

# Clinical Command Center

## Patient Flow & Bed Management

### Frequently Asked Questions

**Q. What is changing?**

- A. Ballad Health is transitioning patient flow and bed management to centralized bed management, facilitated by a team within the Clinical Command Center. This will relieve burdens from our frontline team members, improve patient outcomes and satisfaction.

Currently, bed assignments are managed at the facility level by multiple teams. Moving forward, these services will transition to a central team responsible for managing the availability and allocation of hospital beds across the entire health system. This team will work closely with our hospital teams and use information about acuity levels, bed availability and patient flow to ensure patients are placed in the right bed at the right time, to support their medical needs. Bed placement will include transfers, ER admissions, direct admissions and any surgery admissions.

Along with this change, we are creating a more robust dashboard and criteria for supporting patient throughput using Epic best practices and tools.

**Q. When will the change occur?**

- A. The transition will roll out in phases starting with acute hospitals in October 2023, followed by behavioral health and long-term care before the end of June 2024.

**Q. Who will oversee bed assignments?**

- A. The responsibility for bed assignments will fall under Ballad Health's Clinical Command Center.

**Q. What does the Clinical Command Center do?**

- A. The main purpose of the Clinical Command Center is to have a centralized location and specialized team responsible for routing patients to the right facility for the appropriate care in the most efficient manner. This is done through communication with hospital teams, EMS and rescue services. Based on the acuity and location of the patient and the type of care they require, the Clinical Call Center team determines which tertiary care facility would be best for the situation, so that EMS can transport the patient to the appropriate location as quickly as possible.

The center oversees other key services, including patient transfers, MD Connect services, EMS & Med Air traffic and digital care visits and various other telemedicine functions such as tele-sitter (virtual patient safety companion), tele-discharge and tele-admissions. With this change, the

Clinical Command Center will expand to include enhanced throughput data to track each patient's journey from admission to discharge – including ICU acuity, length of stay, discharge and more.

**Q. Why are we centralizing services for patient flow?**

- A. Our health system, like others nationwide, has been grappling with severe staffing shortages. To help ensure these challenges don't affect the quality and safety of patient care, we are reviewing key processes to determine how they can be better managed through a more efficient and uniform approach. With this change, we will manage patient flow, placement and bed availability in real-time.

In turn, this helps us manage bed supply to identify bottlenecks and act quickly to place patients in the most appropriate care setting based on their acuity and needs. It will also ensure we make the best use of our resources, such as beds and staffing. This will give the health system a more direct line of sight into overall patient flow and care. Bed placement will include transfers, ER admissions, direct admissions and any surgery admissions.

**Q. How will this change benefit patients?**

- A. Adopting a more uniform approach to managing throughput and bed assignments benefits patients in many ways. Patients are placed in a bed that best meets their medical needs. It also allows us to treat the patient at the system level with the benefit of more resources, staffing and specialty care when needed. In turn, patients receive more efficient and timely care, leading to better health outcomes and improved patient satisfaction. This also improves how we perform in key areas that affect care, such as patients who left without being seen (LWBS), the average length of a patient's stay (ALOS), discharges against medical advice (AMA), the Mortality index and several other quality measures.

**Q. How will this change benefit our team?**

- A. Consolidating responsibilities for patient flow and bed assignments provides a central point of communication between hospitals and team members with access to real-time information. In turn, this helps us manage resources more effectively, reducing the need for multiple transfers or readmission. It also reduces the workload for our frontline and eliminates redundancies in work streams, so that staff can focus more time on direct patient care. This should also improve LWBS, ALOS, AMA, Mortality index and several other quality measures. This also increases our hospitals' standing with Centers for Medicare & Medicaid Services (CMS) and other organizations that routinely assess our level of care.

**Q. How did we arrive at this decision?**

- A. This decision follows a thorough review of best practices, including research on industry-standard metrics and outcomes, as well as input from clinical leaders and staff. We considered a range of factors including patient flow, bed availability, patient safety, use of resources and communication between hospitals and departments.

This was deemed the best option based on the benefits it offers to streamline processes, reduce wait times and support patient experience and their health outcomes. We sought input from clinical leadership and staff, including nursing, EVS, behavioral health and case management to define a systemwide process that works best for our team members and patients.

Below are two great sources for learning more about the benefits of centralizing patient flow and bed assignments.

- [Four rules for bed assignment in an efficient hospital](#)
- [Optimizing patient flow](#)

**Q. How are we using Epic to support this process?**

- A. We are launching a capacity planning dashboard, also known as Grand Central Station, which will show an accurate account for open beds, used beds and blocked beds, including specific definitions for why a bed may be blocked. To help us keep throughput as efficient as possible, we will also monitor nursing and EVS room turnovers and discharges. The scope of the initiative will include ED admissions, direct admissions and transfers to a higher acuity or behavioral health post-acute setting.

**Q. What criteria will be used for determining bed placement?**

- A. We will use Epic's Deterioration Index (DI), specifically designed to be used with the patient's electronic health record. It's widely used in the healthcare industry to assess the severity of a patient's condition.

The tool takes considers a variety of clinical data, including vital signs, lab results and patient history, to generate a score indicating a patient's risk of deterioration. When a patient's deterioration index score falls below a certain threshold, the likelihood of that patient experiencing an adverse event increases.

With this score, we will quickly assess the need for early intervention to prevent further decline in the patient's condition. It will also give us objective data and standardized criteria to ensure we get patients to the right bed at the right time.

**Q. Will teams be trained to use these new tools?**

A. Right now, we are still in the planning phase of building the new dashboard and enabling any new features in Epic. However, once the dashboard is active and undergoes testing, any team member using the system for managing patient flow, transfers and bed assignments will receive appropriate training before we begin using it across the health system.

**Q. How will the team responsible for managing bed placement at the system level be staffed?**

In all, 14 team members will support this function, including a manager, nurse and other clinical and non-clinical roles.

**Q. Can team members apply for these positions?**

Yes, team members interested in applying may do so once jobs are posted on our Ballad Health Careers site in the coming months. These postings will include job responsibilities and requirements to help team members assess if these roles align with their professional interests and qualifications. Team members can also email [Stephanie.Tester@balladhealth.org](mailto:Stephanie.Tester@balladhealth.org) to request a job description.

The Clinical Command Center also has open positions supporting the transfer center, digital health and other areas. Please visit the Ballad Health Careers website to learn more.

**Q. Will there be any reductions in the workforce?**

A. There will be no workforce reductions because of this transition. Each hospital is evaluating its coverage model for patient flow. This will reduce the administrative burden on house supervisors and patient flow coordinators, so they can focus more time on managing their house and supporting direct patient care. Some positions will also have the chance to move into other roles at the hospital or within the health system.