

THE CLINICAL COMMUNICATION QUICK COURSE:

WHAT HEALTH SYSTEMS **REALLY** NEED TO LEARN ABOUT
INTEROPERABILITY, ON-CALL MANAGEMENT AND INFORMATION OVERLOAD

When journal studies and The Joint Commission cited miscommunication as a leading cause of sentinel events, medical errors and revenue loss,^[1,2,3] health systems embraced secure, HIPAA-compliant messaging technology.

They had numerous options to evaluate. Everyone from legacy technology companies to EHR vendors jumped into the market, offering their own versions of secure texting. HIPAA-compliance and basic texting functionality became extraordinarily easy to find.

But from there, the landscape became considerably more complicated as users discovered that basic texting suffered limited adoption without expanded workflow functionality. And, of course, limited adoption rendered it even less effective—what good is a texting network if no one is on it?

The race was on, then, to integrate the platform into hospital technology systems. Enter EHR integrations, alarm management and a laundry list of features that a health system may or may not need.

What features are essential for a complete clinical communication platform? What should a health system expect from a clinical communication vendor? This quick course will teach you everything you need to know in four easy lessons.

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Lesson 1: Do the Basics Well

Not all secure texting systems are the same. Although many vendors offer a secure texting tool, not every vendor executes it well. Don't even consider expanded functionality until you're confident about the basics.

What makes the difference? In particular, features designed exclusively for the healthcare workflow. The unique challenges of communicating protected patient information necessitate a suite of tools unlike those utilized by any other industry. A few examples:

- Safe Text message threads to group texts by subject or patient rather than by sender, which prevents confusion and protects patients
- Off Duty with Auto Forward to route messages immediately to the next on-call physician
- Reliable status indicators so that operators never have to wonder if a doctor received an urgent message
- Customizable, multimodality alert escalation so that urgent notifications are never missed in rural areas or when clinicians are en route to the hospital

IN REVIEW

Don't take for granted that a secure texting solution offers the features your organization needs or that those features will function as you'd expect.

- Analytics and tracking for data-driven population health efforts
- Mass notification capabilities for systemwide alerts

Beyond the features, take a hard look at a vendor's technical capabilities. Call center integration, LDAP and SAML provisioning, VoIP calling and Single Sign-On are all baseline functionalities that should be provided as standard.

Then, test the technology. Is it intuitive to use? Is it as reliable as promised, or are messages delayed and calls dropped? Do you notice now that it's missing features? The cornerstone of secure communication technology is the ease at which it folds into clinical workflow and the speed at which it becomes indispensable. Make sure your health system chooses a solution that feels comfortable from the outset.

CASE STUDY

Unreliability of call-back technology took center stage at a recent meeting of the Doc Halo Nursing Advisory Board^[4] as some nurses described frustration with a secure texting tool that was supposed to have allowed them to return a text with a phone call. The technology is essential—texted physician orders, for example, necessitate a call-back for confirmation or further discussion. More often than not, however, the call-back technology on this texting system failed, requiring them to find a landline to place the call. Eventually, the nurses reported, certain hospital departments abandoned the tool altogether.

Expect that unreliability in any one feature will lead to adoption issues, and those will ultimately leave the organization vulnerable to HIPAA fines, communication-related errors and delay of care.

02

Lesson 2: Coordinate Care—With the Right Tools

Care coordination. It's among the most utilized phrases in healthcare today, but the definition varies widely among health systems and vendors alike. Some use it in its simplest form, referring to little more than a system of discharge instructions or care team notifications. Others are actively building extensive navigation programs to guide patients as they travel through the many departments and affiliates of a health system.^[5]

IN REVIEW

The most effective technology tools do more than just speed up existing workflow. They provide intuitive new functionality that makes it extremely easy for care team members to communicate and collaborate.

From a communication standpoint, what does it mean to coordinate care? Uniting health systems onto one platform is certainly a good start. Hospital ownership of physician practices has increased 86 percent in the last three years^[6], and health systems are struggling to unify their newly merged networks. A secure communication platform aligns physicians, making it easy for them to find each other and ensuring that referrals stay in network.^[7]

Care coordination is more than alignment, however. While the best secure texting tools are designed to fold seamlessly into the existing workflow, true care coordination solutions improve workflow in ways only healthcare-specific technology can. Look for the following essential functionalities:

CLINICAL TEAM COORDINATION

Anyone who has searched a hospital wing for a paper call schedule knows how much precious time can be saved with a centralized schedule management system. Communication breaks down when clinicians don't know who to call to coordinate care. A schedule management module solves that problem.

An SMM is not the same thing as a scheduler. A scheduler is an online interface that allows users to build and publish a schedule; several vendors offer products like that. A schedule management module includes a scheduler, but it is also an aggregator that accepts schedules from all the disparate departments in a health system and centralizes them onto one unified, systemwide platform.

Within Halo Spectrum, the Teams modules lets users build schedules directly inside the scheduler, or they have the option to import schedules from any legacy scheduling tools that are ingrained in various department workflows. One large health system, for example, currently imports schedules from more than 70 different scheduling tools in use across departments and service lines.

Access to the systemwide schedule is only half the benefit, however; one-touch messaging is the other essential component. Schedule management within a clinical communication platform allows clinicians to search a schedule to find their on-call colleagues in any department in the health system—and then contact them immediately by text or phone call.

CRITICAL TEAM MANAGEMENT

If your clinical communication platform does not allow users to activate Code, STEMI or Stroke teams, your health system will remain tied to outdated pager technology. The new smartphone and web-based communication technology can call Codes with 100 percent reliability.

And, when Critical Team lists are pulled directly from the schedule management module, there will be no need to pass around phones like clinicians once passed around pagers; the system will know when a Critical Team member is on call to receive an alert.

HANDOFF TOOLS

The Joint Commission estimates that 80% of serious medical errors involve miscommunication between caregivers during patient transfers. [8] Proper handoff protocols ensure that critical test results will be acted upon even if they arrive after a shift change, or that patients will receive essential follow-up care after discharge. Previously available communication methods made it hard, say, for a hospitalist to reach a patient's primary care physician. The newest handoff tools are designed to seamlessly include such communication as part of the workflow.

DIRECTORIES AND DATABASES

Team care is evolving beyond the primary care physician and specialist. Today's care teams also include all the nurses, physical therapists, radiologists and pharmacists that surround a patient—and they often include the patients themselves. Systemwide directories and national clinician databases are critical to care coordination. Health systems must make it easy for clinicians to find each other to collaborate.

CASE STUDY

During a recent bedside visit with a patient, TriHealth primary care physician Walter Donnelly MD detected a need for a cardiology consult. Using the Halo Spectrum clinical communication system, he texted the on-call cardiologist who arrived at bedside within minutes. With the specialist, the primary care physician and family members all present, the patient received quick confirmation that his heart was ok.

How often did that kind of immediate coordination happen before TriHealth implemented the clinical communication platform? Almost never. More than likely, Dr. Donnelly would have made a note in the patient's chart, the nurse would have called the cardiologist's office to request the consult. The cardiologist's office staff would track him down to deliver the message. Then, after the consult, the message chain would reverse as the cardiologist delivered his findings to Dr. Donnelly and to the patient's family. The process might have taken several hours—or even a full day.

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IN REVIEW

Clinicians are inundated with alerts, notifications and email reminders. The clinical communication platform sorts through the clutter and delivers only the actionable intelligence needed for real-time patient care.

Lesson 3: Distinguish Between Clinical Documentation and Real-Time Communication

A recent study published in *JAMA Internal Medicine*^[9] identified an emerging concern in healthcare: information overload. Citing a vast array of test results, referral responses, medication refill requests and general “FYI” notifications, researchers noted that it’s becoming much harder to discern the important messages from the irrelevant ones. Primary care physicians in the study received an average of 76.9 notifications and spent an average of 66.8 minutes per day processing notifications.

Published in April 2016, the study underscores the need for a distinction between clinical documentation and real-time communication. Routine test results and FYI notifications are clinical documentation, and they can wait in the EHR or email inbox until the clinician has time to review them. STAT lab results and critical findings from a consult with a specialist are needed for real-time patient care.

An effective clinical communication platform distinguishes between these two types of communication. Only the critical notifications needed for real-time patient care are routed through the clinical communication platform. The effect is two-fold: Alert fatigue is dramatically reduced, and when alerts do come through the clinician takes notice and acts immediately.

CASE STUDY

Bed alarms have been a reported source of frustration for Cincinnati-area nurses. Routed through every on-duty nurse’s VoIP phone, the alerts sound every time a patient gets up out of bed. While everyone agrees that preventing a patient from falling is a laudable goal, the frequency with which this particular alarm sounds is actually undermining its effectiveness. The alarms have become so commonplace that nurses are in danger of tuning them out—and tuning out other alerts as well.

Selective alerting is an essential feature of the clinical communication platform. More is not better when it comes to clinical notifications. Look for a clinical communication company that can work with your staff to identify the truly urgent alarms to route to your real-time communication system.

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Lesson 4: Determine Which Integrations Are Essential for Your Organization

IN REVIEW

The strength of a clinical communication platform lies in maintaining its integrity as a real-time tool. Selective integration ensures that urgent communication remains easily distinguishable.

Single-department and stand-alone solutions are becoming relics of the past. Today's communication technology must integrate effectively with critical hospital systems and established workflow protocols.

Critical hospital systems...but not *all* hospital systems. An unfortunate mistake made by many health system IT departments is to attempt to integrate everything. Bearing in mind the distinction between clinical documentation and real-time communication, integrations should facilitate real-time patient care, not turn the clinical communication platform into another overflowing inbox. What kinds of integrations are likely to be essential? A few examples:

- STAT lab results and PACS
- Single Sign-On authentication
- An API connection that allows you to access the clinical communication platform directly through the EHR
- High-priority physiological alarms

What's not essential?

- Routine lab results and bloodwork
- Department notifications
- Email

CASE STUDY

A hospital system in Maryland is focused on reducing their 30-day readmission rates.

When a recently discharged patient registers at an ER, an integrated ENS notification will be deployed automatically to the patient's primary care physician. Sent through the Halo Spectrum clinical communication platform, the formatted notification includes relevant patient information, along with a phone number for immediate call-back. The primary care physician can contact the ER, speak with a physician, and perhaps determine if the admission can be avoided with a medication change or another intervention. If admission is necessary, the primary care physician can provide insights into the patient's medical history that will be essential for timely care.

A recent study led by physicians at the University of Colorado School of Medicine documented that it's not uncommon for primary care physicians to be completely unaware that their patients had been admitted to the hospital.^[10] This technology addresses that dangerous communication gap.

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About Doc Halo

Doc Halo's clinical communication platform, Halo Spectrum, is transforming patient care by streamlining real-time communication and coordinating care among physicians, nurses and staff. The mobile app and online console provide secure, HIPAA-compliant texting for the safe transmission of protected patient information. Robust care coordination tools—including the Teams on-call management system, Voice options, and Alerts notifications—integrate with all hospital systems to allow instant access to systemwide schedules, critical and clinical teams, EHRs, call center messages, labs and directories. Exclusively designed for healthcare, the Halo Spectrum clinical communication platform is used by several of the most prestigious organizations in the country.



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