



Ohio Critical Access Hospital Adopts Masimo Root® with Radius-7®, Radical-7®, & Patient SafetyNet™



[Masimo](#) has announced that University Hospitals Geneva Medical Center (UH Geneva), a Critical Access Hospital in Geneva, Ohio, is building a hospital-wide wireless monitoring and clinician notification system using Masimo Patient SafetyNet™* in conjunction with Masimo Root® with Radius-7® and Masimo Radical-7®. UH Geneva is part of University Hospitals, based in Cleveland, Ohio.

Masimo Patient SafetyNet is a supplemental system that enables information from bedside and tetherless wearable monitors to be accessible from remote locations and relays alarm notifications to clinicians. Used with Root, Patient SafetyNet allows hospitals to automate the transfer of patient vital signs, including temperature and blood pressure, to patients' medical records, which may help improve nursing workflows. Root, available with Radical-7 or Radius-7, provides monitoring of Masimo rainbow SET™ parameters such as oxygen saturation (SpO2) and total hemoglobin (SpHb), and is expandable to monitor additional parameters, such as respiration rate from RAM™ (rainbow® acoustic monitoring). Radius-7 provides continuous tetherless wearable monitoring of FDA-cleared rainbow SET™ parameters so that patients can have freedom of movement while being monitored – and studies have shown that patient mobility is a key factor in more rapid patient recovery.^{1,2} Monitoring parameters from Radical-7 or Radius-7 are sent to Patient SafetyNet through Root, allowing for hospital-wide remote monitoring and clinician notification.

UH Geneva is part of the University Hospitals system, which employs over 26,000 physicians and employees in Northeast Ohio, and whose flagship academic medical center, UH Case Medical Center, is the primary affiliate of Case Western Reserve University School of Medicine. UH Geneva has been using Masimo SET® pulse oximetry for several years. Along with implementing such parameters as RAM acoustic respiration rate, they are now adopting Root with Radius-7, Radical-7, and Patient SafetyNet to create a hospital-wide wireless monitoring solution, which will include remote caregiver notification.

Thomas P. Knowles, MHA, RRT, RPSGT, Manager of Respiratory Therapy and the Center for Advanced Sleep Medicine at UH Geneva, a key stakeholder in implementing the system, commented, "I've always believed in Masimo's technology and felt it was important for us to expand our patient monitoring practices. Patient SafetyNet will provide tremendous benefits."

"Patient safety is extremely important to us," said Dr. Amitabh Goel, Chief Medical Officer at UH Geneva

Medical Center. “The addition of Patient SafetyNet, which will work hand-in-hand with Root, Radical-7, and Radius-7, helps ensure our doctors and nurses always have the data they need, when they need it. We’re also looking forward to integrating Patient SafetyNet with our EMR system, which will automate many administrative duties and free up our caregivers to focus on the enhanced patient experience we strive for.”

“UH Geneva provides a compelling example of the standard of care that more and more community hospitals are adopting,” said Joe Kiani, Founder and CEO of Masimo. “Powerful centralized monitoring and surveillance, such as those provided by Patient SafetyNet, fueled by industry-leading rainbow SET™ and innovative devices like Root with Radius-7, are key to patient monitoring, and it’s important, and gratifying, that hospitals like UH Geneva recognize this. We look forward to deepening our collaboration with UH Geneva.”

Source & Image Credit: [Masimo](#)

References

1. Needham D, Korupolu R, Zanni J, Pradhan P, Colantuoni E, Palmer J, Brower R, Fan E. "Early Physical Medicine and Rehabilitation for Patients With Acute Respiratory Failure: A Quality Improvement Project." *Archives of Physical Medicine and Rehabilitation*. Vol 91, Issue 4, PP 536–542, April 2010.
2. Ronnenbaum J, Weir J, Hilsabeck T. Earlier mobilization decreases length of stay in the intensive care unit. *J Acute Care Phys Ther*. 2012;3(2):204-210.

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