

Specifications for integrated operations centre

Specifications help establish business as usual

The purpose of this document is to provide a detailed description of the requirements for the design and function of an integrated operations centre. This includes the benefits and requirements for implementation. An integrated operation centre combines four elements – the right physical space, the right people, the right information and standard operating procedures. Integrated operation centres are most effective when all four elements operate together.

Integrated operations centres facilitate effective operational decision making

An integrated operations centre is a dedicated space in which operational decisions are made

- about care capacity demand management
- in the moment (and over time)
- with the right data and
- the right stakeholders in the room.

Healthcare organisations are complex and dynamic. Therefore operational decisions need to be:

- Precise - use data to make the right decisions now and in the future.
- Agile - change decisions quickly to take advantage of opportunities and threats.
- Consistent - provide consistent messaging.
- Fast - take action in the moment.
- Effective - balance quality, safety and best use of resources.

The goal is to maintain quality patient care, quality work environment and best use of health resources.

Early detection, rapid assessment and effective response to variance

Integrated operations centres consolidate multiple geographically dispersed care areas into a single view. This creates a central hub for decision making for the benefit of every patient and staff.

Integrated operations centres improve across departmental communication, increase situational awareness and result in better resource allocation. This in turn can shift quality and safety to new levels. Operational continuity with staff receiving same information simultaneously. Abnormal situations and adverse events have a better chance of being avoided. This can save lives and money.

The integrated operation centre is implemented in a planned and coordinated way

- CCDM governance is in place and has authority for endorsing implementation.
- There are established lines of accountability and responsibility for implementation.
- Business information and information technology services will prioritise the development and implementation of the capacity at a glance screens as per the CCDM programme plan.
- Information technology system interfaces are functional.
- Capacity at a glance screens are designed to provide staff with the information they need to do their jobs.
- The data being used for the capacity at a glance screens is accurate and complete.
- Monitoring of variance through the core data set will be integrated with the current DHB reporting processes.
- Staff have education and training on the role of the integrated operation centre.
- The detailed requirements for the integrated operation centre (described in the variance response management stocktake) are followed.

The physical space brings the right people together with the right information

Setting up an integrated operation needs to take into consideration location, functionality, ergonomics and interior design.

Location

Determining the location of an integrated operations centre should take into consideration

- Where on the campus should it be best located – within the main building or separate.
- The master facility plan and vision for next 10-20 years.
- Ability to adapt to changes in technology, personnel and management structures.
- The need to withstand possible major hazard events.
- Compliance with relevant building and safety standards and legislation.

Functionality

To function effectively an integrated operations center needs

- Employee participation in design centred on the main users, followed by secondary users. The main users include the manager, duty nurse managers on duty, TrendCare Coordinator and CCDM Site Coordinator (where appropriate to their role).
- Space for large capacity at a glance screens. There may be three or more to display data for the emergency department, perioperative department and inpatient wards/units).
- Standing space for care capacity meetings to take place on a daily basis with screens visible to all.
- Coverage of operations 24/7 under high and low staffing levels.
- Access to toilets and kitchen facilities.
- Adjacent rooms for meetings, storage space and collocation with emergency operations centre and the registered medical officers unit.

- Lines of site that facilitate operational decision making, verbal and non-verbal communication and team work.
- Appropriate security and management of visitors to the centre.
- Minimum disruption to main users from egress or circulation of personal.

Ergonomics

Appropriate ergonomics for an operation centre includes

- A layout derived from task analysis.
- Sufficient distance between workstations.
- Consul layouts, viewing angles, seat height, screen height, and the number of screens to meet requirements.

Interior design

The interior selections for the operations centre need to take into consideration

- Location of furniture, walls and storage units.
- Ceilings, floors, lighting, air conditioning, temperature, and acoustics.
- Power outlets and telecommunications.
- Natural direct/borrowed lighting.
- Windows and avoidance of glare.
- Emergency exit/s.
- Access and egress including for the disabled.

Personnel are skilled and knowledgeable in TrendCare and care capacity management

Personnel working in the integrated operation centre need

- Relevant operational experience and clinical backgrounds.
- Delegated authority, accountability and responsibility for managing staffing.
- In depth understanding of workload and workforce management systems e.g. TrendCare.

Standard operating procedures guide practice

There are systems and processes in place for

- Requests and allocation of staff
- Calculating the casual resource pool/allocation roster model and budget
- Care capacity meetings (daily and weekly)
- Responding to variance, including reallocating staff/allocation of casual and bureau staff.
- Escalating significant and critical care capacity mismatch
- Forecasting admission/discharges (by ward and shift) and for summer/winter bed planning
- Monitoring and reporting on care capacity outcomes using the core data set e.g. number of times wards/units are in orange/red, shifts below target
- Review and continuous quality improvement

The integrated operations centre is only effective if it transforms decision making

Integrated operations centres will not by themselves solve patient flow, utilization, safety and capacity problems. They must be part of an overall transformation to data-driven decision making, improvement and capture of knowledge for continuous learning.

- The integrated operation centre is used as the command centre for hospital operations
- Capacity at a glance screens are turned on and used 24/7
- The staff required to make operational decisions are based in the integrated operation centre.
- The integrated operation centre is the venue for care capacity meetings that are multidisciplinary
- The integrated operation centre is supported by the periodic attendance of senior and executive management
- Data drives improvement and continuous learning