



Improving care through unified communications

IT provider FlexITy tackles the challenges created by use of multiple communications channels in a transient industry

Over the past five years, healthcare providers have invested their technology resources to build more secure and accessible data infrastructure. While this remains a priority, they have also noted significant enhancements in traditional voice and data systems and the role they can play in improving patient care – delivering cost savings and a convincing ROI through better care coordination and patient flow.

The market is taking notice. Global healthcare IT spending is projected to rise more than 6.2 percent in 2011 as hospitals and care providers seek solutions to efficiently manage care for patients, with more than 15 percent dedicated to “unified communications.”

“Addressing care co-ordination is critical so staff can spend more time caring for patients,” says Rishi Patel, a director in the Unified Communications (UC) team at IT solutions provider FlexITy. “Efficient patient flow is also essential to help healthcare providers improve operating performance.”

In today’s information-intensive industry, communication systems are more complex than ever. Administrative and clinical teams use multiple ways of staying in touch, whether by voice and video telephony, voicemail, instant messaging, email, text messaging or fax. Most have a corresponding assortment of “communication identities,” including an email ID, instant messaging handle, and a variety of numbers for office and home phones, cellphones, PDAs and fax lines.

There have never been so many ways of communicating. If left unresolved, this complexity makes it more difficult and time-consuming to concentrate on patient

care. This can be a decided disadvantage when the speed of information sharing and decision-making can mean the difference in both patient outcomes and marketplace success.

“If there were one aspect of provision an organization could work on that would have the most impact on patient care, it would be improving effectiveness of communication on all levels – written, oral and electronic,” says Richard Croteau, executive director of strategic initiatives for The Joint Commission.

Opportunity for change

The current wave of interoperability standards between communications systems opens the door for dramatic change. These standards encompass smart mobile communications devices and the information systems on which healthcare providers depend.

Unified communications capabilities offered through FlexITy give all users – from nurses at a patient’s bedside to senior healthcare administrators – the means to simplify, integrate and control all aspects of their communications, leading to more efficient ways of working and improved levels of care.

FlexITy’s healthcare platform provides enhancements to areas including interaction requests (a patient call for the on-duty nurse), results delivery/order entry (delivery to mobile and multimedia devices) and process automation (patient discharge). FlexITy’s team understands that healthcare is significantly different from commercial business environments. The demands are greater in terms of the constituencies that have to be served and the level at which the products and

underlying network must perform.

The IT and telecom needs of a surgical team – from instant access to high-quality imaging to the ability to reach specialists in an instant if something goes wrong – are far more exacting than those of just about any other setting. The level of difficulty increases when these demands extend to the huge number of devices and patients entering and exiting facilities in this highly transient environment.

In addition, security and privacy demands are higher than in other settings. Much of the information exchanged is covered by stringent privacy rules.

A vital requirement

Yet another differentiating element is harder to measure. The underlying legacy infrastructure is highly reliable, in a business that prizes reliability. FlexITy knows this is a linchpin requirement for organizations whose business is saving people’s lives. “Healthcare organizations are understandably loath to replace systems that work and that they trust. This can make a move difficult, since deployment of UC generally occurs either after or in parallel with a move to an all-IP network,” observes Patel. “Hospitals have a huge amount of fairly inflexible gear that is hard to replace. At the same time, the industry is the poster child for the advantages that UC promises.”

Dr Joseph Bateman, Chief Medical Officer for The Health Alliance, says, “Historically, the profession’s mission-critical nature has forced hospitals and medical centres to buy expensive gear because there can be no down time, no failure. As a result, the technologies – the ‘big iron’ PBX-type machines – are what hospitals have depended on.”

The paradox is that hospitals have 21st-century needs, 20th-century technology and 19th-century budgets. Dr Bateman says: “The issue here is: ‘How do I communicate seamlessly between different practices, specialists, administration, support staff and offices? How do I do this in an emergency? How do I do this with budgets that are limited and infrastructure that is old and hasn’t been converted to IP?’ The market demands that we evaluate our options.”

FlexITy Solutions Inc.

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