

Automated Contact Tracing with Midmark RTLS

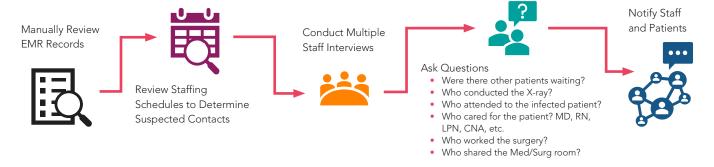


Every health system needs an ACT Plan™.

As we navigate post-COVID-19 recovery and beyond, one of the best ways your organization can prepare for the future is by having automated contact tracing (ACT) in place. The CDC recommends using digital tools for contact tracing¹. With real-time locating system (RTLS) technology, you can trace a contagion's path through the hospital with trustworthy, accurate location data. See the difference that automatic contact tracing with RTLS makes:

CONTACT TRACING BEFORE RTLS

Staff are required to conduct contact tracing manually, a labor-intensive, multi-day process that is subject to human error and guessing. This process can take days.





Generate report from RTLS

Notify Staff and Patients

CONTACT TRACING AFTER RTLS

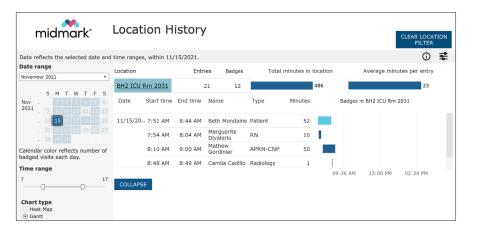
When staff and patients wear RTLS badges, simply run a report to understand who was exposed to an infectious disease. RTLS data is clinical grade and HIPAA compliant, eliminating guesswork and human error. Plus, this process takes minutes, as opposed to days doing it manually.

POWERFUL DATA AT YOUR FINGERTIPS.

The Midmark RTLS Contact Tracing report answers the question: Which badged patients and staff had direct and secondary exposure to a contagious person?

- Useful when staff and patients both wear badges
- No manual investigation necessary
- Report can be run in a matter of minutes

midmark	Contact	: Tracing: I	People	e + As	sse	ets			HIDE SECOI EXPOSUI	
Data reflects people and tagged as	sets exposed to Ju	anita Gabriele (ID: 412	29362121884	0) on Nove	embe	r 4, 2021.				(j
1. Search by ID or name	Primary exposures occurring at or before 11:59PM by location									
Juanita Gabriele (ID: 41293621 🔻	Name	ID	Group	Total time	e	Location	# in loc.	Time in loc.	Longest exposure	
Change available date range	Aubrey Maddoux	7374972132818	Staff	152.3	•	AL1 Services Lab Draw 1	19	53.7	18.0	•
2. Select a day						AL1 Services Lab	27	98.6	14.6	•
M T W T F S Nov 2021 1 2 4 5 5 8 9 11 12 2 13 16 17 18 19 22 23 24 5 5 5 5	Seconary exposures via Aubrey Maddoux by location							Time in	Longest	
	Name	ID	Group	Total tim	e	Location	# In loc.	loc.	exposure	
	Carole Nachbar	89850151877433	Staff	43.1	lacksquare	AL1 POD E Breakr	pom 2	42.7	41.7	
						AL1 Services Nurs Office 2	e 2	0.4	0.3	
Blue represents days the selected person or asset was present. 3. Filter to badge group(s) (> (All) (> Asset (> Patient (> Staff	Devon Egleston	28965449442342	Staff	39.8		AL1 POD E Breakro	oom 3	38.0	32.2	
						AL1 Services Lab	1	0.2	0.2	
						AL1 Services Mana Office	iger 1	1.3	1.3	
						AL1 Services Nurse Office 2	e 1	0.3	0.3	
	Frances Augare	2106922872854	Patient	26.8		AL1 Services Lab Draw 1	11	26.8	8.9	
Only list primary exposures occurring at or before a certain time. Click a triangle to filter, click again to clear.	<u>Wayne Vannah</u>	62175619836501	Staff	18.7		AL1 POD E Breakr	oom 1	12.3	12.3	
						AL1 Services Mana Office	iger 1	6.4	6.4	
8:57AM 3:47PM 4. POC Location (AII) Non-point of care Point of care	Ashley Couto	36632037300822	Patient	18.0		AL1 Services Lab Draw 1	2	18.0	17.7	
	Earnest Debauche	76245850611950	Patient	17.9		AL1 Services Lab	2	17.9	17.6	
		62456512686528	Patient	16.8		AL1 Services Lab Draw 1	2	16.8	13.8	
	Kelly Graboyes	52155393558584	Patient	12.7		AL1 Services Lab	2	12.7	9.4	
	Mya Dobert	76664352705888	Staff	12.1		AL1 POD E Breakro	oom 1	4.5	4.5	
						AL1 Services Lab Draw 1	2	4.3	2.8	
						AL1 Services Lab	2	2.6	2.2	
						ALL POD C by Eva	m			



FAST LOCATION INTELLIGENCE FOR QUICK CONTACT TRACING.

The Location History Report answers the question: Which badged staff had direct exposure with the patient in certain locations and for how long?

- Useful when only staff wear badges
- Manually determine where the patient spent time and run the report for those locations

What's your ACT Plan?

Contact your Midmark RTLS representative today to get started.

"We knew who was exposed, how long they were exposed and who was NOT exposed. We were able to confidently communicate that to the public, which was a big deal. We never would have had that (information) without the RTLS ..."

John Olmstead, RN, MBA, FACHE

Director of Surgical Services and Emergency Services Community Hospital Munster, Indiana

1 CDC Guidelines https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/