



## **Closing Communication Gaps Between Providers**

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## Improving Communication among Staff: Health Care Leaders' Perspective

A basic tenet of the Affordable Care Act is a shift from volume- to value-based reimbursement. Improved coordination of care and effective communication among health care providers are essential for success under the new model.<sup>1</sup> Research indicates, however, that communication gaps in health care are common.

In 2010, communication problems were the most commonly cited root cause of sentinel events, according to data reported to the Joint Commission.<sup>2</sup>

Technology solutions can facilitate improved communication and support additional improvement initiatives. PerfectServe is a communication system that uses workflows and contact preferences from physician-specific algorithms to route calls and messages according to each physician, based on factors such as the day, time, urgency, clinical situation, preferred contact method, and coverage schedule. It includes integrated modules that optimize communication between physicians and hospital staff, physicians and other physicians, and physicians and patients.

Health care leaders from across the country have found that PerfectServe helps them address one of their most pressing current needs: improved communication among clinical staff.

### Providing an effective communication tool

Lon McPherson, MD, senior vice president of Medical Affairs and chief quality officer at Munroe Regional Medical Center, an acute care tertiary 400-bed hospital in the Orlando, Florida area, was accustomed to fielding the concerns of physicians at his organization.

He recalls a particular concern brought to him by a nephrologist: the difficulty staff experienced when trying to contact physicians. McPherson was familiar with PerfectServe, having been involved with

implementation of the system at a previous position in Chicago. After approval from the organization's medical executive committee (MEC), PerfectServe was implemented enterprise-wide on a single day in May 2010.

Because physician leaders at the organization had strongly supported the move, implementation was a relatively smooth transition. Codifying the use of PerfectServe in a medical staff policy approved by the MEC optimized its uptake and use by physicians.

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**Dr. Lon McPherson**  
Senior VP Medical Affairs  
Chief Quality Officer  
Munroe Regional Medical Center

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According to McPherson, PerfectServe has benefited the hospital in several ways. First, whereas difficulty reaching physicians was a daily occurrence prior to implementation, it is now uncommon. "In our daily supervisor's report, we rarely see complaints about contacting physicians now."

Second, the house supervisors and the nursing staff are now more confident that they have a reliable resource and support for contacting physicians. Third, the noise level at the hospital has been greatly reduced, due to the decline in overhead paging of physicians and other staff.

McPherson reports other changes at the organization as well. He feels PerfectServe is helping to address a decades-long decline in direct communication between physicians due to increasing time pressures



and a growth in the size of the medical staff. Use of PerfectServe supports the medical center's policy, which was instituted about three years ago, that requires referring physicians to call consultants directly for any urgent or stat consults.

Also, because PerfectServe makes the communications process more reliable, physicians are shifting to more efficient modes of communication.

He describes a recent discussion with a cardiologist at the medical center. "He called me to say he was getting rid of the pager he'd carried for 35 years. Because PerfectServe routes his calls so reliably, he no longer needs it."

McPherson believes an important part of his role as a health care leader is providing access to tools that can effectively support physicians and other staff.

"The physician executive's role is to be clinically savvy enough to recognize good support tools as opposed to mediocre or ineffective ones." With PerfectServe, McPherson feels he is not only providing an effective communication tool but also working to improve communication among physicians and other clinical staff, and thus improving patient care.

### **Making direct communication the standard of practice**

A practicing obstetrician-gynecologist and chief of staff at the 203-bed Henry Ford Macomb Hospital-Warren campus in Michigan, Laila Shehadeh, DO, has focused for many years on fostering direct communication between referring physicians and consultants within her organization.

Shehadeh sees the matter as one that is critical to patient safety, care quality, and cost efficiency. She would like to make direct conversations between referring physicians and consultants the standard of care.

"If every physician would speak directly to the other physicians, it would improve safety, lead to better camaraderie, and set a good example for the residents rotating with him or her."

At Shehadeh's organization, consultants are required to address routine consults within 24 hours of the request. She is petitioning to add the requirement that consultants contact the referring physician.

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**Dr. Laila Shehadeh**  
Chief of Staff  
Obstetrics & Gynecology  
Henry Ford Macomb Hospital-Warren

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"I try to help physicians realize that by talking colleague to colleague you can decrease morbidity and mortality, lengths of stay, and sentinel events," she says.

Like other health care leaders today, Shehadeh is very conscious of the current scrutiny by health care payors regarding length of stay—and the detrimental effects of delays in communication on LOS. "Our organizations are not going to get reimbursed for lengths of stay that don't meet the guidelines. We can't excuse a longer stay, saying 'The patient stayed one extra day because we couldn't reach Dr. Shehadeh.'"

Henry Ford Macomb, Warren campus implemented PerfectServe across the hospital in June, 2009. According to Shehadeh, the PerfectServe system has helped improve communication and flow in several ways. "If I'm trying to contact the house physician, I just dial one number and say, 'House physician,' and the call goes through. Before, I had to figure out who the current house physician was, find their beeper number, and then call.



The turnaround time is much faster now. Plus, there are fewer calls placed to physicians who are not currently on call.”

As a physician leader, Shehadeh appreciates the fact that using PerfectServe has increased the accountability of physicians to return calls in a timely fashion. Administrators can review a report of calls logged from the ED and address any identified issues.

“We can approach a physician and say, ‘The ED called you at 1:20 AM, 2:20 AM, and 3:30 AM, and you didn’t answer.’ We had one physician who wasn’t calling back promptly. Her patients would be ready to leave, but the staff couldn’t contact her. Now, with PerfectServe, we can make sure we have all the relevant contact information—before we only had a pager number—and we can document her call-back time.”

Flow through the ED has also improved, according to Shehadeh. “We now have faster communication between the ED physician and the consultants and admitting physicians. Plus, the ED staff no longer needs to keep track of the latest call schedule for the multitude of physicians they need to contact. We can get the patient moving through the system faster.”

### Optimizing patient flow

Herbert Schumm, MD, regional vice president for Medical Affairs at St. Rita’s Medical Center in Lima, Ohio, a regional health system with 450 acute care beds, has found that PerfectServe very effectively supports the organization’s overall performance improvement program.

Since the fall of 2010, medical center administrators have used a process called Care Path, which is based on the science of logistics, to improve patient flow through the health system. “We’re working on eliminating what we call the white space in the care timeline—the time that provides no value to the patient—which is a key piece for patient satisfaction.”

Because slow physician call-backs can bottleneck patient discharge from the ED, movement from the ED to inpatient units, and discharge, they were an early target for improvement. “It’s important that the ED physicians are able to contact an admitting or consulting physician easily and talk directly with them.”

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**Dr. Herbert Schumm**  
Regional Vice President  
Medical Affairs  
St. Rita’s Medical Center

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The organization implemented PerfectServe in January 2005. Schumm especially likes the fact that PerfectServe generates a comprehensive report of calls by department, receiving physician and/or practice, allowing him to identify any problems with lack of responsiveness to calls.

“We know when calls are going out and when they’re being responded to. We can identify when we’re having difficulty with a physician who’s not returning calls promptly,” he says.

Organizational leaders use the information to identify and address gaps in the communication process. If a problem is identified, leaders have an objective record with which to begin a discussion with the relevant physician.

Schumm cites a recent example involving a delayed response to calls. He received a report that a physician had failed to respond to six calls between 9:00 a.m. and 1:30 p.m. from the nursing staff regarding a patient awaiting discharge. Schumm reviewed the PerfectServe



call logs with the physician and discovered that there was both a problem with responsiveness and a misunderstanding. The physician had responded to some calls regarding another patient—and mistakenly thought he had responded to all calls in the queue.

Schumm began ongoing monitoring of the physician with a focused professional practice evaluation specifically regarding call responsiveness. Correcting these communication problems is important, according to Schumm, because they can delay discharge, thus disrupting patient flow through the organization, and can lead to frustration among the nursing staff.

Improving communication also is important for reducing medication errors, according to Schumm. “From a medication safety standpoint, being able to talk directly with the physician who ordered a medication, to confirm a dose or get questions answered, is crucial.”

PerfectServe helps to facilitate direct conversations between physicians and nursing or pharmacy staff—conversations that can avert mistakes due to incorrect or unclear orders. Another key benefit of PerfectServe, says Schumm, is the ability to notify teams rapidly and reliably.

The organization’s previous paging system was not sufficiently reliable for contacting all team members of its urgent response teams. With PerfectServe, an ED physician can alert the cardiac team about a patient with a STEMI by simply dialing a four-digit number and indicating the patient’s location. PerfectServe automatically notifies the interventional cardiologist, the cath team, and other cath lab staff.

The medical center has achieved door-to-balloon times for STEMIs under the 90-minute mark on 100 percent of cases for the past year and a half. “There’s no way that we could achieve these results without PerfectServe. I don’t think we could achieve such rapid

mobilization of our code team and our rapid response team without the ease and predictability we get with PerfectServe. I can’t imagine not using it.”

## Conclusion

PerfectServe helps health care leaders deal with an issue currently of top concern: gaps in communication among the health care providers within their organizations. These leaders have found that implementing PerfectServe can facilitate direct communication among physicians and improve physician responsiveness to calls.

They have found that PerfectServe facilitates improved flow through the ED and the rapid deployment of urgent response teams. Leaders also have found that PerfectServe’s documentation and analytical tools help them identify and address gaps in the communication process.

PerfectServe is a technology solution that fosters improved communication, is relatively easy to implement, and meshes well with other performance improvement and efficiency initiatives. It provides health care leaders with an effective tool to support clinical coordination, an important component of quality care and a key objective of health reform.

## References

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