

Patients and hospital managers should be putting Jim Gabriel top of their list of visitors because he believes he has the medicine to help them get well sooner.

As chief executive of Oxford-based RealTime Health, he says he can save NHS Trusts millions of pounds by shortening the amount of time patients spend in hospital.

According to Mr Gabriel (*pictured*), a large hospital trust such as our own Oxford University Hospitals can save up to £9m a year by using his RealTime programme.

A combination of consultancy, systems and software, it was developed by an American doctor and is already successfully running in hospitals across the Atlantic and over here.

As a result of using RealTime's plan, London's West Middlesex University Hospitals NHS Trust found length-of-stay reduced so rapidly it was able to close 70 beds, despite a rise in admissions of 15 per cent over the same period.

Results like these have won the company, based at Innovation House in Mill Street, a number of accolades including an award for Healthcare Product Innovation from industry bible Health Insider.

Jim Gabriel's passion for what he does is obvious, as he talks at a hundred miles an hour and gesticulates wildly at charts to get his point across.

"Bed blocking problems are all about the total inability to realistically plan," he explained.

"Failure to discharge patients and move them through the system is down to the way that healthcare is managed."

The scenario he uses to explain a typical problem is that of an elderly lady who falls down the stairs.

She is rushed to Accident and Emergency, diagnosed with a fractured femur, given surgery and allocated a bed on a ward to recover.

So far so good. But here is where it can start to go wrong, according to Mr Gabriel.

"The average stay in hospital for this type of injury might be five days. By then, the patient needs to have been discharged into what is known as post-acute care in order to free up the bed for another patient.

"But what if this lady has stairs in her house and no one to look after her at home?"

"Often, post operative care is very complicated. She may have to be admitted to a nursing home, or perhaps her own home may need to be adapted.

"If all of those things are not achieved by day five, she will remain in her bed for a sixth day, becoming another bed-blocking statistic.

"And this problem is systematic because hospitals are such large organisations."

He pointed out it is not unusual for there to be 25-30 clinical people, such as doctors, nurses, pharmacists and physiotherapists involved in the care of one patient.

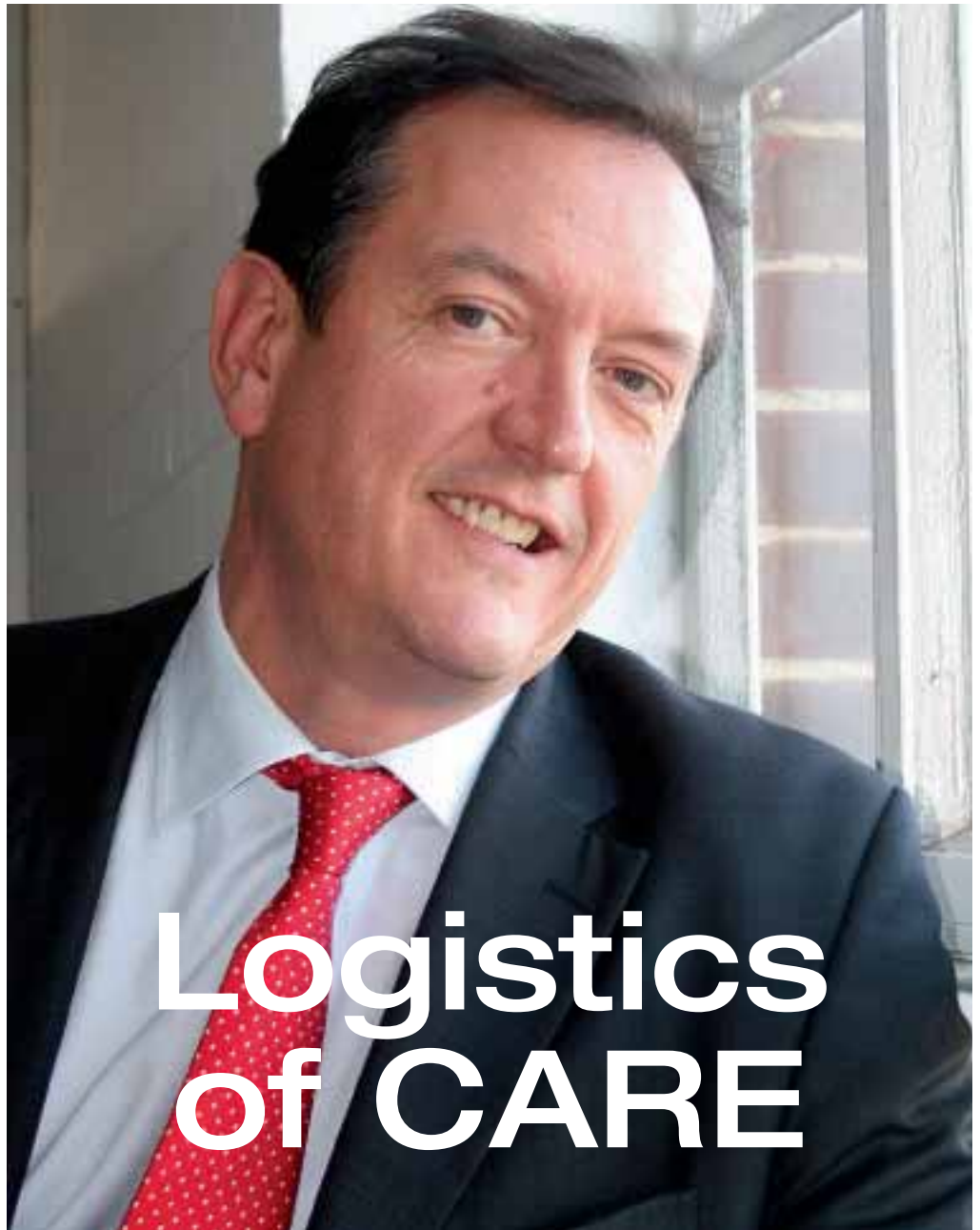
Add in the army of bed managers, cleaners, porters and that total can easily rise to 60.

"These 60 people have no concept of there being a plan, they are just doing a day job," he explained.

Most patients go into hospital with no idea of when they are going to be discharged, he explained.

What his American doctor friend discovered through his own experiences of working in large hospitals was that there are a number of key elements.

There must be a clear expectation of the end date of a patient's stay right from the day they



Gill Oliver talks to a man who believes he can save the NHS millions and improve outcomes for patients

are admitted, an understanding of who is on the care team and the progress of the patient through the system must be clinically, not logistically managed.

If it all sounds complicated, this is where RealTime's software comes in.

Where it differs from existing types of bed management programmes is that it is a real-time, colour-coded guide to every bed in a ward or area.

Doctors, nurses and bed managers can all see at-a-glance bed occupancy levels and what stage the occupant of each bed is in, along with the discharge plan for that patient.

From the point the patient is admitted, the software will track the patient's progress, flashing to indicate when action is needed and prompting the relevant staff to key-in information which is then available for any of the team to see.

And because it is web-based, it can be

accessed from anywhere such as a mobile phone, laptop, iPad and external agencies such as social services or health visitors.

Mr Gabriel added: "Flow through the system in a typical NHS hospital is usually logistically, not clinically, managed.

"But the key to that knowledge is clinical because you have to know they will be fit."

He is itching to get his hands on his local hospital trust, Oxford University Hospitals, convinced RealTime can slash bed blocking and save millions of pounds.

So far, he has had a couple of appointments cancelled but is determined to keep knocking on Headington's door.

"The beauty of our system is that you never get the 'computer-says-no' syndrome, it is transparent and everyone in the team is mandated.

"All in all, it is a no-brainer," he said.

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