

# GCC Core One-Page Brief

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Purpose: workflow-validation conversation, not a funding or procurement ask

## Working Title

MediBridge Ops is a coordination center and EMS-to-ED operations platform designed to replace the highest-value GCC coordination loop first.

## The Operating Problem

When GCC call-center operations ended in April 2025, the coordination problem remained:

- EMS crews still need current destination-readiness visibility
- hospitals still need earlier, structured inbound handoff
- operational leaders still need one shared picture of bottlenecks and delays

## GCC Core V1

### Primary users

- coordination center operator
- EMS crew
- hospital receiving staff
- command-center leadership

### Day-one workflow

1. EMS sees destination readiness and current hospital operating status.
2. EMS selects destination and initiates structured handoff.
3. Hospital reviews inbound context and accepts or rejects handoff.
4. Command center tracks acknowledgements, delays, and exceptions.
5. The loop is preserved in an auditable operational record.

## Why This Slice First

We are not trying to replace every GCC function in one step.

This first slice focuses on:

- EMS inbound visibility
- hospital readiness and diversion visibility
- structured EMS-to-hospital handoff
- command-center oversight, messaging, and audit

This is the smallest operational slice that can improve routing clarity, pre-arrival readiness, and handoff discipline without requiring the whole platform to be finished first.

## What This Should Improve

- faster handoff acceptance
- better pre-arrival readiness
- fewer routing surprises and rejected arrivals
- fresher visibility into diversion and operating status
- better support for APOT / offload improvement efforts

## What We Want From Lori

- Is this the right day-one GCC replacement slice?
- Which 2-3 workflows must work on day one?
- Where would an early pilot fail first?
- Who should see the tighter follow-up version?

## What This Is Not

- not a full statewide platform pitch
- not a patient-facing or ePCR replacement pitch
- not a claim that all GCC operations are already replaced
- not a funding ask in the first conversation