Communication and culture: The driving forces of change

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As health systems struggle to anticipate and react to ongoing changes in the industry, the inability to connect people, technologies and objectives is emerging as an obstacle in the path forward through change. Cultural behaviors, deeply rooted in organizational history, can create an unwillingness to evolve to the much needed next generation of care provision. But there is a solution; it’s the same solution that overcomes difficulties associated with any uncomfortable change. What is it? As always, it is communication.

As healthcare consolidates and new partnerships are developed, it is more important than ever that the various players—patients, physicians, nurses, hospital and post-acute care providers, and the gamut of ancillary services in the healthcare equation—speak the same language and connect in ways that are clear, consistent and secure.

The first step toward improving communications across the care continuum is to understand the current state. Communications technology company PerfectServe commissioned Harris Poll to conduct an online survey among 955 healthcare professionals on the current state of communication and collaboration within today’s healthcare industry. This information can help position health systems for future change by prioritizing the issues to be addressed.

At the highest level, the survey revealed some telling responses:

- Telephonic communications are the predominant patient communication technology used today, but online portals are also being adopted (83% use follow-up patient phone calls, and 74% use online patient portals to optimize patient health management).

- A majority of physicians (71%) indicate they have “wasted time” trying to communicate with a broader care team.

- More than half of respondents (61%) believe HIPAA regulations pose an obstacle to efficient communication and collaboration within the care team.

- And 20% say their organization has a unified communications platform.

While these responses are troubling, they point to improvement opportunities and help prioritize areas of needed focus. It is essential
that health systems develop strategies to break through the barriers of change. Comprehensive, coordinated and patient-centered care cannot be achieved if key players, such as physicians, believe communicating across the continuum is a waste of time; if clinicians feel HIPAA is an obstacle instead of a safeguard; and if the players on the stage do not speak the same language.

Hospitals and health systems today face a range of complex challenges as they take on new levels of risk and innovate around different models of care. But the survey identified a much more fundamental problem in improving population health\textsuperscript{2}—doctors and nurses struggling to get in touch with each other to coordinate care among themselves and with their patients. The survey revealed that 52% of clinicians (physicians, nurses and case managers) do not always know the correct care team member to contact for the given situation. Moreover, 75% of nurses said patient care is often delayed while nurses wait for important information about the patient.

While 98% of healthcare professionals (both clinical and administrative) feel improved communication with patients is required for effective population health management, and 95% believe that successful care collaboration leads to reduced readmissions, clinicians feel hindered by a patchwork of antiquated or underutilized communication technologies, wasted exchanges, and concerns about privacy and security. Nearly three in 10 healthcare professionals (29%) are not satisfied with the technology their organization uses for secure communications. Of those who are dissatisfied, dissatisfaction with clinical communications largely arises from the fact that different members of the community use different technologies (68%) and/or that not all team members have access to secure communication technology (55%).

The imperative to improve communications isn’t limited to enhancing care coordination; there are financial, security and patient safety implications as well.

Hospitals’ and health systems’ workflows waste a significant amount of time, and therefore money, because of inefficient communications technologies such as pagers and a lack of secure text messaging. The negative impact on patient safety and operational inefficiencies through
incomplete or delayed communications cannot be overstated. And the repercussions of noncompliance with HIPAA regulations should healthcare professionals share protected health information (PHI) can be financially crippling to a health system.

While there is nearly universal agreement that improved communication and coordination are necessary, inefficient communication is overwhelmingly perceived as a barrier to effective population health management (96% agree). More than 9 in 10 survey respondents (95%) believe that interoperable communication technology across the care continuum is a necessary component of a population health management strategy, and 88% say mobile health communication technology is an integral component of population health management.

Survey respondents noted many forms of communication being used in their organization. Not surprisingly, face-to-face is the most prevalent (and most preferred) for both brief and complex conversations inside the organization, while communication outside the organization most often relies on a phone call.

A majority of clinicians say communication among the broader care team is “efficient” (69%) and are satisfied with the technology currently available to them within their organization (62%). Most nurses and case managers (79%) say they are generally able to contact the needed physician in a timely manner.

Still, the majority also cite communication lags or complications as being responsible for many deficiencies in care:

- 76% of clinicians say communication obstacles often delay patient discharges and transitions to lower-cost care settings.
- 71% of physicians say they have wasted valuable time attempting to communicate with the broader care team.
- 71% of RNs and case managers say they have wasted valuable time attempting to communicate with the right physician for a particular situation.
- 69% of clinicians say patient care is often delayed while they wait for important patient information.
• 67% say they often receive low-priority pages or calls that disrupt patient care.

• 61% of healthcare professionals feel that the HIPAA regulations pose an obstacle to efficient communication and collaboration within the care team.

More than 8 in 10 respondents (83%) believe that secure communication is a top priority at their organization, and almost half (46%) say their organization has instituted new security measures in response to the 2014 data breaches within the industry. To ensure that communication is secure, nearly 7 in 10 (69%) say their organization uses a mix of different applications and technologies (rather than one unified platform). Most (71%) feel relatively—though not overwhelmingly—satisfied with this technology.

And despite taking clear steps to maintain security, many (31%) have been part of some sort of security violation recently, either experiencing a data breach at their organization within the past three years or personally sending/receiving unsecure texts or voice messages within the past 12 months. Notably certain groups—hospital administrators (68%), office managers in large offices (65%) and case managers (61%) are more likely to strongly agree that secure communication is a top priority at their organization, compared with physicians (45%).

Most organizations acknowledge the need to improve their communications, but cultural issues create barriers. Without trying to “boil the ocean,” some organizations are using the tenets of SBAR (situation, background, assessment, recommendation) as a process to begin to evolve cultural issues. Some simple changes can include:

• **Acknowledging failures:** It can be hard to say, “That went wrong” or “We could have done that better,” but clinicians (physicians, nurses and case managers) should acknowledge failures in communication so they are not repeated. By keeping track of the times when they could have communicated differently, clinicians might be able to prevent future miscommunication.

• **Flatten the hierarchy:** Organizational structures reflect training and expertise, but nurses have to feel empowered to give a
clear assessment (not diagnosis) of a patient’s condition and a recommendation on the next steps. For this to work, physicians in the hospital must be supportive and encourage this from the nursing team.

- **Drive from within:** In order for new initiatives to take hold, they must have wide support from all levels of the organization. Hospital-wide change can’t be a directive from the top—and in fact, may work better if clinicians come together to show their leadership team why SBAR is needed and how it will improve patient care.

- **Prepare for bumps:** Even after an organization adopts SBAR, it can’t just be assumed everything will work out. During the implementation phase, hospitals should be prepared for some imperfect deployment of SBAR communications as clinicians (physicians, nurses and case managers) get used to the format and shift in communications.

- **Keep the patient in mind:** Sometimes in the rush to implement improved tools and procedures, people can forget why they are making improvements in the first place. As organizations begin to implement SBAR, they should remember that the goal is to improve patient care and safety, and should keep the patient at top-of-mind as they make these clinical communication changes.

### Conclusion

As healthcare moves toward comprehensive, coordinated and patient-centered care, communications is more important than ever. Finding technology and processes to support clear, consistent and secure communications can create a patient care environment that fosters positive, quality outcomes, and patient and clinician satisfaction. Recognizing the need is the first step in the change process.

### Survey methodology

The PerfectServe survey was conducted online by Harris Poll between February 12 and March 6, 2015. The research was conducted among 955 healthcare professionals in the following occupations: hospitalist (n=150), primary care physician in an office (n=150), specialist physician in a hospital (n=102), specialist physician in an office (n=101), hospital administrator (n=170), office manager/practice administrator (n=81), nurse in a hospital (n=101), and case manager (n=100). Office-based
respondents work in an office with 25 or more physicians (note - there were nine office Managers/Practice Administrators within an office with fewer than 25 physicians). Hospital-based respondents work in a hospital with 200 or more beds. Physician respondents are duly licensed in the state in which they practice. Data were not weighted and are only representative of those who completed the survey.

References
1. Healthcare professionals included hospitalists, primary care physicians in large offices, specialists in both hospital and office settings, nurses in hospitals, case managers, hospital administrators and office managers.
