Kettering Health Network Operational Command Center

A CENTRALIZED VISION

HOW A NEXT-GENERATION OPERATIONAL COMMAND CENTER IS IMPROVING PATIENT CARE.

Kettering Health Network in Dayton, Ohio is a faith-based, nonprofit health system operating with the mission to improve the quality of life of the people in the communities they serve through health care and education.

It is that type of commitment that has resulted in Kettering becoming one of the most recent health systems to launch an operational command center—cutting the ribbon January 21, 2019 on a brand new, nearly 17,000-square-foot center. The first of its kind in southwest Ohio, the NASA-like command center will serve all facilities within the Kettering Health Network, which together comprise eight hospitals, 11 emergency departments, and 120 outpatient facilities.

To help other leaders who are ready to embark on this type of journey, we had the opportunity to sit down with project lead, John Weimer, Vice President, Network Emergency, Trauma and Operations Command Center. John brings more than 20 years of both administrative and clinical healthcare experience to the project.

As we chronicle Kettering's journey in upcoming issues of *Patient Flow Quarterly*, this first interview focuses on what led Kettering down this path.

Q. What operational challenges were you trying to solve, and what were you looking for in a solution?

A. Like most systems, the focus is on growth and new, easily accessible points of entry for the communities that we serve. One growth tactic was the elevation of our community hospitals—because historically, large, inner-city hospitals have handled high-acuity patients. Over the last six to seven years, Kettering has focused on creating a strong presence in what we call "bedroom communities"—by providing services locally so that patients don't have to commute. Because as populations age, and with seniors often having no one else to rely on, driving an hour or two just really isn't feasible.

That strategy alone led to us really growing as a system. We opened five new sites in three years and started to see a whole new influx of patients and needed to figure out how to effectively manage them.

We started researching operational options, learned about TeleTracking, attended an event and brought the information back to our leadership teams. The information aligned well, especially with our IT folks—their whole creed is people, process, and technology. They understand the importance of the patients and the clinicians, the processes in the work they do, and if that can be combined with technology it leads to less of a cognitive load for them.

Q. In the midst of those changes, one of your competing hospitals was planning to close its doors. What impact has that had on Kettering, and did that expedite your timeline to launch your center?

A. Good Samaritan Hospital in Dayton operated the second largest emergency department in the community with 70,000 ED visits annually—along with everything else you would expect from a full-service hospital. Before they announced their closure, we thought we had about a 12-month timeline to implement our command center. In order to serve the needs of the community, we knew we had to accelerate the process. In addition, we were also experiencing enormous growth in our own organization—we had more than doubled the emergency patients coming through our door over the past five years and were already on target to see more than 320,000 ED patients this year. With Good Samaritan's closure, we knew those numbers were only going to increase. In addition to these market changes and the consequent increased volume, we were in the process of opening two additional facilities.

Q. What was your executive team's reaction to the command center concept and centralized approach to patient care when they realized this could solve challenges related to capacity and visibility across the network?

A. The interest level was very high, and our teams were engaged and ready to collaborate—which led to truthful and trusting conversations with small groups of our most senior leaders, as well as with some of our community partners. And the result was a clear directive to execute their vision as quickly as possible, with my responsibility tied to getting all the folks at our campuses on board and up to speed with this new approach.

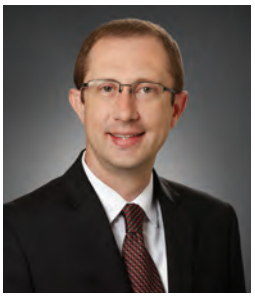
Q. What is your vision for the NOCC (Network Operational Command Center)? What are the phases that you plan to go through?

A. We realize we're novices with the command center approach and that's why one of the truly great parts of working with TeleTracking are the partnerships—both with your teams of experts and the other clients that you're able to connect us with.

The result of these different perspectives has been fascinating—and has helped us make sure we have the right people in the room as we've been working through the planning process and that they're all communicating effectively from an operational standpoint. And that means that six months ago, the answer to the question of our approach and vision would have been very different from what it is today because we're continuing to learn as we implement. The one thing that hasn't changed is our end goal of making things seamless for both our clinicians and our patients.

That being said though, phase one is focused on bed placement and access—moving folks in and out of our system, including coordinating our internal transports so our lateral moves go smoothly. We are also working with our utilization management and social services teams to make sure we're doing what's best for the patient and using our resources most effectively by using system attributes to help properly prioritize the work. Right now, that information is on paper and white boards, with people walking around with patient lists in their pockets. We're excited about being able to bring this online and connect that information to all of our teams.

We have been taking a highly strategic approach to the overall planning process, knowing that things will be different in year one than it will be in year two. And our construction is allowing for that type of evolution and increased volume. We have our footprint today, plus we've saved space for the future, and can look at other areas in the building if we need to.



JOHN WEIMER

MS, RN, AEMT, CEN, NEA-BC, FACHE, Vice President, Network Emergency, Trauma and Operations Command Center, Kettering Health Network

John has oversite of Kettering's Transfer Call Center and Pre-hospital Emergency Services. He is also supervising the development of operations for a new hospital scheduled to open in the summer of 2019 and is leading the Network Operations Command Center project.

Prior to joining Kettering Health Network, John worked in healthcare organizations in southwest Ohio and Los Angeles in various leadership and clinical positions.

John is a graduate of Wright State University with a Bachelor of Science degree in Nursing and a Master of Science degree in Nursing Administration and Healthcare Systems. He holds a master's certificate in Leadership and Executive Development from the University of Dayton.

Q. What have been some lessons learned along the way since the project kicked off in July 2018?

A. Educating key stakeholders in our organization about TeleTracking has been critical. I think that the biggest lesson learned was the initial sell. "This is an operational decision. It has implications to our EMR, it has implications to our clinical folks, it has implications to our finance cycle, but most importantly it has implications to our patients if we chose to do nothing."