



# Setting new standards in patient safety and achieving cost improvement goals with iFIT



**idox health**  
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# Today's Hospital Challenges



*“After iFIT was implemented, devices no longer go missing as we have full visibility of where they are. We have now reduced our inventory by 25%.”*

Today, many hospitals lack accurate information about the movement and availability of their high-value medical devices and assets. Frequently, equipment is not returned to the library, with shortages resulting in clinical risk, delayed treatment and discharge. In a number of NHS trusts, issues relating to medical devices have been raised following CQC visits; specifically, clauses 12 and 15 of the CQC requirements stipulate the need to ensure both safe care and treatment and the regulation of equipment.

Idox Health has worked closely with NHS trusts and Health Boards to identify the challenges faced by both Clinical Engineering Departments and ward staff to offer solutions to ensure the right equipment is always available and compliant with safety standards.

## The Key Drivers

### Lack of equipment location visibility

The location of medical equipment, beds, mattresses and other assets is rarely captured or recorded. This proves challenging when equipment is constantly being moved between wards or around different hospital sites. Locating equipment required for planned maintenance or patient care can be extremely time consuming. The Nursing Times\* estimates a nurse spends the equivalent of 40 hours per month searching for equipment. As a result, scheduled equipment maintenance either does not happen at all or is significantly delayed, directly impacting on patient care.

### Lack of audit capability

Trusts regularly undertake equipment audits, through a time consuming manual exercise. However, information is limited about the number of medical devices that reside within hospitals, or what proportion is lost, stolen or has been transferred to other locations.

### Poor equipment utilisation rates and unnecessary re-procurement

Annually, significant investment is made on purchasing medical equipment to replace 'lost' assets. In reality, many of these devices are still within the estate, but not tracked, visible or fully utilised. Regularly, assets that cannot be found for maintenance on two consecutive occasions are typically written off – often at a high expense. For example, a missing TC70 cardiograph can cost £8,500 to replace.

\* “Nurses Waste an Hour a Shift Finding Equipment.” Nursing Times. 2009.

## The Solution - An effective asset logistics management system



*“Before iFIT, it would take a skilled technician from Medical Engineering all day just to find a certain device. This was very demoralising – foraging for equipment rather than using their skills to maintain them. Now we immediately have a reasonable idea of where items are located and we can pick them up in moments. Consequently, we have been able to re-assign members of our team to other more important tasks.”*

Lord Carter stated the importance of implementing **GS1 barcoding standards** in order to drive efficiencies in inventory procurement, operations and patient care across the NHS:

*“Very few trusts are able to demonstrate even a basic level of control or visibility over total inventory or purchase order compliance... To truly performance manage quality and efficiency on a regular basis, seamless real-time data is needed, which in turn requires investment in inter-operable information technology.”*

**Lord Carter, The Carter Report: “Productivity in NHS hospitals”**

A proponent of GS1 and supporting **Scan4Safety**, Idox Health’s iFIT introduces operational improvements and efficiencies to trusts’ Medical Engineering and Clinical Departments. The technology supports the efficient tracking and management of any asset moving around the estate - from wheelchairs and medical devices to beds, mattresses, pumps, monitors and more.

Handheld mobile devices are used to manage the complete lifecycle of hospital equipment. By scanning asset tags, staff are provided with the full status of the asset, including its usage and location history, the patients it has been assigned to, and its decontamination and maintenance scheduling. These same tags are traced by a passive sensor network strategically placed around the hospital to keep track of their movement.

The solution interfaces with all asset management and registry software and features its own reporting suite. These include web-based dashboards displaying captured location information in an easy-to-read format – granting staff the ability to understand where devices are, how they are being used and if they are actually missing or simply misplaced.

## The Outcome - Embracing digital technology to impact cost improvement programmes and increase patient safety



*“Equipment hoarding was a selfish problem in the past. Now people can’t really get away with it.”*

The iFIT platform has revolutionised the way in which trusts track and locate assets. Commenting on the product’s success, a London trust’s Head of Medical Electronics says: “Before iFIT, it would take a skilled technician all day just to find a certain device. This was very demoralising – foraging for equipment rather than using their skills to operate them. Now we immediately have a reasonable idea of where items are located and we can pick them up in moments. Consequently, we have been able to re-assign members of our team to other more important tasks.”

iFIT has facilitated better device utilisation – reflected in the increased movement – and in turn, greater value is being realised from the investment made into each device. The manager continues: “After iFIT was implemented, and items were no longer going missing, we were able to discover that we were overstocked. We have now reduced our inventory by 25%.”

This also applies to maintenance scheduling. Teams can now directly locate equipment scheduled for maintenance wherever they are and audit wards at a faster rate. One trust quotes a reduction from 1 hour 30 minutes to just 4 minutes. “Every morning we scan every item in the library so we immediately find out what was moved during the night. Equipment hoarding was a selfish problem in the past. Now people can’t really get away with it.”

It is clear that iFIT has delivered consistent benefits to numerous trusts within the NHS including decreasing costs, improving patient care and helping teams align with clauses 12 and 15 from the CQC. The trusts that have implemented the assets solution now have assurance that their equipment is clean, serviced and readily available. In addition, it supports Lord Carter’s goals to increase clinical time where it belongs – in patient care.

### Want to know more about iFIT?

For more information or to arrange a demonstration please contact us at:

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