Background
Healthcare systems around the world are facing unprecedented changes while addressing global issues that extend beyond national geographies.\(^1\) Aging populations, fiscal restraints, quality mandates, regulatory pressures and consumer expectations are among factors creating significant challenges.

Addressing these issues has become even more difficult with the worldwide nursing shortage. This shortage, which has been increasing over the years, is expected to grow even further in the medium to longer term, according to the European Commission's EU Skills Panorama.\(^2\)

By 2020, it reports, the EU shortfall in nurses required is forecast at 590,000. This figure makes up almost 60 percent of the shortage of all health professionals expected by that year, based on European Union Joint Action on Health Workforce Planning figures.

Reasons given for the shortfall include the aging out of an older generation of predominantly female nurses, which clashes with the increased opportunities open to women today. Also, the law of supply and demand holds true, as nursing today is an employee’s market.

As nurses generally are primary forces on the front lines of care, this shortage is projected to have continued wide impact on patient health and safety and on medical staff and healthcare organizations’ success in areas that include delayed response to pages or calls, increased staff communication problems and patient complaints about nursing care, delayed discharges and heavier workloads on physicians, among other issues.\(^3\)

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\(^{3}\)Buerhaus PI, Donelan K, Ulrich BT, Norman L, Williams M, Dittus R, Vanderbilt University School of Nursing, Nashville, TN, USA. Nursing Economic [2005, 23(5):214-21, 211]
Studies also have linked lower nurse-to-patient staffing ratios and/or less nursing time per patient-day with higher rates of adverse events including pressure ulcers, cardiac and respiratory failure and “failure to rescue” and nosocomial infections—which already occur in about 7 percent of patients in EU acute care hospitals. These adverse events are responsible for about 37,000 deaths each year and perhaps three times as many partly attributable deaths. Of these infections, Methicillin-resistant Staphylococcus aureus (MRSA) is an increasing health threat across Europe and in other areas of the world, resulting in longer lengths of stay, increased costs and higher mortality.

Thus it is incumbent on healthcare providers not only to find and retain qualified nursing professionals, but also arm them with the tools they need to make good decisions faster and work more efficiently and effectively.

Increasingly, providers are finding that there is a readily available solution that can have profound impact on their care delivery, staff job satisfaction and fiscal and reputational integrity. This powerful but simple solution is found in the integration of on-site mobile communications between patient and nurse and among team members, allowing nursing personnel to “talk before they walk.”

It is quite possible that European facilities not employing this “easy fix” will find themselves much less able to succeed and compete than those that do.

The Technology
Bedside call buttons have been around for some time, and the number of steps nurses or their assistants have taken to respond to them would likely add up to an astonishing figure.

With today’s available voice functionality via mobile handsets, those steps are greatly diminished, as communication can be maintained without the nurse having to visit a room or the patient to leave his or her bed. Integration with on-site, mission-critical mobile devices increases efficiency exponentially, unfettering caregivers from the nursing station while allowing for the instant communication that enables informed prioritization and drives optimal decision-making, whether it’s an immediate response or a reassuring word. Tangential benefits include more peaceful wards and enhanced patient privacy.

In addition to direct call capability, both nurses and patients can benefit from features such as noise-triggered acoustic monitoring and a listen-In function to discreetly and quietly monitor their patients.

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4 http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/CarayonP_NWPS.pdf
This scenario happens every day in the hospital: A patient is calling for a nurse. The patient needs help of some sort. By talking to the patient, the nurse can find out the needs behind the call.

- Is it a simple question? Then the answer can be given straightaway, and no time is lost by going to the patient.
- Is there a need to see the patient? The nurse finds out during the conversation and can determine the urgency.
- When not urgent, the patient can be informed that the nurse is coming in a few minutes, while the nurse is not interrupted in work she was doing.
- When urgent, the nurse can attend right away, already knowing what the patient needs without walking to the room to find out.

Adding voice gives the nurse the ability to talk with the patient and the opportunity to plan the work better.

With voice communications, the nurse can:

- Decide that cancelling the call is possible without walking.
- Reassure the patient that help will come shortly.
- Prioritize work without leaving the current task to help the patient immediately.
- Anticipate the work involved in meeting the needs of the calling patient, such as bringing the right medication, bandage or consulting colleague, etc.

Today’s most advanced systems are highly cost-effective, especially when they can be integrated directly with wireless phones, without the need for third party middleware. This type of technology:

- Reduces communication and infrastructure expenses by routing phone calls over existing data networks, avoiding duplicate network systems.
- Allows for the reuse of existing infrastructure, where applicable by law, reducing the organization’s investment burden, as well as contributing to the creation of a leaner, more cost-effective working environment.
- Offers immediate adoption with little training time involved.
- Provides peace of mind with end-to-end compatibility and reliability.
Widespread Benefits

Nurses

Today’s nurses not only have a great deal of responsibility, but also a growing number of non-bedside duties such as documentation and other administrative tasks. Reduced staffing exacerbates this time drain from patient care, which can result in job dissatisfaction, burnout and frustration for nurses and set the stage for adverse events for patients.

Not surprisingly, lack of organizational appreciation and support for the nursing staff they do have can push them out the door or out of the field. Thus, managerial acknowledgement of their plight and efforts to relieve their burdens can make or break a facility and its quality of care.

Nurses traveled between one and five miles per 10-hour shift, with average traveling distance higher during daytime shifts, when it was between 2.4 and 3.4 miles per 10 hours.

The application of solutions such as mobile direct voice communication can go a long way toward this end, both in putting minutes and hours back in the nurses’ day and building loyalty to a facility willing to address their needs. Engaging nurses in assessment of potential solutions can strengthen the employer-employee relationship even more and ensure input from the people who need, and will use it, the most.

Patients

By the very nature of their situations, patients often are worried and anxious. They also can feel vulnerable, with little control over what is happening.

On an emotional level, the availability of direct voice access to assigned nurse(s) can alleviate some of this distress, providing a means of building trust and a sense of safety for both the patient and his or her loved ones. It also creates a more soothing atmosphere that further facilitates healing. Systems that include rounding reminders also contribute to a sense of comfort and security for patients, knowing the caregiver is continually checking on them.

On a physical level, direct voice communication helps ensure more immediate intervention and saves precious seconds when they matter most. Knowing that help easily is at hand can reduce risk of falls and other adverse events that can happen when a patient is left alone. Here, too, rounding reminders keep care on track, ensuring what is called the “Four Ps” in some parts of the health world:

- Pain – Get relief measures to the patient.
- Positioning – Make sure he/she is in a comfortable, safe position.
- Potty – Keep them comfortable by providing means of elimination or assistance to the toilet.
- Proximity – Assure personal items are in easy reach.

http://intqhc.oxfordjournals.org/content/14/1/5.abstract
Survey Question: The time savings resulting from a reduction in non-productive time (less wait time, fewer interruptions, reduced walking, etc.) using Ascom are:

[MINUTES/SHIFT]

- 90+
- 30-44
- 60-90
- 15-29
- 45-59
- Less than 15

More than 30 percent of survey respondents said the use of Ascom technology saved them at least an hour per shift; nearly 80 percent said it saved them at least a half hour per shift.

Facility

As discussed above, immediate communication and regular contact between nurse and patient promotes optimal care and safety, enabling swift action that can counter hospital-acquired conditions and prevent falls and other injuries. Effects, of course, extend beyond mission, helping to reduce potential liability and enhance reputation. Patient satisfaction, too, can be furthered by more prompt attention to need.

A regulatory mandate in some areas and a competitive factor in many, patient satisfaction is a worthwhile goal for all facilities. Here, too, nurses make the difference, as studies have shown that these staff members set the tone for the hospital and have a powerful impact on patient satisfaction. Further, the quality of communication received from nurses also has the highest impact on patients’ likelihood to recommend the hospital, according to surveys. High on the list of valued nurse attributes by respondents to these questionnaires were respectfulness, courtesy and listening ability, delivery of help as quickly as it was felt needed and effective pain management.

Across the United States and Europe, consumer satisfaction is playing an increasingly significant role in quality-of-care reforms and healthcare delivery, in general. This feedback often factors into facility-to-facility comparisons and is used for quality improvement through benchmarking.

Obviously, the quality of the patient experience and resultant reputation for service can greatly influence consumers. This creates a distinct competitive advantage for healthcare providers in attracting both patients and nursing staff, across state lines in the United States and borders in the European Union. Patient satisfaction also factors into selective contracting by insurers.

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12 http://eurpub.oxfordjournals.org/content/19/4/354.short
Conclusion
It's a simple equation: Effective nursing = staff job satisfaction = patient health and safety = consumer satisfaction = organizational success. Tools are available to promote this catalyst and its benefits in a cost-effective manner. Among these are mobile direct voice communications systems that streamline workflow and improve and solidify the critical nurse-patient relationship.