
Case Study: Cass Regional Medical Center



CASS REGIONAL MEDICAL CENTER, A COUNTY HOSPITAL SERVING BOTH SUBURBAN AND RURAL COMMUNITIES, PURCHASED A NEW NURSE CALL PLATFORM TO SUPPORT THEIR GOALS TO IMPROVE PATIENT SAFETY AND SATISFACTION. THE SYSTEM INCLUDED PILLOW SPEAKERS THAT ALLOWED PATIENTS TO SELF-TRIAGE THEIR NEEDS TO THE CARE TEAM.

PROBLEM

Patient experience can be heavily influenced by a hospital's ability to respond to call lights. The hospital is measured not only on its responsiveness verbally but also on its ability to react and solve patients' needs.

Additionally, call light disruption on the hospital unit can be challenging and lead to more extreme issues such as alarm fatigue, which impacts patient safety.

There are several call light notifications that nurses and care techs must handle in addition to EMR documentation, medication administration and other clinical tasks.

A care team member must stop and answer the call light immediately because they do not know whether the request is emergency, urgent or routine. The inability to prioritize from the general request increases the workload of the care team as a whole.

Hospitals recognize the challenge and are investing heavily to acquire additional functionality from their major capital investments such as nurse call, but how can they measure whether the investment has solved the issues and is worth it?

CURRENT TRIAGE BUTTON USAGE IN HOSPITALS

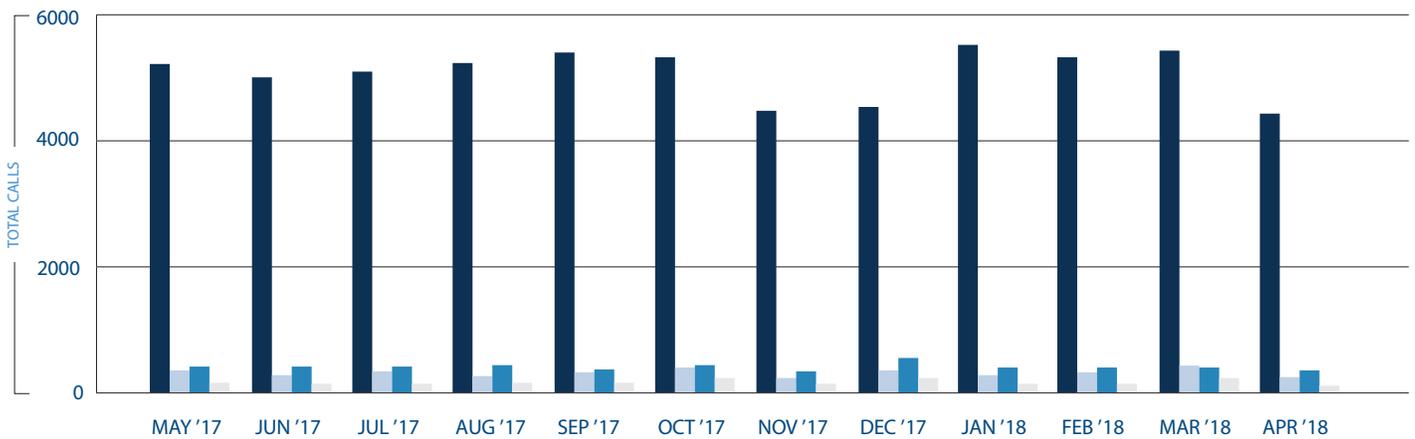
Here's the usual scenario that unfolds when a patient pushes the standard big red button:

A care team member must stop, answer the call, identify the patient's needs and engage immediately.

To streamline the process, many hospitals purchase a pillow speaker that allows patients to identify the purpose for the request (e.g., water, pain, toilet). This method is called "self-directed" care or "self-triage." The intent is to empower patients with a more robust tool, but patients' use of these buttons is often lower than expected. On average, there is only a 12 percent patient adoption of the "triage" buttons.



CURRENT STATE OF MOST HOSPITALS



EVENT	AVERAGE	TOTAL
● NORMAL	5070.2	60842
● PAIN	287.2	3447

EVENT	AVERAGE	TOTAL
● TOILET ASST.	376.8	4522
● WATER	137.8	1654

SOLUTION

The average lifespan of a nurse call system is 10 years, and like many hospitals, Cass Regional Medical Center purchased a new nurse call system that included pillow speakers with water, pain and toilet options. Administrators encouraged nurses to focus on educating patients on how to use the provided technology. The hospital partnered

with CAS to provide their staff an innovative Leadership Rounding tool that integrates real-time analytics on the triage button with patient feedback. This tool empowered nursing leadership to engage with patients more fully by knowing not only what patients requested but also how patients feel.

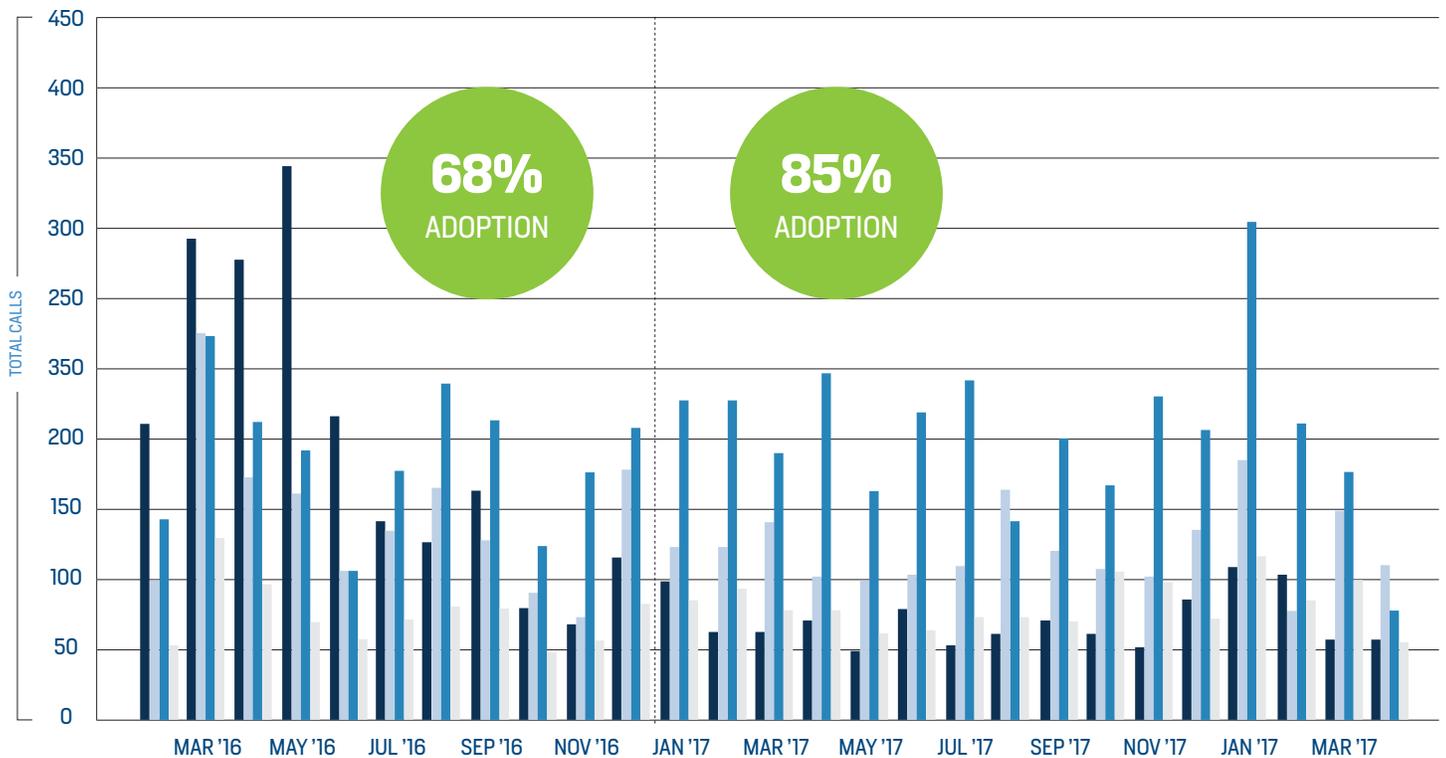
MAJOR GAINS FOR CASS REGIONAL MEDICAL CENTER

The hospital is committed to educating their patients, but beyond that, every member of the care team and leadership team takes responsibility for continuing the focus on education. Their hard work has paid off: The hospital has achieved an 84 percent average use of the triage buttons.



When compared to the traditional average of 12 percent, this is an incredible achievement. The hospital wanted to continue looking for ways to use technology to improve and adapt their processes. Cass Regional purchased the Aperum platform. Their goal was threefold: to improve engagement with patients, visibility into call light usage and response times.

RESULTS FOR CASS REGIONAL MEDICAL CENTER



EVENT	AVERAGE	TOTAL
● NORMAL	105.6	2852
● PAIN	113.1	3053

EVENT	AVERAGE	TOTAL
● TOILET ASST.	172.6	4659
● WATER	67.4	1819

MEASURING INVESTMENT RESULTS WITH APERUM ANALYTICS

“When we purchased the new Call Light system, one of our key goals was to allow patients to partner in their care by using the pillow speaker to self-triage their need,” said Twila Buckner, CNO at Cass Regional. “We desire to always provide the highest level of care and saw that the simplicity of the new pillow speaker would highly impact our ability to engage.”

The problem came when the hospital wanted to measure the results of the new technology. They struggled with the reports and how to use them effectively to identify whether the new investment was making a positive impact.

To help manage the data and improve patient experience, Cass Regional subscribed to the Aperum Analytics and Rounds platforms.

Aperum Analytics provides clinical leadership with an easy-to-use real-time analytics tool to quickly and easily identify whether the triage buttons are being used effectively. The hospital also launched Aperum Rounds, which infuses data into a practice and hardwires behaviors around constantly teaching, encouraging and informing patients about the provided technology.



“WITH APERUM, WE CAN SEE IF THE PATIENT IS USING MORE THAN JUST THE RED BUTTON IN REAL TIME. WE CAN IDENTIFY IF THEY ARE USING THEIR BUTTON BEFORE EXITING THE BED, OR IF THEY HAVE DECLINED THEIR USE OF THE CALL LIGHT SIGNIFICANTLY,” SAID BUCKNER. “WE WANT TO ALWAYS PROVIDE VISIBILITY TO OUR TEAM.”

USING APERUM ROUNDS TO IMPROVE PATIENT CARE

The Cass Regional team added a question to their leadership round to identify whether patients have been trained on using the call light system. It also reminds leaders to reiterate the importance of using the call light effectively.

When a leader rounds on the unit, they use Aperum Rounds to identify the patients' needs (e.g., requests for pain medica-

tions), to identify how quickly the care team is responding and then to document how the patient feels about the interactions.

Cass Regional focused on allowing patients to be co-producers in their care while in the hospital. They not only provide the technology, but they also take the time to empower patients to use the technology.

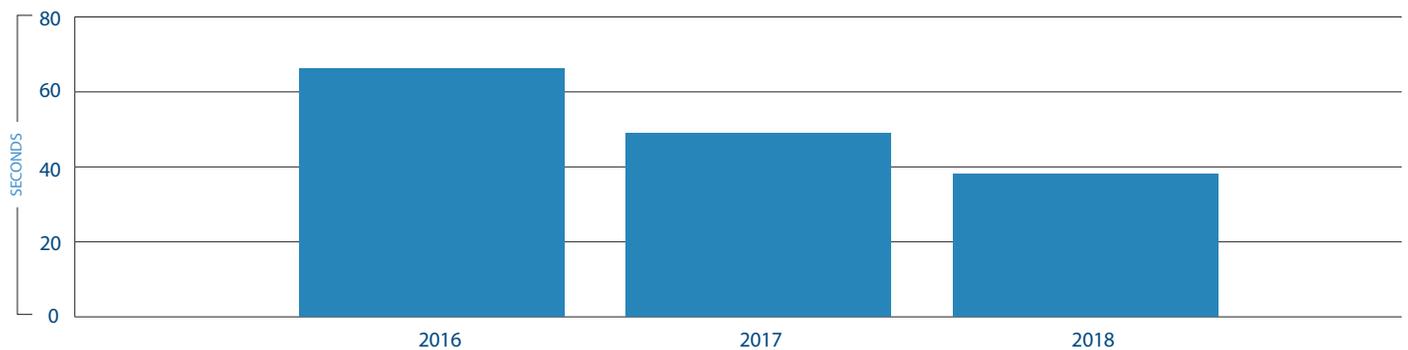
“We focused on training our caregivers, leadership and all who interact with the patient to teach and remind patients of the available technology,” said Jeff Lee, Director of Nursing. “When a patient is admitted to the floor, training the patient and/or family on the call light is part of the admission process.”

The hospital designed the system so that patient requests for water, pain or toilet go directly to the assigned aide or nurse. But if the patient presses the big red button, the

notification goes to a central monitor area where a detailed message can be sent to the aide or nurse.

From the beginning, a goal of obtaining the new call light and focusing on data has been to reduce response time to patient’s needs and reduce the nursing staff’s workload. Cass Regional has been able to reduce its average response time to less than 40 seconds, which is a 20-second reduction.

AVERAGE RESPONSE TIME



“CASS REGIONAL IS AN INCREDIBLE CLIENT THAT IS TRULY FOCUSED ON PATIENT NEEDS. THEY, LIKE MANY OF OUR HOSPITALS, ARE ASKED TO DO MORE WORK WITH FEWER RESOURCES, AND THEY WERE SEEKING A WAY TO IMPROVE EFFICIENCY FOR THEIR CAREGIVERS. COMMITMENT TO EDUCATION OF INNOVATIVE TECHNOLOGY SUCH AS SELF-DIRECTED CARE PILLOW SPEAKERS IS CRITICAL TO SUCCESSFUL IMPLEMENTATION, AND THEY HAVE BECOME THE EXAMPLE,” SAID TANNER COOK, DIRECTOR OF PATIENT EXPERIENCE.

