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Hospital using technology to track, place patients

By **RANDY GRIFFITH**

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— Seeing the emergency department pager message, Kay Zimendinger looks up at the wall-mounted display screen and knows the critical care unit has a bed available.

A few keystrokes later, the department has instructions to send a newly admitted patient to the CCU, which has been notified to set up the room for the patient's specific needs.

The new bed-tracking computer system is another step in Memorial Medical Center's program to reduce emergency department waiting times.

Before the new system was put into service last week, the process required a series of phone calls and messages.

"The goal is to decrease the number of phone calls and to move that patient out," nurse manager Joan Barker said in Memorial's patient placement office.

Standing in front of the multicolor display grid, Barker explains the codes. Squares represent rooms and beds, with pink for female patients and blue for male patients. Available beds are green, for clean.

Unoccupied beds in the process of being cleaned are yellow, and those waiting for housekeeping are brown.

Letter codes show which beds are reserved for admissions and which patients are being discharged or transferred.

"To look at it is a little hard," Zimendinger said. "But once you get used to it, this is much better."

Zimendinger has seen a few new systems in her career. She has worked at the hospital for 32 years and retired a few years back as supervisor in the admissions office. She now works part time as a patient placement clerk.

While the new system will increase efficiency throughout the hospital, leaders are focusing on their efforts to reduce emergency room backlogs.

Often, patients with less-serious conditions are kept waiting because emergency room beds are filled with those waiting to be admitted, said Patti DeFrehn, executive director of emergency and trauma.

"The supervisors and the emergency department staff will be able to be notified as soon as a bed is available," DeFrehn said.

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