



# AIR METHODS OFFERS PATIENT LOGISTICS SERVICES

News / Business aviation



Getting patient information to a higher level of care might be just as important as getting the **patient** there quickly in an air ambulance. That's one of the factors driving the success of Air Methods' Omaha patient **logistics** call center **services**. The nation's largest air medical provider established the center in 2002 with launch customer University of Kansas Medical Center at the institution's request.

"We quickly realized that there is no way you can dispatch an aircraft and manage all the logistics of moving a patient from point A to point B," said Kerin Zuger, Air Methods' vice president of direct patient logistics. That's when Air Methods came up with the idea of establishing a separate position in its call center to handle logistics. The results for the client were dramatic. Patient transfer volume went up by 300 percent in the first year and KU became the poster child for outsourcing logistical services to focus on patient quality, care and outcome.

Air Methods slowly expanded its roster of logistics clients until 2005, when it signed up Westchester (New York) Medical Center, another air medical customer. Zuger said the results

there were immediate, boosting capacity significantly in the first year. “They became a poster child for us,” Zuger said. The service growth continued through 2009, adding more systems. Today Air Methods’ Patient Logistics represents more than 250 U.S.hospitals, but with singular and system-wide agreements. Along the way Air Methods has expanded services beyond its hospital client base to include regional psychiatric centers, scheduling services, occupational health hotlines and population health management.

## **INCREASED PATIENT INTAKE**

Air Methods uses proprietary logistics software and a protocol-driven system. Last year the logistics center took in north of one million calls, including more than 6,000 transfer requests each week. The center currently employs 247 full-time workers and now occupies its own dedicated center, separate from Air Methods’ dispatch center. In 2013 it moved from 2,500 sq ft of space to 11,000 sq ft, which it filled in eight months. Last month (September) it expanded into 28,000 square feet.

The main value the center adds is driving more patients to its clients. “People confuse transport with transfer,” Zuger explained. “People know us as an air medical company, but only six percent of the transfer requests that come to us are [patients] who arrive by air; eighty-five percent come by ground and the rest by private vehicle. There is a protocol for transport, but we look at ourselves as an extension of the institution we represent. We contact whoever the vendors are that they have for transport to facilitate the transfer piece,” she said.

The way it works is that the hospital client publicizes the Air Methods number to call to its larger medical community. That is the one number to call to facilitate a patient transfer to that particular hospital. The Air Methods specialist/coordinator answers with the receiving hospital’s name and begins taking down all the relevant patient information and the software automatically begins to populate the necessary protocols and prompts any additional needed information input. Air Methods has a list of all medical professionals and their schedules at the receiving hospital and handles all the contact with those professionals to alert them to the incoming patient and his particulars. Air Methods stays on the line with the sending and receiving medical professionals.

“We are a resource for these doctors and make sure they don’t need to make or receive seven or eight different phone calls [for each patient]. We confirm acceptance, mode of patient transportation, medications and estimate times of arrival. Then we get the sending hospital case manager on the phone, send the necessary documents, request the bed, request anything else like [cardiac] catheterization lab activation, stroke team activation, coordinate the transportation, nurses. Throughout the entire process everything is recorded, documented and time-stamped. We can recognize any delays right away and expedite the process in moving that patient,” Zuger said.

Zuger said most hospitals have no idea how many patients they are losing to other institutions in the transfer process until they begin using Air Methods’ logistics. “KU’s [medical center] marketing department pays for our services. It’s their top initiative for adding [patient] volume to their institution. The easier you can make it to get a patient moved from Point A to Point B, the more often that physician is going to call back.”

The service does more than just add to a client hospital’s bottom line. A recent Rutgers University study found that “improving the quality of patient hand-offs between facilities has the potential to improve patient important outcomes and provide higher value care.”

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