



## HOSPITAL CONTROL ROOMS: A MISSING LINK IN INDIAN PUBLIC HEALTH GOVERNANCE

### Hospital Administration

<b>Dr. Jonnala Sindhu</b>	Assistant Professor, Hospital Administration, Govt Medical College/Govt General Hospital, Nalgonda, Telangana.
<b>Dr. A. Sainath Reddy</b>	Assistant Professor, Hospital Administration, Govt Medical College/Govt General Hospital, Suryapet, Telangana.
<b>Dr. K. Vijaya Sandeep</b>	Assistant Professor, Hospital Administration, Govt Medical College/Govt General Hospital, Sangareddy, Telangana.
<b>Dr. Md Jasir KK</b>	Senior Resident, Hospital Administration, AIIMS Mangalgi.

### ABSTRACT

**Introduction:** Government hospitals in India provide essential care to the majority of the population, yet face chronic challenges of overcrowding, fragmented communication, and inadequate coordination<sup>1</sup>. The absence of centralized monitoring often leads to delays, duplication of efforts, and compromised patient outcomes. Hospital control rooms—functioning as command-and-control hubs—offer a potential solution. **Methods:** A review was undertaken, drawing on global models such as the Hospital Incident Command System (USA), NHS command centers (UK), and Singapore's real-time dashboards. Indian experiences, including AIIMS New Delhi, Kerala's health dashboard, district-level COVID-19 control rooms, and corporate hospital models, were analyzed to derive lessons and an implementation framework. **Results:** Control rooms enhance hospital governance by integrating real-time monitoring, emergency coordination, patient grievance redressal, and data-driven decision-making. They improve the productivity of medical superintendents by shifting focus from reactive crisis management to proactive leadership. Case examples from AIIMS and Kerala highlight improved trust and accountability, while corporate models demonstrate the value of predictive analytics in resource management. **Discussion:** Evidence indicates that control rooms transform public hospitals into proactive, patient-centered institutions. Global and domestic experiences validate their role as governance “nerve centers,” blending technology with administrative oversight. **Conclusion:** Hospital control rooms are cost-effective governance tools that strengthen efficiency, accountability, and patient trust. A phased implementation—beginning with tertiary centers and extending to district hospitals—offers a sustainable pathway to institutionalizing this reform across India's public health system.

### KEYWORDS

Hospital Administration, Command and Control Systems, Health Services Administration, Patient-Centered Care, Emergency Service, Hospital, Health System Plans

### INTRODUCTION

Government hospitals are the cornerstone of India's healthcare system, providing services to the majority of the population, particularly those from rural and economically disadvantaged backgrounds. They play a crucial role in implementing national health programs, managing epidemics, and ensuring equitable access to care.<sup>2,3</sup> In many districts, the government hospital is not only the first but often the only point of comprehensive healthcare delivery. Their importance extends beyond clinical services to include training, research, and policy implementation, making them an indispensable pillar of public health governance.<sup>4,5</sup>

Despite their significance, government hospitals face persistent administrative challenges. Overcrowding remains a chronic problem, with patient volumes far exceeding available infrastructure and manpower. Shortages of hospital beds, ICU facilities, and critical supplies such as oxygen and essential medicines were starkly highlighted during the COVID-19 pandemic.<sup>9,10,11</sup> In addition, the lack of real-time data flow hampers effective coordination between departments, leading to duplication of efforts, bottlenecks in patient movement, and avoidable delays in decision-making. Administrative oversight is further weakened by fragmented communication systems, inadequate use of technology, and limited grievance redressal mechanisms for patients and their families.

To address these challenges, there is a pressing need to adopt a systems approach to hospital management. Establishing **hospital control rooms** can provide such a solution. Functioning as the “*nerve center*” of **hospital governance**, control rooms integrate real-time monitoring, emergency response, patient flow management, and grievance redressal under a single platform.<sup>6,7</sup> By centralizing decision-making and resource allocation, they not only improve operational efficiency but also enhance accountability, transparency, and patient-centered care.<sup>15,16</sup>

The objective of this paper is to analyse the **need, impact, and implementation framework** of control rooms in government hospitals. It explores how control rooms can increase the productivity of medical superintendents and administrators, strengthen

governance, provide a listening ear to patients, and improve staff efficiency. Drawing on lessons from premier institutions such as AIIMS, as well as experiences from the COVID-19 pandemic and international models, the paper proposes a framework for scaling hospital control rooms across India.

### METHODOLOGY

This study adopts a comparative narrative review approach:

**Literature Review:** Analysis of global models such as the Hospital Incident Command System (USA), NHS command centers (UK), and Singapore's hospital dashboards.<sup>6,7,8</sup>

**Case Analysis (India):** Review of institutional experiences<sup>9,10</sup> (AIIMS, NIMS), district-level COVID-19 control rooms, and state-level dashboards (Kerala)<sup>11,13</sup>.

**Synthesis Framework:** Identification of key functions, stakeholder benefits, and an implementation pathway adapted to India's public health system.

Sources include peer-reviewed studies, policy reports, government documents, and institutional best practices.

### RESULTS

#### Functions Of A Hospital Control Room

The hospital control room serves as the command-and-control hub of healthcare administration, integrating clinical, administrative, and patient-support functions into a single platform. Its role is multifaceted, ensuring both operational efficiency and improved patient outcomes.

Function	Description	Key Outcomes
Real-Time Monitoring <sup>6,15,16</sup>	Tracking beds, ICU, oxygen, medicines, and manpower availability.	Efficient resource utilization, reduced delays, timely patient allocation.

Emergency Coordination	Centralized response for disasters, outbreaks, and mass casualty incidents.	Improved preparedness, faster crisis response, reduced mortality.
Patient Support Services <sup>11</sup>	Helplines and grievance redressal mechanisms for patients and families.	Strengthened trust, reduced disputes, improved patient satisfaction.
Data Management <sup>2</sup>	Daily reporting of admissions, discharges, and hospital statistics.	Evidence-based governance, transparency, better planning at hospital/state level.
Decision Support <sup>18</sup>	Command Center for predictive analytics and operational intelligence.	Proactive problem-solving, efficient workflows, reduced system bottlenecks.
Administrative Oversight	Real-time supervision of hospital staff, departments, and processes.	Increased leadership productivity, accountability, and staff morale.

### Impact on Hospital Leadership and Staff Productivity

The establishment of hospital control rooms as centralized monitoring and coordination hubs has profound implications for leadership, governance, and staff productivity in government hospitals. In resource-constrained public health systems, where inefficiencies often compromise both patient care and staff morale, control rooms function as transformative platforms that bridge administrative oversight with clinical operations.

#### a) Increased Productivity of Medical Superintendents and Administrators

Medical Superintendents (MS) in government hospitals shoulder the dual responsibility of providing clinical oversight while simultaneously managing hospital administration. In the absence of real-time data, much of their time is consumed in troubleshooting crises, managing complaints, and resolving miscommunications across departments.<sup>12</sup>

A control room provides a consolidated flow of information-covering patient admissions, bed occupancy, emergency load, biomedical resources, and human resource deployment-thereby enabling the MS to focus on higher-order leadership and strategic planning. Instead of reactive firefighting, administrators can engage in proactive decision-making, policy formulation, and quality assurance.<sup>23</sup> This shift not only increases their productivity but also enhances institutional accountability and governance.

#### b) Better Governance through Real-time Monitoring

Governance in public hospitals is often challenged by fragmented communication and delayed reporting<sup>6</sup>. Control rooms act as the “nerve center” by providing continuous surveillance and real-time dashboards for critical parameters such as ICU occupancy, oxygen consumption, and emergency patient inflow. This immediacy of information empowers administrators to take timely corrective actions, allocate resources more equitably, and coordinate across departments with transparency.

For example, during a sudden rise in dengue admissions, a control room can instantly display real-time ward occupancy, enabling the MS to divert manpower and arrange additional beds before overcrowding occurs. Such proactive governance minimizes service disruption and improves public confidence in the hospital's functioning.<sup>7,16</sup>

#### c) Patient Grievance Redressal and Trust-building

One of the most important contributions of a control room is its role as a listening ear for patients and their families. Public hospitals often face criticism for lack of communication and poor grievance handling. By establishing a helpline or grievance cell within the control room, patient concerns can be logged, tracked, and resolved in a structured manner.

This systematic approach not only reduces conflict between patients and staff but also strengthens the hospital's image as a responsive institution. Trust-building, in turn, directly influences patient satisfaction, compliance with medical advice, and positive word-of-mouth-an essential factor for government hospitals that cater to large populations.<sup>22</sup>

#### d) Improved Staff Morale and Efficiency

Frontline healthcare staff, including nurses, technicians, and junior doctors, frequently bear the brunt of administrative inefficiencies. Unclear communication, resource bottlenecks, and sudden surges in workload lead to frustration, burnout, and lowered productivity.

Control rooms streamline coordination between departments, ensuring that staff receive timely information about patient transfers, bed status, and resource allocation<sup>15</sup>. For instance, nurses can be pre-alerted about new admissions, allowing them to prepare beds and equipment in advance. Doctors on duty receive real-time updates on diagnostic delays or critical patient arrivals, minimizing miscommunication.<sup>16</sup>

By reducing ambiguity and stress, control rooms foster a workplace culture that values efficiency and teamwork. Improved staff morale translates into higher productivity, better patient outcomes, and reduced attrition.

#### e) Lessons from AIIMS and Departments of Hospital Administration

Institutions like the All-India Institute of Medical Sciences (AIIMS) and other teaching hospitals with Departments of Hospital Administration provide valuable lessons on the utility of control rooms. At AIIMS, dedicated administrative control hubs are already functional, integrating patient grievance management, resource monitoring, and emergency coordination.<sup>12,13,23</sup>

These systems have demonstrated that central monitoring improves governance while simultaneously lightening the administrative burden on clinical leaders. By institutionalizing such models in district and state hospitals, the productivity of both administrators and healthcare staff can be scaled across the public sector.

#### Case Vignette: AIIMS Control Room During the COVID-19 Oxygen Crisis

During the peak of India's second COVID-19 wave (April–May 2021), Delhi hospitals faced severe oxygen shortages. At AIIMS New Delhi, the Hospital Administration department used its control room to track oxygen supply, refills, and demand in real time. Dashboards linked to ward-level flowmeters enabled rapid redistribution of cylinders between ICUs and HDUs and triggered timely escalation when reserves fell below thresholds. This system prevented casualties, streamlined coordination with suppliers, and improved staff morale and family communication. The AIIMS experience demonstrated how centralized monitoring can transform crisis management into coordinated governance.<sup>11,14</sup>

#### Global Case Vignette: Mayo Clinic's Hospital Command Center (USA)

Internationally, the Mayo Clinic in Rochester, Minnesota, has pioneered the concept of a **hospital command center**—a sophisticated version of a control room designed to optimize patient care, operational efficiency, and crisis response. Its predictive analytics forecast ICU demand, staffing needs, and admission surges hours in advance. During COVID-19, this enabled proactive ventilator reallocation, ICU expansion, and smoother patient transfers across campuses. The command center enhanced system-wide situational awareness, reduced staff burden, and improved patient communication. Mayo's model illustrates how data-driven hubs can act as resilience engines, offering a framework for Indian hospitals to modernize governance and crisis readiness.<sup>15,16</sup>

**Table: Case Vignettes Of Hospital Control Rooms**

Feature	AIIMS, New Delhi (India)	Mayo Clinic, Rochester (USA)
Context	COVID-19 second wave (Apr–May 2021), acute oxygen crisis	Routine operations & COVID-19 response
Control Room Model	Centralized hospital control room run by Hospital Administration	Advanced hospital command center integrating multiple systems
Key Tools	Real-time oxygen dashboards, ward-level flowmeter tracking, escalation protocols	Integration of EHRs, bed management, diagnostics, emergency services

Core Functions	Monitoring oxygen supply/demand, rapid redistribution, supplier coordination	Predictive analytics for ICU beds, staffing, ventilators, admissions
Impact on Staff & Patients	Prevented casualties, improved staff morale, better family communication	Reduced workflow inefficiencies, improved patient communication, proactive care
Governance Lesson	Even basic real-time monitoring can avert disaster if institutionalized	Data-driven hubs strengthen foresight, efficiency, and system-wide resilience

Both AIIMS and the Mayo Clinic experiences show that hospital control rooms-whether basic or highly sophisticated-serve as critical hubs for coordination, crisis management, and patient communication. The common lesson is clear: real-time data visibility and centralized oversight transform reactive firefighting into proactive governance, improving outcomes for patients, staff, and administrators alike.

**Table: Comparative Benefits of Control Rooms for Administrators, Staff, and Patients**

Stakeholder	Key Benefits of Control Room Implementation
Administrators / Medical Superintendents	Real-time decision-making Improved governance and accountability Reduced time spent on crisis management Data-driven planning and reporting
Hospital Staff (Doctors, Nurses, Technicians)	Streamlined communication Clarity in workload distribution Reduced stress and burnout Increased productivity and job satisfaction
Patients & Families	Faster grievance redressal Improved transparency in bed/ICU availability Enhanced trust in hospital services Greater satisfaction with care experience

## DISCUSSION

### Global Models of Hospital Control Rooms

The concept of centralized hospital command centers is well established in developed healthcare systems. The **United States** widely uses the *Hospital Incident Command System (HICS)*, a standardized framework for coordinating hospital operations during both emergencies and routine care.<sup>5,6</sup> HICS allows administrators to mobilize resources rapidly, monitor patient flow, and coordinate with external agencies during disasters. Studies have demonstrated that HICS-based command centers improve decision-making speed and reduce mortality during crises such as hurricanes and influenza outbreaks.

In the **United Kingdom**, the National Health Service (NHS) has piloted hospital *"Command Centers"* that use real-time dashboards to monitor patient movement across wards.<sup>7</sup> These centers track metrics such as bed occupancy, waiting times, and discharge rates, enabling administrators to intervene early in case of bottlenecks (NHS Improvement, 2019). Evaluations have shown that command centers reduce emergency department crowding and improve patient satisfaction.

**Singapore** has adopted real-time hospital dashboards integrated with national health data systems. These dashboards allow continuous surveillance of bed availability, ICU capacity, and emergency preparedness at both hospital and national levels. The use of predictive analytics helps forecast demand surges, ensuring timely resource allocation.<sup>8</sup>

Collectively, these global models highlight the role of control rooms as **nerve centers** of governance, blending technology with hospital leadership to improve both efficiency and patient safety.

### Indian Experiences With Hospital Control Rooms

In India, the use of control rooms has largely been situational rather than institutionalized. The **COVID-19 pandemic** marked a turning point. Several states established *district-level control rooms* for real-time monitoring of oxygen supply, bed availability, ambulance deployment, and patient referrals.<sup>9,10</sup> For instance, the Delhi COVID Command Center was instrumental in reducing panic by providing centralized updates to patients and families. Similarly, the Telangana

Health Department operated control rooms that coordinated with both government and private hospitals for oxygen and ICU allocation.

At the institutional level, **AIIMS New Delhi** and other teaching hospitals with Departments of Hospital Administration already maintain advanced control mechanisms<sup>11</sup>. These centers enable real-time monitoring of hospital operations, patient grievance redressal, and administrative decision-making. Their success has demonstrated the feasibility of control rooms in improving hospital governance, resource management, and patient satisfaction in the Indian context.

Despite these examples, most district and tertiary government hospitals lack permanent control room infrastructure. The lessons from pandemic-era control rooms and premier institutions underscore the urgent need for systematic integration into hospital governance structures.<sup>12</sup>

### Corporate Hospital Models In India

Private corporate hospitals in India have pioneered the concept of **command-and- control centers** to enhance patient safety and operational efficiency. For example, large hospital chains such as Apollo<sup>2,17</sup> and Fortis<sup>18</sup> operate centralized monitoring hubs where clinical, administrative, and technical data are integrated. These centers track patient vitals remotely, monitor ICU performance, ensure resource availability, and provide early warnings of potential system failures.

Such command centers have been credited with improving staff coordination, reducing clinical errors, and enhancing patient satisfaction<sup>18</sup>. Importantly, they serve as **proof of concept** for the potential of control rooms in the Indian healthcare ecosystem, demonstrating that even in resource-limited environments, technology-driven coordination can significantly improve outcomes.

### The Need For Control Rooms In Government Hospitals

The need for control rooms in government hospitals is not just about technology adoption but about reimagining governance and accountability<sup>1,22</sup> in public healthcare. By improving patient flow, enhancing preparedness, optimizing resources, strengthening accountability, listening to patient voices, and boosting staff productivity, control rooms address the chronic inefficiencies of government hospitals. They represent a decisive step toward transforming hospitals from reactive service providers into proactive, Patient-Centered Institutions.

#### i. Patient Flow Management

Government hospitals often face overcrowding, leading to delays and dissatisfaction. Control rooms enable real-time monitoring of registrations, admissions, and discharges, helping administrators redirect patients, deploy staff, and optimize space. This reduces congestion and improves patient experience.

#### ii. Emergency Preparedness

Disasters and epidemics require rapid coordination. Control rooms function as command centers, integrating data from EDs, ICUs, ambulances, and blood banks. Their success during COVID-19 underscores the need for institutionalized hospital-level systems to manage future crises<sup>5,9</sup>.

#### iii. Resource Optimization

With limited supplies, efficient resource use is vital. Control rooms track beds, oxygen, medicines, and equipment, ensuring redistribution and minimizing wastage. This promotes equitable and timely allocation of scarce resources.

#### iv. Governance and Accountability

By consolidating data on care, staffing, and finances, control rooms provide transparency and audit trails, reducing mismanagement. They support evidence-based decisions and strengthen administrative accountability.

#### v. Patient Grievance Redressal

Control rooms act as listening posts through helplines and complaint systems. They ensure timely grievance resolution, build public trust, and reduce conflict between hospitals and patients.

#### vi. Staff Productivity

Centralized communication and automated reporting reduce



administrative burden on doctors and nurses. This boosts morale, minimizes burnout, and allows staff to focus on patient care.

Learning From Practice

The concept of hospital control rooms is not entirely new to India. The COVID-19 pandemic accelerated its adoption at district, state, and institutional levels, highlighting both successes and gaps<sup>9,10</sup>. A review of diverse models-ranging from government responses to corporate hospital systems-offers practical lessons for scaling up this approach.

i. COVID-19 District Control Rooms

Temporary control rooms monitored oxygen, beds, and patient transfers, preventing collapse during the second wave.  
*Lesson:* Real-time data saves lives, but ad hoc setups must be institutionalized for routine governance.

ii. AIIMS & Teaching Hospitals

AIIMS and medical colleges ran 24×7 control rooms for ICU monitoring, helplines, and referrals, led by hospital administrators<sup>11,23</sup>.  
*Lesson:* Trained administrators improve efficiency and accountability-expansion of MD (Hospital Administration) programs is vital.

iii. Kerala Health Dashboard

A state-level dashboard provided real-time data on beds, oxygen, and vaccination, accessible to both administrators and the public<sup>15</sup>.  
*Lesson:* Transparency builds trust-public-facing dashboards should be integral to control rooms.

iv. Corporate Hospitals

Apollo and Fortis use command centers with HIS/EMR integration and predictive analytics to manage flow and anticipate ICU demand<sup>2,18</sup>.  
*Lesson:* Data-driven efficiency can be replicated in public hospitals using simplified, low-cost digital tools.

Table: Synthesis Of Lessons From Control Room Experiences

Source of Experience	Key Lesson	Implication for Government Hospitals
COVID-19 Control Rooms	Control rooms are lifesaving during crises but must be institutionalized for routine governance.	Transition from ad hoc emergency setups to permanent hospital governance structures.
AIIMS & Teaching Hospitals	Dedicated hospital administration departments strengthen leadership and sustainability.	Expand MD (Hospital Administration) programs and embed administrators in control room leadership.
Kerala Health Dashboard	Transparency and citizen access to dashboards improve trust and reduce grievances.	Develop public-facing dashboards at hospital/district levels for accountability and patient confidence.
Corporate Hospital Models	Technology-enabled predictive management enhances efficiency.	Adapt low-cost, open-source dashboards and phased implementation for resource-limited public hospitals.

Implementation Strategy

The establishment of hospital control rooms in India requires a structured approach that balances infrastructure readiness, workforce training, technological integration, and supportive policy frameworks. While the concept has been tested in corporate hospitals and apex institutions such as AIIMS, the challenge lies in scaling and adapting this model for India's diverse, resource-constrained public health system.

i. Infrastructure Needs

Control rooms should be envisioned as dedicated physical spaces within hospitals that act as the nerve center of operations.

- Physical Space:** A secured room equipped with digital dashboards, multiple workstations, and audio-visual facilities.
- Dashboards:** Real-time displays of bed occupancy, ICU/OT utilization, oxygen stock, and patient flow.
- Surveillance:** CCTV integration for critical zones such as emergency departments, wards, and entry/exit gates.
- Communication Systems:** Multi-channel helplines for internal staff coordination and external patient communication.

Such infrastructure is not capital-intensive compared to large medical

equipment, but it yields disproportionately high benefits in terms of governance and efficiency.

ii. Human Resources

A control room requires multi-disciplinary staffing to ensure both administrative and clinical oversight.

- Hospital Administrators:** Lead coordination, crisis response, and liaison with higher authorities.
- IT Specialists:** Manage dashboards, HIS integration, server maintenance, and data privacy compliance.
- Clinical Supervisors (Doctors/Nurses):** Monitor patient flow, ICU requirements, and medical emergencies.
- Support Staff:** Handle helplines, grievance redressal, and routine reporting.

Regular training and simulation drills (fire safety, outbreak management, mass casualty response) must be part of control room operations to ensure preparedness.

iii. Technology Integration

Technology forms the backbone of control rooms.

- Hospital Information Systems (HIS) & EMR:** Real-time patient tracking and record management.
- National Digital Health Mission (NDHM)**<sup>4,20</sup>: Integration with patient health IDs, digital registries, and Ayushman Bharat scheme databases.
- AI & IoT Applications:** Predictive analytics to forecast bed shortages, oxygen requirements, or staff overload. IoT sensors can monitor biomedical equipment and oxygen pipelines.
- Telemedicine Integration:** Linking district control rooms with tertiary hospitals for expert consultations.

This digital ecosystem ensures that decision-making is not only real-time but also predictive and preventive.

iv. Policy Framework

The sustainability of hospital control rooms depends on clear policy mandates.

- National Health Mission (NHM):** Can provide funding support for state and district-level control rooms.
- National Digital Health Mission (NDHM):** Provides the data backbone for interoperability.
- Ayushman Bharat-Health and Wellness Centres (AB-HWCs):** Can link peripheral CHCs to district hubs.
- Legal Mandate:** A Ministry of Health directive mandating control rooms in tertiary and district hospitals would formalize governance.

v. Cost-Benefit Analysis

Although initial costs involve IT infrastructure, manpower training, and space allocation, the benefits far outweigh investments.

- Governance:** Improved decision-making and accountability.
- Efficiency:** Reduced duplication of work, faster resource allocation.
- Patient Outcomes:** Quicker emergency responses, fewer avoidable deaths.
- Litigation Reduction:** Transparent grievance redressal lowers medico-legal cases.

For example, a medium-sized district hospital can set up a basic control room for less than the cost of one high-end ventilator, but its long-term gains cover the entire hospital's operational efficiency.

vi. Barriers & Challenges

- Funding Limitations:** Particularly at district level.
- Staff Resistance:** Fear of increased monitoring and accountability.
- Training Gaps:** Lack of trained administrators and IT professionals.
- Data Privacy Concerns:** Need for clear legal frameworks.

vii. Proposed Phased Implementation Model

- Phase 1 (Immediate):** Tertiary care and teaching hospitals (AIIMS, state medical colleges) – model institutions for training and protocols.
- Phase 2 (Medium-term):** District hospitals – focusing on patient flow, ICU monitoring, and grievance redressal.
- Phase 3 (Long-term):** Integration of CHCs into district-level hubs – ensuring that even rural patients benefit from real-time monitoring and referrals.

## CONCLUSION

The future of government hospitals in India depends on how effectively they can govern themselves—and hospital control rooms are the fulcrum of this transformation. They enable efficient patient care, optimal resource allocation, and institutional accountability while enhancing the productivity of medical superintendents and administrators. By acting as a listening ear for patients and their families, control rooms not only build trust but also boost staff morale and efficiency.

The experiences of AIIMS, the Mayo Clinic, NIMS Hyderabad, Kerala's Health Dashboard, and district-level COVID-19 response rooms all converge on one truth: control rooms are not optional add-ons but essential governance instruments. For administrators, they provide real-time oversight and strategic clarity; for staff, they offer direction and morale support; and for patients, they deliver transparency, quicker grievance redressal, and renewed faith in public hospitals.

As India advances its digital health ecosystem under NDHM and Ayushman Bharat, hospital control rooms must evolve into predictive intelligence hubs—capable of anticipating patient surges, preventing bottlenecks, and enabling evidence-based decision-making. A phased implementation approach—starting with tertiary teaching hospitals such as AIIMS and NIMS, scaling to district hospitals, and eventually extending to community health centers—provides a pragmatic pathway.

Policymakers must recognize that governance is as critical as clinical care. Institutionalizing hospital control rooms across all government hospitals is not a choice but a necessity. If India is to build resilient, Patient-Centered Hospitals for the 21st century, control rooms must move from aspiration to **National Mandate**—transforming public hospitals into centers of efficiency, accountability, and trust.

## REFERENCES

1. World Health Organization. *Hospitals at the heart of health systems*. Geneva: World Health Organization; 2017.
2. Apollo Hospitals Enterprise Ltd. *Integrated command and control center: Enhancing patient safety*. White paper. New Delhi: Apollo Hospitals; 2019.
3. National Health Mission. *Operational guidelines for district hospitals*. New Delhi: Ministry of Health and Family Welfare, Government of India; 2019.
4. Ministry of Health and Family Welfare. *National Digital Health Mission: Strategy overview*. New Delhi: Government of India; 2020.
5. Auf der Heide E. The importance of evidence-based disaster planning. *Ann Emerg Med*. 2006;47(1):34-49.
6. Hospital Association of Southern California. *Hospital Incident Command System (HICS IV)*. Los Angeles: HASC; 2014. Available from: <https://emsa.ca.gov/hospital-incident-command-system/>
7. NHS Improvement. *Developing effective hospital command centres*. London: NHS England and NHS Improvement; 2019.
8. Singapore Health Services. *Smart hospital dashboard for real-time monitoring*. Singapore: SingHealth Annual Report; 2018.
9. Ministry of Health and Family Welfare. *Guidelines for COVID-19 district control rooms*. New Delhi: Government of India; 2021.
10. Ghosh A, Biswas M. COVID-19 in India: Control room experiences in Delhi. *Indian J Public Health*. 2021;65(Suppl):S213-6.
11. Kumar P, Gupta S, Jha A. Hospital administration during COVID-19 crisis: AIIMS experience. *Natl Med J India*. 2022;35(1):34-8.
12. Reddy S, Rao KS. Governance reforms in Indian hospitals: Lessons from AIIMS. *J Health Manag*. 2020;22(4):512-24.
13. George CE, Inbaraj LR, Rajukutty S, Chandrasingh S. The Kerala model of health care delivery: COVID-19 dashboard experience. *J Fam Med Prim Care*. 2021;10(2):960-5.
14. Bhandari N, Sharma A. Control room innovations for oxygen management during the pandemic. *Indian J Anaesth*. 2021;65(6):427-30.
15. Mayo Clinic. Hospital command center: A new era of situational awareness. *Mayo Clin Proc*. 2020;95(6):1122-6.
16. Rosen MA, Dietz AS, Yang T, Priebe CE, Pronovost PJ. Hospital command centers: Real-time situational awareness to improve patient safety. *J Patient Saf*. 2018;14(3):169-73.
17. Apollo Hospitals Enterprise Ltd. *Integrated command and control center: Enhancing patient safety*. White paper. New Delhi: Apollo Hospitals; 2019.
18. Fortis Healthcare. *Predictive analytics and hospital command centers*. Annual report. New Delhi: Fortis Healthcare; 2020.
19. National Health Mission. *Operational guidelines for district hospitals*. New Delhi: Ministry of Health and Family Welfare, Government of India; 2019.
20. Ministry of Health and Family Welfare. *National Digital Health Mission: Strategy overview*. New Delhi: Government of India; 2020.
21. World Health Organization. *Hospitals at the heart of health systems*. Geneva: World Health Organization; 2017.
22. Gupta I, Roy R. Public hospital governance in India: Evidence and challenges. *Econ Polit Wkly*. 2019;54(10):43-51.
23. Dinesh P, Kumar R. Strengthening hospital administration: The role of MD (Hospital Administration) programs in India. *Indian J Health Adm*. 2021;28(2):77-83.
24. Singh T, Sharma R. Digital health and governance reforms in India: Opportunities post-COVID-19. *Health Policy Technol*. 2022;11(1):100-9.