Q&A with
Anne Bugge

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Where's RTLS headed? With AAMI upon us this weekend, DOTmed News wanted to check in on the state of RTLS (real-time locating systems). The technology has traditionally been used to track assets, but in this era of health care reform, hospitals are finding that it's also a useful tool for improving operational efficiencies.

DOTmed spoke with Anne Bugge, Sonitor Technologies' president and CEO for the Americas, about why RTLS has been working for hospitals and what challenges still remain.

DMN: There is a lot of talk about RTLS in health care these days, and more systems are being installed around the country. Do you sense a growing awareness of the technology and impact?

AB: Clearly this is the case on both scores. The technology is there at this point to be highly useful to hospitals, and word is spreading. We've gotten beyond the burdens of cabling with very flexible, reliable and easy to install wireless systems with long battery life. The systems are very accurate and applications are expanding. Perhaps most importantly, with the heavy emphasis the hospitals and CFOs are putting on ROI, RTLS is really showing rapid returns.

DMN: Let's talk about that ROI, do you have any data on that?

AB: We believe that on asset management alone, most facilities can recoup their costs within roughly a year. One customer recently shared with us that they were able to recover $3 million of missing equipment in a very short time. They expect to recover more, and going forward, better utilize their equipment, reduce staff time used to hunt items down, and reduce their reliance on rental equipment and redundant equipment purchasing. We're getting these kinds of

reports consistently and that does not take into account all of the ROI from other applications, which is also substantial. And, by the way, too many hospitals continue to pay service contracts on equipment that they no longer have, which is such a waste of resources. Having an RTLS system would largely eliminate that.

DMN: What other applications are running on your RTLS platform and what do you see in the pipeline?

AB: Right now, the most common application for asset management is where customers can track and easily locate mobile medical equipment. We're also seeing RTLS being used to improve workflow and patient flow and for infection control, nurse call, environmental monitoring and safety. OR and ED workflow applications are becoming more prevalent and driving significant productivity increases too. Additionally, security applications are being developed and successfully deployed in staff duress and infant abduction prevention. Our system is like a smartphone, it provides a platform for an unlimited number of applications.

DMN: What kind of OR and ED productivity increases are you referring to?

AB: OR and ED are among our most popular use cases, where our customers have seen better than 25 percent productivity increases. In the OR, RTLS has proven to speed throughput and enhance revenue generation, in that hospitals are able to schedule more procedures. Similarly in the ED, RTLS is reducing wait times and improving the patient experience.

DMN: We've recently interviewed one of your customers who said for them while asset management is a nice benefit, their investment in RTLS was about patient flow and workflow. What is your sense of the importance of this?

AB: It's a very important part of the RTLS evolution to achieve what we call "real time intelligence" to ultimately impact quality of care and increase patient satisfaction. For clinical staff, knowing in real time where a patient is at all times will enable them to better anticipate their work and deliver care more effectively. For administrators, it will help with staff efficiency and utilization because they will know how to allocate staff resources and adjust appointment times. By better utilizing staff time, especially that of nurses, it is possible to increase a facility's capacity to serve patients through accommodating more patient visits, for example, and increasing the speed of delivery of care. Of course getting patients examined sooner can have an impact on outcomes, and there is no doubt that they will be more satisfied, not to mention their families and communities. Part of that rests on better monitoring and managing patient discharges, resulting in quicker bed turnaround and reduced wait times.

DMN: What do you see as the barriers to acquiring an RTLS system?

AB: First, there are multiple decision makers and stakeholders, so deciding to implement RTLS requires vision, confidence, leadership and consensus. Then there is cost and the fact that in most cases this goes through a capital budgeting process. But as the industry matures and RTLS demonstrates value, the barriers will drop, and we're already seeing this. In addition, we think there is a lot of room to get more creative in helping health care facilities afford RTLS technology through financing and leasing programs that could be funded through operational budgets. We're also able to provide scalable systems that can grow with a facility's changing needs. Better access will mean more rapid adoption, and we are seeing steadily increasing interest and demand.