TeleTracking

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THE HYBRID COMMAND CENTER MODEL

A future of flexibility includes both on-site and remote solutions.

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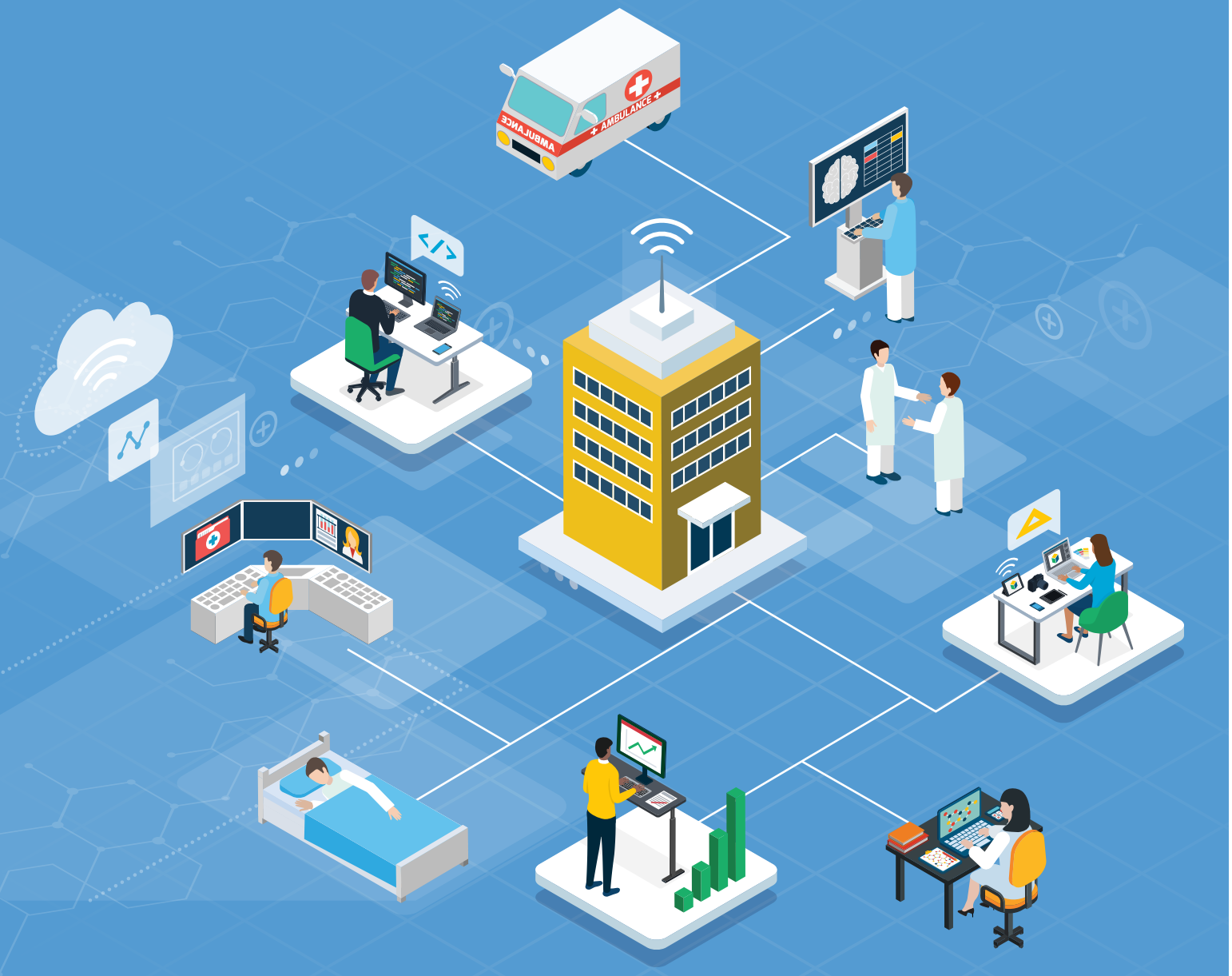


EXECUTIVE SUMMARY

A health system Command Center can drive significant, positive outcomes. Benefits can be realized by organizations of any size using a variety of spaces — from large, integrated delivery networks to community hospitals, with operations ranging from 8,000-square-foot wings to modest, repurposed medical libraries.

An emerging trend also shows a newer possibility: Command Centers created with a hybrid model, featuring both in-person and remote team members. With many health care systems already achieving HIPAA compliance programs for remote employees before the COVID-19 pandemic, others have now followed suit.

The remote option gives employees flexibility, a key consideration for staff retention. Team members who work in Command Centers are highly skilled critical thinkers with in-demand clinical backgrounds. Those attributes, combined with the ongoing nursing shortage, makes staff satisfaction a top priority for health systems.

Remote capability is also useful in emergency situations, when it may not be possible for team members to access the physical Command Center.

Command Centers have the potential to significantly reduce expenses for health systems, which could provide a crucial lifeline for overcoming the huge financial losses sustained in recent years.

THIS PAPER OUTLINES HOW A NEW HYBRID SOLUTION OF ON-SITE AND REMOTE COMMAND CENTER OPERATIONS CAN RESULT IN SUSTAINABLE OPERATIONAL IMPACT, INCLUDING:

01 Improved Efficiency

02 Increased Revenue

03 Enhanced Patient & Caregiver Experience

04 Staffing Flexibility

DRIVEN BY MISSION

Our mission is simple: to ensure that no one waits for the care they need. When patients receive care in a timely manner, it improves their health outcomes and increases their satisfaction. Our Command Center model provides a centralized hub that helps optimize patient flow. By decreasing wait times at every step — from admission to discharge — health systems can improve patient care and increase patient volume.

A COMMAND CENTER:

01
Acts as a centralized information hub across the care continuum, breaking down silos and enabling situational awareness and operational foresight

02
Ensures efficient patient flow, including incoming and outgoing transfers, bed placement, transportation dispatch, environmental services, and case management

03
Operates with a one-call philosophy, allowing referring physicians to dial a single phone number to access the resources to place a patient

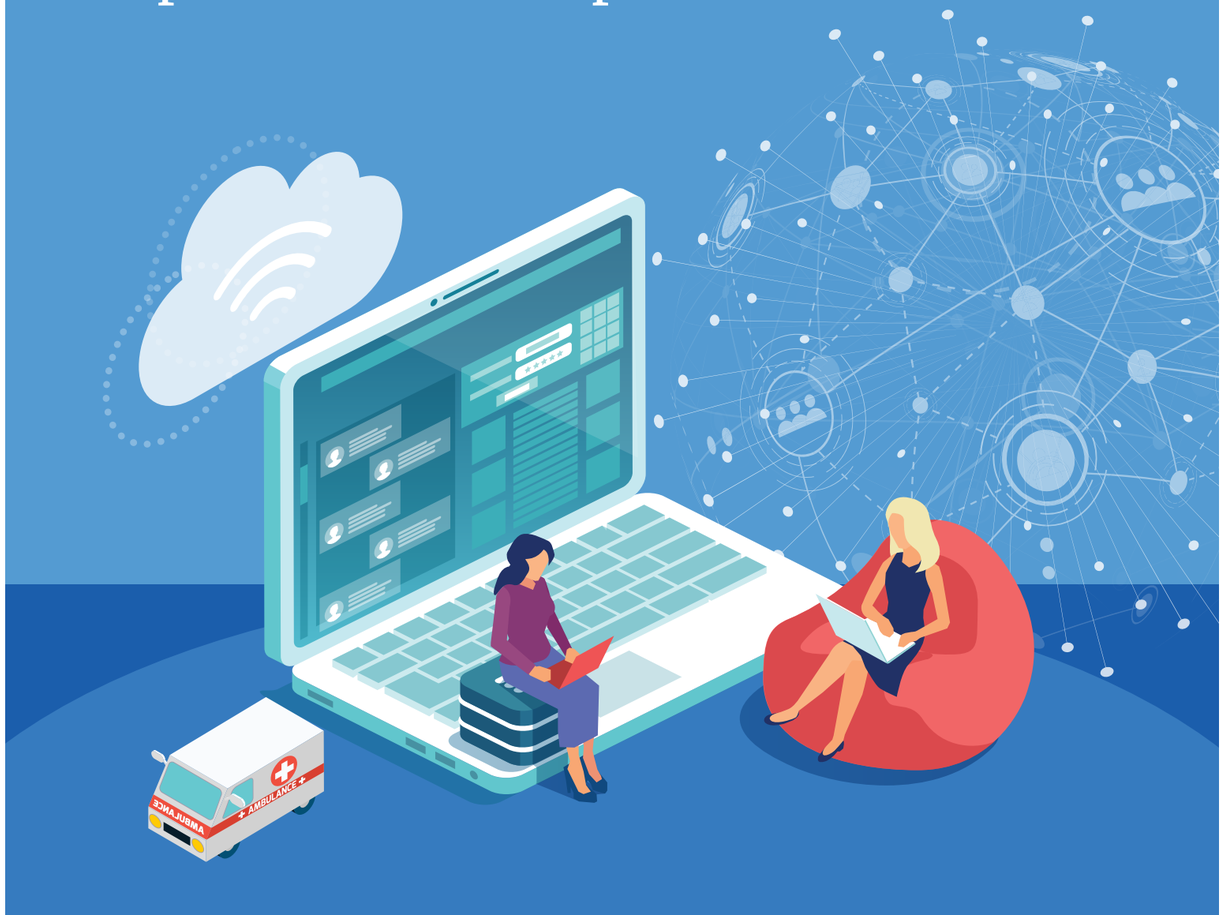
04
Offers health systems continuous tracking and improvement, to identify bottlenecks and improve key metrics system-wide

In addition to technology, TeleTracking provides a comprehensive approach that includes a team of patient flow experts. These experts provide insight into process improvement to support the organization's operational strategy.

The flexibility of a hybrid Command Center represents the next frontier in our mission. We provide the road map that helps health systems evaluate, plan, and implement the Command Center model best suited for their organization, employees, and patients.

How Remote Work Is Possible:

While health systems still require permanent Command Center locations, the software as a service (SaaS) technology they use is based in the Cloud. Access can be provided anywhere, as long as the correct security protocols are in place.



DEFINING A HYBRID COMMAND CENTER

Traditionally, the Command Centers that TeleTracking has established in more than 100 medical centers worldwide feature centralized offices that manage patient flow, including bed placement within hospitals and patient transfers into and out of the network.

Recently, health systems have started experimenting with different versions of that structure. In these alternate approaches, health systems still operate a physical Command Center and information remains centralized, but individual team members don't have to be physically present. This remote option provides flexibility when natural disasters or other situations make it difficult to access the Command Center. It also allows employees to make a personal career choice to work remotely.

TRADITIONAL COMMAND CENTER

The classic, in-person model for Command Centers is similar to a NASA mission control center or an air traffic control tower. A team of highly trained staff collaborates in view of multiple wall-mounted screens (as many as 20 to 40) offering real-time data at a glance. These monitors show dashboards of key metrics across the health system — ED and ICU volumes, for example — as well as the weather and local news, which could impact traffic into the health system.

HYBRID COMMAND CENTER

In a hybrid model, team members do the same jobs as in a traditional Command Center but from their homes some portion of the time. At-home team members take calls, arrange transfers, and assign beds in much the same way as they would in-person, using the same technology. Typically, agents live within driving distance of the main physical location, so they can report to work in person if necessary. In this model, "hybrid" can refer to the mix of team members (some in-person 100%, some remote 100%) or their schedules (three days in-person, two days remote, for example).

CONSIDERING THE MOVE TO HYBRID:
HOW TO EVALUATE THE DECISION

Every health system is different — in terms of geographic location, patient mix, and technology capabilities — and so the road to hybrid will also be different.

STEP 1: ASSESSING PROS AND CONS OF HYBRID COMMAND CENTERS

health system

PROS

- Fewer callouts for sickness
- Reduced footprint/ real estate costs
- Higher employee satisfaction, lower employee turnover
- Diversified workforce by location

CONS

- Higher initial equipment costs (for each employee's home setup)
- More challenges in managing a remote workforce (oversight, team cohesion)
- More opportunities for security breaches

command center team members

PROS

- Better work-life balance
- Cost savings
- Decreased exposure to diseases

CONS

- Loneliness, isolation
- Lack of immediate support/stress relief from colleagues
- Hassle of initial setup
- Loss of personal space in home

Here is a deeper dive on the pros and cons related to:

health system

FEWER SICK DAYS/CALLOUTS

Employee health considerations are always a priority. Sharing space and surfaces less frequently means fewer opportunities to spread disease. Not only is this better for team members' health, but organizations enjoy more predictable scheduling with fewer day-of callouts.

REDUCED FOOTPRINT/REAL ESTATE COSTS

With a smaller in-person workforce, organizations can get by with less physical workspace. Real estate is a huge portion of Command Center costs. If budget is a concern, choosing a hybrid model could trim spending. Existing Command Centers could scale back, while new Command Centers could start with less elaborate central hubs, a more palatable option for smaller organizations.

EMPLOYEE SATISFACTION AND RETENTION

Increasingly, employees appreciate the option to work remotely to better balance work and home life. The ability to work from home can become a major strategic advantage for a health system in terms of recruitment and retention.

Retention is a key consideration with Command Center employees, given that these team members can be difficult to replace. The job is stressful, and Command Center team members have qualities in high demand: specialized health care training and critical thinking skills.

Lower turnover is ultimately a cost savings, too, as it's typically less expensive to keep a current worker than to recruit and train a new one.

RESILIENCE

Geographically distributed employees offer an added layer of resilience in the face of disasters, terrorist attacks, and severe weather events. Rather than staff risking injury by traveling through hazardous conditions to reach a physical location, they can continue Command Center operations safely from their homes.

Increasingly, new Command Centers are being built in anticipation of disruptions, with plans and policies in place to pivot at a moment's notice. Remote work helps ensure that team members are ready for any situation.

HIGHER INITIAL EQUIPMENT COSTS

One downside of a hybrid Command Center is the need to set up more workstations than team members — one in each remote employee's home, plus shared workstations in the main location. And for this work — high-stress, on a phone and computer up to 12 hours a day — a temporary kitchen table setup won't suffice. To ensure team members perform at their best, they'll need the same caliber office equipment at home as they would at the main Command Center. That requirement means high-quality office chairs, ergonomic desks, and multiple monitors.

CHALLENGES OF MANAGING A REMOTE WORKFORCE (OVERSIGHT, SUPPORT)

When Command Center team members are remote some or all of the time, managing them can become more challenging. How do organizations ensure all team members are held to the same standards and given the same opportunities for

learning and advancement? How do they monitor and measure performance? Health system leadership must answer these key questions.

Oversight is a particular concern. If a team member is at home, a manager's ability to instantly assess readiness and performance — the employee's alertness and focus — is limited. It's also true that not everyone is cut out to work from home. Team members must have the ability to focus on the work at hand without direct supervision.

Team support is also a potential issue. When everyone is in a room together, team members can see who is on a call, and for how long, through visual indicators at each workstation. Workers can sense through tone of voice or other cues that an issue is urgent and a coworker might need backup. Managers can more easily provide support or intervene if needed. With a hybrid model, some of this natural synergy is lost. Still, with tailored training programs, effective communication protocols, and attentive management, hybrid Command Centers can overcome the challenges of remote work.

MORE OPPORTUNITY FOR SECURITY BREACHES

Asking team members to connect to the health system network from their own homes presents added security hurdles, in terms of both data security and HIPAA policies. Multiple locations are naturally more difficult to control than one single location. However, Command Centers can minimize security concerns by requiring workers to connect via VPN software.

Here is a deeper dive on the pros and cons related to:

command center team members

COST SAVINGS

Cost savings for team members come from eliminated or reduced commutes.

BETTER WORK-LIFE BALANCE

Time returned to team members through the elimination of commuting can be devoted to family, home tasks, and personal pursuits. Team members also have more flexibility during the week to take care of important concerns.

LESS EXPOSURE TO DISEASES

There are several aspects of personal health that make remote work more appealing to individuals. Less frequent contact with people outside their households means that they are less likely to fall ill. When Command Centers are inside health care facilities, the risk of disease may be perceived as higher.

DISCONNECTEDNESS/LACK OF IMMEDIATE SUPPORT

A common struggle for remote employees in all industries is feeling disconnected or isolated, even if they largely enjoy working alone. In a room full of people, it's easy to collaborate. Team members can reach out for help when needed — a feature that is lost in a remote setting.

HASSLE OF INITIAL SETUP/LOSS OF SPACE AT HOME

Command Center employees must find room for a home office, with larger space requirements than other home-based computing tasks. They also need to set up technical equipment and potentially upgrade internet service to the speed required.

The Bottom Line:

With Command Center SaaS-based technology, remote team members still have access to the information they need, just without the luxury of seeing it on massive boards. The advantages of a hybrid model are compelling, and many health systems have proven that the challenges can be overcome and team members can work successfully.

STEP 2: DEVELOPING AN ACCURATE COST-BENEFIT ANALYSIS FOR THE ORGANIZATION

01 IDENTIFY ORGANIZATIONAL GOALS

What does the organization want to achieve by establishing a hybrid Command Center? Examples of goals could be to minimize staff on-site or to expand the services the Command Center offers by creating capacity.

02 ASSESS THE POTENTIAL COSTS AND SAVINGS

Conduct a thorough gap analysis as part of the process for transitioning an established Command Center to a hybrid model or establishing a hybrid Command Center to start.

In looking at the total picture, do the potential savings outweigh the costs? If they don't, are the less tangible advantages (lower employee turnover, for example) enough to make up the difference? Consider all the components needed right now, plus allocations for the future growth of the health system.

03 DECIDE WHICH METRICS TO TRACK BEFORE AND AFTER THE SWITCH

Successful Command Centers (of every type) are constantly tracking performance and striving for improvement. What tweaks are needed with the hybrid model?

To start, organizations will want to gather baseline performance metrics before the transition to hybrid to assess the effects of the change. Look to see if having remote employees affects top-line numbers — ideally, staying the same or improving. Does the team's performance as a whole change? Are individual employees more or less successful as remote workers?

In addition to capturing data before and after the switch, consider tracking other measures, noted in the chart below.

All Command Centers commonly track:

- Call volume
- Acceptance rates
- Cancellation rates
- Declined admissions or transfers
- ED hold times
- Discharges by 11 a.m. and 2 p.m.

Hybrid Command Centers can consider adding:

- Staff satisfaction
- Provider satisfaction with the referral process
- Cost savings (or overruns) from projections
- Decision times for individual team members at home versus in-person
- If phone software allows:
  - *How soon each team members picks up the phone when it rings (after 1st ring, 2nd ring, etc.)*
  - *How many calls get routed to a phone tree instead of being picked up*

STEP 3: IMPLEMENTING A SMALL PILOT TEST

To ensure a quality transition that everyone (leadership and team members alike) is comfortable with, test the potential move to a hybrid model before finalizing it. Consider a pilot with just a handful of team members to iron out any kinks with equipment and processes.

Key Qualities of Command Centers That Succeed as Hybrids

01 IN OPERATION FOR AT LEAST SIX MONTHS

Established Command Centers are somewhat better positioned for success with the hybrid model. The team knows each other and operates like a well-oiled machine. If a Command Center is brand new, all employees should work together in-person for at least six months before going remote. This period allows team members to adjust to the software and workflows before doing their jobs from home.

02 COLLABORATIVE RELATIONSHIP WITH THE IT DEPARTMENT

Success with the hybrid model depends heavily on technology, so it's not possible to achieve if the health system's IT team is not fully on board. Sometimes advocates for a remote option get pushback because IT feels protective of system security. Fortunately, there are solutions to data security concerns surrounding remote work; successful hybrid Command Centers collaborate with their IT teams to find them.

03 OPEN COMMUNICATION STYLE THAT TRANSLATES TO DIGITAL TOOLS

Clear and quick communication is the lifeblood of a Command Center. When shifting to a hybrid model, much of this communication happens via online platforms. Command Center team members need to know when to communicate information to colleagues and how to communicate it clearly via these digital tools. Organizations can foster effective communication habits among team members with clearly defined procedures and activities to ensure continued team cohesion.

WHAT DOES THE FUTURE HOLD?

There are pros and cons to both traditional and hybrid approaches for Command Center employers and employees. Ultimately, business metrics will determine the viability of the remote model. Changes in team member location are still relatively new, with data analysis underway to determine trends.

INITIAL FINDINGS

Anecdotally, some health systems that tried a hybrid model in recent years have found great success in terms of cost savings, performance, and employee satisfaction. They appear to have adopted this approach long term.

Other health systems, however, have abandoned their hybrid attempts and pulled their staff back to the office, including some who attempted the shift in 2020. To them, the benefits of having all team members in the same area (efficiency, cohesion) were compelling.

While it's unclear where the majority of health systems are headed with remote work, it's apparent that many organizations have realized the benefits of this flexible approach.

A PREDICTION

Many Command Centers won't completely return to a traditional, in-person structure. One plausible future may retain in-person work as the default, while utilizing the remote option as a valve or switch that can be turned on or off as an organization's needs change. For example, employers may deploy remote work as a strategy to:

- Provide individual team members with their choice of work environment
- Account for future disease outbreaks as local case numbers rise
- Respond to severe weather or other natural disasters

No matter which model — traditional or hybrid — an organization pursues, a comprehensive approach that incorporates people, process, and technology will result in a Command Center that achieves patient flow goals.

KEY TAKEAWAYS

- The decision to transition a Command Center to a hybrid-remote model is unique to each health system and depends on the organization's goals.
- Advance planning, ongoing measurement, and secure processes are critical to smooth implementation and continued success.

FREQUENTLY ASKED QUESTIONS

Based on our extensive work with health systems of varying sizes and circumstances, we have addressed many questions and considerations along the way regarding this hybrid command center solution. If you have questions that are not answered here regarding your own considerations, please contact us to see what we can do together.

Q WHICH PARTS OF A COMMAND CENTER CAN GO REMOTE?

With the appropriate hardware and software, any team member can potentially achieve success working remotely. To start, it helps to consider the various responsibilities a Command Center may face.

Most Command Centers have at least two major components:

- Transfer center that handles patients transferring into or out of the hospital system
- Patient placement that handles bed assignment for patients moving within the hospital system

These components require staff with different backgrounds:

- Transfer center agents are typically people with clinical experience, such as former registered nurses, since this role frequently involves triage.
- Patient placement roles can be clinical or non-clinical, as long as non-clinical staff have access to others with a clinical background when needed for bed assignment.

Depending on the size and complexity of the health system, some Command Centers also incorporate:

- Environmental services to streamline room cleaning
- Patient transport
- Case management
- Dispatch communications for ground (ambulance) or air transport

Q WHAT PORTION OF TIME DO TEAM MEMBERS WORK REMOTELY?

The percentage of time that hybrid Command Center team members work remotely is up to individual hospital systems, with various approaches possible. Some health systems allow staff to work remotely 100% of the time, while others implement split shifts.

Q HOW REMOTE (GEOGRAPHICALLY) CAN TEAM MEMBERS BE?

Most Command Center team members live within a reasonable driving distance of the hospital system that employs them so they can report in person if necessary. However, as remote work technology matures and comfort with it increases, it may become possible for team members to live farther afield.

Q HOW CAN WE ALIGN REMOTE AND ON-SITE PROCESSES?

Shifting to a hybrid model should prompt a close look at the Command Center's processes and policies. Command Center staff need absolute clarity surrounding who they report to in different situations and how they escalate potential issues to management. To get there, teams need to standardize processes and ensure that every team member knows them inside and out. Everyone should understand their role, what information they can collect, where in the process to hand off to another team member (or management), and exactly how to do so.

That said, the finer points of some escalation procedures may differ between in-person and remote team members. For example, in-person team members can simply flag down a manager who is in the same room. A remote team member will need an equivalent way to draw a manager's immediate attention.

In particular, make sure to document the team's escalation procedures for:

- Denials
- Physician-to-physician complications
- Possible EMTALA violations

Q HOW DO COMMAND CENTERS MAINTAIN TEAM COHESION WITH THE HYBRID MODEL?

Maintaining the social bonds between team members is key for all Command Centers to function at the highest level. At any given time, some staff will be in person and some will be working remotely with the hybrid model, so opportunities for connection need to be deliberate. To maintain team cohesion:

Schedule virtual huddles on a regular basis. Discuss current Command Center business or provide ongoing training on new technologies.

Create social opportunities such as weekly "coffee breaks" or ice-breakers that everyone can participate in simultaneously.

Maintain competition and team spirit with regular activities such as polls, contests, and awards.

ABOUT THE EXPERTS

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Senior Workflow Consultant, TeleTracking

Lisa focuses on Teletracking's Access Management Suite to include Command Center builds. She acts as a Subject Matter Expert for Transfer Center and Transfer Center processes working in both North America and Europe. Over 30 years of experience including Critical Care and Emergency Services, Clinical Director for a Patient Logistics/Command Center for an Academic/ Level I Trauma Center/Tertiary Referral hospital in Chattanooga Tennessee. Nursing Diploma from Erlanger School of Nursing, Bachelor's and Master's in Health Care Administration from St. Francis University of Chicago.

REBECCA WENZEL, RN, BSN
Workflow Consultant, TeleTracking

Rebecca has six years with TeleTracking and is currently a Workflow Consultant focusing on the Access Management Suite to include Transfer Center and Command Center builds. Experience as a Paramedic working in the ground/air setting for over 10 years and has been a nurse for over 22 years: pre-hospital, Critical Care, Emergency Services, Med/Surg, Transfer Center Nurse, Transfer Center Supervisor, and then Director of Transfer Center. Associate's nursing degree from Northeast Mississippi Community College and BSN from Chamberlain School of Nursing.

DAVID MURPHY RN, BSBA
Workflow Consultant, Client Transformation, TeleTracking

David has extensive knowledge of the TeleTracking applications related to Access and Throughput. Over 19+ years of IT experience designing, implementing and supporting a wide range of systems from supply systems to banking systems. Over six years of experience as a registered nurse working in hospital settings. Over 10 years with TeleTracking.

DEBORAH R. HALL, EXECUTIVE MSN, RN, CPHQ, CNML
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Deborah has served in the areas of Emergency and Surgical Services, Education, Research, Safety/Regulatory, Informatics, Change Management, Continuous Improvement and Operational Excellence. She was a Lieutenant in the U.S. Naval Nurse Corps for military medicine involving mobilization readiness and rapid hospital deployment. Specializes in the design and implementation of centralized operations to improve organizational structure to accelerate patient access into the health care system. Bachelor's degree in nursing from University of Tennessee, MSN in Executive Leadership from the University of Memphis and member of the Tennessee Organization of Nurse Executives and the National Association of Healthcare Quality.

TeleTracking can assist health systems with all phases of hybrid Command Center planning and implementation.

Access the **Hybrid-Remote Command Center Implementation Guide** by using the QR Code or URL below.

teletracking.com/implementation-guide

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