

Introduction

There are five key areas that must be addressed when pursuing a transfer center project. While some of these may intuitively seem more related to “starting” a transfer center, they apply equally well, and are just as important, to update and/or expansion projects for existing transfer centers. Each of these areas help prove the value of a transfer center and on-board people to your cause. They also help create a visible, proactive environment for ongoing operations and decision making.

We encourage you to use this information and seek additional assistance as needs arise. The following information is identified from materials used by expert consultants that have helped hundreds of hospitals and healthcare systems develop, enhance, and operate world class transfer centers. The key five areas are:

Five Key Areas

1. Leadership involvement goals
2. Return on investment (ROI)
3. Cost and resource assessment
4. Assembling a winning team
5. Successfully working with IT

1. Leadership Involvement and Goals



It is critically essential to have senior leadership engaged in your transfer center project. Active involvement results in many advantages, including:

- Appropriate and timely budget allocation
- Visibility to stakeholders that need to sign off (especially CIO and CFO)
- Driving project momentum through executive initiatives
- Political clout to ensure physician participation
- Recognition of accomplishments as the transfer center project succeeds
- and more...



The best way to involve leadership is to invite and understand their goals for the transfer center. The most common of these are:

- Addressing competitive threats from other hospitals in the area
- Growing specific service lines and/or introducing new service lines
- Marketing and increasing “brand awareness”
- Reducing leakage and lost patient opportunities
- Attracting “the right” patient volume (high revenue procedures/diagnoses)
- Pursuing accreditations such as stroke center, trauma levels, cardiac center, etc.
- Overcoming patient flow issues



The only way to successfully understand and address these goals is to directly engage and interview senior leadership, and then keep them involved long-term. The following long-term engagement best practices apply:

1. Select an executive sponsor from the “C-suite,” if possible. This person should be focused on the success, promotion, and accountability of the transfer center.
2. Select a medical director to oversee all clinical operations and to be the liaison to physicians that interact with the transfer center.
3. Assemble a Medical Control Leadership Committee consisting of the CEO or COO, the CNO or CMO, the medical director, as well key physician leaders and ER and critical care directors. This committee aligns transfer center operations with the goals above and meets monthly to quarterly.
4. Assemble a transfer center oversight committee consisting of the medical director, transfer center director & supervisor, nursing, transportation, and registration supervisors, and representatives from key specialties and operational areas that interact with the transfer center. This team provides operational leadership, should meet monthly, and reports findings up to the leadership committee.

Regular and meaningful reporting is essential to successful engagement and retention of leadership support. Ideally, a mix of dashboards should be made available in real time with scheduled weekly and monthly reports covering operations, including crosswalk with financials and daily visibility to any lost patient opportunities. Doing so will keep leaders informed, operations transparent, and excitement about the transfer center’s contribution high.

2. Return on Investment (ROI)

If you can make a strong case around ROI, you will always get the attention of the decision makers that write the checks to fund your project whether you are just starting, looking to acquire new technology, or seeking to build your operations. The case you make must be valid, understandable, and believable. Various factors contribute to a strong transfer center ROI, and as many as possible should be considered when building your business plan.

ROI for a transfer center is generally measured by increased revenue through acquiring new patient volume which sets it apart from other projects and should figure prominently into your project rationale.

The business concept R.E.A.L.™ is the best way to get everyone on the same page regarding transfer center ROI and provides a great baseline for ongoing discussions.

R.E.A.L.™ stands for:



- **Retention:** keeping patients in-network that need additional services
- **Enablement:** controlling the flow of patients that need services you may not be able to provide, but by managing the scenario, you boost loyalty in referring providers
- **Acquisition:** as its name implies, winning new patients that are out-of-network
- **Leakage (or Loss):** not capitalizing on opportunities

The numbers-based analysis looks at transfer center patient volume end points. Volume measurements can be absolute, comparative/trended, system-wide, or broken down by facility, service line, provider, etc.

On average, nationally, a transferred patient will generate \$6,000-8,000 in profit and generally represents an upward shift in case mix index. Multiply that times the increase in patient volume, and you quickly accomplish the milestones that leadership need to see these days to:

- Approve transfer center or expansion/upgrade project – they will be added to existing business
- Approve project will more than pay for itself, generating at least a 10:1 ratio of dollars earned to dollars spent
- Validate ROI is based on repeated, reproducible case studies

Dedicated information systems designed for transfer center operations are critical for the speed and visibility needed for transfer center operations. Relying on paper, a spreadsheet, or an off-the-shelf database to manage the fast-paced environment of trauma/critical care transfers is akin nowadays to doing medical records on paper. There are more efficient, effective ways to operate.

Additionally, it is impossible to create real-time analytics or visibility, run meaningful Q&A, interface with other information systems, and accomplish many other necessary functions without having your own dedicated, robust information system.

The results drive meaningful ROI including:

- **Speed to response:** one less lost opportunity per week per 100 beds (one additional patient transfer per 100 beds vs. a transfer center not using dedicated technology)
- **Productivity increase:** 25% reduction in full-time equivalent (FTE) requirement over transfers centers not using dedicated technology
- **Reporting and analytics:** reduction in 10-20 man-hours per week generating and distributing reports
- 0.25 FTE reduction of internal IT staff burden by using a fully hosted solution over internally developed and maintained system

Various organizations have reported additional impressive ROI numbers attributable to their transfer center operations including:

- 5% increase in overall admissions when compared to a slowing market among competitors
- \$4 million quarterly contribution to net profits
- Double of transfer center activity in the first six months after adding technology backbone
- Measurable increase in case-mix index at main campus hospital and increase in meaningful census increase in load-balancing to smaller, community hospitals
- 80% increase in “transfer back” contract compliance with transfer center and appropriate technology
- 90% reduction in physician denial of patients with transfer center and process improvement project

The above items can create a solid basis to justify any transfer center project, whether you are starting a new transfer center, expanding operations of an existing transfer center, or even adding technology to a more advanced, experienced operation.

Let us help you!

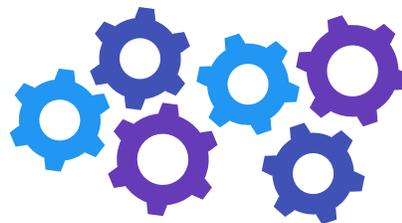
Central Logic provides an in-depth ROI analysis that considers the above items and other contributing factors based on a thorough review.



3. Cost and Resource Allocation

The flip side of return on investment is the question “what is the investment?” It is important to understand what will be spent to get your transfer center tuned and improved, up and running, or in some cases, completely overhauled. Regardless of your current project objective, you will likely need to address some or all of the following:

- **Purchasing and implementing software to manage your transfer center**
- **Purchasing or acquiring computer hardware, phone systems, and other physical hardware**
- **Recruiting, hiring, and training staff for the transfer center**
- **Finding new or upgrading existing space for the transfer center**
- **Marketing your transfer center**
- **Leveraging IT resources within your organization**



The points mentioned above are certainly not exhaustive, but tend to be some of the more common things to consider. We touch on some of them in other sections of this document, but here is some additional information whether you are starting a new transfer center or making modifications to an existing operation.

Certainly cost and ROI go hand-in-hand, but they should be treated separately. Although a higher cost needs to be accompanied by an equally compelling ROI, a higher up-front cost may result in a longer wait for project approval and start-up simply because of funding availability, despite a strong and rapid ROI.

1. **Your transfer center information system is the backbone of daily operations.** It manages all processes and ensures practice standards, cooperative work sharing, reporting, communications, integration with other systems, and much more. These systems can be licensed under a subscription model, defraying up-front costs, which your CFO will appreciate. The ROI of just a few additional patients “won” and reducing FTEs is generally compelling enough to justify the purchase, but assuring legal compliance, data visibility, and flexibility with industry changes are also strong value-adds.
2. **Staff vary in cost according to role, background, experience, etc.** Transfer centers have staffed non-clinical (clerical), EMT, LPN, RN, and NP (rarely) personnel. The most common model tends to be more heavily clinical (EMT, LPN, RN). Some “mixed” models will staff clerical phone agents that “escalate” the case when needed. Simple transport and direct admissions may not necessitate escalation like a trauma or critical care transfer. Of course, the cost of an experienced trauma/ critical care RN can be 5x (or more) of an inexperienced, non-clinical employee. Creating a successful model is based on understanding call volumes, full-time vs part-time transfer center availability, types of calls, expectations of provider staff, and more. Create a model that allows for growth because it will come and encourages great customer service which will be seen by the community as the foundation of your brand.
3. **Space for the transfer center does not need to be in the hospital, and probably shouldn’t be, given the expense and demand.** We recommend that office space be sought that minimizes expenses, offers a welcoming employee environment, is accessible, and allows for growth without relocation. Operations can be equally effective anywhere. Another option is to co-locate services such as transport, capacity management, access center, care management and patient navigators. Significant efficiencies can be gained as you all collaborate face-to-face. You can also cross-train (which saves money) or cover for each other (saves HR).
4. **Do not neglect to include some budget for marketing the transfer center.** The cost to do this is generally low, but the rewards are high. This should also be an ongoing part of your budget and should include periodic outreach to regional physicians and hospitals to remind them of existing and new services, simple surveys to gauge perception, and placement of marketing collateral to keep your access number visible. Apart from making sure your transfer center will succeed more quickly, and stay successful, your organization likely has a marketing group, physician liaison, medical staff office, and CEO who can reach out and stay visible. You will provide them additional opportunities to touch the community with an exciting offering to generate even more interest in your project.



4. Assembling a Winning Team

The most important asset of any business is its people. This is especially true in service organizations like a transfer center. To succeed, you must have the right composition of personalities, skill sets, roles in the organization, and training.

We generally recommend a two-pronged approach to building your team for the transfer center, 1) recruiting participants and 2) hiring employees. Again, this applies to both new transfer centers and those that may have been in operation for some time. Many transfer centers have “evolved” without a structured broader team.

Recruiting your team

There are several key roles that must be involved early in the process, starting with the concept stage including:



A medical director

This person is generally a physician from your hospital or network staff that will be engaged in advocating your cause, managing clinical oversight, and interacting with other providers to assure support and education. An example of how a good medical director can assist with other physicians is by evaluating the behavior (good and bad) of providers who interact with the transfer center.

Dr. Norm Dinerman MD at Eastern Maine Medical Center trains transfer center directors and has a short assessment to objectively evaluate providers in their interactions with the transfer center:

- Greater than 15 minutes for call return
- Conditional Acceptance
- Ambiguous Directions to Referring Provider
- Argumentative Behavior
- Demeaning/Dismissive/Condescending/ Impatient (w. TC staff and/or referring)
- Refusal of transfer by ED physician
- Sequential Processing (ex. required to speak with multiple specialties prior to acceptance)
- Clinician indecisiveness or ambivalence
- Clinician impatience with Transfer Center processing time
- Refusal to Connect
- Refusal to Connect via Transfer Center
- Required contact with Transfer Center Medical Director/Supervisor to resolve
- Clinician uncertainty surrounding transfer process
- Sub-specialist delegating to hospitalists without dialogue (ex. Recommending tx without connecting TC)
- Non-specific, generalized resistance to acceptance of transfer or management discussions (ex. Resistance to connect, but not refusal)

A medical director will spend 20 to 40% of his or her time in transfer center operations, depending on the size and scope of his or her involvement.



An executive sponsor

Since the transfer center is an independent business unit that can contribute significantly to hospital net patient revenue and provider relations, a member of the C-suite should have direct oversight into transfer center operations.



An engaged IT person

Transfer center operations are computerized, fast paced, and mission critical to patient care. From the moment you begin considering your transfer center project (whether building new, acquiring technology for operations, or expanding operations), you should involve IT and make sure they are aware of your intentions and provide feedback. You may not always agree with them (see section 5 below), but it will benefit you to have them on board so they can speak their own language to their peers, and help you resolve issues along the way.

Additionally, having IT assistance with data and analytics can be an important addition to your team. They can help you obtain and aggregate data without having to spend inordinate amounts of your time, or spend a chunk of your budget, hiring a dedicated analyst.



An outside consultant

Engaging a consultant can be very helpful to structure your project and expected deliverables based on best practices. Consultants also can lend credibility to your project. Most hospitals look favorably on using consultants because experience has shown that although there is an up-front cost, it saves time and money in the medium and long term by reducing delays and refactoring.

Hiring your staff

Getting the right mix of clinical vs. non-clinical employees and being able to demonstrate their expected productivity ahead of time can be invaluable as you try to hold initial costs down. Depending on your needs, union influences, and more, your mix of clinical and non-clinical employee to staff the phones will vary initially and change over time.

Other employees may include:

- a second-in-command (a “manager” as you assume a “director” role)
- a data analyst who can be partial FTEs from your IT department

If you are going to consolidate services from other areas:

- bed management personnel
- a patient navigator(s)
- transport manager
- on-call scheduling supervisor

Ultimately, having the right people on board is crucial to the success of your project, not only for the initial funding phase, but in getting it up and running. Central Logic has some additional hiring matrices that we can provide to address the number of agents needed based on projected volumes (i.e., between 8 to 15 cases per shift), the nature of skill sets needed, and the velocity at which you may need to on-board based on growth rates, expansion goals, etc.

5. Successfully Working with IT

Anciently, all roads led to Rome. In the modern healthcare world, most projects are touched by Information Technology (IT). In recent years, one of the most challenging aspects of getting any project approved has been getting IT backing and resources. The most common areas needed to be proactively addressed are:

- Obtaining sufficient IT staff resources, in a timely manner, for your project
- Meeting the rigid requirements of growing IT security assessments
- Overcoming a strong “EHR vendor only” bias within IT organizations and leadership



IT Resources

As projects have stacked up over the years, IT service organizations have become very protective of overburdening their teams and have become much more conservative at projecting deliverable dates. For this reason, we ALWAYS recommend IT as early as possible so they can:

- “Warm up” to the idea of what you are proposing
- Allocate project management resources needed
- Assure all the technical questions are answered and that the project is designed to be technically feasible
- Project IT costs, so those can be factored into your project budget

You may find that your IT team gives a response such as “IT resources are completely booked for the next three years” or “We can’t engage in any projects until we’re done implementing our new EHR,” and so on. The truth is, there are always ways that your vendor can MINIMIZE the impact on your IT team, so work closely with your vendor to make the project “easier” with concepts such as:

- Hosting your transfer center software on vendor-provided servers
- Using third party (or vendor-provided) IT services to accomplish interfacing, implementation, and other services that they may not have bandwidth to handle (these outside services may actually be “cheaper” than internal services)
- Phasing your project in over time



Security Requirements

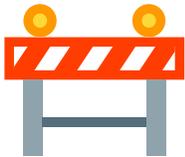
We have all heard horror stories about data breaches, HIPAA violations, ransomware attacks, and more. The industry is on red alert, and security scrutiny is at an all-time high.

Your IT group will have a document for your vendor to fill out assuring that they meet the stringent requirements. Like with all documents (business associate agreement, IT assessment, security assessment, etc., we recommend seeking them out so you do not run into delays because yet another document or evaluation surfaced in the eleventh hour.

EHR-Only Vendor Mentality

The current “major” EHR vendors have made no bones about the fact that they want to provide all clinical software to their clients (your hospital). Their marketing and sales methodology revolves around developing a strong relationship with the IT department and indoctrinating a philosophy of “We are an [your EHR here] shop, and we only buy from them unless there are NO OTHER OPTIONS.”

This appeals to the IT department because it minimizes the number of different vendors involved. Depending on the organization, the CIO (head of the IT department) may essentially wield “veto” power (even over the CEO) on any project that has even the smallest IT component to it, which is just about everything these days.



The following arguments from your IT department will undoubtedly come up as you pursue your case:

- Our EHR vendor has promised they are working on a transfer module that will be available soon.
- Our EHR vendor says it will be better to use their internal module, even though it isn't as good as the other vendor you want because it is “integrated.”
- Our EHR vendor says their solution is less expensive than the one you are considering.



We generally counsel our clients (or those trying to purchase our products) that are trying to “combat” these arguments with the following counter-arguments:

- If the EHR vendor is working on it, it will be 2-5 years before release, and we cannot wait that long. It may also require a system-wide upgrade of our EHR to use the module, which can further delay.
- If this is a new module, it will unlikely have the features and functionality that we are excited about in the transfer center vendor we found (i.e., Central Logic).
- A dedicated transfer center software vendor has experts that will be working to optimize our operations, which the EHR vendor does not offer.
- Central Logic Transfer Center™ can integrate with all EHR vendors in a seamless way.
- The expense is likely the same, and may be more, but is buried in a larger contract offering.

Ultimately, it is important to be able to stand your ground, and articulate the differences between what your preferred vendor offers and what the EHR solution provides.

Truthfully, we have great working relationships with our clients' IT teams. Though it may seem that your IT department is a stumbling block to getting your project done the way you want it, the truth is, they want you to be as successful, but they are also trying to protect the organization and their department. If you are well informed and stand your ground, then you will find them siding with you, more often than not.