# Care Management – COVID Response

**May 2020** 



## **Enterprise Readiness for Care Management**

## **Establishing a care management application**

- Building of Agnostic Care Path
- Establishing Admin Portal to build upon reusable components

### Event-driven workflow – using business rules

Initiate and Assign Tasks

## Streamlined data entry and guided process (UI/UX)

Reduce and/or eliminate screens for scheduling and/or completing tasks

This release was built with the intention to create an Agnostic Care Path (template) first, then layer in service line specific features

## High fidelity display and visual hierarchy (UI/UX)

 A "crisp" display of required information in alignment with user community feedback

## Patient centric – allow for program stacking

Alignment of a care paths and care team to the patient and program

## Infrastructure: Authorization/Authentication

 Ability to organize user roles based on HCA organizational structure



## **COVID-19 Employee Call Out Application**

- Problem Issue: Need Real-time insights across the enterprise into departments and facilities that were being affected by employee callouts due to COVID
- Value Proposition: Utilize Pega to capture call outs across HCA's
   Organizations and report out data to best track and inform staffing shortages.
   Pega enabled standardized data entry with 12,000 users.
- **Scope:** 185 Inpatient facilities and departments that are not in Facility Scheduler, URS (Case Management), Supply Chain, Parallon

#### Lessons Learned:

- Introduced reusable components such as Single Sign On and data extract out of Pega (BIX)
- Enterprise PI Team whiteboarded process with Care Management team on Tuesday and we had a working Prototype by Friday. By end of following week we had Production-grade app.

### By the Numbers

 Over 12,000 current users

### Ability to capture

- Call outs per day
- Call outs captured to date



### **CM-Post Acute Barriers**

- Problem Issue: With the significant impact of COVID-19 on prompt discharges to post-acute settings
  (Skilled Nursing Facilities, Inpatient Rehab, Long Term Acute Care Hospitals) a method was needed for
  continuous tracking of barriers across the Enterprise. Initially a Survey Monkey tool was used by Case
  Management to manually capture and report this information
- Value Proposition: Leverage Pega to build a workflow-based application to capture Post Acute Care Discharge Barriers. This barrier capture resulted in the development of detailed analytics to support executive decisions and interventions on facility, division, group, and enterprise levels

#### Status:

- Go Live effective Friday, April 17<sup>th</sup> after successful User Acceptance testing and Executive approval received
- Scope 185 Inpatient facilities across the company (Facility and Division Case Management Directors)
- Pega data flows into the Enterprise Data Warehouse to support advanced reporting
- Continued advancement of the tool to provide multi-facility access, ability to launch from case management software, and building a file to move recently discharged patients
- Looking to expand this function to help manage PAC Network Director workflow for BPCI-A patients

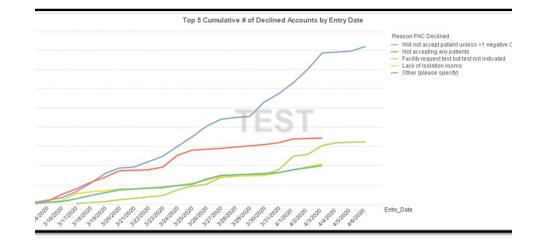


## Reporting Pega Data

**Example Qlikview of reports based on CM Post Acute Barriers App data output** 

Group *	Division	# Accounts	# Accts Discharged	% Accts Discharged	# Accts In- House	% Accts In- House
		62	49	79%	13	21%
		35	27	77%	8	3%
		34	27	79%	7	γ,
		32	26	81% 92% 94% 82%	6	7
		12	11	92%	44	2
		16	15	94%		
		203	167	82%	()0	18%
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		71	60	5811	11	15%
		79	69		10	13%
		34	27	1970	7	Z 170
		9	1	11%	7	78%
		18	17	94%	1	6%
Lota		414	325	79%	87	21%
Total		613	492	80%	123	20%

Division	-	Entry Date	4/6/2020	4/5/2020	4/4/2020	4/3/2020	4/2/2020	4/1/2020	3/31/2020	3/30/2020
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			7	1	7	44	30	49	30	40



All data is hypothetical for example purposes

