

Subject 1069

October 26, 2018

SUMMARY OF TOPICS

The following changes in requirements to the Standard for Hospital Signaling and Nurse Call Equipment, UL 1069, are being proposed for preliminary review and comment only:

1. For Preliminary Review Only: Revision to include Real Time Location System (RTLS) integration requirements

COMMENTS DUE: November 9, 2018

This proposal is for review and comment only (no ballot at this time). Please note that comments on a preliminary review document will not receive a response from the proposal author through CSDS. Instead, the proposal author will be asked to review the comments and adjust the proposals and/or supporting rationale as the author determines to be appropriate. The preliminary review process is an informal mechanism that provides authors with the opportunity to refine their proposals before they advance to the next stage in UL's standards development process.

In some cases, the author of the proposals may choose to discontinue them. In this case, the author need not do anything after preliminary review has ended. Normally, the next step in the process is the more formal STP ballot and stakeholder review process. Only comments posted during the STP ballot and stakeholder review process will be provided with a response in CSDS.

UL's goal is to have no interest category comprise more than one-third of the STP membership balance. To improve the current balance for STP 1069, UL is looking for participants in the following interest categories: AHJ, Commercial/Industrial User, Consumer, General, Government, Supply Chain, and Testing & Standards. Definitions for these interest categories are available on the Standards STP Internet site:

<http://ulstandards.ul.com/develop-standards/participation/interest-categories/>

If you are interested in applying for STP 1069 membership or are aware of potential candidates for this STP, please contact the STP Project Manager, Megan.Monsen@ul.com.

For your convenience in review, proposed additions to existing requirements are shown underlined and proposed deletions are shown ~~lined-out~~.

1. For Preliminary Review Only: Revision to include Real Time Location System (RTLS) integration requirements

RATIONALE

Proposal submitted by: Marilyn Williams, NEMA

UL 1069 identifies call initiation and cancellation as required fundamental capabilities of a NCS (2.2.2.a and f). As such, it appears that the intention of the standard is to limit these activities to the purview of NCS equipment that complies with UL 1069. However, the standard does treat the routine-level call in an exceptional manner with respect to placing and canceling, as prescribed in sections 2.2.13.b and 2.2.14.b.

In the cases above, it is apparent that the mitigating factor at work is the routine (i.e. not emergency, code, STAT) – level nature of the call in question. In this case alone, it has appeared reasonable to weigh an element of efficiency into the overall consideration of how a NCS is able to assist staff in providing for the best outcome in patient care. Presumably a staff member who is able to remotely cancel a handled routine call via audio connection, for instance, may be more available to assist a patient with a more pressing need.

RTLS provides a few advantages with respect to efficiency in caring for patients. Certainly, time is saved if staff members can be located automatically in a facility. And if a staff member is automatically located at the originating point of a routine call, it is efficient, even convenient, to optionally automatically cancel the call, its having been attended to, as a hands-free operation. In this case, in contrast to the allowed routine call cancellation by audio connection, the staff member is placed at the location where the call originated as generally required in 2.2.13. Also, beyond a staff member's ability to access an audio-capable nurses' console, or master station, and determine by voice that a patient's need is adequately addressed, RTLS provides a means for the NCS to uniquely identify located staff who will then have various roles and responsibilities, potentially visible as well to the NCS.

In summary, a rationale in favor of RTLS hinges on precedent; that in the case of a routine-level call only, it is reasonable to optionally allow the NCS fundamental activity of placing or canceling a call to be performed by a supplemental system for gains in staff efficiency and convenience, which in turn tends to raise the level of patient care outcomes in general at the facility.

PROPOSAL

2.2.13 Calls initiated by fundamental NCS equipment may only be cancelled at the originating patient care area or room of origin. The following means of call cancellation shall be permitted:

- a) When two or more stations are located in the same area and all are visible from any call location, the call event may be canceled at any station in the same area.
- b) A routine call may be canceled remotely if two-way audio communication has been established, with the end-to-end connection verified prior to hang-up, between the calling patient care area or room of origin and the remote location.
- c) A code call or an emergency call annunciated on a Portable Nurse Control Station must be canceled by an action separate and unique from terminating communication.
- d) A routine call may be canceled upon detection of staff presence in the patient care area or room of origin by a Real Time Location System (RTLS).