITHOUT WALLS

Virtual Discussion on How to Turn Disruption and Change into Opportunity and Advantage

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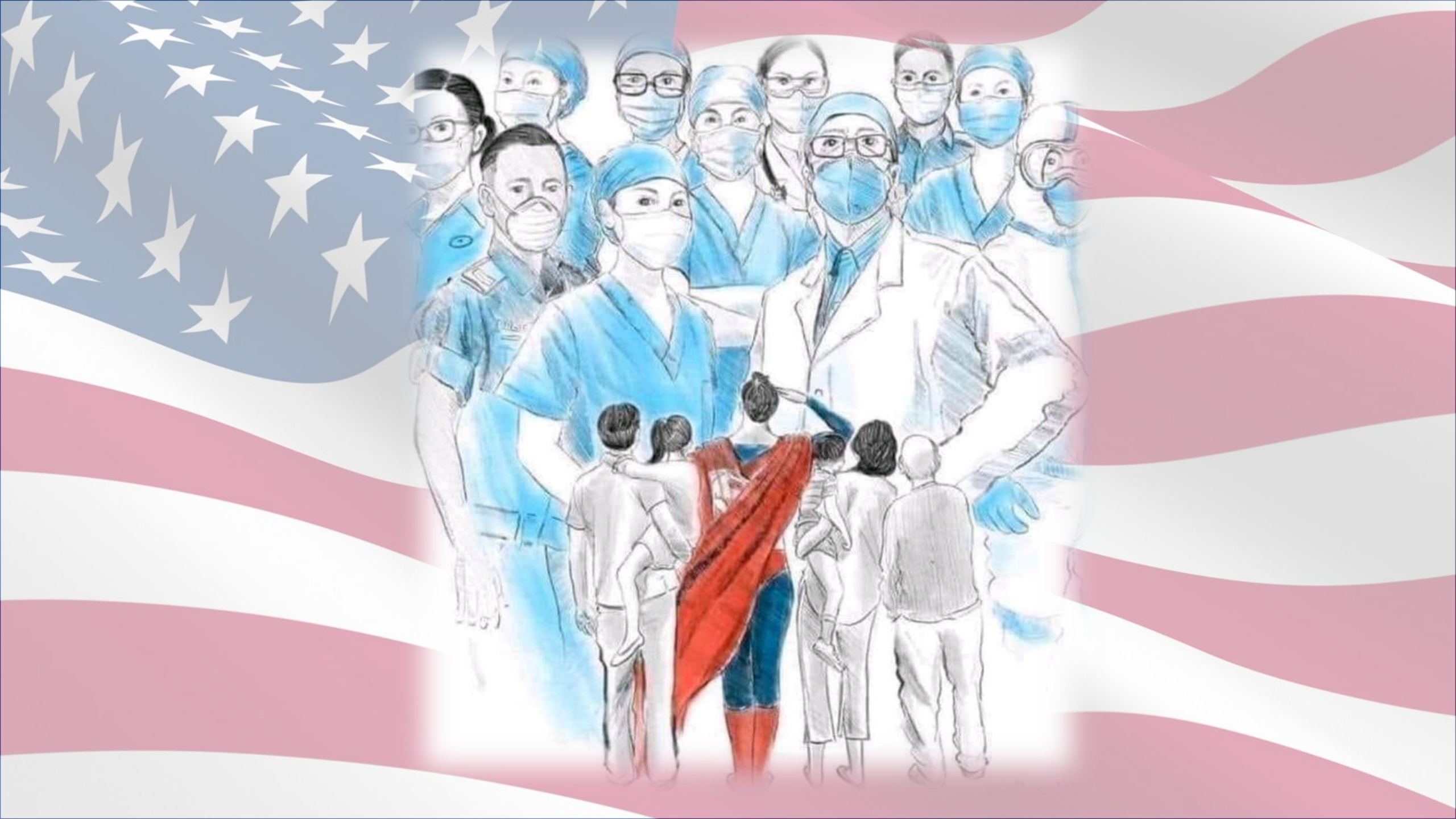
Strategy Execution System®

CentralLogic

Burrus Research

BALDRIGE FOUNDATION

Partner | Case Study | Facilitator | www.baldrigefoundation.org



VIRTUAL ROUNDTABLE DISCUSSION

Opening Remarks & Agenda

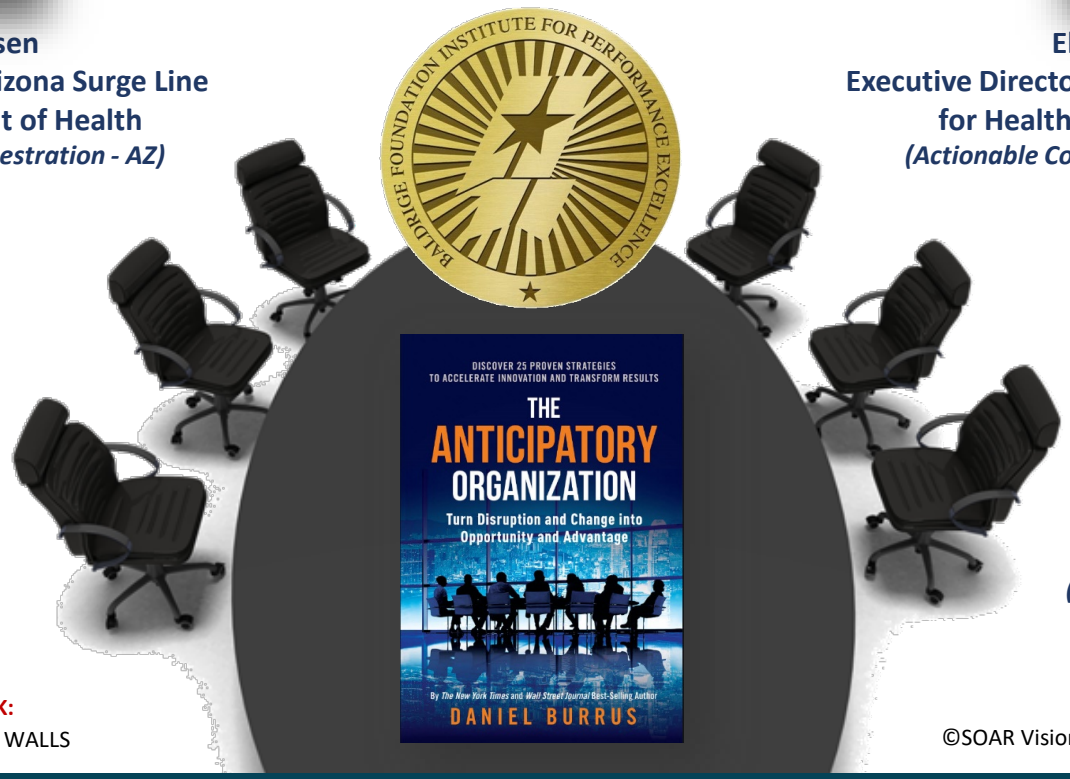
Virtual Discussion and Cases Studies on How to Turn Disruption and Change into Opportunity and Advantage

Angie Franks
CEO, Central Logic
(Healthcare Access Orchestration - AZ)

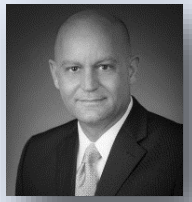
Charley Larsen
RN Program Director, Arizona Surge Line
Arizona Department of Health
(Healthcare Access Orchestration - AZ)

Ellen Gerstein
Executive Director / CEO, Gwinnett Coalition for Health and Human Services
(Actionable Community Intelligence - GA)

Eric Epley
Executive Director / CEO, STRAC
(Healthcare Access Orchestration - TX)



Jennifer Strahan
COO, SOAR Vision Group
(Actionable Community Intelligence - GA)



Al Faber
CEO, Baldrige Foundation
(Host)

Dr. Roger Spoelman
Experienced Health System CEO
Burrus Research Futurist
Community Leader
Muskegon County
Covid-19 Response Team
(Facilitator)

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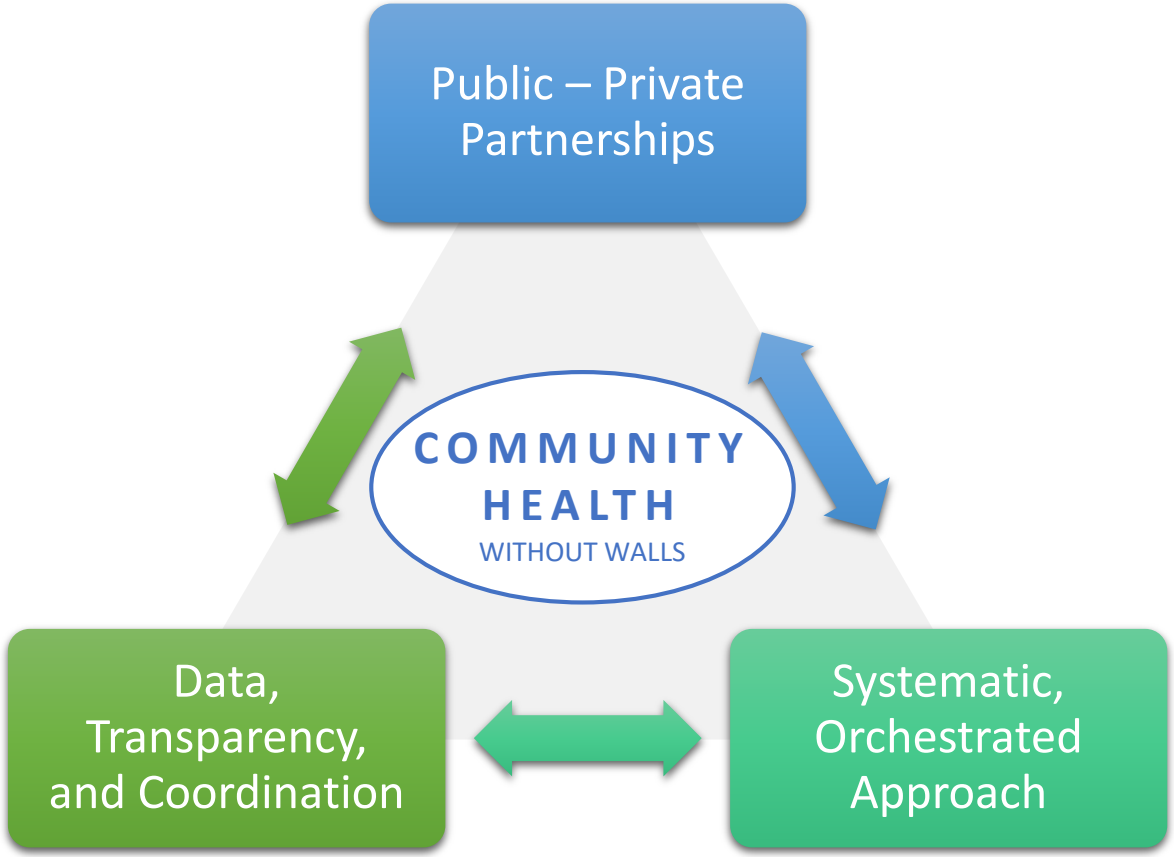
Reframe and Reset

Key Learning Objectives:

1. Establish new **public/private partnerships** to maximize expertise and build community-wide capacity

2. Discover how to use **data, transparency, and coordination** to drive nimble, efficient, and responsible actions

3. Create a **systematic, strategic, & orchestrated approach** to community health without walls



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Reframing the Problem: Frontline Insights

States & Jurisdictions

- Keep residents safe
- Manage public concern and re-establish trust
- Assess new and ongoing threats
- Enhance interagency coordination
- Strengthen workforce and economic recovery plan
- Establish equitable resource utilization

Health Systems

- Keep the doors open via volume regeneration and expense reductions
- Maintain employee health and engagement
- Address supplier shortages
- Stay aware of the most up-to-date recommendations

Leaders

- Access relevant, timely data and information
- Transparency and accountability for agreed upon actions and deliverables
- The ability to not drive blind, particularly in this time of transition and chaos

*"How do we balance **competing short-term needs** with **long-term priorities**?"*

*"How can we be more **prepared** and **agile** in our responses and actions?"*

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Elevating COMMUNITIES

TO SOLVE COMPLEX PROBLEMS TOGETHER

SHARE with PEERS

INNOVATION SHARED LEARNING LABS

August '20

OBJECTIVE

- Learn and share COVID-19 best practices and case studies with other Community Leaders via engaging, interactive sessions

DELIVERABLES

- Research-based national survey, published white paper, and shared executive summary

UPCOMING DATES – *REGISTER NOW!*

- Tuesday, Aug 11 @ 1 pm EST
- Thursday, Aug 13 @ 1 pm EST

ACT with INNOVATORS

COLLABORATIVE COMMUNITY COHORTS

August '20 – July '21

OBJECTIVE

- Move to action w/ select community peers guided by experts, PuLSE &/or Central Logic technology, and Baldrige Community Initiatives Framework to achieve community goals

DELIVERABLES

- PuLSE Community Technology and Baldrige Community implementation, and published intervention-based research

CONTINUE the CONVERSATION

AO2 SUMMIT ON HEALTHCARE ACCESS & ORCHESTRATION

September '20

OBJECTIVE

- Interact with healthcare influencers to hear tried and true best practices to guide patients safely and effectively throughout the patient care continuum

***REGISTER NOW* – September 15, 2020**

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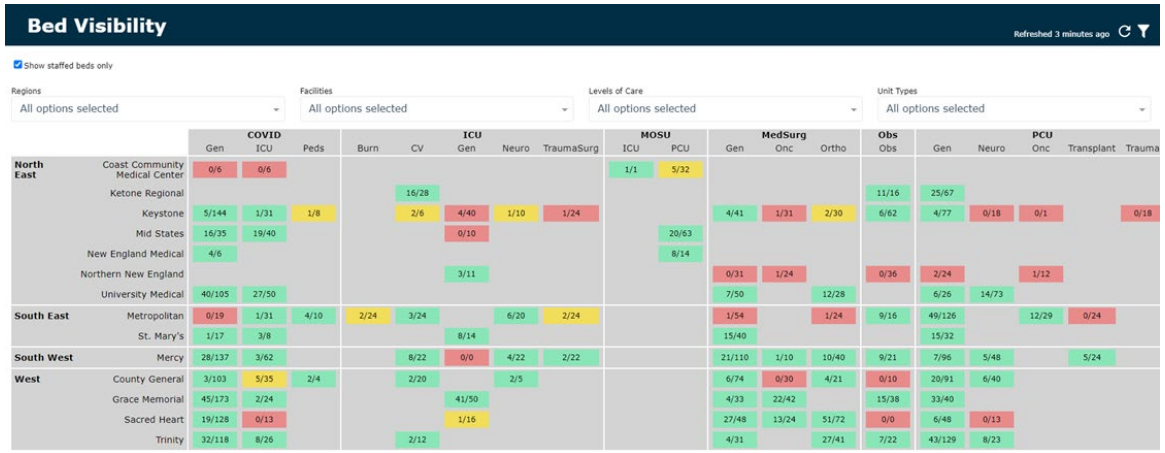
Healthcare Access and Orchestration:

Arizona

- Public – private partnership creating a “system of care” for the residents of Arizona
- Anticipatory response
- Health system collaboration, consensus and trust
- Exceptional leadership
- People, process & technology to facilitate access to care due for COVID patient surge
- Ability to load balance demand so no hospital becomes overwhelmed
- Visibility to beds, ventilators, critical care staff

Key Considerations

- Entire state-wide visibility
- Real-time data
- Fully automated system that pulls feeds from all health systems
- EMR vendor-agnostic
- Highly interoperable
- Azure cloud-based application
- Up and running in under 2 weeks



		COVID			ICU					MOSU		MedSurg			Obs	PCU				
		Gen	ICU	Peds	Burn	CV	Gen	Neuro	TraumaSurg	ICU	PCU	Gen	Onc	Ortho	Obs	Gen	Neuro	Onc	Transplant	Trauma
North East	Coast Community Medical Center	0/6	0/6							1/1	5/32									
	Ketone Regional					16/28									11/16	25/67				
	Keystone	5/144	1/31	1/8		2/6	4/40	1/10	1/24			4/41	1/31	2/30	6/62	4/77	0/18	0/1		0/18
	Mid States	16/35	19/40				0/10				20/63									
	New England Medical	4/6									8/14									
	Northern New England						3/11					0/31	1/24		0/36	2/24		1/12		
	University Medical	40/105	27/50									7/50		12/28		6/26	14/73			
South East	Metropolitan	0/19	1/31	4/10	2/24	3/24		6/20	2/24			1/54		1/24	9/16	49/126		12/29	0/24	
	St. Mary's	1/17	3/8				8/14					15/40				15/32				
South West	Mercy	28/137	3/62			8/22	0/0	4/22	2/22			21/110	1/10	10/40	9/21	7/96	5/48		5/24	
West	County General	3/103	5/35	2/4		2/20		2/5				6/74	0/30	4/21	0/10	20/91	6/40			
	Grace Memorial	45/173	2/24				41/50					4/33	22/42		15/38	33/40				
	Sacred Heart	19/128	0/13				1/16					27/48	13/24	51/72	0/0	6/48	0/13			
	Trinity	32/118	8/26			2/12						4/31		27/41	7/22	43/129	8/23			

ARIZONA DEPARTMENT OF HEALTH SERVICES

THE ARIZONA SURGELINE

CentralLogic

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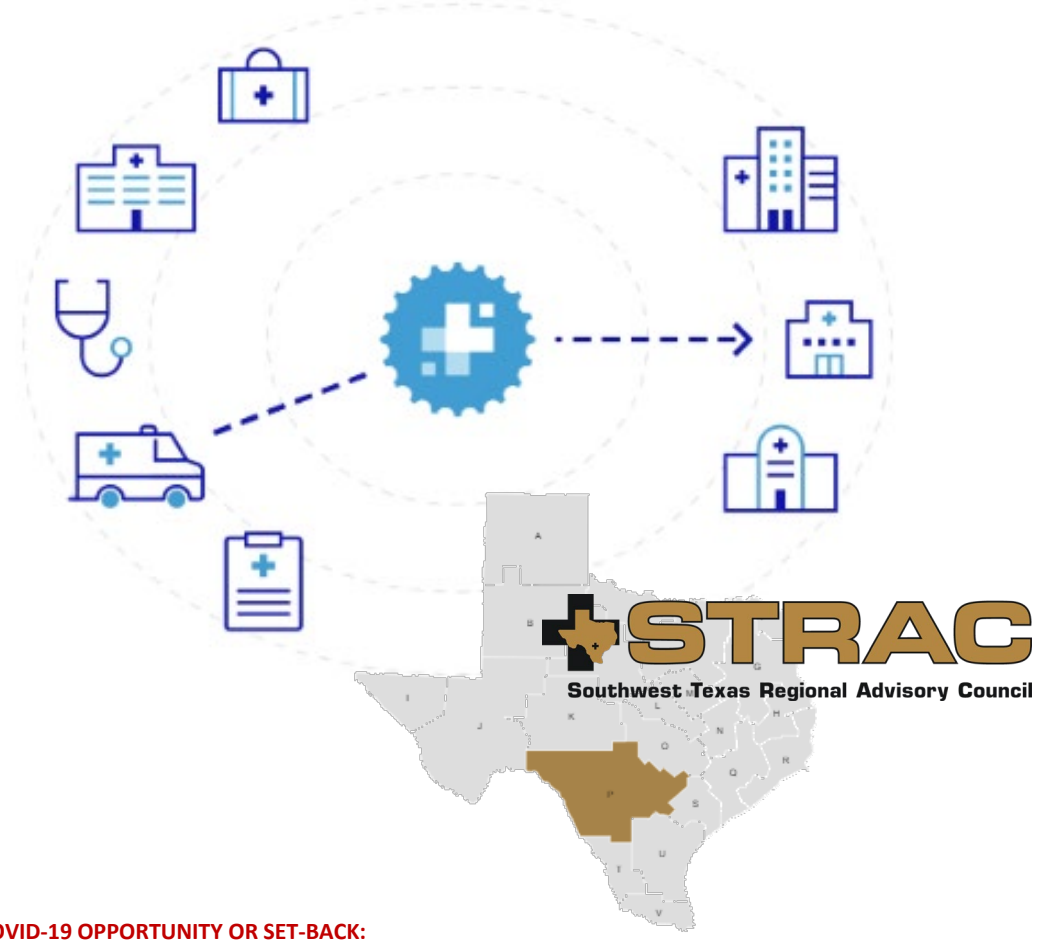
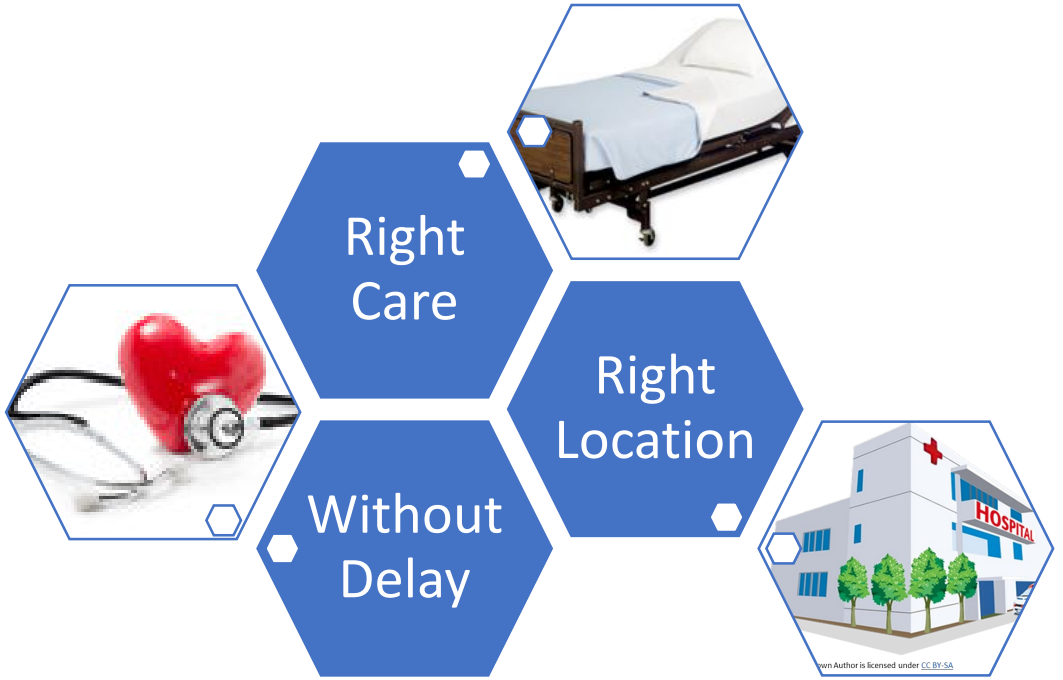
Healthcare Access and Orchestration:

Texas

Without visibility to your health system's resources, you cannot optimize access and care.





About STRAC

- Southwest Texas Regional Advisory Council
- Develop, implement and maintain the regional trauma and emergency healthcare system for 22 counties
- Consists of 74 general and specialty hospitals

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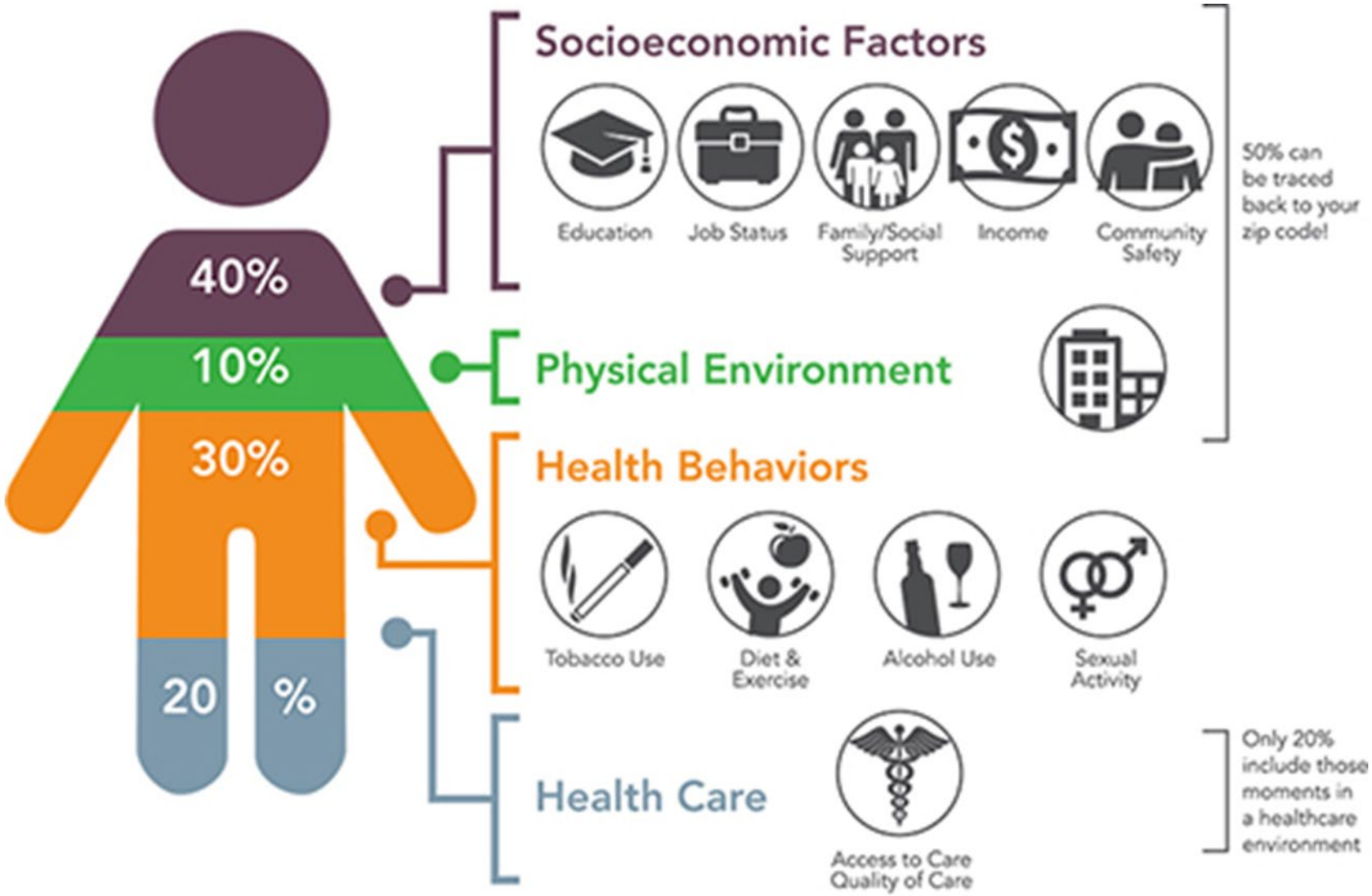
From Symptomatic to Systematic

- Social ***Determinants*** or Social ***Interdependencies*** [1]?
- Hospitals and health systems are not insular
- Communities are central
- Public / Private partnerships are critical



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

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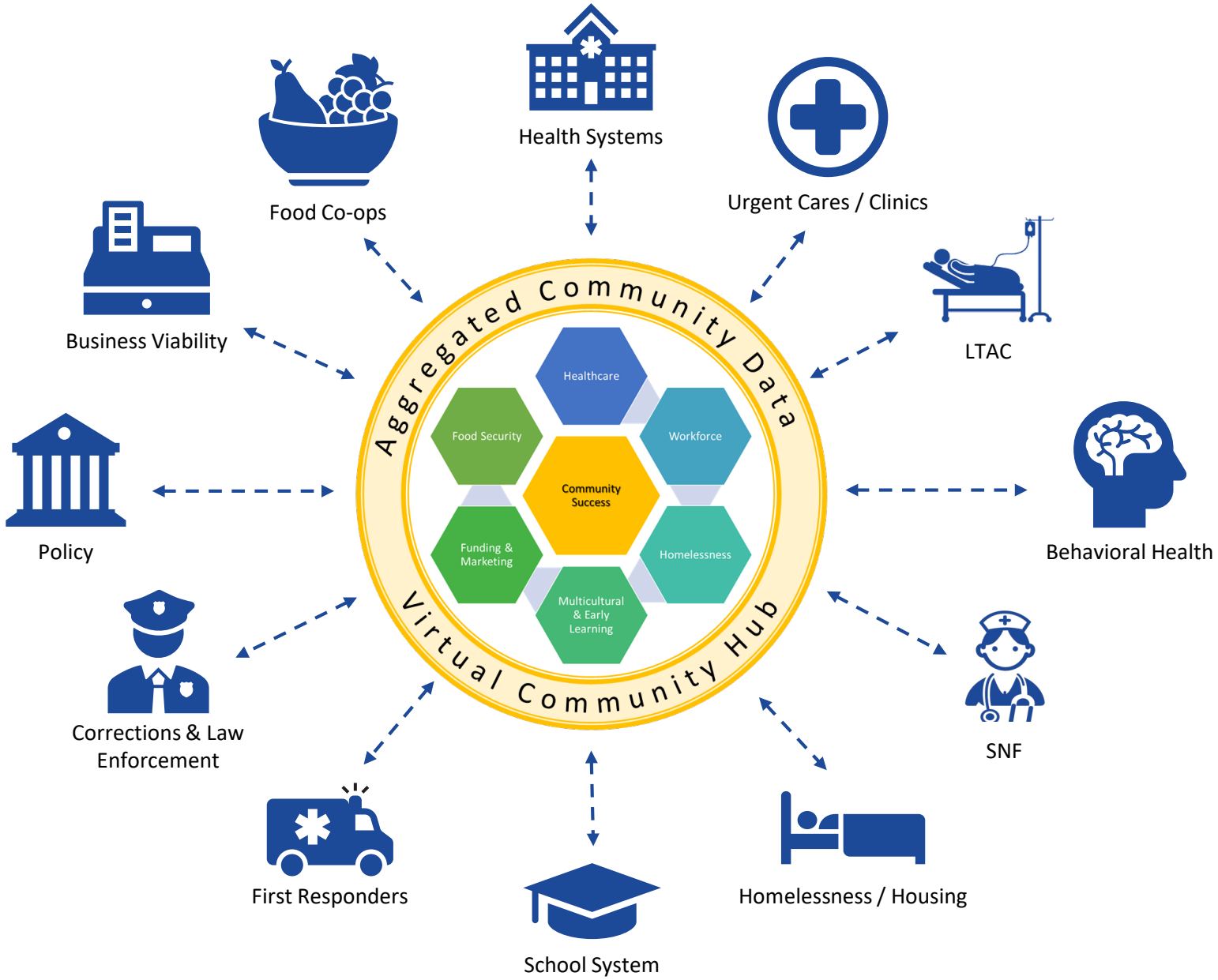
From Symptomatic to Systematic

- Well coordinated, orchestrated action must replace fragmented and siloed efforts
- Meaningful, transparent data must become the norm
- Requires resource visibility, coordinated planning of services, volume / service allocation



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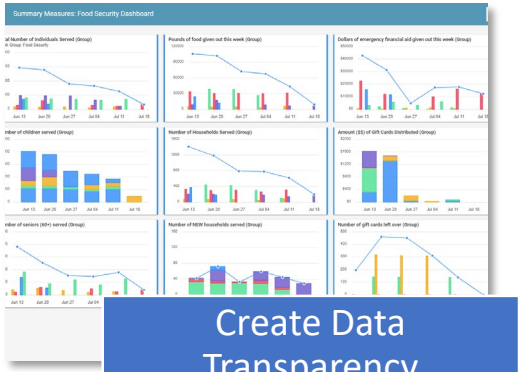
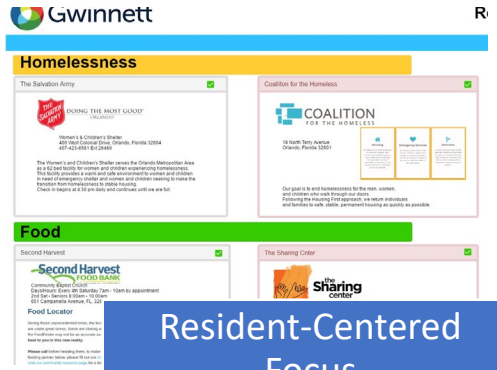
Connecting COMMUNITY TO SOLVE COMPLEX PROBLEMS

OBJECTIVES

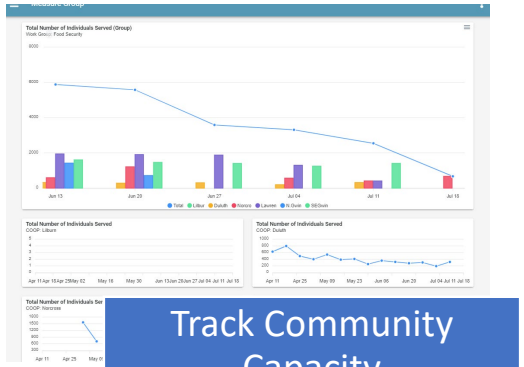


Create Data Transparency

Enhance Interagency Coordination



Resident-Centered Focus



Track Community Capacity

APPROACH

- Recognizing the diverse needs of residents, we created **seven** ***multidisciplinary, interagency working teams*** to respond to community needs through the COVID-19 pandemic and beyond

Food Security | Health Care | Workforce | Homeless & Housing | Multicultural | Funding | Marketing

- Piloted ***PuLSE Community*** software within the Food Security working team

COMMUNITY PILOT PHASE IMPACT

3x – 10x Increased service volume for participating Gwinnett County Food Co-ops through the COVID-19 pandemic

Measure	Community Value
Total Number of Individuals Served	**85,595**
Pounds of Food Distributed	**1,609,671**
Dollars of Emergency Financial Aid Distributed*	**$ 551,744.68**

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Q&A / Open Dialogue

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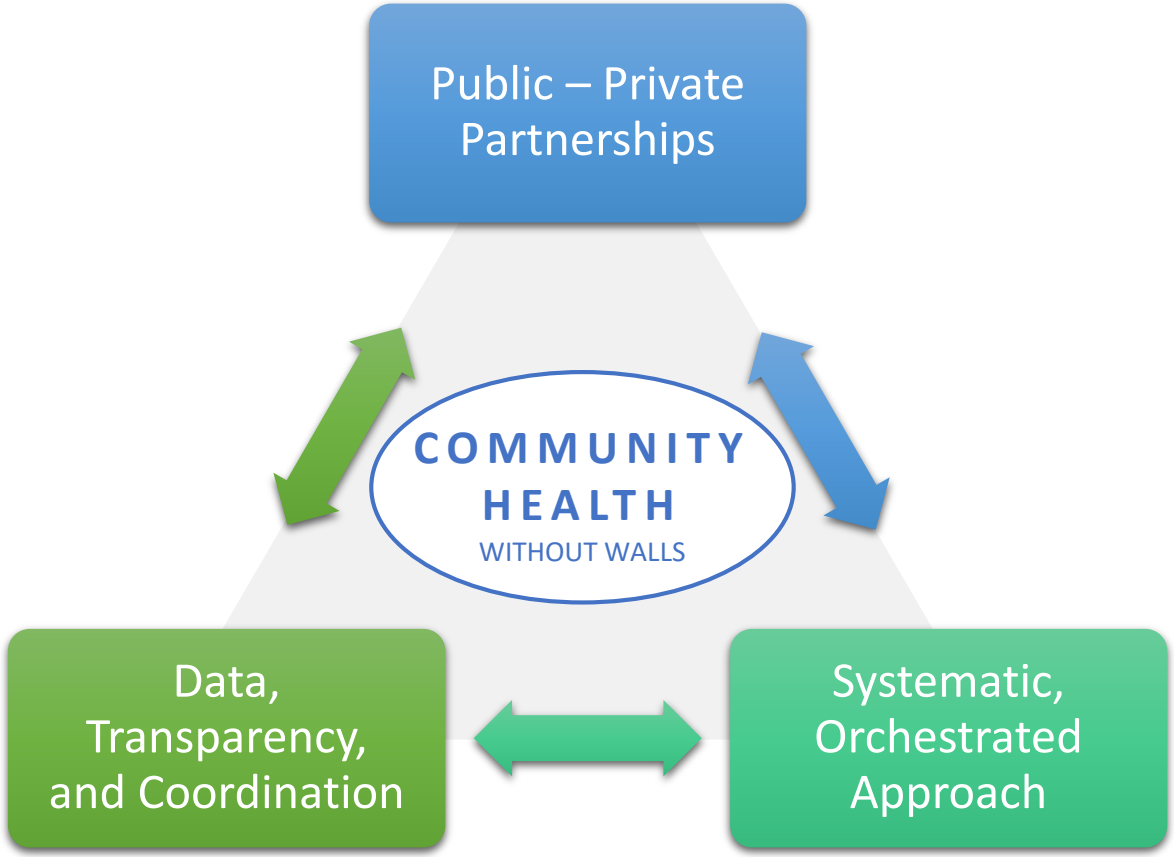

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