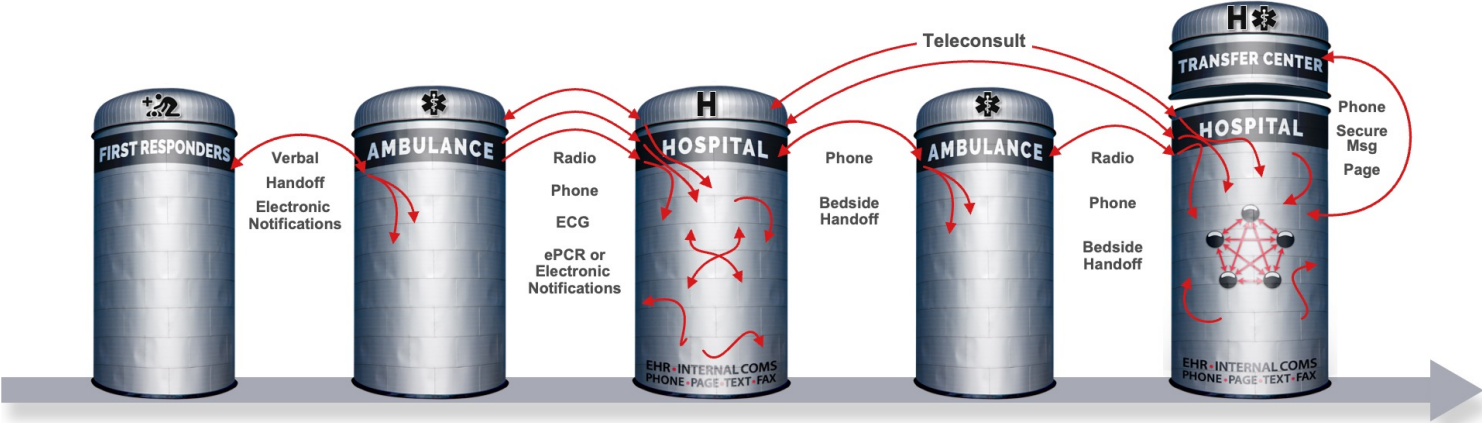




Pulsara is The communication and logistics platform used in your region that unites distributed teams and fragmented technologies during dynamic events. The most common events are Patient Movement Events. This video will highlight how Pulsara is used in Transfer Operations.

Traditional Patient Movement



Each Red Arrow Represents a Separate Communication Channel

COMMUNICATION CHANNELS: Numerous

Coordinating patient movement across organizations involves managing multiple communication channels, including radio reports, phone calls, alerting tools, messaging systems, and intermediaries like transfer centers.

The red lines in the diagram illustrate these complex communication paths. Many Transfer Center Operations are integrated into larger Command or Access Centers, where they face highly inefficient workflows during time-sensitive emergencies like STEMI, stroke, and trauma. In these scenarios, care teams are often spread across multiple departments and organizations, adding to the challenge.

Even for routine inter-facility transfers, Transfer Center Agents primarily rely on multiple phone calls to coordinate communication among individuals at the referring hospital, the interfacility transport agency, and the receiving hospital.



Distributed Team Challenges

CALL LIST

- “ Who’s on call today? Did they get their alert?
- “ The call list is wrong. What do I do?
- “ I can’t stop my alerts when I’m done.

PATIENT IDENTIFICATION

- “ Why can’t my alert include the patient’s name so I can pull PMH or old studies / images?
- “ I have 5 different “secure message” threads about 2 different patients and 4 ECGs with no names on them.
- “ I can’t do anything until the patient is registered.

UNNECESSARY COMPLEXITY

- “ Why is it so hard to de-escalate our system once it’s in motion?
- “ Where is the patient now?
- “ Why do we have different protocols for different methods of arrival and different times of day?
- “ Why can’t we provide timely feedback to EMS and referral partners?

These are just a few of the common issues that arise, affecting patient safety, outcomes, treatment times, efficiency, and overall costs.

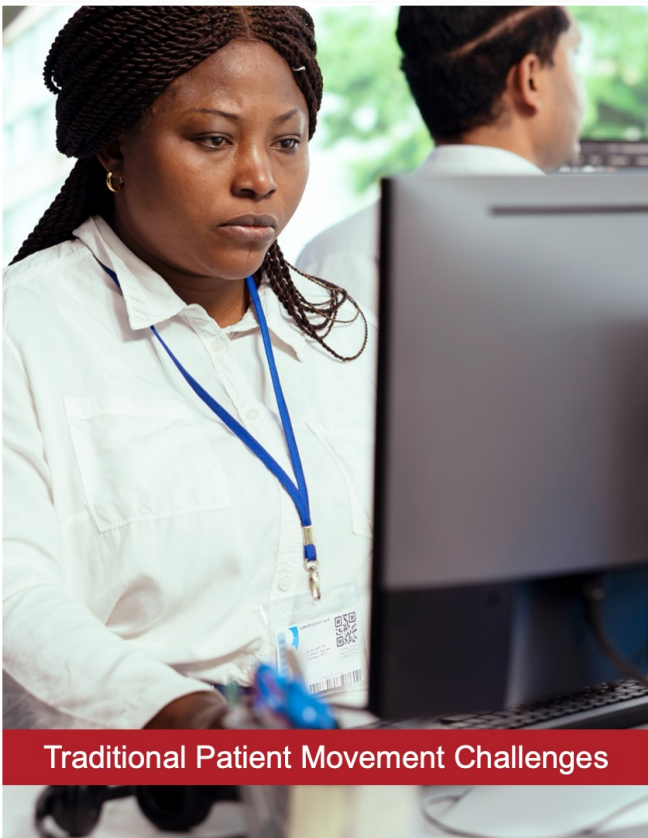
Transfer Agent Challenges

CALLS & CALL LISTS

- “ Too many calls—I can handle multiple messages at once, but only one call. Why can't I text instead?
- “ Nobody calls back, and then everyone calls back at once.
- “ What's the callback number in case I get disconnected?!
- “ I can't listen to my voicemails because the phone keeps ringing!
- “ Why is it so hard to find out who's on call for each of the service lines?
- “ Did they get their alert? Why aren't they answering or calling back?
- “ It's impossible to call all the people that need this update.

OTHER CHALLENGES

- “ I have too many people here with not enough volume. But 15 minutes later, I need more staff!
- “ I wish the notification had enough information in it to cut down on all the follow-up questions!
- “ It's so hard to get transport and nobody knows when they will arrive.



Traditional Patient Movement Challenges

Imagine trying to coordinate a group dinner with eight friends, relying primarily on phone calls. In today's world, we wouldn't even consider doing that in our personal lives. Yet, that's exactly what we ask our Transfer Center Agents to do every day, which is why they can relate to the challenges and frustrations you see on this slide.



Transfer Care Team Challenges

RECEIVING FACILITY

- “ Where are they? When will they get here? Wait... they haven't even left yet?!...
- “ What do you mean the patient is here?!
- “ Who accepted the patient, and what's the plan once they get here?
- “ Why didn't they give me that update?!?
- “ I wish I would have asked ____
- “ This patient should have been auto-accepted.
- “ If I'd just seen a photo or done a quick video call, I could've treated this patient in the clinic instead of transferring them.

REFERRAL FACILITY

- “ They don't understand how sick the patient is.
- “ I need to call three facilities at once to get someone to take this patient quickly.
- “ If I'm on the phone, there is nobody with the patient.
- “ How many times do I need to answer the same question?
- “ Where is transport?
- “ I'd feel comfortable sending them home if the specialist said it was okay after reviewing a photo or doing a video call.

The “telephone game” can be especially frustrating for frontline clinicians and staff at both the referring and receiving facilities.

Interfacility Transport Crew Challenges

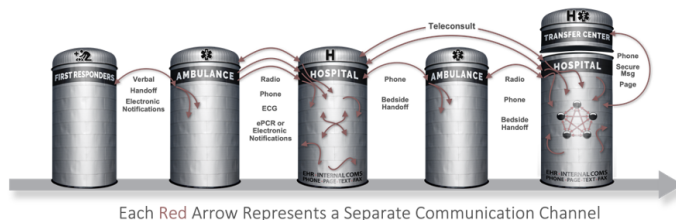
- “ Where do I go at the referral AND receiving hospital?
- “ It is difficult to get an updated ETA to the correct people at the referral AND receiving hospital.
- “ It is difficult to provide an update on the patient's condition if there are significant changes en route, especially during long transports.
- “ It is difficult to get communication back from the facility about room changes or other pertinent updates.



Traditional Patient Movement Challenges

Even primary inter-facility transport agencies face challenges stemming from outdated communication technology.

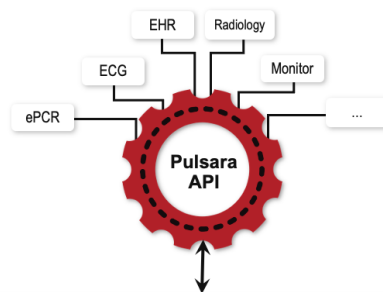
Traditional Patient Movement



Patient Movement with pulsara®

3 STEPS

- 1) Create Channel
- 2) Build Team
- 3) Communicate



Pulsara’s Patient Movement System offers a HIPAA-compliant solution for streamlining communication and logistics across organizations. Think of it as a HIPAA Compliant secure group chat that integrates public safety and healthcare teams.

You simply create a dedicated communication channel for each patient encounter, build the care team, and begin communication.

The Pulsara API also allows you to move data into and out of the channel.

Regions use Pulsara daily for EMS-to-ED communications. Many regions and states also adopt the Patient Movement System for large-scale situations like mass casualty incidents, mass evacuations, load balancing initiatives, and more.

Hospitals can enhance their capabilities with Pulsara **TRANSFER OPS** or Pulsara **UNITED**, which allows Transfer Centers the ability to receive inter-facility consult and transfer requests and even add specialists or downstream care teams to the patient channel.

Transfer Functionality by Package

PACKAGE OPTIONS

All hospital bundles include either Pulsara ONE or Pulsara MED OPS. Hospitals can upgrade to Pulsara UNITED which includes all Transfer functionality OR they can add Pulsara TRANSFER OPS and/or Pulsara SELECT to meet their needs.

	INFRASTRUCTURE		UPGRADES					
	Pulsara ONE	Pulsara MED OPS	Pulsara TRANSFER OPS		Pulsara SELECT		Pulsara UNITED	
	OR		AND/OR		OR			
Send Request	✓ ALL	✓ ALL	✓ ALL	✓ ALL	✓ ALL	✓ ALL	✓ ALL	✓ ALL
Receive Request		✓ ALL	✓ ALL	✓ ALL	✓ 1-2	✓ ALL	✓ ALL	✓ ALL
Add Physician Consultants for Consult & Transfer Requests			✓ ALL	✓ ALL	✓ 1-2	✓ 1-2	✓ ALL	✓ ALL
Add Downstream Teams (STEMI, Stroke, Trauma, OB, Behavioral Health, Toxicology, Sepsis...)					✓ 1-2	✓ 1-2	✓ ALL	✓ ALL
	Always Free to Everyone	Free to Hospitals in MED OPS Regions	Adds Consultants		Adds 1-2 Patient Types		Includes ALL Transfer Functionality	

All U.S. hospitals can join the Pulsara network for free with the Pulsara **ONE** package. This allows them to receive EMS traffic and create patient channels for consults or transfer requests. That means any referral hospital in your region can use Pulsara to refer patients to you, make live video calls, and access the platform—at no cost.

If your region uses Pulsara **MED OPS**, your Transfer Center can also receive inter-facility requests through Pulsara, fully integrated with your existing workflows, and again, at no additional cost.

For expanded capabilities, optional upgrades are available. Pulsara **TRANSFER OPS** lets you include physician consultants in inter-facility requests. With Pulsara **SELECT**, you can involve downstream care teams like STEMI, Stroke, or Trauma for one or two patient types. These can be bundled or purchased separately.

Or, upgrade to Pulsara **UNITED** for full transfer functionality across all patient types.

Alerting Basics (Who, How, When)

WHO

Driven by Teams

- Identify your Teams
- Place individuals on Teams
 - Able to be on more than one Team

HOW

- Call Status
 - ON Call = Alert
 - OFF Call = No Alert
- Workflow Triggered Alerts
 - Method of Arrival / Status
 - Pulsara MED OPS: Incident
 - Pulsara UNITED: Other options
- Manual: Team or Individual



Configuring Pulsara Alerting to fit specific workflows is straightforward. You simply decide WHO is alerted and WHEN they need to receive their alert.

Alerting is based on teams—like transfer center, trauma team, trauma surgeon, or House Supervisor teams—and can even be configured for different specialty groups.

If you're on call, you receive alerts for new patients; if you're off call, you don't.

WHEN teams are alerted is automatically triggered by workflow, but you can also manually add teams or individuals as needed.

Alerting Basics (Who, How, **When**)

WHEN

Method of Arrival

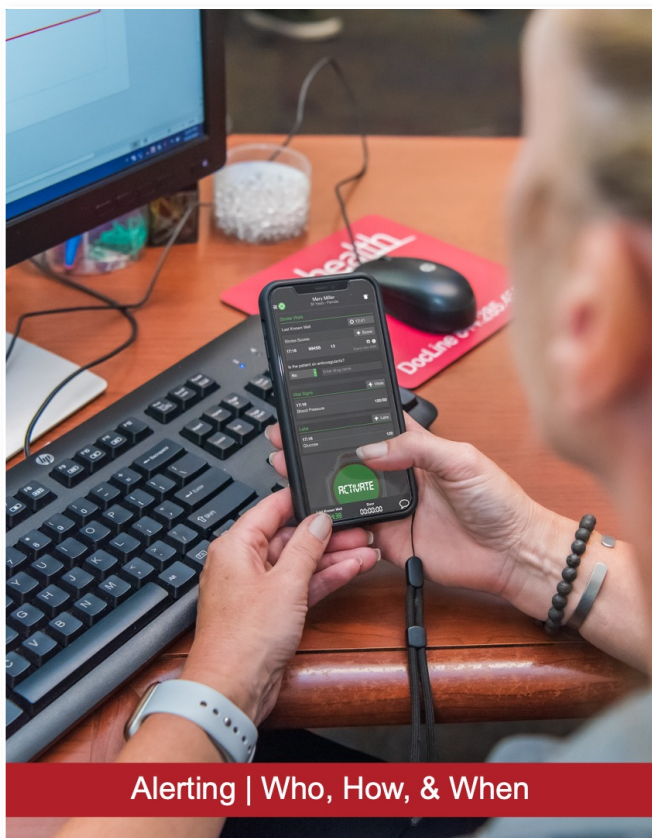
- Prehospital (EMS Alert) Options
 - When prehospital sends initial notification
 - When ED “Activates”
- ED Activation
- Inpatient Activation
- Transfer Requested
- Transfer Accepted
- Consult Requested

Manual

- Team or Individual

Time Sensitive Emergency Event Triggered

- Stroke: Suspected LVO, CT Complete, CTA Complete
- Trauma: Level



Alerting | Who, How, & When

For instance, a hospital can alert both the Transfer Center and On-Call Cardiologist immediately when the request is made or only alert the Transfer Center who can add the On-Call Cardiologist if appropriate.

Hospital Call Status

MANAGE

- Toggle ON/OFF
- Set NEXT ON / OFF
- Admin can Set Call Status
- Integrate with Calendar

VISIBILITY ON TEAM SCREEN

- Call Status of Individuals
- Acknowledgement Status of Individuals
- Silence Alerts Status of Individuals

MANUAL

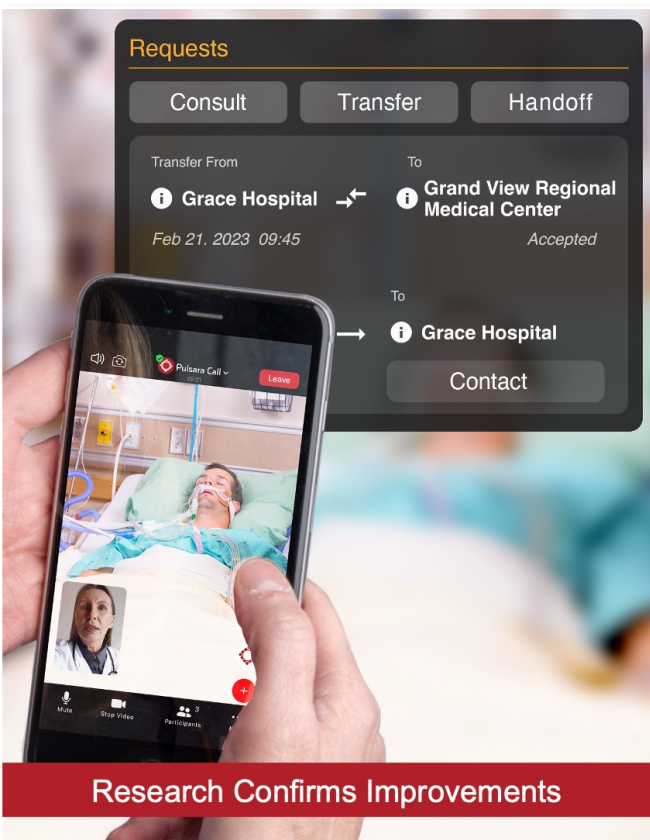
- Assign to individual in real time regardless of call status



Managing call status is straightforward for care team members. The easiest approach is to integrate call status with your calendar for automatic updates. Alternatively, individuals can manually toggle their status or schedule upcoming on-call or off-call times. Administrators also have the flexibility to adjust call statuses as needed.

Additionally, a Transfer Center Agent can reference another source for call status and manually add any individual to a patient channel, regardless of their current call status in Pulsara.

Each patient channel includes a Team Screen that displays all organizations involved, along with every individual and their role at each organization assigned to the case. Transfer Agents can also see when each individual has acknowledged their alerts, ensuring clear and efficient communication.



Research Confirms Improvements

Transfer Operations Value

Streamline Communication

Swap endless calls for secure messaging, letting agents manage multiple messages while avoiding missed calls, voicemails, and communication gaps.

Boost Efficiency & Scalability

Help agents handle multiple patients simultaneously, avoid bottlenecks during peak demand, and reduce time spent chasing on-call providers or repeating the same information.

Enhance Situational Awareness

Give everyone real-time updates on transport ETAs, clinical status, and patient acceptance for clear coordination.

Reduce Delays & Improve Care

Speed up acceptance times by ensuring critical initial notifications include enough information to avoid repeated follow-ups, enabling faster decision-making and definitive care.

Strengthen Referral Networks

Foster collaboration across organizations with free referral participation, solving 'no callbacks' and 'who to contact' issues with clear communication channels.

Uniting care teams on a dedicated communication channel has been studied for over a decade. Research shows that Pulsara improves treatment times, care team satisfaction, and hospital economics.