

## SAINT MICHEL – FORCALQUIER HOSPITAL: MANAGE EMERGENCIES IN COMPLETE SERENITY



- Population coverage: 14,000 inhabitants for local services
- Population coverage of the functional rehabilitation department (RRF): 32,000 inhabitants
- A high-quality functional rehabilitation centre: 300 patients per year, rehabilitation rooms, an ergotherapy room and a pool. (building developed in 1993)
- 146 beds including 35 sanitary beds in functional rehabilitation and follow-up care,
- A 117-bed retirement home
  - a floor accommodating 18 residents of the retirement home.
  - Renovated in 1998. It houses residents of the retirement home.

### Alert serves both patients and staff

When Saint Michel hospital decided to replace its existing Alcatel pager system, it adopted a complete **ASCOMNIRA** patient call system which, when coupled to **ALERT** software, handles and processes all patient calls. It also allows technical and fire alarms to be transmitted.

The system installed allows all guests, patients and residents to reach medical staff quickly in the event of an emergency.

All medical staff required to work in the hospital's rooms are equipped with Alcatel DECT mobile phones (with a few exceptions: physiotherapists, etc...).

### Patient calls

In the event of a problem, the patient triggers the alarm by pressing the alarm button installed above the bed and in the bathroom/toilet.

In accordance with the standards in force, an acknowledgement light informs the patient that their call has been received.

A geographical distinction is made between the different buildings. Thus, the staff member who receives the call will always be located in the building the call is made from. Patient calls are transmitted selectively to one of two zones: the "Hospital" building and the "Retirement Home" building.

The **ALERT** software receives a signal via a serial port. This signal is transmitted by the **NIRA** patient call centre. **ALERT** transfers patient calls to the mobile phones of duty staff in real time. Calls are repeated every two minutes on several telephones at the same time, as long as staff have not yet attended to the patient and have not acknowledged the call. To manage these simultaneous calls in the most effective way possible, each duty team has a designated supervisor in charge of responding to all calls first. Other members of the team can respond if it appears that the alarm has not been acknowledged by the supervisor.

During this call, the mobile phone displays the number of the room that has triggered the alarm. At this stage, staff must not acknowledge the alarm, but must head towards the room in question. Indeed, for reasons of safety and compliance with standards, an alarm can only be acknowledged when staff have reached the room that triggered the alarm. Once they have arrived, the staff attending to the patient acknowledge the call by pressing on a dedicated button installed in the room. If required, they can call for additional assistance by pressing a special button connected to an emergency number. This causes an audible alarm to sound, which very clearly indicates the urgency of the situation to the recipients of the call.

### **Technical and fire alarms**

As well as patient calls, the system monitors the fire alarms and a certain number of technical alarms, which are transmitted to maintenance staff. Technical alarms are triggered in two situations: when the lifts are out of order or when the tanks in the oxygen supply room need to be changed.

If technical or fire alarms are triggered, their acknowledgement is dependent on the incident's resolution. Acknowledgement is therefore impossible as long as the fault has not been resolved fully.

In the event of a fire, all staff in the complex are notified.

### **Alert: immediate and tangible benefits**

Originally, the hospital functioned using pagers. However, pagers have a limited number of characters, which sometimes made it difficult to determine the origin of an alarm. This meant that staff wasted precious time, something that could not be tolerated in such a critical context.

In addition, the hospital had also intended to equip its staff with mobile phones and keep both systems in place, which would have overcomplicated the system's management on every front: logistical, technical and financial. A choice therefore had to be made between mobile phones and pagers. The choice was not a difficult one, on the contrary: ALERT by mobile phone offers much greater precision than the incomplete information supplied by the pagers.

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The mobile phone-based ALERT configuration was therefore selected for the increased safety it provides, and because it improves the speed and efficiency with which staff are able to respond. Calls are transferred in a much more operational manner. On top of this, because the call monitoring configuration can be personalised, the system can be managed with greater flexibility. Each type of alarm is identified and then directed to the relevant member of staff. The switch to the new system was actually quite simple and quick, without any difficulties being encountered. There was no resistance to the introduction of a new system, no transition period was required, and confusion was avoided because staff found it easy to adapt to.

### **Quality and peace of mind**

In particular, night staff, who work in smaller numbers than day staff, now work in more reassuring conditions, because they know that in the event of a problem they can be contacted or call for help wherever they are in the complex.

With regard to standards, ALERT helps the hospital to comply with the crucial quality and safety requirements the hospital must meet in order to obtain ANAES (National Health Accreditation and Assessment Agency) accreditation. ALERT is a key factor in the fulfilment of one of the ten accreditation criteria: criteria 8 "Quality and risk prevention".

### **Traceability**

Lastly, ALERT fulfilled a fundamental requirement that could not be addressed with pagers: to improve traceability and ensure the close monitoring of response efficiency.

The progress of the staff's response to alarms is displayed on a control screen in real time. Thus, one can monitor the number of calls, the average acknowledgement time and any other variable relating to the response. If response times are too slow, a corrective procedure is initiated. The installation of this system has therefore improved the management of patient calls considerably. As a result, staff response times have been greatly improved.