TeleTracking

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HYBRID-REMOTE COMMAND CENTERS

Best Practices:
An Implementation Guide

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IMPLEMENTATION
Guide

EXECUTIVE SUMMARY

Increasingly, health systems are adopting a hybrid approach to Command Centers, with team members working remotely from their homes, some or all of the time. For health systems, the benefits include higher employee satisfaction, reduced real estate costs, and better preparedness for emergencies and disasters.

As you might imagine, establishing a hybrid Command Center involves a number of technical components.

THIS PAPER OUTLINES ALL FACTORS TO CONSIDER, INCLUDING:

01 Aligning policies and procedures

02 Accounting for hardware and other infrastructure needs

03 Identifying software requirements — not to mention addressing data security

Without a clear road map, organizations may fall into a haphazard, experimental approach as they attempt the transition, frustrating staff and straining financial resources.

Early access to best practices can avoid that strain and stress. With guidance on implementation, organizations can ensure that remote team members have the tools they need to do their jobs effectively on Day One.

Partnering With Us

TeleTracking pioneered the concept of Command Centers to achieve patient flow goals. We can assist health systems with all phases of hybrid Command Center planning and implementation:

01 Initial assessment of goals

02 Cost analysis for the transition to hybrid

03 Support with equipment purchasing

04 Implementation of the hybrid model

05 Ongoing training and refinement

WHERE TO BEGIN?
PROCESSES AND POLICIES

Shifting to a hybrid model should prompt a close look at a Command Center's processes and policies. Specifically, it's essential to align expectations for remote and on-site team members.

Command Center staff in either location need absolute clarity surrounding who they report to in various situations and how they escalate potential issues to management. To get there, teams need standardized processes. Each team member 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:

01 Denials

02 Physician-to-physician complications

03 Possible EMTALA violations

SOFTWARE REQUIREMENTS FOR REMOTE WORK

In addition to the basic software suite that all Command Center team members need — intranet, EMRs, and patient flow platforms — three other application types are essential with the hybrid model:

COMMUNICATIONS SOFTWARE

Your staff will need an internal communications platform to stay in continuous contact no matter the location. Nowadays, communication can take many forms — text, chat, phone, or video. Finding the right tools for your team, and mastering how and when to use them, is key for hybrid Command Center success.

CALL RECORDING SOFTWARE

Traditional (in-person) Command Centers can record their calls using hardware or software. In a hybrid model, software is preferable. Internet-based phone systems allow the Command Center to route calls to remote team members as easily as to in-person team members and, crucially, record the conversations. This capability is essential; in fact, we have seen health systems abandon their switch to hybrid because they had not budgeted to upgrade to internet-based phone systems. They were therefore unable to record calls by remote team members.

VPN SOFTWARE

A virtual private network, or VPN, is a secure way for team members to connect to the internet. Using VPN software creates an encrypted connection that keeps all health system data hidden.

Why Record Calls?

Most Command Centers record all calls they make and receive, for several important reasons:

INSTANT PLAYBACK

Team members can replay a call to capture any missed details.

ONGOING TRAINING

By listening to calls, leaders can identify opportunities to improve staff performance or showcase outstanding work.

SERVICE RECOVERY

If a Command Center interaction results in a negative experience anywhere along the line — a dissatisfied physician, a bad patient outcome — it's helpful to pull the associated call recordings to hear what took place.

Hardware & Infrastructure Requirements

Command Center work can be taxing, with frequent periods of high stress and up to 12 hours a day spent on a phone and computer.

To meet these demands, a temporary kitchen-table setup won't suffice. For team members to perform at their best, they'll need the same caliber office equipment at home as they would have at the main Command Center.



THE FULLY FUNCTIONAL HOME WORKSTATION FOR COMMAND CENTER TEAM MEMBERS

LAPTOP WITH DOCKING STATION
Provides mobility between the home office and the Command Center

HIGH-SPEED INTERNET
Fast enough to accommodate team member + their household during working hours

FAX MACHINE
Can eliminate if using e-fax

SHREDDER
HIPAA-compliant versions available

PRINTER
Essential for some document processing

PHONE WITH CONFERENCING CAPABILITY
At least five lines recommended

HEADSET
Ideal sound cancelling and voice controls

DESK
Large enough to accommodate multiple monitors. Adjustable (sitting to standing) for comfort and optimal performance

ERGONOMIC OFFICE CHAIR
For proper back and hip support

FOOTSTOOL
Elevates feet for back health and circulation

MONITORS
Three to four, each 31" to 32 " in size

BACKUP POWER
In case of outage

PRIVACY AND SECURITY
CONSIDERATIONS FOR HYBRID COMMAND CENTER EMPLOYEES

With employees working remotely from various locations, the risk of a security breach is higher than with everyone in one location. However, sensible precautions can reduce this potential exposure.

There are two main security concerns with remote Command Center team members: Personal Health Information (PHI) as it relates to HIPAA policies and overall data security. To protect health systems, Command Centers should take precautions to address both concerns, no matter where team members work.

STEPS TO SAFEGUARD PHI:

- Secure the employee's physical space. We recommend that remote team members have dedicated spaces in their homes that can be locked when not in use.
- Require that monitors face away from windows. Computer screens should not be visible from outside.
- Consider providing secure trash cans and shredders. Clearly communicate how employees should dispose of PHI in their homes. Several brands make HIPAA-compliant versions of office equipment.
- Set computers to log out after short periods of inactivity. If team members get up from their desks momentarily, automatic logout means less of a chance that someone else can access files.
- Ask employees to sign compliance documents. Remind employees during training that the same HIPAA and PHI policies apply at home as in the facility. Ask them to sign a document attesting to this.

MAINTAINING DATA SECURITY MORE BROADLY

Health systems are prime targets for cyberattacks given the high value and sensitivity of the information that their digital systems contain. Examples include not just PHI, but also patient financial information and Social Security numbers. Breaches generate negative publicity for the health system, create disruptions in patient care, and can be costly to fix.

For remote workers, the main solution is consistent use of a virtual private network, or VPN. Command Center team members can use a VPN to connect to the health system network securely.

Key Takeaways

01

Command Center team members in all locations need clarity surrounding the appropriate reporting structure and escalation procedures to follow.

02

Clear communication is vital to a Command Center, and it requires specific software for team members, especially call recording capability.

03

For remote team members to succeed, their home offices require quality office equipment tailored to their demanding work.

04

Sensible precautions can lower the risk of security breaches among remote team members.

FAQS
MAKING HYBRID COMMAND CENTER PROCESSES CONSISTENT

Q HOW WILL WE TRANSMIT THE PHYSICIAN ON-CALL SCHEDULE?

To efficiently arrange patient transfers, Command Center team members must know which on-call physicians to contact at any time for every specialty. Ideally, the most up-to-date version of the physician on-call schedule would live online, with real-time updates immediately accessible to all. However, many facilities still use paper schedules and fax them to the Command Center. In that case, you'll need a process to share the most recent schedule with remote team members. Digital tools can ensure that team members always have the correct information.

Q HOW WILL WE HANDLE HANDOFFS BETWEEN SHIFTS?

Command Centers typically operate with staggered shifts. When there is a shift change, departing team members share the status of open cases so arriving team members can easily pick them up. When team members are mixed between remote and in-person, documentation is even more important. We recommend noting the status electronically (in the case file) as well as making personal contact (such as through a phone or Zoom call) to communicate any nuances.

FAQS
CONTINUED

Q WHAT IS OUR BACKUP PLAN FOR DOWNTIME?

Downtime can come in many forms: full-system outage, specific software outage, local power outage, phone outage, or internet outage.

Remote team members should have contingency plans for each type, so they can continue their essential work. Brainstorm backup plans or workarounds proactively, as well as a trigger for when a team member will need to come to the Command Center in person.

With software downtime, for example, the team can switch to predetermined backup applications or temporarily return to a paper system. For an internet outage, the team member could switch to a cellular hotspot for access.

Q HOW WILL WE TRAIN NEW EMPLOYEES, OR TRAIN EXISTING EMPLOYEES ON NEW SOFTWARE?

For new employees coming into an established hybrid team, we recommend an in-person training period of two to six months before extending the option to work remotely. To train existing employees on an ongoing basis, we recommend scheduling training sessions with enough notice that all team members can be present in person.

Q WHAT WILL OUR SPECIFIC WORK-FROM-HOME POLICIES BE?

Document your complete expectations regarding remote work, from cybersecurity requirements (see Part 5) to working hours and whether team members must have child care while on the clock.

99.98% UPTIME

TeleTracking clients are rarely affected by unplanned outages. Plus, our system is in the Cloud, so we don’t require planned outages to make upgrades.

ABOUT THE EXPERTS

LISA B. GRANT, RN, BSHA, MHA
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
Advisory and Senior Workflow Consultant, Advisory Services/Client Transformation, TeleTracking

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.

ABOUT TELETRACKING

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:

- Acts as a centralized information hub across the care continuum, breaking down silos and enabling situational awareness and operational foresight
- Ensures efficient patient flow, including incoming and outgoing transfers, bed placement, transportation dispatch, environmental services, and case management
- Operates with a one-call philosophy, allowing referring physicians to dial a single phone number to access the resources to place a patient
- Offers health systems continuous tracking and improvement, to identify bottlenecks and improve key metrics systemwide

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.

VISIT TELETRACKING.COM/CONTACT TO CONNECT WITH ONE OF OUR PATIENT FLOW EXPERTS.

TeleTracking®

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