UiPath Reboot™ Work.

Nursing healthcare back to health

How Robotic Process Automation can help healthcare systems overcome the challenges of a post-COVID world

Contents

Introduction

The world has changed forever. Historians will look back on the COVID-19 pandemic as one of the greatest turning points in the 21st century. It will rival the revolutions and wars of the preceding 100 years for its ability to cause disruption and destruction.

It will also be remembered for the way in which it drew people together to innovate, acting as a catalyst for change, unrivalled in our time. Millions have embarked on new working models, with half of Europeans operating from home in some way.[1]

Vaccines have been created, manufactured and rolled out at an incredible pace. What once took years and decades to achieve was done in months. Healthcare systems across the globe have been on the front line of treating patients and then administering jabs at a scale and speed never seen before.

However, this has come at a cost. Those very same systems that have helped us through are now in a precarious position. This report considers how Robotic Process Automation (RPA) can support them after the pandemic.

Be assured, while it does reference the role RPA has played in the last year, it isn't just about the tactical role robots have played at a time of huge stress. It aims to explore far more than that, outlining how healthcare leaders can use RPA in the coming years to catch-up and then accelerate.

The health of healthcare

Healthcare systems across the globe have suffered immensely in the last year or so, despite the investment made to cope with the pandemic. For example, the UK has pumped an extra £72.8 billion into the NHS[2], but no amount of money can stop the strain it felt and the human toll it experienced. As of February 2021, at least 230 NHS staff have died from COVID-19.[3] In the Nordics, 10,300 Swedish healthcare workers had the disease within the first few months of the pandemic.[4]

Patients, according to Daniel Sokol, a medical ethicist and barrister, will also feel the strain. Writing for The BMJ in January 2021, he said, "Patients with, say, a brain tumour might have their operation delayed. The patient will continue to suffer from symptoms until the rescheduled operation and, by the time of surgery, the tumour may be inoperable."[5] Making a global comparison, he added, "In the US, about 10,000 excess deaths from colorectal and breast cancer are predicted within the next 10 years because of delays in diagnosis."

However, it's not just the health of staff and patients that have been affected. Healthcare systems themselves have been close to the edge, with many saying the UK's NHS became overwhelmed in early 2021.[6] According to Sokol, "Elective operations all but stopped in many hospitals and resources [were] reallocated towards the COVID-19 effort."

The same could be said in the Nordics. Another report from the BMJ said, "Health officials in Sweden have warned that intensive care units (ICUs) in and around Stockholm are under severe pressure and close to capacity for the first time during the pandemic."[7]

The impact is that healthcare systems will need to play catch-up all over Europe. This was a point underlined in March 2021 by Professor Marcel Levi, chief executive of the University College London Hospitals Trust. He argued that it could take "a very long time" to clear the backlog of routine surgery and procedures, which has built up because of cancellations during the pandemic[8]. In his view, COVID-19 nearly disabled the NHS.

Sweden has experienced a similar situation with waiting times for planned surgery increasing by three months by mid-2020.[9]

Dr. Andrew Goodall, NHS Wales Chief Executive, echoed this saying it would take "a number of years" to tackle the backlog caused by the pandemic.[10] Furthermore, he warned any effort to bring down waiting lists was not as simple as "flicking a switch" and that "exhausted" staff would need time to "regather".[11]

This really is a global problem. The Pan-European Commission on Health and Sustainable Development, convened by the World Health Organization said in March 2021 that many health systems in Europe have suffered "chronic underfunding and underinvestment in the health workforce," which left them struggling to cope with the COVID-19 pandemic.[12]

It's clear that global healthcare systems are now, operationally speaking, as ill as some of their patients. There are backlogs, staff are exhausted and resources are short. A healthcare think tank, The King's Fund, says the impact will be felt for decades, with 4.4 million people waiting for care in the UK alone.[13]

This presents a huge challenge – perhaps an even bigger one than the pandemic itself. How can healthcare systems catch up and deal with a post-pandemic era, dealing with all the challenges they faced before, plus new ones? The answer won't be simple. It will require Herculean effort to solve such an intractable problem, making use of every lever governments and systems have at their disposal.

While RPA isn't a silver bullet, it can form an important part of a technological solution. It's been helping front line staff throughout the pandemic and could play a huge role in the coming months and years.

Healthcare systems are playing catch-up all over Europe

This was a point underlined in March 2021 by Professor Marcel Levi, chief executive of the University College London Hospitals Trust. He argued that it could take "a very long time" to clear the backlog of routine surgery and procedures, which has built up because of cancellations during the pandemic.

How RPA proved itself in a crisis

When hospitals and the systems surrounding them were in the depths of the crisis, action was needed – fast. As the adage goes, necessity was the mother of invention. Moreover, when nurses needed to be with patients not paperwork, or processes needed managing effectively, robots were there to help. We'll never know how many lives they helped save by putting practitioners back on the front line, but their role can't be doubted.

So, what did they do and what can we learn from this as we look to the future? To follow are some fantastic examples of RPA making a huge difference when it really mattered. Robots kept staff on the front line, reduced waiting times, recruited experts and supported better procurement. Surely all factors that could help healthcare systems catch-up in the future?

Mater Hospital, Dublin: keeping staff on the front line

Located in the heart of the Irish capital, Mater Hospital first dealt with an epidemic in 1886 when it became the earliest hospital to be open 24 hours a day to care for cholera patients.[14] Fast forward 135 years and it's become a poster child for the use of software robots.

As the pandemic unfolded, it needed to log COVID-19 test results in different systems to report to Infection Prevention and Control (IPC). Given the scale of testing, this was a huge task taking up to 50 per cent of a nurse's time. Created in 2003 to track the SARS outbreak, the main system is cumbersome and requires clinicians to log into the laboratory system, extract disease codes, and then open a data platform and manually enter results.

Early on in the pandemic, robots began doing this task. The information was processed in a fraction of the time nurses spent doing it, saving the infection control department three hours per day, 18 hours per week[15] and 936 hours a year, while also eliminating human error.[16] They could then deliver essential services, including PPE training for nurses with COVID-19 patients.

Dara Ann O'Malley, clinical nurse manage, infection and prevention control at Mater, saw the robots in action. She joined a busy shift and needed to deal with a PPE crisis, leaving her unable to process test results that day. Luckily, the robots had started their work. She says, "They gave us the results when we needed them the most, which was so important."[17]

What is Robotic Process Automation (RPA)?

RPA is the technology that allows anyone today to configure computer software, or a "robot" to emulate and integrate the actions of a human interacting within digital systems to execute a business process. Put simply, the software operates a computer, mouse and keyboard like a human – but virtually. It reads and understands what's on the screen and does the copying and pasting. It enters data into databases, updates records and saves files. It's like having a virtual worker – and employees themselves can create robots for specific tasks they find repetitive and time consuming. The benefits are that those normally doing the screen work and admin can go and do more valuable things, such as being with patients instead of struggling with paperwork.

While COVID-19 was certainly the trigger to use RPA, there was a bigger challenge to solve. Jincy Jerry, assistant director of nursing, infection and prevention and control at Mater, says, "Our team was on the lookout for a solution to lift the burden of our administrative work. The workload had trebled in the last five years due to a large number of patients admitted with transmissible infections."

Clearly, COVID-19 accelerated the use of RPA, but the need pre-existed the pandemic and will continue to manage data around drug-resistant microbes such a MRSA.[18] In fact, Jincy Jerry says, "The areas of application for this robot are endless. Any department, which spends a significant amount of time on a repetitive, administrative task could benefit." She points out that it's not just doctors and nurses that are supported. Those dealing with patient waiting lists could also benefit, paving the way for a quicker recovery from backlogs.[19]

Ireland's Health Service Executive (HSE) is now supporting all hospitals to develop RPA to tackle administrative tasks. Beyond the pandemic, the likely impact could be significant.[20]

Cleveland Clinic: cutting waiting times

If Mater is a prime example of keeping nurses with patients, then the Cleveland Clinic, based in Cleveland, Ohio, is an exemplar of cutting waiting times with RPA. It's a non-profit multispecialty academic medical centre that integrates clinical and hospital care with research and education. It had already started its RPA journey in 2018, led by Bob Gross, senior director of revenue cycle transformation.

By December 2019, Gross and his team had completed two use cases – insurance verification and claim auditing – and had established an automation Center of Excellence (CoE). They were looking for new processes to automate. Then COVID-19 hit.

In March 2020, the US Centers for Disease Control (CDC) approved drive-through testing for the virus at hospitals like the Cleveland Clinic. The approved testing sites immediately began experiencing huge demand and long lines.

The testing protocol required a patient to be registered and for test kits to be correctly labelled for collection and reporting. During the first few days of testing, the manual nature of the process, in combination with human errors in printer routing and intense demand for testing, was contributing to six-hour waiting lines.

The Cleveland Clinic team knew they had to do something quickly to ease the congestion at test facilities and get patients processed faster. They also wanted to make the registration and printing process as automated as possible, so untrained caregivers could augment staff as required, scaling testing capabilities.

Gross and his team decided to implement attended robots that would take over the registration and printing process once the human attendant had verified the patient's identity. While it typically took a human two to three minutes to execute these tasks, the robot could do it in fourteen to sixteen seconds. What's more, there were zero instances of labels being sent to the wrong printer. The result? Waiting times dropped, errors were reduced and backlogs cut.[21]

Mater Hospital, Dublin

The information was processed in a fraction of the time nurses spent doing it, saving the infection control department three hours per day, 18 hours per week and 936 hours a year, while also eliminating human error.

Cleveland Clinic

While it typically took a human two to three minutes to execute these tasks, the robot could do it in fourteen to sixteen seconds.

US Government: recruiting staff

It's no secret that there are often shortages of healthcare staff. This has been exacerbated by the pandemic and will continue in the future. In the UK, there are 38,000 vacancies for nurses, which is almost 10 per cent of the workforce.[22] In the US it's estimated to be over 400,000.[23] Even before the pandemic, there was an expected shortfall of 15 million healthcare professionals globally by 2030.[24]

In 2020, staff were needed – fast. In the US, states from Hawaii to New Hampshire loosened their licensing rules to give those with clinical skill the ability to pitch in, such as allowing out-of-state physicians to practice right away, asking retired physicians to volunteer, and more.[25]

However, before these volunteers could join healthcare workers on the front lines, there were some preliminary background processes that need to be completed such as criminal background checks and credential verification. Not only were those processes time consuming, but HR departments needed to scale immediately to process, and then on-board, the tens of thousands who came forward and volunteered.

Once again, robots stepped in to run the background checks and upload data from applications into HR systems. Once a volunteer was ready to be on-boarded, robots notified the relevant departments. Robots were even used to help assign volunteers to job areas based on employee needs.

As a result, the average time to process volunteers dropped from five days to four hours. Manual data input was cut by 35 per cent and – ultimately – more healthcare staff were hired.[26]

US Government

As a result, the average time to process volunteers dropped from five days to four hours. Manual data input was cut by 35 per cent and – ultimately – more healthcare staff were hired.

A large Canadian hospital: getting supplies

To deal with COVID-19, hospitals needed more than expertise, time and people. They needed medical supplies. From PPE to medications – they were all required in high volumes and at speed.

This is a process handled by procurement departments, which are responsible for both the purchase and inventory of supplies. At the outbreak of the pandemic, the pressure on these teams was colossal. Not just because of the workload, but the very real threat of putting colleagues in danger if the right equipment wasn't available.

The procurement department at one major hospital in Canada dealt with medical supply volumes that were ten to twenty times more than normal. This caused purchase backlogs and delivery delays throughout the hospital.

It used RPA to balance orders and inventory in real time. The automations not only helped relieve strain on the procurement staff, but also ensured requested medical supplies were delivered on time to the correct hospital storeroom.[27]

With so many tactical use-cases now apparent, it's hard to foresee a future without robots considering the hard work still to do as healthcare systems repair themselves. The genie is out of the bottle.

Canadian Hospital

The automations not only helped relieve strain on the procurement staff, but also ensured requested medical supplies were delivered on time to the correct hospital storeroom.[27]

How RPA can nurse healthcare back to health

As healthcare systems come out the other side of the pandemic and are nursed back to full strength, it's important to consider how RPA can become a strategic resource rather than a short-term, tactical and reactive response.

It would be crazy to have robots idly sitting waiting to respond to crises, like firefighters awaiting a blaze in a city. They need to be deployed strategically to solve systemic problems, more akin to fire prevention teams fixing potential flashpoints before they occur, and being part of the community.

This means considering ways to offer automation tools to everyone within a hospital, Trust or system, allowing the automation of everything possible as a way to deal with organisation-wide issues. Instead of thinking, "we need to speed up the reporting of infectious diseases," leaders should instead consider the wider challenge of dealing with endless paperwork and administrative tasks that sap energies and turn attention away from patient care.

If you can solve this systemic challenge by getting the staff to consider automation as part of their jobs, the impact will be multiplied. This hands time back to staff to focus on patient care, safe in the knowledge that inventory and resources are managed, patient records are handled, appointments scheduled, and in private healthcare systems, billing and insurance claims paid.

Perhaps the best way to consider how to achieve this is by looking at how organisations were approaching RPA before the pandemic. This will illustrate how robots can become part of the overall system and not a knee-jerk reaction to an immediate problem.

Software Robots need to be deployed strategically to solve systemic problems, more akin to fire prevention teams fixing potential flashpoints before they occur, and being part of the community.

Helse Vest

The Norwegian Helse Vest health authority has been working on an RPA roll out for some time. In doing so, it's been considering how to best cut out time-intensive and repetitive tasks across the organisation, not just in silos.

It owns and manages five health trusts in the western regions of Norway, Rogaland and Vestland. As a result, it cares for about a million residents as one of four regional health authorities in the country, answering directly to the Ministry of Health and Care Services.

The authority uses RPA to reduce the administrative burden on its doctors and nurses allowing them to spend more time with patients. Line Fjeldstad, a midwife at Helse Vest, explains that robots have taken the "purely depreciative jobs" from nurses. Jobs that eat time but add little value.

One of the first processes automated related to prostate cancer patients. The same information about the patient is required in three different systems meaning doctors not just had to undertake data entry, but in triplicate.

A robot, which the team affectionately named Robbie Vest, took over and automatically updates all the relevant systems. What had taken doctors 10 minutes to complete manually now takes two, while also improving the quality of the reports. Alfred Honoré, Chief physician at Haukeland University Hospital, told Norwegian medical journal, Dagens Medicin, "My workload is significantly reduced, while the quality of the data is better."

However, the work didn't stop there. A wide range of activities has been automated, including the collection of information on pregnant women as they prepare to give birth. Previously, the patient had to print off a long form, fill it in and physically return it to the hospital. This information then had to be entered into multiple systems. This was digitised and then Robbie was used to extract information and update systems, improving the experience for nurses and patients.

Gry Oberstad, a midwife at Helse Vest says, "Robbie saves us and the pregnant women both time and resources. Previously, it took the equivalent of 1.5 staff members to handle the process and now it's all automated. The fact that the robot does the job ensures correct information and higher quality."

Today, Helse Vest has automated more than 50 processes and the team estimates that Robbie gives the authority's doctors and nurses more than 14,000 hours back each year. And while we can point to single use cases within the organisation as examples of RPA in action, the way it's used spreads throughout the entire organisation, illustrating a more strategic approach.[28]

Helse Vest

What had taken doctors 10 minutes to complete manually now takes two, while also improving the quality of the reports.

NHS SBS

Another fantastic example of automation becoming strategically embedded is NHS Shared Business Services (NHS SBS). It delivers high-quality and cost-effective corporate services to the NHS, including finance and accounting, procurement, employment services and IT. In doing so, it's already using RPA extensively to create efficiencies and reduce costs.

Stephen Sutcliffe, Director of Finance and Accounting at NHS SBS explains: "Our strategy is centred around helping our NHS partners achieve greater efficiencies, save more time and money, and provide a better user experience for their employees than ever before. We aim to be as efficient as possible in everything we do, and RPA has a significant role to play in this. It can carry out the mundane, repetitive tasks no one likes, while improving the accuracy and quality of financial processes. The exciting part is the time it frees to enable us to offer greater value to the NHS organisations that use our services."

There are around 850 separate financial processes carried out by NHS SBS, covering reconciliations, cash flow, invoice payment, debt collection and more. Since 2016, 250 of these processes have been handed to robots. This began with Freddie the tax robot.

By taking on these functions in the most efficient way possible, resources are saved that can be ploughed back into reducing waiting lists and backlogs.[29]

NHS SBS

The exciting part is the time it frees to enable us to offer greater value to the NHS organisations that use our services.

Max Healthcare

Max Healthcare is one of the largest hospital networks in North India. As such, it deals with a lot of patient transaction data that needs to be processed on a daily basis. From recording customer details to claims processing and reconciliation of data for government health schemes, everything needs a high level of accuracy and efficiency. Manually processing such large volumes of information isn't just time consuming, it can also be prone to a lot of errors and security issues. This is an issue of strategic importance.

The team decided to implement RPA to handle this data more efficiently. "We deal with so much data here in our system," says Yogesh Sareen, CFO, Max Healthcare. "Every patient may have hundreds of interactions or episodes within a day. SSo, reconciling all the data is really a tough task. With RPA we've been able to do things which would not have been humanly possible to do."

The key to success was selecting the right processes to automate. There's no point in automating a bad process, so the efficiency of existing processes became a focus to ensure greater accuracy and reduction in turnaround time.

In the first instance, a robot was developed to automate the manual claims process. This extracts customer related information from Outlook and PDF files, after which the data is populated in CSV format, finally integrating it with a database. The scale of the automation makes it strategically important across the organisation.

In total, RPA has cut turnaround time by 50 per cent and saved up to 75 per cent of the time taken to process health scheme data. It has also improved security and compliance while boosting employee experience.[30]

It's clear that robots can have a huge impact on the healthcare system. Granted, they can't provide patient care themselves. However, they can free expert healthcare professionals to do so. It achieves this by taking away the background admin and process. Taken as a whole, this creates huge efficiency, accuracy, focus and the ability to begin repairing the damage done by the pandemic.

Max Healthcare

In total, RPA has cut turnaround time by 50 per cent and saved up to 75 per cent of the time taken to process health scheme data.

How to begin your healthcare RPA journey

If RPA is, therefore, a major part of the solution, where do health leaders start? How can they begin to consider the use of a technology that until recently has often been misunderstood or overlooked?

It can be a challenge. There are literally thousands of processes taking place within every healthcare organisation on a daily basis. Many are highly suited for RPA. Many are not. The ideal process will be high-volume, rules-based and repetitive, requiring a good deal of human input to complete.

Perhaps the best way to get going is to avoid the urge to immediately pick out single processes and tactically automate them. To gain the best results from RPA, leaders need to step back and take an overarching view.

Step one: get started

This is all about laying the foundations you'll need to move forward on a transformative RPA initiative.

- **Rally your troops:** to truly embed RPA on the scale of a hospital or group of providers, you'll need a team to own the initiative with a senior sponsor. As a healthcare leader, you don't need to understand how the technology works, you just need to champion those who do.
- **Complete a great proof of concept:** wider management teams want assurance of value before committing – so give them the proof they need.
- **Build your teams and approaches:** get your traveling companions together (that is, your RPA talent) and set up your Centre of Excellence (CoE).
- **Ensure the team picks the right platform:** equip your team by selecting the right RPA platform and ensuring they develop an implementation framework. For example, create rules about who can suggest automations, who creates, approves and monitors them.

- **Build a pipeline of automations:** identify the best projects, as part of a strategic approach, and move on them.
- **Champion progress:** get management eyes on the program, and develop a scorecard to measure success.

Step two: scale across the system

In step two, you'll focus on top-down, cross-enterprise opportunities where automation can fundamentally change how work gets done.

- **Focus on big, top-down opportunities:** concentrate on using automation to transform core enterprise processes for the better.
- **Broaden RPA skills and capabilities:** bring on people who can handle complex automations and make use of "intelligent automation."
- **Expand capacity and throughput:** build capabilities to handle many projects and the ability to re-purpose automations.
- **Master continuous improvement:** build in learning loops, continuous testing, and a robust way to assess and improve performance.

Step three: transforming the organisation

This is when leaders can bring RPA to the desktop in order to transform everyday work. RPA stops being something specialists do and becomes embedded across the organisation where there is a robot for every nurse, doctor or member of ancillary or management staff.

- **Give a robot to every person:** bring robots to everyone's desktop, so they can transform people's workdays, one task at a time.
- **Spread robot love:** help everyone fall in love with their new digital assistant through training and change management.
- **Build out your corps of citizen developers:** tap into people's desire to learn how to automate to expand your ability to capture day-to-day opportunities.
- **Get technology that loves democracy:** make sure it can capture ideas from everywhere – while giving you control and governance.

Perhaps most importantly, healthcare leaders need to speak to peers who have started their own RPA journey to understand how best to go about it. After all, this is still a relatively new type of technology.

When asked about the secret to RPA success, Celie Løvslett, RPA Lead at Helse Vest is very clear. "From the very beginning we were very careful about building our competence. We spent around six months making sure that we had the correct operating model, process models, governance and testing in place. That meant when we came to move from proof of concept to production it was quite straightforward to scale our automations across processes, hospitals and the entire health region."

Within the hospitals covered by Helse Vest, there are many similar systems and processes. By creating a formal and centralised RPA function, the team has been able to quickly and cost-effectively reuse RPA processes across hospitals.

This focus on reuse is just one of the reasons that the RPA program has received the senior management buy-in that Celie believes has been an important element in their success. She says, "We've been able to show the clinical and IT teams what we can deliver. This has helped secure the support and focus of top management not just with our department but in all the hospitals that are part of Helse Vest."

In addition, RPA gave the clinical team a fast and viable approach to traditional integration methods. Celie explains, "Doctors and nurses are used to big integration projects taking years. With RPA, they can have something within a matter of weeks or months. They love the speed and agility with which we can automate processes."[31]

Overcoming challenges

Of course, implementing a new technology that's as revolutionary as RPA can present challenges. With change comes resistance. But anything standing in the way of automation should be seen as a hurdle to be overcome rather than a barrier that's unsurpassable. To follow are some points of friction and how to approach them.

"Robots are going to take our jobs"

The Coronavirus pandemic has highlighted how limited NHS resources are. Trusts have used expensive agency staff to cover shortfalls for many years. RPA is not about replacing staff but augmenting them. The goal should be a digital assistant for every healthcare professional. The assistant not only removes mundane and repetitive tasks but also ensures that the professional has the right information and the right time to complete their roles. If staff correctly understand RPA, they will welcome it and the burden it lifts.

"RPA is just a sticking plaster, we need a proper automation solution"

For some reason, RPA is sometimes viewed as outside the IT portfolio. Healthcare IT departments often consider traditional automation and testing approaches as superior. However, traditional automation projects can be lengthy, costly and involve changes to underlying systems. For many processes, this is a hammer to crack a nut. RPA allows effective automation to be built and deployed quickly without touching existing IT. RPA allowed new COVID-19 processes to be created from scratch in just days.

"RPA will soon be out of date. Let's just wait for AI"

RPA or AI is not a binary choice. Instead, RPA is an important stepping-stone to AI as it establishes the right technology structures, technology competencies and standardised business processes to adapt AI. It provides the scalable, highly secure and high-performance platform that AI capabilities can be integrated into. Moving from manual, repetitive processes directly to machine learning or other advanced AI tools can be challenging. RPA sets out a smooth transition path for NHS Trusts and other healthcare organisations.

"The best way to achieve data interoperability is through APIs not RPA"

Both RPA and Application Program Interface (API) provide a communications channel to move information between two or more systems. By interacting with applications like a human, RPA can open attachments, complete forms, capture and rekey data, update systems and create reports. RPA is especially good at handling interactions between legacy systems. This can be extremely valuable as Trusts begin to digitally transform as it means they can implement new technologies without changing their existing systems. Implementing integration is much faster and requires less coding skill than choose to develop your own APIs or customise third party solutions.

"RPA should never touch patient records, it's too risky"

Patient data is not only vital for managing an individual's care, it also plays an important role in other ways: planning health services, improving diagnosis and treatment and evaluating the effectiveness of policies. GDPR has established strict guidelines for the use of Personal Health Information (PHI). RPA solutions enable the highest levels of security and privacy, including multi-layered authentication and authorisation, encryption and full auditability.

Now is the time to automate

If having read this document you're still thinking RPA sounds complicated and difficult, it would be worth reconsidering the urgency with which healthcare systems need support. The situation may get worse before it gets better with new waves of infection still happening. Furthermore, a third of nurses are considering leaving the profession in the UK.[32]

Many Brits will remember the words of nurse, Dawn Bilbrough, whose tearful video about panic buying at the start of the pandemic was seen by millions. As the anniversary of the lockdown dawned, she said the past year had been "relentless, incredibly traumatic and emotionally and physically exhausting." She's considering quitting.[33]

It's also important to remember that using automation puts you in very good company. Its adoption has accelerated across every sector throughout the pandemic. In fact, more than two-thirds of businesses have deployed it in their response to the crisis with many surprising themselves with how agile they could be in doing so.[34]

With this in mind, now is the time to take action. Because RPA acts as a wiring mechanism that can retrieve data, complete forms, perform systematic tasks, and harness AI to understand unstructured data, learn processes, and enhance the achievement of humans working in the healthcare sector.

The primary impact of deploying RPA in this sector is that it reduces and often eliminates repetitive, mundane, manual tasks (which reduce cycle times) for staff, and it improves the interoperability between disparate systems to close gaps in care and boost revenue cycle management, where applicable.

Healthcare organisations – whether private sector or public sector – should explore immediately the various tasks and processes that they can automate using RPA. With an estimated overall 60 per cent[35] of tasks that can be, it's in the interest of everyone that they do so.

In fact, it may be one of the key factors in nursing our healthcare systems back to health – however they operate and wherever they are.

We'd love to play a role in achieving this vital goal. If you'd like us to help, get in touch.

RPA may be one of the key factors in nursing our healthcare systems back to health - however they operate and wherever they are. UiPath can help. Get in touch with us to know more.

References

1 The Guardian, Number working from home in UK rises after government U-turn, October 2020

2 Kings Fund, The NHS budget and how it has changed, December 2020

3 ITV, Covid: At least 230 NHS workers have died during the pandemic - here is a list of all of them, February 2021

4 The Local SE, What do we know about coronavirus deaths among Sweden's healthcare workers? July 2020

5 The BMJ, The NHS is not at risk of being overwhelmed—it already is, January 2021

6 The BMJ, The NHS is not at risk of being overwhelmed—it already is, January 2021

7 The BMJ, Covid-19: Sweden considers tougher restrictions as ICU beds near capacity, December 2020

8 BBC, Covid-19 nearly disabled NHS says hospital boss, March 2021

9 Radio Sweden, Covid-19: Hospital waiting lists for surgery grow longer, July 2020

10 BBC, Covid: NHS in Wales 'will take years to tackle backlog', March 2021

11 BBC, Covid: NHS in Wales 'will take years to tackle backlog', March 2021

12 The BMJ, Covid-19: Underfunding of health workforce left many European nations vulnerable, says commission, March 2021

13 King's Fund, The King's Fund responds to latest NHS performance statistics, December 2021

14 Health Manager, Mater Hospital celebrates its 150th anniversary, September 2011

15 UiPath, Mater Hospital Dublin automates COVID-19 test results

16 A Robotic Process Automation Journey, The Mater Hospital, March 2021

17 How Mater Hospital Experienced Benefits of Automation During Covid-19, May 2020

18 How Mater Hospital Experienced Benefits of Automation During Covid-19, May 2020

19 How Mater Hospital Experienced Benefits of Automation During Covid-19, May 2020

20 A Robotic Process Automation Journey, The Mater Hospital, March 2021

21 UiPath, Every Life Deserves World-Class Care

22 The King's Fund, NHS workforce: our position, February 2021

23 Duquesne University, The Shortage of Healthcare Workers in the U.S.

24 USC, A Closer Look at the Public Health Workforce Shortage, February 2020

25 UiPath, 5 Innovative Ways Healthcare Organizations are Using Software Robots During COVID-19, April 2020

26 UiPath, 5 Innovative Ways Healthcare Organizations are Using Software Robots During COVID-19, April 2020

27 UiPath, 5 Innovative Ways Healthcare Organizations are Using Software Robots During COVID-19, April 2020

28 UiPath, Robbie Vest becomes a 'valued colleague' for clinical staff at Helse Vest

29 UiPath, NHS SBS Drives Efficiencies with RPA, Delivering Higher Value Services for Clients

30 UiPath, Max Healthcare Improves Efficiency with UiPath Robots

31 UiPath, Robbie Vest becomes a 'valued colleague' for clinical staff at Helse Vest

32 Personnel Today, Third of nurses plan to quit NHS in 'emerging crisis', September 2020

33 BBC, Dawn Bilbrough: Food plea nurse considers quitting after Covid, March 2021

34 Consultancy.uk, Two-thirds of businesses used automation to respond to pandemic, November 2020

35 UiPath, Robotic Process Automation in the Healthcare Sector