


  
**Using Technology to Help with Quality, Staffing and Economics: Command Center**

Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM)

Adam Sapirstein, MD  
Associate Professor- ACCM

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**Disclosures and Bias**

- No personal financial interests
- No off-label uses will be discussed
- Johns Hopkins and GE Healthcare have a financial agreement regarding command center IP
- Some content for this presentation has been provided by GE Healthcare

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**Workstreams Reaching Confluence**

- Tele-ICU
- Alarms Management
- Command Centers

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**A Model of a Tele-ICU**



Photo from Tele-ICUs: Remote Management in Intensive Care Units -NEHI

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**Command Center People**

1. Co-locate existing teams
2. Create new "expediter roles"

CCs include some or all of:

- Bed Management
- Transfer Center
- Transport & EVS Dispatch
- Ambo & Flight Dispatch
- Patient Registration
- Procedure Scheduling
- RN Float Pool Scheduling
- Remote Radiology Reads
- Virtual Sitters
- Virtual ICU
- Virtual Hospitalists
- Telemetry
- Clinical Expeditors
- Procedural Expeditors
- And more...



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**What is a Command Center?**



### Command Center Program Elements

- New Department**
  - Co-locate functions
  - New roles
  - Hub for innovation, culture & learning
  - Clinical & operational
- Analytics Platform**
  - Scalable AI
  - Engine & "Tiles"
  - Cross-system & Open
  - Outside the EMR
  - Real time, all time
- Cultural Transformation**
  - For patients and families
  - Massive collaboration
  - Enterprise & local optimization
  - New energy
- Reengineer Processes**
  - E.g., reallocate bed base, reinvent care mgt., optimize surgical schedule & flow, etc.
  - Target w/ Digital Twin

Staff engaged to develop ideas with modern Design Thinking techniques

### GE Wall of Analytics Software Platform applies advanced analytics to data from across existing systems

**Source Systems** → **GE WoA Engine** → **GE WoA Tiles**

**Engine**

- Dynamic Data Model
- Hof Digital Twin
- Algorithm Manager
- Tile History

### Examples of GE Command Center\* Programs

Each center evolves over time, delivering more and more impact

Johns Hopkins Command Center	Humber River Command Center	OHSU Mission Control
<ul style="list-style-type: none"> <li>Gen1: Access</li> <li>Gen2: Throughput</li> <li>Gen3: Clinical Care Pathways</li> <li>Gen4: Imaging</li> <li>Gen5: Critical Care</li> <li>Gen6: System</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>6 point increase in admissions</li> <li>65% increase in transfer acceptance</li> <li>25% reduction in ED boarding</li> <li>70% reduction in OR holds</li> </ul>	<ul style="list-style-type: none"> <li>Gen1: Throughput &amp; Access</li> <li>Gen2: Quality</li> <li>Gen3: Mother Baby</li> <li>Gen4: 2nd Level Early Warning</li> <li>Gen5: Home Health</li> <li>Gen6: Virtual Sitters w/ Computer Vision</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>8 point increase in admissions</li> <li>56 bed equivalents created</li> <li>52% reduction in acute care/conceivable days</li> <li>23% reduction in ED boarding</li> <li>38% reduction in US turnaround time</li> </ul>	<ul style="list-style-type: none"> <li>Gen1: System Capacity</li> <li>Gen2: Throughput</li> <li>Gen3: Sepsis</li> <li>Gen4: Delays in Progression</li> <li>Gen5: NASA Style Space</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>3 point increase in admissions</li> <li>8 bed equivalents created</li> <li>554 cross-system admissions</li> </ul>

\*Names vary: Command Center, Mission Control, Situation Room, etc.

### Gateway to the Command Center

### Surgical ICU Beds

### Projecting ICU Holds

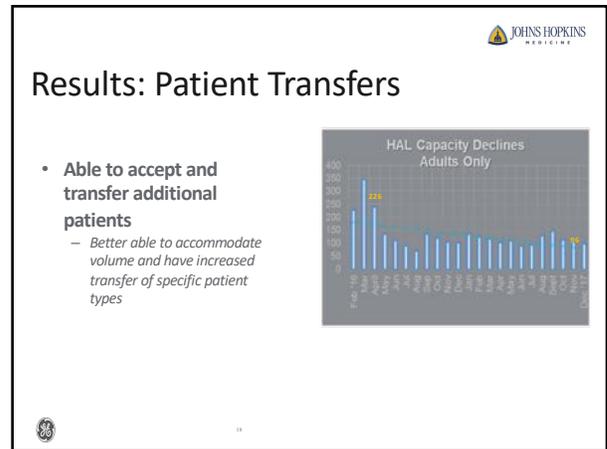
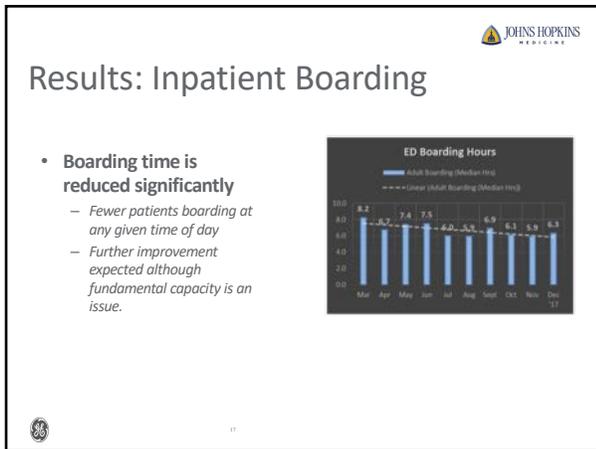
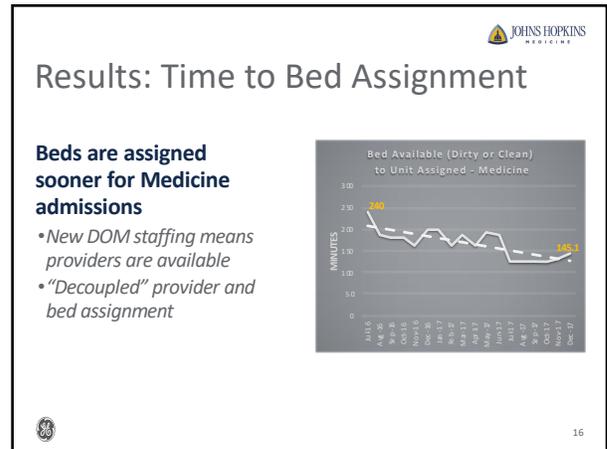
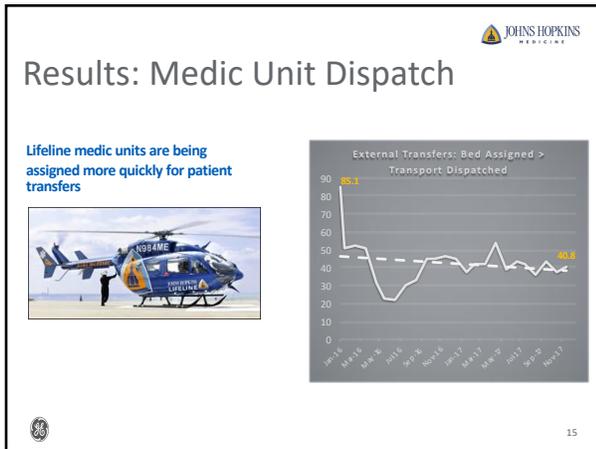
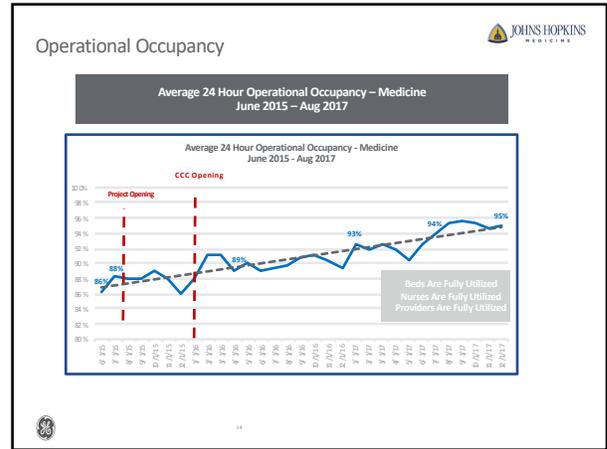
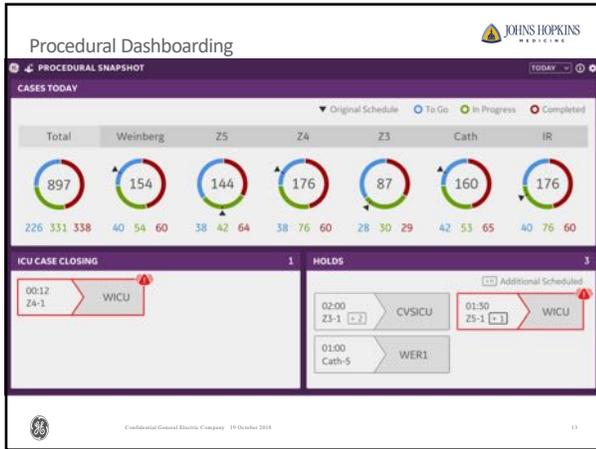
ICU CASE CLOSING	CURRENT HOLDS
OR: 24-1, Patient: ABCD, Admit Location: WICU, Time: 10:05	OR: CVIL-Cath Lab 512, Patient: ARON, Admit Location: JH4-Monitored, Time: 10:05

**PROJECTED HOLD FOR ICU CAPACITY**

TODAY	TOMORROW
Z3, Patient: N.DAV, Admit Location: WICU, Time: 08:24	Z5, Patient: D.SOY, Admit Location: MICU, Time: 08:15

**PROJECTED HOLD FOR PACU STAFFING**

Staffing	Hold
Weinberg: 6:30 MIN	10:1 HR
Z3: 7:30 MIN	9:1 HR
Z4: 5:15 MIN	7:45 MIN
Z5: 5:15 MIN	5:15 MIN



## Results: OR Hold

**The number and length of patients holding in the OR post-operatively is reduced**  
 – Fewer case cancellations.

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## How will Clinicians Meet the Data Challenge?

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## Command Centers Provide a Clinical Data Management Platform

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## Sepsis Pathway Tile – Stakeholder Engagement

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## Acknowledgements

- GE Healthcare: Jeff Terry, Bree Bush, Andy Day, Ann Cole, Leo Dias, Tamas Fixler
- JHH: Jim Scheulen, Mary Margarette Jacobs, Dr. Dave Efron
- OHSU: Dr. James Heilman, Dr. Matthias Merkel, Susan Yoder, Jen Packer

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