

Attendees:

Nick Solari (King County Public Health), Aaron Morrow (Community Member), Jean Kim (PSRC), Judy Brown (NW Hospital), Julio Perez (Hopelink), Liam Spurgeon (Health Outreach Partners), Sherry Jennings (Snoqualmie Health) Staci Sahoo (Hopelink) Tracie Jones (Hopelink) Bree Boyce (Hopelink) Gabrielle Hodges (CCS) Dean Sydnor (Hopelink) Jonny Proxiv (CCS) Alex O'Reilly (Community Member), JJ Edge (Seattle EMS), Anisa (Community Member), Dinah Stephens (Age Friendly Seattle), Lisa Hirohata (Kaiser Permanente)

Staff Support:

Bebhinn Gilbert, Heather Clark

Welcome & Introductions

The meeting began at 9:35. Bebhinn shared the welcoming statement and invited attendees to introduce themselves in the chat.

Updated Agenda Item: Winter Weather Critical Medical Appointment Transportation Procedures

Nick Solari from King County Public Health joined the meeting to present on the county-wide Winter Weather Critical Medical Appointment Transportation Procedures. The goal of which is to write down plans, procedures, checklists so the county have a standard way of operating during snow and ice events.

Public Health's role is to develop and maintain those procedures in King County in partnership with healthcare providers and transportation. To have a standard of how our county can respond to these emergencies in an organized way and maintain critical care for those who need it. In addition to these procedures, Public Health may also host clinics, public outreach/education, connect people with resources, work with emergency management to solve issues that have medical impacts.

For transportation specifically, Public Health is limited with what they can offer directly. This requires that they work closely with partners.

History of the Procedures

Nick provides an example from 2019 for why these procedures are helpful. In 2019 our region saw an extended snow event for roughly 2 weeks. During that time Hopelink NEMT call center statistics in February of 2019 received thousands of calls and provided rides for community members needing to be connected to their lifesaving medical appointments.

Outside of NEMT, many residents did not know who to call to gain access to transportation. Many calls went to City Hall, and representatives, and human service providing agencies for example.

How the Procedures Function

Healthcare providers – how can they make a referral on a patient's behalf? How do we ensure that transportation requests are referred appropriately?

Public Health created the procedures which is essentially a decision tree for when a patient seeks a ride to a medical appointment during a snow event.

Human service agencies should not be put in a position of triaging medical needs. Example: If a person has not received dialysis for several days, that very well be a medical emergency and 911 is the appropriate resource.

Seattle Fire Nurse Navigation Program – help refer people to more appropriate transportation services.

Challenge – transport to and from King County locations – sometimes exceptions can be made who may live across the border in Pierce or Snohomish counties, but this is a King County specific plan. We cannot necessarily provide services to people outside our jurisdiction, but we do leave that call up to service providers to use their judgment

Information needs to be collected before it is referred to transportation provider (Medicaid eligibility, if equipment is needed during the ride).

Questions/comments

Aaron – point out that Access is experiencing a significant driver shortage. The problem is that when you get into winter months, quasi-emergency transportation. It needs to be clear – whatever is down in print, if this is a guide, that this needs to be clear and communication channels have somebody to reach out (a point of contact). Clear, consistent communication system needs to be in place.

Nick – we need to have procedures be approved. When we have these calls, we need to have Metro Access be part of the system. Public Health cannot direct Metro Access, telling them what to do but generally, they have been great partners. We are in communication with them. Happy to take follow-up emails regarding this topic.

Aaron – yes, Access does a wonderful job during emergencies connecting people to lifesaving medical appointments.

Sherry – we are challenged here in Snoqualmie Valley. We have our own set of challenges, specific to our location and region.

Nick – yes, this has come up in conversations. We typically try to work through RARET to address Snoqualmie Valley. It is a challenging area.

Dean – In the past, we managed to field requests that come our way that pass through this flowchart. We do have willing partners who understand their roles. This is a procedure we have run for a couple of years and our partners seem to understand where they fit. On the partner side of things, when we have a mass of requests from, for example, a healthcare facility, it is hard to prioritize who comes first. It's hard to understand who to move first with scheduling. It is a challenge for transportation providers to figure out. Would be good to establish before providers are contacted. When there are not funding resources available, some partners are better able to meet needs than others. When the requestor is filling out the referral, additional information is helpful. Can help speed up scheduling trips. Help streamlining the process will increase outcomes. NW Transportation – NEMT partner – due to demand in previous years, he has been able to purchase more 4wd and AWD vehicles. More vehicles now available than previously.

Bebhinn – a lot is deferred to 911 calls. Any capacity concerns? Any communication about when community members ought to call that number? Any outreach about when that needs to be the case?

Nick – last year, we had EMS on the calls with us. Things were busy but they did not indicate it was a problem. They can do tracking in the background to establish when flags are raised. Numbers were relatively low. Many callers defaulted to 911. Messaging for when to call – we don't have anything. Each case is unique. We are hoping that healthcare provider can help with those determinations. The healthcare provider should assist with determining level of need. Help patients determine need and plan in advance when possible.

Bebhinn – question via chat – When there is a need for cross-county transportation, what partnerships are you leaning on? RARET?

Nick – yes, RARET is a resource. Potentially other resources such as Search and Rescue for very back pocket circumstances. Lean on agencies that serve multiple jurisdictions.

One-Call/One-Click: User Testing Needs in Healthcare Settings

Bebhinn provided a reintroduction to the One-Call/One-Click project, the region-wide centralized trip planner and ride requesting tool. She mentions that the project began as a priority of the Access to Healthcare Committee. As such, it's a priority for this project to function well in healthcare settings.

The Central Puget Sound One-Call/One-Click is building out the phase one trip planner, which will provide trip itineraries for community members seeking transportation options. It will provide results that are filtered by eligibilities, enrollments, and data about the rider. An important part of the tool is that it will be designed for an assistor act on a rider's behalf and find options that work for them.

The Hopelink project team is working with software developers to build out the trip planner. We will need to test it for accessibility and usability. Bebhinn reviews the phases of user testing and then open the conversation to initial feedback.

She asks attendee: Do you have connections for where we can test, or where we should test?

Judy – discharge planning at Northwest Hospital. A lot of our transportation needs are same day. Ride request goes out to multiple providers. By putting in a timeframe, that message would not go to providers who need 2-3 days' notice.

Bebhinn, yes. This system should filter. We only have a handful of providers who can accommodate same day trips. It will result in fewer options available, but yes that is a filter, or at least a tag on the listings.

Judy – is this king county only?

Bebhinn, it is Pierce, Snohomish, and King. It's a central Puget sound area.

Judy – I will check about beta testing. We are constantly looking for other resources, but I cannot make that decision myself

Staci – design question – customize travel profile – current software does NOT have purpose of the trip as an option. The way it currently works, trip purpose has options available (trip purpose varies, where profile may

not). How important is it to indicate whether same day is needed in the current phase? If you need to do a trip plan for someone, is it helpful to make it available in text - the time parameters? Too much information better than overly filtered.

Judy – some of our transports – patient needs to go home and their ride fell through. Other situations – they need trips for ongoing dialysis. We need both options depending on what we need for the patient. Once a patient is discharged and they are on their own, training for patients for what they can do on their own. Many can do this independently but showing them how to use this tool would be helpful.

Dinah – Where should we pilot this?

Bebhinn – yes, goal is to have series of assistor agencies who can help us test what we have, adjust, and grow. Where can we soft launch?

Dinah – CLC network. Do you see that network as a potential place to soft launch?

Bebhinn – absolutely. I want to focus today on health and wellness connection. Certainly CLC has those potential partners, but right now I want to focus on the healthcare setting. There is no wrong door to turn to. We want to work toward a streamlined process.

Alex – involved with a village in King County, Seattle, we have volunteers willing to provide a variety of services to older adults. Some drive. Some can't fill the need. Wondering if some of the villages would like to be considered as testers if they only use it for healthcare rides? Involved with Phinney Village. They may be interested if it's related to healthcare rides. Another one is NEST. There is one more. Something to consider.

Lisa – Kaiser Permanente does a lot of healthcare appointments. In King County we have a dozen community agencies who work with patients and could be testers. Not sure they can take on a project, but I can bring it up with them.

Jonny – after everything is done, how will a provider go about requesting a change for how they are filtered?

Bebhinn – in relationship with our staff. Reach out to us.

Staci – I would like to standardize this. The State is working on contacting everyone to have essential standards and have a database. We are working with them. There should be a consistent contact/email for where you submit that request. We will have a few processes in place. Having same data standard will help keep database current. We want it as smooth as possible for our providers.

Jonny – it will come down to what we experience. We will deal with it from there.

Staci – yes, let us know if you have feedback.

Judy – when you get to this point, my other connection is with blind and visually impaired people. Those who use screen readers. Many do need transportation to medical appointments. Would be community-based testing.

Bebhinn mentions that our software vendor is currently having their system audited for accessibility – how it interacts with assistive technology. We would like to test it here locally too. Acknowledge that minor tweaks in technology can have major impacts for some.

Bebhinn will follow up with folks who have offered testing connections. Attendees are encouraged to reach out if they have any questions regarding the project and its progress.

Roundtable Sharing

Updates? Resources? Barriers you are experiencing we can assist with?

Jean – PSRC – send consolidated grant applications, in addition to WSDOT. PSRC is putting together a community event 10/21. Open to the public. Walking tour. We will have presenters in the morning. [Register online.](#)

Bebhinn – staff capacity?

Jonny – we are almost full

Next Steps

Next Meeting: December 7, 2022, from 9:30am to 11:00am, remote Zoom meeting

King County Mobility Coalition Staff Support:

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