

Community Hospital Munster, Indiana



About Community Hospital

Community Hospital is one of three not-for-profit hospitals in the Community Healthcare System in northwest Indiana. The Joint Commission on Accreditation of Health Care Organizations gave Community Hospital Accreditation with Commendation, its highest honor. It is the only hospital in Indiana to be named to America's 50 Best Hospitals for seven years in a row, 2008-2014.

Installation Highlights

- ▶ 458 beds
- ▶ 400+ sensors
- ▶ 800+ badges

RTLS Use Cases:

- ▶ Rauland Responder 5 Nurse Call Automation (hospital-wide)
- ▶ Staff Assist (Emergency Department)



The first U.S. patient with Middle East Respiratory Syndrome (MERS) walked through the doors of Community Hospital in Munster, Indiana on April 30, 2014. It was a high-profile, nationally publicized event, involving the Centers for Disease Control (CDC) and talk of a hospital shutdown.

The hospital turned what could have been a crisis in public relations into a case study for how to handle such an event. The headlines trumpeted their success: "How an Indiana hospital got it right when MERS showed up at the door," (*Washington Post*); "Hospital details rapid response to MERS patient," (*Modern Healthcare*); "How Indiana Hospital Contained MERS Outbreak" (*InformationWeek*).

Community Hospital handled the situation quickly and successfully, but not because hospital leaders were thinking about the spread of a deadly virus or even disaster planning.

"Ironically, everything that helped us had nothing to do with preparing to handle a deadly disease," says John Olmstead, RN, MBA, FACHE, Director of Surgical and Emergency Services at the 458-bed hospital 22 miles from downtown Chicago. "It really had nothing to do with disaster planning at all. It was us trying to do a good job."

As Olmstead explains it, the hospital was just trying to improve patient care.

Addressing the 'Three Ps: People, Patients, Processes'

In 2009, Community Hospital embarked on a major process improvement journey, in an effort to improve performance benchmarks, reduce staff turnover, and boost patient satisfaction scores. Hospital leaders worked first with people, then focused on patients, and finally, processes.

“If you don’t have the people in place, and they don’t have the equipment and tools to take care of the patients, you’re not going to improve the process,” Olmstead explains.

Safety First: More Than a ‘Panic Button’

One of the prime concerns when it came to retaining quality staff was their safety. “Encountering a very rare and deadly disease was not our primary concern in 2009,” Olmstead says.

“We were worried about violence in the ED, and the safety of our staff. You turn on the news and you see it everywhere – in the schools, in the malls. The violence is terrible. We asked ourselves, ‘What’s the best system we can put in place to take care of our people?’”



A nurse speaks with a TV reporter about the Versus system during an interview for ABC News 7 in Chicago.

The answer was a Real-time Locating System (RTLS) from Versus Technology, purchased through and implemented by Certified Versus System Integrator Communications Company of South Bend.

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Ronda McKay, DNP, CNS, RN
CNO & VP of Patient Care

All staff members in the Community Hospital Emergency Department wear Versus locator badges, which feature a “panic button.” Using the Versus Visibility™ Staff Assist software, staff members simply press the button when they feel threatened, and the system triggers an alarm in the nearby security department.

Security officers, once they hear the alarm, glance at the Versus Enterprise View™ Floorplan, a blueprint of the Emergency Department, where the exact location of the staff member needing help is highlighted.

“Our nurses know if they’re in a situation where they need immediate attention for whatever reason, they can hit that button and it alerts the whole unit,” explains Ronda McKay, DNP, CNS, RN, Chief Nursing Officer and Vice President of Patient Care

Services. “Staff Assist is one way for us to be able to give staff a sense of safety.”

Community Hospital got much more than a panic button. The Versus system also seamlessly integrates with the hospital’s Rauland® Responder 5 nurse call system.

“This is the neatest thing in the world,” Olmstead says of the system’s ability to automatically cancel patient calls. “Instead of paying attention to the button on the wall, you can focus all your attention on the patient.”

The RTLS-nurse call integration not only enables Responder 5 to automatically cancel calls but also automatically document nurse-patient interactions for reporting.

Process Improvement Success

With these and other technologies in place, Olmstead says the hospital was able to steadily improve. The hospital is meeting or exceeding standard benchmarks, staff turnover is incredibly low, and best of all, patient satisfaction is now in the 95th percentile. “We are a top-notch hospital,” Olmstead says.



The MERS situation was a high-profile, nationally publicized event, with the news media descending on Community Hospital.

Now, the Test

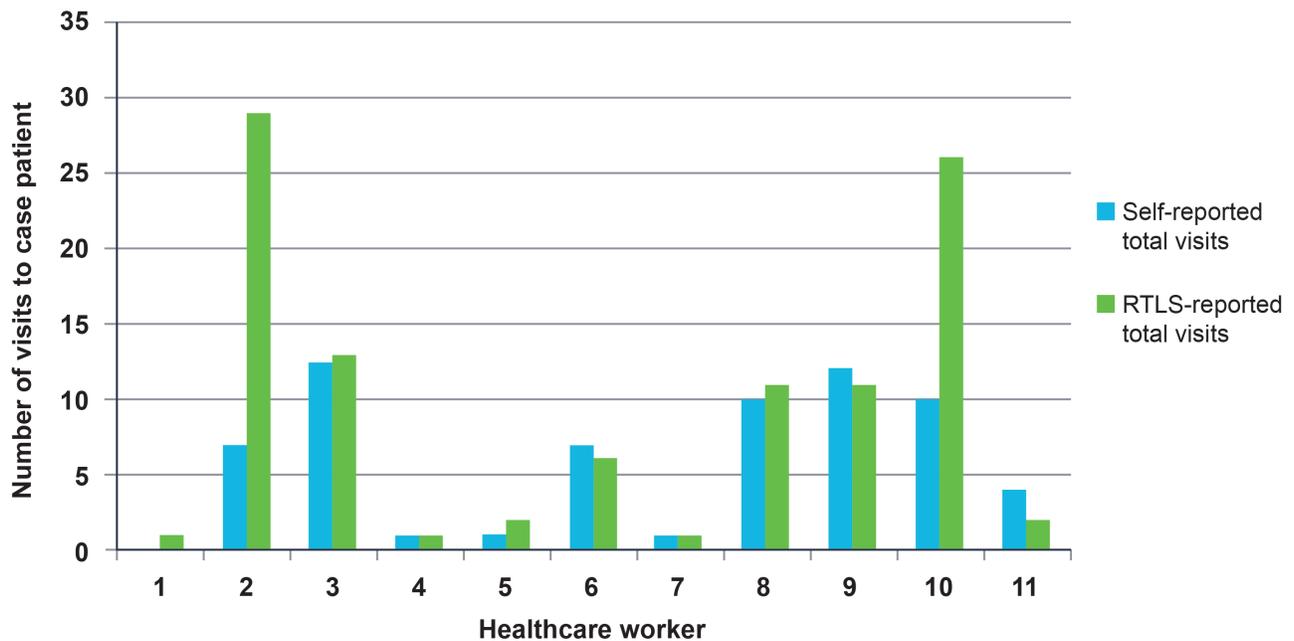
Olmstead remembers April 30, 2014, as if it were yesterday. A normal workday was interrupted by a call to “clear your schedule and report to administration.” Trekking across the hospital, his imagination scrambled to fathom the type of customer complaint that could generate such a dramatic call.

Upon entering the administrative offices, he found more than a dozen coworkers crowded into an office and officials from the CDC on the phone. They were told a patient had been diagnosed with MERS, a viral respiratory illness with, at the time, a 50 percent death rate. CDC officials told the Community Hospital staff, “Life as you know it is about to change.”

Tracing Exposure — Immediately

Olmstead and his team were assigned the key task of determining how many people had been exposed to the contagious patient. Amazingly, they had answers in just minutes, using a report from the Responder 5 nurse call system listing the Versus RTLS location data, showing all staff members who had been in the MERS patient’s hospital room.

“Operationally, it was hugely important to be able to understand workflow,” Don Fesko, CEO of the hospital, told *Modern Healthcare*. “We could easily take anyone who was on duty, out of duty, and quickly explain to them what was going on.”



Community Hospital compared how many times staff members remembered entering the MERS patient’s room to their actual visits, as recorded by the Versus RTLS.

“Those Versus badges are great things,” Olmstead says about the system’s ability to monitor exactly who goes where. “People don’t realize how many times they travel around the building, and how much time they spend performing their role. If you go on the ‘memory system,’ your information will be faulty.”

In fact, when Community Hospital compared self-reported visits to the MERS patient’s room to RTLS-reported visits recorded in Rauland reports, they found healthcare workers underestimated their contact with the patient by an average of 58 percent.

More Than Just Contact...

The other data that proved to be helpful — both on the scene and for ongoing CDC studies — was how long each staff member was in contact with the patient. For example, the CDC told Community Hospital that data shows the least amount of time you have to be in contact with a contagious person before contracting a flu-like virus such as MERS is 11 minutes.

Because all people wearing Versus badges had their interactions recorded, Rauland reports showed exactly what Community Hospital needed to know: No employees had been in contact with the MERS patient for more than seven minutes.

“We knew who was exposed, how long they were exposed and who was NOT exposed,” Olmstead says. “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 badges and the nurse call reports.”

Community Hospital employees weren't the only ones happy to have this information. The hospital's CMIO, Alan Kumar, MD, told EHRIntelligence.com, “The CDC was particularly impressed and thrilled that they had data on the exact amount of contact per provider, which is data they never had before in any investigation of this type because they never had a GPS- or RFID-style system that tracks time in room.”

Knowledge = Power; Power = Control

In the following days, Community Hospital staff as well as representatives from the CDC gave numerous updates to the press, which had congregated outside the hospital. In each briefing, they reiterated that there were no new infections, that everything was under control, and that the public was safe.

“We were asked the same question 100 times,” Olmstead recalls. “How do you know that people weren't exposed?’ We were able to confidently tell them, because we had data.”

'We're Not Stopping Here'

Olmstead stresses that Community Hospital didn't invest in the technology because of MERS, Ebola, or the next superflu. “We wanted to take care of our people, our patients ... we feel it is the right thing to do.”

Kumar, the hospital's CMIO, concurs. “It's not meant to watch employees. It's meant for something more admirable. If you approach IT spending with the goal of 'Does this improve quality of care to patients?' and the answer is yes, that's why you invest. Everything else is secondary to that goal.”

Olmstead says the hospital wants to continue its upward trajectory of extraordinary service, with plans that include hospital-wide equipment tracking and patient throughput initiatives, both of which can utilize the existing Versus RTLS.

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