



**HENRY FORD
MACOMB HOSPITAL**

“PerfectServe standardized our communication system and reduced variation of care. With the PerfectServe system, you’ve got one reliable source of truth.”

Dr. Steven Harrington

Medical Director of
Cardiothoracic Surgery
Quality Committee Chairman
Cardiac Robotic Surgeon

ABOUT HENRY FORD MACOMB HOSPITAL

Member of the Henry Ford Health System

Location: Clinton Township, Mich.

Beds: 435

Medical Staff: 800+

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PerfectServe client solutions:
www.perfectserve.com/hospital

PerfectServe Improves Physician-to-Physician Communications in the ED and ICU

The medical staff at Henry Ford Macomb Hospital recognized that clinicians could coordinate care faster and more effectively if more physicians communicated directly with each other instead of through nurses, office staff and answering services.

Although the hospital had been using PerfectServe for a few years, it wanted to better utilize the system to facilitate more direct physician-to-physician communications.

Dr. Frownfelter, chief medical information officer, formed a communications committee, which worked with PerfectServe and the medical staff to implement new communication processes in the Emergency Department (ED) and Intensive Care Units (ICU).

“We’re able to get intensivists involved in the patient’s care much more quickly.”

Dr. Rajinder Sikand, ICU Director

Objectives

- Improve and standardize the processes for contacting physicians from the Emergency Department and Intensive Care Units.
- Help physicians communicate with each other quickly and directly to eliminate the handoffs to front office staff and switchboards that waste time and can cause communication errors.
- Increase the percentage of calls from hospital departments to physicians that are answered in real-time.
- Improve call response times for intensivists and physicians covering unassigned patients within the ED.
- Established filters to distinguish calls originating from the ED (and later the ICU). This allowed physicians to route calls directly to their cell phones. Callers from other departments were directed to leave voice messages, text messages or pages.
- Encouraged ED physicians to contact internists directly.
- Measured percentage of calls that went directly to physicians without third-party handoffs, as well as physician response times.
- Expanded ED program to include more physicians who participate in covering unassigned patients.

Actions

- Implemented an ED pilot program among an engaged group of internists.
- Initiated a similar program involving the ICU clinical staff, intensivists and physicians from other departments who admit patients to the ICU.



“Tools such as PerfectServe that align with physicians’ workflows and enhance physician-to-physician communications can be as beneficial as electronic health records in enabling clinicians to better coordinate care.”

Dr. John Frownfelter
Chief Medical
Information Officer

Results

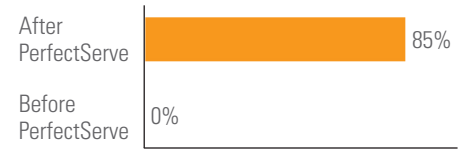
- For the ED-to-internist pilot program, the percentage of communications that occurred in real time increased from zero to more than 85 percent in just a few months.
- When expanded to include all physicians covering unassigned patients in the ED, the number of real-time calls connecting the ED with these physicians increased more than fourfold, from eight percent to 38 percent.
- The number of ED calls requiring a third-party intermediary dropped in half, from 20 percent to less than 10 percent.
- More than 70 percent of contacts from the ICU to intensivists now occur in real time.

Keys to Success

- Gaining the support and active involvement of leaders on the medical staff.
- Providing physicians with airtight data that shows the importance of improving communications and proves the reliability of the proposed solution.
- Listening to the medical staff and giving them tools that make it easy to accept and adopt new communication protocols.
- Enabling physicians to prioritize ED calls over those from other departments, so only ED calls were routed directly to them in real time.
- Understanding physicians’ concerns about efficiency and aligning communication processes with their workflow.
- Maintaining an ongoing dialog with the medical staff and refining processes to meet their needs.

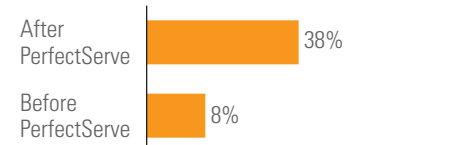
Pilot program achieves goal of real-time communications

More than 85% of communications occurred in real time in the ED-to-internist pilot program.



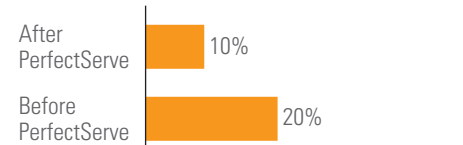
Fourfold increase in real-time communications to physicians on ED call

When the program was expanded to include all physicians covering unassigned patients in the ED, the number of real-time calls connecting the ED with these physicians increased from 8% to 38%.



50% drop in calls requiring third-party handoffs

The number of ED calls requiring a third-party intermediary dropped from 20% to less than 10%.



Increase in real-time communications between the ICU and intensivists

More than 70% of contacts from the ICU to intensivists now occur in real time.

