

Are antiquated communication solutions holding back efficiency drives within the NHS?

Robert Wood, managing director of Ascom UK, says hospitals can make better use of the resources they already have with better communication systems.



I ask you to cast your mind back to the Francis report published earlier this year. It was one of the most eagerly anticipated reports in the history of the NHS.

The theme running throughout the report was about fostering a common culture shared by all, in the service of putting the patient first.

So I ask this, if the culture of the NHS has to change, shouldn't there be new ways of working to manage this change? How can the culture change if staff do not have the correct tools in the first place?

For years we have been hearing about the shortage of nurses within the NHS, understaffed wards, decreasing efficiency, and nurses not being able to spend time with their patients.

According to a report conducted by Nursing Times, 85% of nurses who worked on general wards said the patient to nurse ratio was eight or more to one, impacting on the level of care they can give.

I ask you, shouldn't we be thinking of ways in which nurses can be more efficient, and not looking at the issue of shortages? Hospitals like every other enterprise have to work with the resources they have.

When I look at the subject of nurses being able to spend more time with their patients, I don't think the solution is necessarily just that we need more nurses; I think about what

is stopping the ones we have from achieving more.

To me it's all about using communication tools to improve their working processes. Take for example a common problem that I have seen in the NHS – antiquated communication systems, pagers or 'bleeps' as they are commonly called. Pagers were first introduced into hospitals in the 1950s and paging technology has not changed much since.

It's now the 21st century and technology has developed significantly; you only need to see a clinician walking around with an iPad to confirm this. So why are hospital trusts still signing new contracts for more pagers?

It confounds me because I know what a truly integrated communication solution can do, not only for a hospital but an NHS trust as a whole. The NHS needs to move forward as technology develops.

There are so many advanced solutions out there, why aren't they being taken advantage of? In many cases the new technology is cheaper, faster, more diverse, and integrates with the hospital's infrastructure.

I present you the simplest solution to the age-old problem – "Where is the patient's doctor?"

You would think finding a doctor would be easy. Find a phone, page the doctor, they call back at the number suggested.

However, it rarely works like this.

More realistically, you page the doctor, you hope they've received and read the message, you wait by the phone eagerly awaiting their call, then someone else needs to use the phone; it's at that point the doctor decides to call back, the line is engaged, the whole process starts again.

What a waste of the nurse's time; is this efficiency or is this 'how we've always done it'? Why can't the nurse spend more time with their patient? It's easy; they're running around trying to find people and information.

Let's now step into the 21st century. You provide the doctor and nurse with a wireless communication device – even better, a wi-fi phone, taking advantage of the hospital's existing wireless infrastructure.

The nurse calls the doctor directly: mission complete.

They can even send a message enabling them to accept or reject their call for assistance; you also have a full audit trail.

Going one step further, they can send a message to a group of doctors asking for assistance; cardiac arrest for instance. Imagine how much time can be saved just by this one solution.

Imagine who could contact the nurse, the laboratory for the collection of blood results, the radiology department for an appointment, the pharmacy for the patient's medication and most of all the patient via the bedside nursecall, enabling the nurse to take action without having to attend the patient first.

The efficiencies achieved are astounding, along with staff and patient satisfaction.

The nurse-patient relationship has a powerful impact on patient satisfaction, so why aren't we giving our nurses the tools to do this?

After all, the Francis report has stated the patient should come first in all we do.

This culture of 'this is how we've always worked' has to change.

We don't bring patients to hospital in a horse and cart, so why are we using old communication tools.

To me it's all about improving efficiency through communication solutions to change the way in which we work to become more efficient.

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