

Computer Runs Wards

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Can Computers play a valuable part in Health Care, as they can in many other aspects of Modern Life? Experiments being made by Britains's department of Health and designed to find out.

NURSES at the London Hospital have a new assistant in the wards—a computer. And they can use it themselves, as can the doctors and administrative staff. The £1 million installation is part of experiments being carried out by the Department of Health in Britain to discover just how computers can best be used in health care.

"The London", sixth of the great London hospitals in order of foundation—it was set up in November 1740 when a single house containing 30 beds was rented at a cost of £15 a year—now treats 17,000 in-patients and 750,000 out-patients each year at a cost of £10 million.

In 1964 it was the first hospital in Britain to buy its own computer for day to day business transactions. But this latest venture is into the much more demanding field of "real time" computing, in which the user himself communicates directly with the computer and does not go through some sort of third party.

The Univac 418/111 machine itself is housed in an airconditioned building in the small back streets behind the hospital and is linked to the 57 special terminals which are sited in all wards and key departments. A terminal is really a visual display unit (VDU in computer jargon) and it looks like a small television screen with a typewriter keyboard beneath it.

When staff want the computer to do something or want to get information from it they simply tap one or two buttons and are then presented on the screen with a series of choices of services; they

select the services they want simply by pressing the appropriate key and in a similar fashion, select the particular requirements within those services as they are successively displayed on the screen.

Nursing staff, doctors and clerks in the wards and offices are using the computer to run the complex bed management system. It can be used to do the following jobs: print letters to patients and lists for the laboratory staff who collect specimens of blood, carry out various data transmission tasks within the laboratory and print the results.

Privacy

Privacy is quite rightly a subject for universal concern and doctors in Britain are becoming increasingly anxious about the strain imposed on secrecy by the albeit legitimate organisational demands of health care. More and more specialist workers need information about patients in order to do their own work, but each additional step increases the chances of a slip.

The London's computer system has as one of its benefits instant availability of a considerable amount of information. This can be a hazard in itself, so a number of meticulously designed safeguards have been devised. For example, you cannot find out from one ward information about patients in another; the screen fades out automatically if information is left displayed; the doctor can ask for information to be made non-displayable and access is restricted to designated groups of staff.

All along, in considering a particular application the criterion has been that confidentiality must be at least as good as with the manual

system. In several respects it is even better.

Education

Every consultant, registrar and ward sister was given an instruction session before the computer was put into operation. They were told how computer worked and what was due to happen and they had described to them the way in which the evaluation would be carried out. By the time the VDUs appeared in the wards there was a considerable measure of acceptance, but as a precaution a team of staff, some computer people and some drafted from other departments were present in the ward when the first phase "went live".

The London computer system is not an impersonal "Big Brother" scheduling patients and staff according to a rigid set of rules; nor does it hold a massive store of medical details about each patient. It is really only a communications system which enables staff to utilise support services such as bed management or laboratory requests in as efficient a way as possible.

But it does free medical staff for the real work of patient care. And it could well be that the patient's time in hospital could be shortened by eliminating delays in such things as clinical laboratory tests.

It is not the computer which will do this: it is the hospital staff, using the opportunities which the computer provides. Only they can make changes which will stick.

(Courtesy B.I.S.)

Nurses Bureau

Nurses who intend to involve in private practice in and around Delhi are requested to send their full particulars (qualifications experience with necessary certificates) to the undersigned.

The TNAI proposes to start a "Private Nurses Bureau" attached to the Head Office, at L-16 Green Park, New Delhi-16.

Secretary

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