

# How Royal solves new challenges to healthcare systems

**Get in touch**

14472 Wicks Blvd  
San Leandro, CA 94577

[contact@royalcareconnect.com](mailto:contact@royalcareconnect.com)



# Case study: Alameda Healthcare

**Innovative  
Partnerships  
2019**

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## The Situation

AHS found that a lack of adequate transportation to and from care sites was a major barrier to patient access and ultimately impacted health outcomes. The traditional mechanisms in which health systems address transportation, including taxi voucher programs and shuttle services, were not satisfying the needs of the system's patient population. Therefore, AHS leadership was in need of a more innovative approach to addressing this costly issue.

## The Solution

AHS engaged Royal Ambulance to implement Royal's technology platform to coordinate ride services for patients and introduce advanced reporting/analytical capabilities to power more data-driven decision-making.

Representatives from AHS and Royal Ambulance established a core project team that used a LEAN process improvement methodology to plan and implement the solution, and then review the solution for opportunities to expand or introduce additional system optimization.

AHS started to use Royal's dispatch/call center to manage and coordinate ridesharing services. Because no new technology needed to be developed, the team was able to complete a full rollout within 60 days. Users were trained using visual aids and a simple triage methodology based on qualifying clinical factors. Additionally, the IT department did not have to become involved, thus avoiding common bottlenecks.

**“Transportation barriers may result in missed or delayed health care appointments, increased health expenditures, and overall poorer health outcomes.”**

**American Hospital Association**

November 2017\*

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## **Analysis**

Royal's Transportation Hub Model enabled AHS care coordinators to submit a single request to Royal's dispatch center and book immediate transportation for non-medical rideshare transport, wheelchair transport, BLS and critical care ambulance services. For medically cleared ambulatory patients, dispatchers use a web-based application to book a trip with one of their rideshare partners (Lyft or Uber).

The solution did present a new set of challenges, including how to handle patients that do not qualify for medically-assisted transport but would benefit from additional assistance from drivers such as an extra stop to the pharmacy, expanding the service beyond curb to curb, verifying if a patient's insurance covers non-medical transport, and how to integrate patient transport information as well as other social determinants of health into a patient's EHR record. These areas will be the focus of continuous improvement efforts.

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**There are now days where we have 100% utilization in our clinic. It's a great thing for us to offer patients as they would otherwise not come in for their care. Transportation can be a huge barrier to access.**

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**Monica Chadwick**

**Panel Manager,  
K-6 Adult Medicine  
Alameda Health System**

# Stats

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## Cost Reduction

In taxi voucher spend compared to 2017. A savings of \$400,000.

73%

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75%

**Less Clinic No-Shows**  
Resulting in over \$2,000,000 estimated cost savings.

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## Shorter Waiting Time

Patients had to wait an average of 90 minutes for non-medical transport before Royal's solution.

7 mins

# The Results

Mounting cost constraints, new market entrants, shifting regulations, and advances in technology have made it increasingly important for provider organizations to seek out such innovative partnerships to solve problems that are not easily quantifiable. By partnering with a forward-thinking company like Royal Ambulance, AHS was able to introduce efficient solutions to all these problems.

Cost savings, shorter wait times, and a decrease in diversion rates were just some of the positive results identified after implementing Royal's platform. AHS staff, patients, and their families quickly adapted to the new transportation program with overwhelming support. This was likely due to the turn-key nature of the program, which was convenient for patients. An average of 60 rides were provided per day.

Patient throughput increased during this case study, while no shows and rescheduled appointments decreased. This is likely due to the removal of transportation-related barriers to receiving care.

Aside from tangible savings, shorter wait times, and decreased diversion rates, this program also provided previously unknown data that can be used to help understand how patients move throughout the system. These insights create a feedback loop that can help AHS continue to improve efficiency.

Overall, the impact of Royal's program implementation at AHS was overwhelmingly positive for both patients, staff and healthcare system KPIs.

# Questions?

# Reach out.

Email

[info@royalcareconnect.com](mailto:info@royalcareconnect.com)

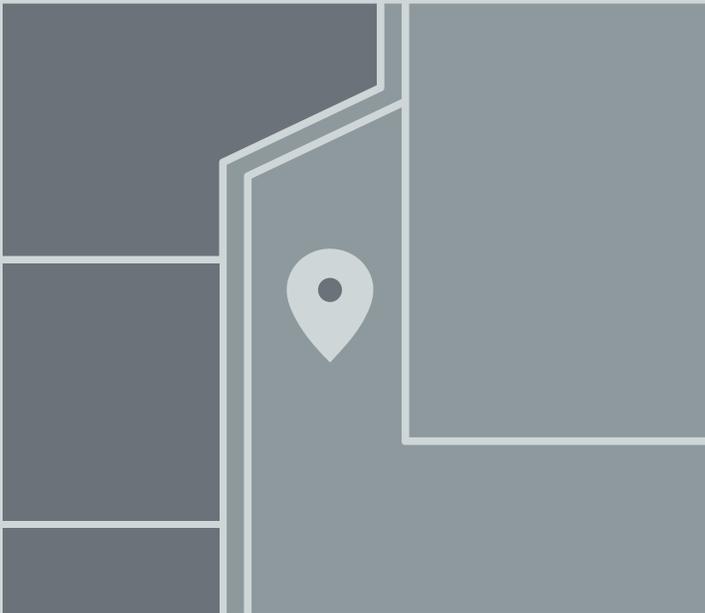
Telephone

+1 510.343.2777 office

[www.royalcareconnect.com](http://www.royalcareconnect.com)



**Headquarters**  
**14472 Wicks Boulevard**  
**San Leandro, California 94577**





# Thank you.

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