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When Communications Work, Patients Win

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In every hospital, communication is at the heart of what care teams do. Physicians need to communicate with one another for consultations; nurses need to reach physicians to update physicians and receive orders. Case managers need to communicate with nurses and physicians to ensure on-time discharges and proper care transitions.

All of these communications are important — and they're critical to deliver the best care possible to patients. Many hospitals, however, still treat their clinical communication processes as an afterthought, relying on antiquated, manual and inefficient communications tools and systems. It's not abnormal for hospitals to require a nurse to juggle complicated information related to physician schedules, on-call hours and best method of contact — often stored on paper or in Rolodexes.

These kinds of outdated communications processes are not just inefficient; they also have a negative impact on patient care. In fact, according to The Joint Commission, communication breakdowns are the single greatest contributing factor to sentinel events and delays in care in U.S. hospitals. Poor communication can result in:

• **Decreased productivity.** According to a study published in The Permanente Journal, medical-surgical nurses spend nearly 21 percent of their time on communications related to care coordination. Unfortunately, much of this time — up to 40 percent — is wasted on failed contact attempts. This kind of waste is not only inefficient and frustrating, but eats away at a hospital's bottom line.

• **Uncoordinated care.** More than ever before, patient care requires a high level of coordination among care teams. But without the means to communicate effectively, it becomes difficult for care teams to transition patients, discuss care plans or stay updated when a patient enters the emergency department. When clinicians can't communicate with each other in a timely manner, it can cause delays in patient treatment — even errors. The greater the number of clinicians involved in a patient's care, the greater the potential for delays and errors.

• **Delayed care.** Nurses need to frequently connect with physicians so that they can discuss a care plan to intervene in a patient's care. But when communication cycle times are unnecessarily long, nurses can't act. This not only delays care,

but slows hospital throughput. When a nurse can't get an approval from a physician for a patient discharge, for example, such a delay often results in an increased length of stay. For patients entering the hospital (in the emergency department, in particular) this can result in longer wait times — and a major hit to a hospital's financial performance.

Lessons for hospitals

Understanding the need to foster a positive patient experience, St. Rita's Medical Center, a 350-bed hospital in northwestern Ohio, launched an initiative to improve overall performance, quality and patient safety. Research has validated that a better patient experience is associated with improved health outcomes (and, unlike patient satisfaction, can be objectively measured). The leadership team at St. Rita's realized that effective provider-to-provider communication is a very real part of the patient experience and impacts the swiftness of care delivery, coordination of care and nearly every other initiative the hospital was tackling.

As other hospital leaders take a closer look at their own system's communication processes, there are four key activities St. Rita's advises they undertake:

• **Address communications holistically.** Clinicians need multiple options for how they communicate, and these modes of communication must be offered as part of a broader strategy. Giving providers the ability to easily structure how and when they should be contacted significantly increases the likelihood that nurses and other providers can reach the right person in the right role at every moment in time.

• **Improve productivity.** Hospitals need to decrease the "white space" in their clinical communication processes — the part that has no value to the patient (i.e., missed calls, wrong numbers, pages or messages sent; and unnecessarily delayed response times that slow care delivery). By reducing wasted time spent contacting wrong physicians, nurses can have more time to spend on direct bedside care — which improves the patient experience. When skilled nurses spend hours trying to track down the right provider, it's a loss of valuable resources that could be better spent providing quality patient care.

• **Look at metrics.** When talking about clinical communication processes, all hospitals will inevitably face disputes over who tried to contact whom, when and how many times — especially if a communication failure led to a delay in patient treatment. Hospitals should look for systems and tools that provide access to process metrics that will help them reconstruct any communications event after the fact, and enable them to more easily drive continuous communication process improvement.

• **Aim towards fully coordinated care.** As hospitals take strides toward realigning care teams, it is becoming increasingly more important for clinicians to communicate with one another easily. All physicians or nurses treating a patient should have access to the same information and be notified to any changes or updates. While much of this information is in the EMR, much of it is not and clinicians still need to talk with one another. Better coordinated care is higher-quality care. The capability to contact multiple providers at once makes it easier to keep a team intact and everyone informed and committed to a patient's care.

Hospitals and health systems have a lot of their plate right now, but by improving clinical communication processes, they can begin to make a meaningful impact on other initiatives — whether reducing readmissions,

or improving care coordination or financial performance.

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Terry Edwards is the president and CEO of PerfectServe. As chief executive, Mr. Edwards has dedicated himself to helping clinicians provide the best and most efficient patient care—while delivering most satisfying customer experience in the healthcare industry.

In 1997, Mr.Edwards invented and developed the version one prototype of what has today evolved into the most comprehensive and secure communication and information delivery platform in the healthcare industry. Since then, he has successfully guided PerfectServe's national expansion, serving more than 35,000 physicians in some of the leading U.S. health systems—including Advocate Health Care, Ascension Health, MemorialCare, the WellStar Health System, St. Joseph Health and more—while attracting more than $35 million in venture capital to fuel the company's growth and innovation.

Prior to starting PerfectServe, Mr. Edwards served as vice president of sales for Voice-Tel, a pioneer in the interactive voice messaging industry. Previously, he co-founded Milepost Corporation, a leading marketing communications firm that served Fortune 500 accounts in the automotive and manufacturing industries.

Before launching into entrepreneurial ventures, Mr.Edwards studied music at Bowling Green University and religion at Lourdes College. - See more at: http://www.perfectserve.com/connect/about-us/management-team/terry-edwards#sthash.bo1VBZ3X.dpuf

Dr. Schumm spent the first 11 years of his medical career in a Lima-based private family practice. He most previously held the position of vice president of Medical Affairs for St. Rita's Medical Center for 12 years. In his current role at St. Rita's Medical Center he is in charge of physician credentialing, recruiting, quality improvement and risk management, while leading St. Rita's Professionally Services (SRPS) through health care reform by establishing clinical processes necessary for accountable care. Among other responsibilities, Dr. Schumm provides strategic direction through SRPS' physician committee structure, which includes governance (Physician Advisory Council), quality and informatics. ■