HealthManagement
Promoting Management and Leadership

Clearing the way with TeleTracking

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Many hospitals around the world including the NHS, UK face huge challenges generated mainly from lack of resources especially in department funding and staff shortages. One key issue is that of bed shortages, especially in accident and emergency departments. If this could be addressed, for example in the NHS, it would help with a number of major issues. One in particular would be patient flow, in easing congestion in the ER by getting people in and out of beds more quickly. The immediate impact of course is freeing up space for another patient to take over far more quickly.

One solution, TeleTracking, was launched in 1991 as an automated bed turnover mechanism. Since its initial inception it has since grown into a software solution providing an interdisciplinary, real-time solution that moves people and resources more efficiently and safely through a hospital system and is currently being introduced into a number of UK hospitals as a potential solution for reducing human congestion.

In-fact, TeleTracking was credited and applauded for helping to save more lives in the Aurora, Colorado movie theatre mass shooting. Following the shootings, UC Health handled 23 victims and with the help of TeleTracking's automated Capacity Management Suite™ system. UC medical personnel were provided with the ability to register the victims under the same code – "Disaster." This enabled staff to assemble patient spread sheets, keeping everyone involved in the process up to-date and well informed.

HealthManagement.org spoke to Deb Sutton, Director of Client Support at TeleTracking UK, to find out if TeleTracking could offer the solution desperately required by hospitals to operate more efficiently.

It is clear that the demands on the healthcare industry are reaching new heights, and hospitals across the world are struggling to cope with a growing population that is living longer with increasing numbers of LTCs and co-morbidities. With 20 million unnecessary patient days spent waiting, more and more healthcare organisations are battling patient delays. It has therefore become more important than ever to acknowledge that something needs to change.

TeleTracking has been very successful in US hospitals. Why do you think this is?

Hospitals in the US recognised that traditional bed management processes were disrupting patient flow and saw TeleTracking as a solution. As a patient flow plan, our system offers integrated flow automation and sensor network technology, adding significant value to the hospital experience. By combining technology and change management, healthcare organisations are able to transform their operational processes to save vital time, costs and resources. Using this solution, one hospital was able to serve an additional 13,600 patients in one year, and another reduced transfer time from hours to less than 15 minutes. Looking at this figure and these factors, it is easy to see why this solution is being

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embraced by the US market.

TeleTracking was trialled at five NHS hospitals in 2017. What was the outcome? Have any more hospitals taken the scheme on board?

Throughout 2018/19 we've worked with a number of hospitals across the UK. The introduction of this technology has had an extremely positive impact on every organisation and the outcomes have been impressive, one hospital has been able to provide beds to new patients in less than 35 minutes and another delivered 1008 hours of nursing time back to care. From reducing idle bedtime and A&E breaches due to bed availability to saving vital resources and costs, these hospitals have been able to unlock patient flow and combat some of the problems engulfing the NHS.

The NHS has lost 15,000 beds in the last seven years – 10% in acute beds and is currently suffering from a major shortage of staff. Can TeleTracking be effective in optimising bed use and thus helping to address the shortfalls?

There needs to be a strong focus on prioritising how patient flow is managed to ensure all resources, from staff to equipment, are utilised in the best way possible. This is where our solution comes in. Implementing real time tools, automation and data gives hospitals and management staff a deeper understanding of the beds that are available. And, if used efficiently, this technology enables healthcare professionals to measure the current levels of time patients spend in acute beds. With this insight all hospital staff can work collaboratively to reduce idle bedtimes and combat hold-ups, no matter what shortage pressures they face.

The NHS is crying out for a fully funded, fully staffed rescue package that the current government promised. Will spending on a TeleTracking system as well as the expense of training staff to use the systems not further overburden NHS finances nor address key issues such as overcrowding, staff & bed shortages and lack of funding?

Far too many trusts are already spending valuable funding on opening temporary wards or setting up beds in corridors at times of high demand. If instead the existing beds were utilised, each NHS trust could avoid the current £2million to £7million a year spent on providing temporary beds and wards.

Better management of bed utilisation would increase capacity by 3,000 hospital beds per day. It's all about spending money wisely, and as the number one problem to overcome, putting bed and patient management at the top is vital.

In theory introducing a bed monitoring system sounds practical but structural and logistical changes may also be necessary to support culture change. How will it prevent patients using beds longer than needed after being discharged, due to the lack of adequate facilities that they may have to go on to use once being discharged?

The right technology shouldn't need hospitals to undertake huge structural and logistical changes; it should build upon the processes that have been working and help address those that aren't. Healthcare professionals, are looking for solutions that will enable them to spend more time focusing on patients, as soon as they see evidence that using a system allows them to do this, the culture naturally follows.

The discharge of a patient should be planned from the point of admission. Discharge workflows are often a bottleneck for most hospitals, but by using an automated system, a clear visual for discharge can be achieved. The moving parts and complexities of a patient's care will never change, but if hospital teams are given immediate visibility as to when patient discharge milestones are complete then everyone can be better prepared for the next steps in that patient's care.

By having the means to better map discharges and pending discharges the wider healthcare ecosystem can also be better prepared to facilitate patients once they are discharged. This will help provide a more seamless transition for patients ready to leave their hospital beds.

Some US hospitals have invested in 'departure lounges' that incorporates a pharmacy, access to food and a nurse who is always on hand while patients wait for transport. Would it not be more beneficial to introduce these types of facilities in the NHS first followed by the high technology systems such as TeleTracking?

Before undertaking huge expansions and facility developments, hospitals need to first better understand the problems they have. And it's important to consider why these problems occur. Is it really that there aren't enough beds? Is it that they don't have departure lounges in place? Or is it simply that they just don't have visibility of the delays affecting bed availability?

By using technology to measure idle bedtime and the reasons behind it, hospitals will gain a fuller picture of the overall patient flow and therefore a clear direction of exactly how to deliver better patient experiences. Clarity is the key to assessing which facilities are performing well, which need improvement and where innovation is required.

Several NHS leaders have expressed concern about the systems overwhelming the staff with large amounts of data as well as the cost of training staff to use these systems properly. Due to the current shortage of NHS funding and staff shortages could implementing TeleTracking be viewed as a risk for the NHS.

It's important to look at the long-term impact of this system on nurses, doctors and management teams. Placing the burden of bed cleaning and preparation on already overtaxed nursing staff goes against the pledges of time for care. So why not implement a solution that will help to relieve

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this burden? Releasing nurses from carrying out non-caring tasks such as bed cleaning will remove significant pressures and will eliminate room for errors. In addition, with doctors and nurses working primarily with the right patients, in the right place, staff can feel far more confident in their day-to-day activity and the care they are providing.

In today's digital world, more and more people are immersed in technology and are open to using digital solutions in their place of work. As a simple solution, these systems don't fall outside the remit of everyday tech; so can be easily adopted by the whole workforce. The data provided is real time and isn't designed to overwhelm but instead layout an easy to follow patient flow plan and ensure teams are on the same page.

Can you provide two or three examples highlighting how TeleTracking has improved operational efficiency?

After implementing our solution one of our hospitals was able to reduce outliers by 48%, nurses were able to take 118 hours per week back to care and the money spent on nursing agencies reduced by 41%.

With our help, a group of three hospitals now have complete visibility of every single bed in one place through the creation of a control centre. In the first three months of operation, this centre has helped each of the three organisations to reduce their idle bedtime by over two hours. In a sector where minutes, even seconds, matter this is absolutely fundamental for transforming the care experience.

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