Accurate, efficient, reliable clinical communication is essential to achieving clinical integration—a key step for improving health care quality and safety and a primary goal of health reform. Today many organizations are looking for ways to improve communication between the health care providers in their hospitals. Within large health systems, supporting effective communication between clinicians can be challenging, especially across member hospitals with differing needs.

Advocate Health Care is a 10-hospital integrated health care delivery system operating in Illinois. Widely acknowledged as a pioneer in clinical integration, the organization sought new technologies and services to foster improved communication among providers.

"Staff can contact a physician right away. PerfectServe enhances communication incredibly."

Sakhawat Hussain, MD, Medical Director of Clinical Informatics, Advocate Trinity Hospital

Specifically, Advocate leaders wanted to improve physician-to-physician and nurse-to-physician communication, thus promoting improved care quality and patient safety. This case study examines the goals and outcomes of four Advocate facilities that implemented PerfectServe as a tool to improve clinical communication.

PerfectServe is a comprehensive communications platform that routes voice, text, and web-based communications based on personalized algorithms, allowing physicians to control when and how they are contacted. The single network platform and directory gives staff easy access via voice search, Web and mobile interfaces. The service also includes a 24/7 help center staffed with clinical communications experts.

Lutheran General Hospital: Using PerfectServe to build relationships with physicians

Advocate Lutheran General Hospital is a 638-bed tertiary care, teaching hospital outside Chicago. Approximately 1,100 physicians practice at the hospital, which handles almost 30,000 admissions and nearly 58,000 emergency department visits each year. The hospital achieved Magnet® designation in 2005 and was awarded redesignation in 2010. The Magnet Recognition Program of the American Nurses Credentialing Center (ANCC) recognizes hospitals with the highest level of professional nursing practice and patient care.

The organization implemented PerfectServe in 2011.

Michael McKenna, MD, vice president of medical management, describes the hospital’s choice to use PerfectServe as a step in their journey to clinical integration, a focus of the organization for more than a decade. “Our pursuit of clinical integration is leading us to evolve into a high reliability organization and to develop the right care model that allows us to get the best outcomes possible. Communication is the backbone of this evolution.”
McKenna and other organizational leaders believe the ability to partner with physicians is essential to becoming a high-reliability organization. For this and other reasons, executive leaders have sought to make Lutheran General “the best place for physicians to practice.” Reducing barriers to workflow efficiency and improving communication were two key strategies to achieve this aim, according to McKenna. “We want to show physicians that we are doing something different. We want them to know that when they come here to work here, it is an easier place to get things done, the systems are more reliable, and that we achieve greater safety and higher satisfaction.”

McKenna was familiar with PerfectServe through a previous position. He advocated for implementing the system as a first step in improving the practice environment at the hospital. “PerfectServe is one tool that definitely demonstrates to physicians that you are serious about improving their satisfaction. Not only that, it also has patient safety and nursing satisfaction benefits.”

For example, PerfectServe DocLink™ helps streamline calls between physicians, making physician-to-physician communication more efficient. The calling physician can access the feature via an iPhone app or by dialing a toll-free number, allowing him or her to bypass answering services, front office staff, and switchboards to quickly contact colleagues for real-time discussions of patient care issues. The caller simply taps the name or specialty of the physician he or she wants to reach. The app connects the physicians automatically, according to the recipient’s communication instructions at that moment in time. If the receiving physician is unavailable, the calling physician can leave a secure, HIPAA-compliant voice message, which the recipient will receive immediately or at a predefined future time.

According to McKenna, the hospital’s strategy is working. “A number of physicians have contacted the hospital looking to practice here, in a very competitive market where physicians have a lot of choices. Recently, a 12-person primary care group made an unsolicited request to move their affiliation to Lutheran General.” In fact, in the first seven months of 2012, 28 primary care physicians and 27 specialists moved their practices to the hospital. McKenna feels confident that the shift will translate into an increase in market share for the hospital.

Another feature of PerfectServe, patient-centric routing, has been especially helpful in improving communications with the large hospitalist group that covers Lutheran General Hospital and several other local hospitals. The 36-physician group, Best Practices Inpatient Care, covers a large volume of patients admitted to six different hospitals.

In the past, hospital staff was challenged to determine which physician was assigned to a particular patient, especially if the patient was admitted during the night. Each time a nurse had a question about a change in clinical status, medication, or diet, he or she would need to call the communications specialist at the physician group, Bridget Montano. Montano would review the physician call schedule and the patient roster, and then contact the physician. Once staff had placed the call to Montano, there was no automatic means for escalating or tracking a delayed return call.

Patient-centric routing allows callers to contact the physician caring for a patient by searching with the relevant patient name. The feature streamlines communication by removing the task of identifying which physician is currently caring for a particular patient. With patient-centric routing in place Montano no longer needs to orchestrate the communication process. Staff has experienced a meaningful improvement in workflow with lower frustration levels. Staff and administration can address any delayed return calls with tracking and escalation, if needed. Lutheran General has reduced cycle time and streamlined communication processes for the approximately 300 calls placed to Best Practices each month, advancements that ultimately improve patient outcomes.

According to Montano, PerfectServe has also reduced the number of calls she receives from Lutheran General from 15 to about 3 per day. “Our volume recently increased. If we didn’t have PerfectServe, I’m certain the practice would have had to hire a second communications specialist to handle the increased number of calls.” PerfectServe has benefited the hospitals, the hospitalist practice, as well as physicians and their patients.

In addition, the hospital has enjoyed benefits to administrative workflow, according to Documentation Nurse Supervisor Rebecca Hernandez, RN, BSN. Before PerfectServe’s implementation, when chart reviewers identified issues needing physician clarification to ensure correct coding at discharge, they would first need to identify the covering physician at the time of the admission. They would then enter a query in the electronic medical record (EMR) note section and send an automated message to the physician. When the physician accessed the EMR at a later time, it was difficult to identify the relevant note in a sea of other notices. The process was frustrating and time-consuming for physicians and reviewers.

“The new system saves time and allows for rapid turnaround of chart reviews, which has helped us meet our goal of 24-hour turnaround time for discrepancy reviews.”

Rebecca Hernandez, RN, BSN
Documentation Nurse Supervisor
Advocate Lutheran General Hospital
With PerfectServe, reviewers can send quick secure messages to physicians via a Web contact tool. Physicians reply to charting questions much more rapidly, according to Hernandez. “The new system saves time and allows for rapid turnaround of chart reviews, which has helped us meet our goal of 24-hour turnaround time for discrepancy reviews.” Hernandez believes the system also will allow the hospital to more easily deal with coding changes in the future, such as those in ICD-10.

**Trinity Hospital: Fostering nurse-physician teamwork**

Located in southeastern Chicago, Trinity Hospital serves more than 90,000 patients annually. More than 300 physicians, representing 50 medical specialties, practice at the 250-bed hospital. Like Lutheran General, Trinity Hospital has prioritized quality improvement as a top initiative. The organization implemented PerfectServe in 2011.

A long-term goal of the hospital, according to Michelle Gaskill, RN, BSN, MHA, vice president of nursing and clinical operations, is achieving ANCC Magnet designation. A key step in the process is improving teamwork and nurse-physician relationships. Another equally important goal of the hospital is improving efficiency and eliminating unnecessary delays in care.

Gaskill and Jon Bruss, the hospital’s president, learned of PerfectServe at a presentation convened by Rance Clouser, vice president of information systems support services and communication at Advocate. Gaskill and Bruss saw the potential for PerfectServe to help with both organizational goals.

Their hypothesis has proved correct. Says Gaskill, “PerfectServe speeds up the communication process so we can exchange information faster, improve the quality of handoffs, and reduce delays. It helps with health outcomes by allowing staff to get the right information about the right patient at the right time.”

PerfectServe has also helped improve nurse-physician relationships by eliminating an important source of frustration: difficulties with timely communication. In the past, nurses would waste valuable time trying to reach physicians through the wrong mode of communication—for example, when a surgeon turned off his pager and informed the answering service to call his cell phone but the nurse dialed his pager directly—or searching through multiple call schedules to identify the appropriate physician to contact. The frustration involved in communication was a deterrent to teamwork.

“Clinical teams must be collaborative,” says Gaskill, “The frustration related to communication was causing a deterioration of nurse-physician relationship. PerfectServe centralizes communication and removes these obstacles.” Because floor nurses carry portable phones, physicians can dial back directly and quickly reach the nurse needing to speak with them, removing the need for unit secretary intervention and additional time for the nurse and the physician.

According to Gaskill, the change has been effective. “PerfectServe has absolutely made us more efficient.” Sakhawat Hussain, MD, medical director of clinical informatics at the hospital concurs. “Physicians receive calls according to their requirements. Staff can contact a physician right away, a remarkable change for us. PerfectServe enhances communication incredibly.”

**Christ Medical Center: Shoring up communication between physicians and nurses**

Located in Oak Lawn, Illinois, Christ Medical Center is a 695-bed teaching hospital with nearly 1,300 affiliated physicians.

The medical center is one of the major referral hospitals in the Midwest for a number of specialties, including cardiovascular services, heart and kidney transplantation and neurosciences. Christ Medical Center achieved ANCC Magnet designation in 2005.

The medical center decided to implement PerfectServe to address communication breakdowns between physicians and nurses.

Meg DeYoung, vice president of customer and support services at both Trinity Hospital and Christ Medical Center, encouraged leaders at Christ to consider selecting PerfectServe based on the excellent results achieved at Trinity. The hospital also received positive feedback from physicians who had replaced their answering services with PerfectServe.

DeYoung says, “We knew through our experience at Trinity that PerfectServe could make a real difference in nursing productivity while simultaneously improving physician experience with the hospital.” Implementation was phased: the approximately 400 residents and fellows at the medical center began using PerfectServe in May 2012; attending physicians accessed the system two months later.

The hospital implemented patient-centric routing for residents in pediatrics, family medicine, and internal medicine to address the difficulty clinical staff experienced reaching the appropriate resident, due to cross-covering and the rotating schedule of residents. “Resident utilization of PerfectServe is already exceeding expectations. We expect the same will be true for all attending physicians.”
Illinois Masonic Medical Center: Streamlining transmission of pathology reports

Located in the Lakeview neighborhood on the north side of Chicago, Illinois Masonic Medical Center includes a 408-bed teaching hospital with more than 1,000 affiliated physicians. The medical center has a strong commitment to medical education and is affiliated with the University of Illinois Chicago, Midwestern University, and Rosalind Franklin University of Medicine and Science. The hospital achieved ANCC Magnet designation in 2008.

Leaders at Illinois Masonic Medical Center were searching for a comprehensive communication system and were considering implementing a human-centric system for physician-to-physician consults. However, Clouser and site Information Systems Director Adem Arslani suggested that the medical center select PerfectServe instead, because it is a single, comprehensive communications platform that supports direct contact between physicians and between physicians and clinical staff members as well.

Leaders decided to begin with a pilot study to address a common complaint of physicians: lack of timely notification about pathology reports. Administration had received feedback from physicians about the difficulty of finding pathology results in the physician portal of the medical center website and about not being alerted when reports, amendments or addendums were available.

To address this problem, the organization began a pilot project using PerfectServe to push pathology reports directly to physicians—according to their process rules. Physicians receive alerts and are able to access secure messages through the PerfectServe mobile app or a password-protected website. Physicians can choose the mode by which they receive notice of messages and can indicate whether they want to receive reports for patients for whom they ordered the test or biopsy, were the attending physician of record, or both.

Full implementation of the complete PerfectServe service across the medical center will begin in November 2012.

Looking to the future

In addition to meeting the current needs of the Advocate hospitals, PerfectServe is helping with future needs, including those associated with becoming an accountable care organization (ACO). As McKenna from Lutheran General Hospital explains it, “If you are an ACO, you have to reliably get the information and data you need to deliver care and you need to have very effective means of communication that are timely, accurate, and effective. By allowing case managers to more easily access physicians, for example, PerfectServe can support accountable care.”

Furthermore, PerfectServe is working with Clouser to develop a system by which critical lab results can be delivered securely to physicians via mobile phone. Data from the clinical lab, pathology department, and transcription services will be gathered in a central repository. A filter created by Advocate clinicians will dictate which lab results are marked critical. These results will be routed to physicians via PerfectServe, based on their process rules, call schedules, and personal contact preferences.

Conclusion

Effective clinical communication is essential to performance improvement and clinical integration. Four Advocate hospitals are using PerfectServe to optimize clinical communications. PerfectServe can effectively address the different priorities of each hospital, just as it addresses the different preferences of individual clinicians regarding how and when they are contacted. The ability of PerfectServe to meet the particular requirements of each hospital under the umbrella of a single, comprehensive communications platform highlights the versatility of the PerfectServe system.