HISTORIC FLOODING FORCES STAFF TO RETHINK CARE DELIVERY

Sometimes it takes a wake-up call to reset your way of thinking. Although staff at Columbus Regional Health were content to use RTLS to automate nurse call and gain visibility to patient flow through the Emergency Department (ED), they didn’t give much thought to the solution. Perspectives changed when historic flooding prompted the evacuation of 157 patients and the hospital’s closure.

Left with more than $180 million in damages and many critical systems destroyed, staff were forced to treat patients in mobile units and community centers while

INSTALATION HIGHLIGHTS:

RTLS Applications
- Patient Flow Optimization
- Asset Tracking + Management
- Staff Locating
- Staff Assist
- Nurse Call Automation

ACUTE CARE CASE STUDY

Serving a 10-county region in southeast Indiana, Columbus Regional Health is the flagship facility within its health system. Like many hospitals, Columbus Regional began its RTLS journey to automate its nurse call communication system and improve patient flow in its emergency department. In June 2008, staff lost the use of RTLS when severe flooding devastated the region, damaging much of the hospital’s infrastructure and technology systems. With staff clamoring to regain the benefits that RTLS delivers, recovery efforts ensured that the solution was not only back online but expanded with facility-wide staff safety and asset management.
recovery efforts were underway. The strain of care delivery in less-than-optimal circumstances helped staff fully realize how valuable real-time visibility to patients and staff had been to their operations prior to the flood.

When the hospital re-opened its doors five months later, support systems like RTLS were slated for a next-phase relaunch several weeks later. According to Christine Sullivan, emergency department manager, “On our initial return to the Emergency Department, we did not have RTLS up and running. We couldn’t find anyone, we were knocking on doors looking for doctors, doctors were looking for nurses. We didn’t know if a patient had gone to X-ray. It was a mess.”

As Columbus Regional re-launched RTLS, leadership opted to expand applications throughout the hospital. In addition to the Patient Flow Optimization solution in the ED, facility-wide Staff Assist, Nurse Call Automation and Asset Tracking + Management solutions were implemented to enhance communications and staff safety, while improving asset utilization.

INCREASING PATIENT FLOW IN A HIGH-VOLUME ED

More than 45,000 patients visit the Columbus Regional Health ED each year, double its engineered capacity. Visibility to patient wait times and bottlenecks is crucial to streamlining patient flow in this high-volume care environment.

Patients arriving at the ED are assigned RTLS badges at check-in. Large screens positioned throughout the unit provide staff with details on patient locations, wait times, exam room availability and visit status. These “Glance-and-Go” boards allow staff to evaluate visit milestones and adjust resources in-the-moment to minimize patient waiting.

“The floorplan provides a very important visual of the unit, especially when things are chaotic,” says Sullivan. “It is a great management tool for knowing where your resources are. Our patient satisfaction has been boosted tremendously by the 15-minute alert that a patient has not yet been seen by a nurse. This assures that we always connect with every patient to address their needs.”

RTLS has also added a measure of efficiency and organization to the busy ED. “Not long after we implemented the RTLS solution, the department had a major trauma involving multiple patients,” shares Sullivan. “We were able to quickly allocate resources and move patients where they needed to be just by looking at the Floorplan View and seeing which rooms and staff were available. We quickly mobilized our department.”

BEYOND THE ED: CAREGIVER SAFETY AND AWARENESS

The rates of violence reported against healthcare workers have been increasing. Between 2005 and 2014, incidents of workplace violence have increased 110 percent in private industry hospitals. 1 Although staff in emergency and behavioral health departments are more likely to be victims of violence, staff in all areas of care find benefit from an easy way to call for assistance.

Columbus Regional deployed Midmark RTLS Staff Assist to enhance staff safety. When someone feels threatened or needs help, they simply press their RTLS badge button and alert messages are immediately sent to department phons and workstations.

“Staff Assist gives staff an added sense of security that they can get help at any moment just by pressing a button,” says Sullivan. “In the ED, one of our patients cornered a nurse and a nurse practitioner with a weapon and they were able to hit the badge button and get immediate help from security and other staff members.”

In Behavioral Health, which is a large unit with several isolated areas, staff often relied on shouting for help. They now have greater peace of mind knowing they can press the badge button to let people know who they are and where they are.

Staff Assist also helps housekeepers working in the behavioral health unit. Many are not trained in de-escalation techniques, so having the badge as a panic device has helped integrate more support staff into these complex work areas.

Beyond dunes events, Staff Assist also aids nurses who simply need a helping hand. “In the birthing center, if a nurse found a new mother in the bathroom who needed help, there wasn’t a good way for her to request assistance,” shares Sullivan. “Staff Assist has been well-received by nursing house-wide.”

ELIMINATING STEPS FOR NURSES + ENHANCING COMMUNICATIONS

When a nurse walks into a patient room, her presence automatically clears the patient’s call, eliminating the need to reach behind the bed to press a button. Her presence is also reflected on color-designated dome lights located above the patient room door. At the same time, her location is updated in real-time in the RTLS software, allowing others to see her location on floorplan and list views.

Documenting caregiver presence in patient rooms is also important. According to Sullivan, “We never had the ability to verify a nurse’s activity relative to patient calls or complaints. Now we do!” Reporting details show actual nurse activity. This solidifies what nurses are doing and verifies interactions with patients and responses to patient calls.

IMPROVING ASSET EFFICIENCIES AND PM PRODUCTIVITY

In the same way that staff gained visibility to one another, Clinical Engineering uses RTLS to locate equipment for repair and cleaning. Quickly locating equipment for preventive maintenance, corrective action or recalls has shortened the length of time that technicians spend searching for equipment, enabling the Clinical Engineering team to improve productivity.

Reports enable staff to analyze asset locations and frequency of movement to improve equipment re-distribution. Each care unit has a Periodic Automatic Replenishment (PAR) level, or minimum equipment count, before alerts are generated to signal low inventory. In EDs, volume areas like the ED, PAR levels are reviewed every morning to ensure each exam room has an available IV pump and channel.

INNOVATION FUELS CULTURE OF CARE EXCELLENCE

Columbus Regional Health believes that innovation is central to delivering care. From medical practice to technology integrations, a culture of excellence is evident in their quest to be the best at everything they do.

Midmark RTLS products and solutions are provided by Midmark RTLS Solutions, Inc., a wholly-owned subsidiary of Midmark Corporation and formerly known as Versus Technology, Inc.

“Dr. NNU Nurses Call for National Standard to Prevent Workplace Violence in Healthcare.” National Nurses United, January 9, 2017. 


Christine Sullivan Emergency Department Manager Columbus Regional Health
Designing better care.