

Chapter 43

RFID in Health Care– Building Smart Hospitals for Quality Healthcare

Amir Manzoor
Bahria University, Pakistan

ABSTRACT

RFID is a new technology that is quickly gaining ground in healthcare industry. RFID is being used in many areas of healthcare from asset tracking to patient care to access control. RFID can also be used to provide real-time information for decision support and to create a smart hospital supported by a secure and reliable smart hospital management information system (SHMIS). Such system can enable hospitals dynamically control different objects and transforms operational processes while minimizing any potential risks to patients and staff. The objective of this article is to discuss how RFID can be used to build a smart hospital and how healthcare industry can gain long-term benefits from smart hospitals. Findings indicate that use of RFID to develop smart hospitals require various enablers. There also exist ethical/ cultural issues related to smart hospital implementation that require close collaboration among RFID products manufactures and healthcare providers. This article also provides several recommendations for healthcare industry in order gain competitive advantage from the use of smart hospitals.

1. INTRODUCTION

The healthcare industry is one of the largest sectors in many economies (Payton et al., 2011). Healthcare sector in USA created approximately 14.3 million jobs in 2008. This sector was expected to provide an additional 3.2 million jobs by 2018 (United-States-Department-of-Labor, 2010). At present, global healthcare sector is facing many challenges such as increasing operating costs, increasing number of medication errors, and ageing patient population. US healthcare expenses were expected to reach almost 20% of the GNP by 2017. That amounted to an increase of 15% in healthcare expenditure since 1963 (Middleton, 2009; Wurster et al., 2009). In Canada, healthcare expenses were expected to be almost 7.1% of the GNP by 2020, an increase of 1.1% since 2000 (Brimacombe et al., 2001). In Australia, health-

DOI: 10.4018/978-1-5225-3926-1.ch043

care expenses were estimated at 10% of the GNP (GS1-Australia, 2010). Each year, approximately 1.5 million Americans suffered from medication errors and these errors resulted in significant additional healthcare costs (National-Academy-of-Sciences, 2007). A study done in 2002 estimated that the population of people aged 85 and above in western countries would increase by 350% in 2020 (Wiener & Tilly, 2002). Another study estimated that by 2050 the population of older Americans would increase by 135% (Newell, 2011). It is evident that there would be an increased pressure on healthcare expenditure, which will become more complicated given that, due to the economic crisis, several countries are facing critical challenges in providing healthcare services. Healthcare is a very different business due to various reasons. Patients are not typical consumers, they do not always make the decision as to when, and where they will seek which type of care and at what cost. Healthcare providers are not as autonomous as any other typical business could be. Various stakeholders, such as legislators, regulators, and payers often affect both clinical and business decisions of caregivers. For healthcare providers, efficiency is not merely good fiscal practice. It must be a critical component of their mission (Fosso Wamba, Anand, & Carter, 2013; Lefebvre, Castro, & Lefebvre, 2011a).

Healthcare sector today provides strong institutional powers and policies for an effective use of information technology (IT). Healthcare sector considers adoption and effective use of IT a critical goal of modern healthcare system to enable better support service delivery (Menachemi & Brooks, 2006; Payton et al., 2011). IT offer many opportunities for healthcare transformation through business process reengineering. Effective use of IT could provide minimized data-entry errors, real-time access to patient data, improved clinical trials, streamlined processes, increased transparency, reduced administrative overhead, creation of new high-tech healthcare markets and jobs and improved overall healthcare management of individuals (PCAST, 2010; Burkhard et al., 2010). The estimated potential safety savings from adoption and use of interoperable electronic medical records systems in USA was approximately US\$142–371 billion (Sherer, 2010). RFID technology is considered the next IT innovation expected to expand healthcare transformation (Fosso Wamba et al., 2008; Ngai et al., 2009a, 2009b; Oztekin et al., 2010a, 2010b; Fosso Wamba & Bgai, 2011). In order maximize efficiency and reduce waste, healthcare providers need to answer some tough questions such as what they have, where they have it, and where it needs to go. In order successfully track equipment and people, healthcare providers need a flexible and scalable system that provides automatic tracking with no dependency on clinical staff. One such system is RFID-bases system. All the capabilities enabled by RFID technology have the potential to facilitate new value creation in healthcare service innovation (Dominguez-Péry et al., 2011). At the moment, many healthcare providers use a manual system for patient care and inventory management. RFID supported by the knowledge reasoning for decision support (KRDS) system can be used to identify, record and ensure an efficient, effective and smooth transition at all stages of patient care (Alharbe, Atkins, & Khalil, 2016).

In short, RFID-enabled healthcare transformation projects, such as smart hospitals, could lead to tremendous benefits. These benefits include improved patient care, improved patient security, and safety, and improved organizational performance (Reyes et al., 2011). Use of RFID in healthcare can enable “new work practices to develop higher order capabilities for improving cost management, enhancing patient safety, and enabling regulatory compliance in hospital settings” (Lewis et al., 2009, p. 8). The high operational and strategic potential of the RFID technology is effective in the healthcare market. The value of the RFID market rose from about \$ 5.63 billion in 2010 to almost \$ 5.84 billion in 2011 (Das & Harrop, 2011). The global market turnover for RFID readers and RFID tags alone was expected to reach \$8.9 billion by 2015 (MarketResearch.com, 2011). In 2011, almost 150 million RFID tags were in use in the healthcare supply chain (Pleshek, 2011). The sale of RFID tags and systems was expected to reach

27 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/rfid-in-health-care-building-smart-hospitals-for-quality-healthcare/192707

Related Content

Human Voice Waveform Analysis for Categorization of Healthy and Parkinson Subjects

Saloni Saloni, Rajender K. Sharma and Anil K. Gupta (2016). *International Journal of Healthcare Information Systems and Informatics* (pp. 21-35).

www.irma-international.org/article/human-voice-waveform-analysis-for-categorization-of-healthy-and-parkinson-subjects/155115

How Can Digital Health Be Best Leveraged to Provide Optimal Support During Pandemics Like the COVID-19 Crisis?

Nilmini Wickramasinghe and Juergen Seitz (2021). *Optimizing Health Monitoring Systems With Wireless Technology* (pp. 1-12).

www.irma-international.org/chapter/how-can-digital-health-be-best-leveraged-to-provide-optimal-support-during-pandemics-like-the-covid-19-crisis/267391

Incarcerated Gravid Uterus in an Incisional Hernia

Jyoti Nath Modi, Malini Bharadwaj, Ruchi Kalra and Ashok N. Mhaske (2012). *International Journal of User-Driven Healthcare* (pp. 5-13).

www.irma-international.org/article/incarcerated-gravid-uterus-incisional-hernia/75175

The Impact of ICT and Online Social Networks on Health and Social Services

José Porfírio, Marc Jacquinet and Tiago Carrilho (2013). *Handbook of Research on ICTs and Management Systems for Improving Efficiency in Healthcare and Social Care* (pp. 1224-1243).

www.irma-international.org/chapter/impact-ict-online-social-networks/78078

Integrating Medical Education with Medical Practice: Role of Web 2.0 Tools

Arindam Basu, Billy O' Steen and Mary Allan (2011). *User-Driven Healthcare and Narrative Medicine: Utilizing Collaborative Social Networks and Technologies* (pp. 433-445).

www.irma-international.org/chapter/integrating-medical-education-medical-practice/49268