



Digital innovation - improving surgical workflows



Piacenza and Castel San Giovanni Hospitals, AUSL Piacenza

Since being installed in AUSL Piacenza, in the Piacenza and Castel San Giovanni Hospitals, the Ascom Digistat(R) platform has become a core component of health-care automation. In the bigger picture, it's also part of the organization's drive for computerized departmental management (CDM)

By using Ascom Digistat[®], Piacenza AUSL is:

- Improving surgical workflow traceability - with a complete overview of a patient's information from a single console;
- Increasing patient treatment traceability, thanks to constant monitoring of a patient's progress, the ability to record all procedures and therapies provided, the availability of all vital parameters, and near real-time notification of alarms from medical devices;
- Improving organization and efficiency - all patient information is saved and stored in the system and made available to healthcare and social welfare administrators. This is a major step towards replacing paper records.

"When it comes to planning operations efficiently, Digistat® enables us to use monitors installed in the operating suite to see what has already been done, what is being done and what is scheduled in the various rooms. And the data related to each activity is clear, and shared."

Dr. Massimo Nolli, Director of Intensive Care and the Department of Anesthesiology – AUSL Piacenza.



Following the patient through the healthcare system With Digistat®, the patient journey can start from different parts of the healthcare system:

- a surgical patient (elective, or under an urgent or emergency protocol);
- an ICU patient;
- a pregnant patient who comes for an appointment, ultrasound, admission or delivery;
- an outpatient in specialized departments, such as gastroenterology and pulmonology.

PLANNED ADMISSION/SURGICAL PATIENT

ADMISSION



EMERGENCY ADMISSION/SURGICAL PATIENT

ADMISSION



OUTPATIENT





Surgical patients



Surgical pathways are complex. They involve many different healthcare professionals - from those in charge of planning the interventions (who indicate who will have surgery, when and in which rooms) to those involved in intraoperative management (when the patient enters the surgical suite, patient identification, registering milestones and events, tracking equipment and recording care actions). Throughout the different phases of the intervention, the Digistat user – a nurse or anesthetist – is guided through the creation of the surgical check list – essential for patient safety.

The materials used in the operating theater are also recorded in Digistat. The user – in this case, the nurse – can record the materials used during the intervention, indicating the planned materials, any additions and the final outcome. The software also flags any anomalies in the count.

The data recorded in Digistat® can be integrated with that obtained from operating room devices. The patient's vital parameters, as detected by the anesthesiological monitors and ventilators, can be imported into the system automatically, then validated manually or automatically, so that it can be displayed in the chart in tabular or graphic form. This important information for operating room staff is summarized in a single Digistat® screen. As well as facilitating the work of clinical staff, this all helps the efficiency level of procedures.

At the end of the intervention, the surgeon can use Digistat to complete the surgical report. Should there be complications, the patient's journey can be recorded as they move into – for example – intensive care or in a recovery room, where they can be monitored at all times.



Admission into the Intensive Care Unit (ICU)



When a patient arrives at the ICU, an admission form is immediately completed, and a patient assessment is performed. This assessment consists of a physical examination and a run-through of the patient's medical history. This assessment consists of a physical examination and a run-through of the patient's medical history. All this basic information will be visible in red on each screen of the Digistat® chart every time the patient is selected during the same episode.

Ward doctors and nurses make entries to the clinical log: noting the relevant information on the patient's condition, managing any devices, treatment of pressure injuries and recording any procedures performed during the admission. The results of laboratory tests and analysis carried out during the patient's stay are also automatically imported into Digistat, thanks to software integration. This reduces transcription errors and ensures that the medical chart contains comprehensive information.

The relevant information from the last 24 hours in the departmental chart is displayed on a single screen – the Patient Summary. This enables the distribution of nursing and medical submissions and helps to ensure that the information is kept up-to-date. Digistat is dynamic, easily configured, and allows single-screen display of the specific information needed for assessing the patient's clinical status including medical and nursing submissions, vital parameter graphs and the clinical log. The ICU stay ends with the discharge/transfer note.

Ascom UMS srl unip.
Via Amilcare Ponchielli 29
50018 Scandicci (Florence) Italy
Phone: +39 055 0512161
Fax: +39 055 8290392
it.info@ascom.com www.ascom.it

ascom