



# Unify Your Clinical Communication

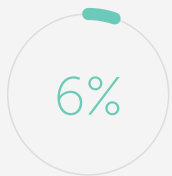
A Holistic Approach to Better Clinical Communication and Collaboration



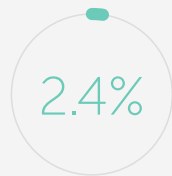


# In acute care, every second matters.

From how long it takes to reach a provider to what is or isn't done, once a patient walks through a hospital's doors, preventable delays can have long-term effects on the lives of patients and their families.



Mortality rate increase attributed to extended travel times caused by rural hospital closures<sup>1</sup>



of ER patients in California leave the hospital and go home because of long wait times<sup>2</sup>

>1  
hour

Average ER wait time at a U.S. hospital<sup>3</sup>

2.25  
hours

Average time to discharge a patient at a U.S. hospital<sup>4</sup>

54  
minutes








Average time it takes to administer pain medication to patient with a broken bone in a U.S. hospital<sup>5</sup>



Still, in many clinical environments in the United States, there are disconnects in healthcare collaboration. Clinical roles use the disparate communication methods, presenting challenges when collaborating on patient care.

Just how big of an issue is it? We recently set out to quantify healthcare’s digital divide by surveying clinicians and support staff.<sup>6</sup> Here’s what we found:

### Primary Communication Methods Used by Role to Facilitate Patient Care

	Nurses	Physicians	Allied Health	Staff Outside of Hospital
 EHR Inbox	14%	13%	7%	4%
 Email	10%	8%	26%	21%
 Fax	2%	4%	2%	12%
 Landline Phone	22%	13%	26%	37%
 Pager	2%	2%	3%	1%
 Personal Smartphone	7%	17%	12%	11%
 Secure Messaging/ Clinical Comm App	43%	43%	25%	14%

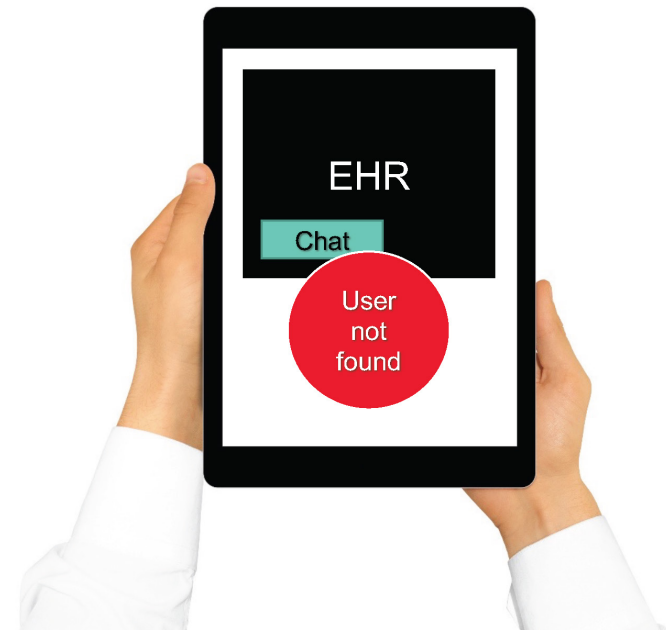
**43%** of doctors/nurses use secure messaging/clinical communication

**27%** of allied health/outside staff use landlines and email

# Value of One, Dedicated Solution for Clinical Communication & Collaboration



Integrated to Bring Communication Together...



...But **NOT** Embedded with Limited Usability



## EHR is good for...

- ✓ Health information and data
- ✓ Medication documentation
- ✓ Billing
- ✓ Admissions, transfers, and discharges
- ✓ Patient assignments

## CC&C is good for...

- ✓ Role-based communication
- ✓ Critical communication and notifications
- ✓ Alarm management
- ✓ Physician scheduling
- ✓ Patient Engagement

## When used together...

- ✓ Improved quality
- ✓ Higher patient & provider satisfaction
- ✓ Decreased costs
- ✓ Faster workflows
- ✓ Increased revenue



## A modern approach to clinical collaboration can save lives by alleviating employee burnout, reducing medical errors, driving efficiencies in care delivery and improving patient satisfaction.

For any healthcare organization looking to drive meaningful transformation, communication must be a critical competency. Communication is often the common thread binding each transition of care together, and taking the time to identify and break down the communication bottlenecks that cause delays can impact the quality of care delivery in your organization.

Take stroke care, for example. According to a study published in the Journal of the American Medical Association, extended door-to-needle times “were significantly associated with higher all-cause mortality at one year.”

### Stroke Care: Every second matters

A typical stroke patient experiences neuron loss while they're waiting to be treated, which means any unnecessary delay can be the difference between a full recovery — or not.<sup>7</sup> In a patient experiencing a typical large vessel acute ischemic stroke, each hour they lose:

120 million  
Neurons

830 billion  
Synapses

714 km  
Of myelinated fibers

# 3.6 years

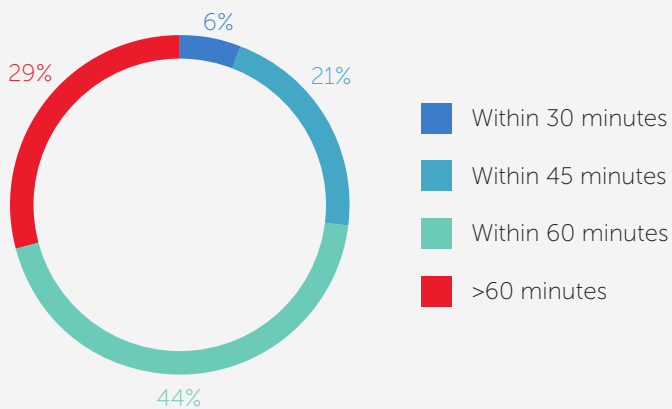
Brain aging per hour in an untreated stroke patient



Still, despite the importance of treating stroke patients quickly, the national average door-to-needle time is 65 minutes, according to a recent JAMA study.<sup>8</sup>

Even more, in nearly 30 percent of stroke cases, it takes more than one hour for patients to be treated with life-saving clot-busting drugs.

Thrombolytic door-to-needle times after arriving at the hospital



**\$34 billion**

The estimated cost of stroke services in the United States, including healthcare, medicines to treat stroke and missed days of work.<sup>9</sup>





# Strokes claim one life every four minutes in the United States, according to CDC data.

The costs of hospitalizations involving stroke are high and vary greatly depending on the type of stroke, diagnosis status and existing medical conditions.

With TigerConnect, healthcare's most powerful collaboration suite, providers can save more lives by dramatically reducing door-to-needle times for stroke patients — by half or more, in some cases — through the improvement of:



## ED throughput

Stroke patients bypass the ED for direct CT scans and faster door-to-needle treatment.



## True resource optimization

Connection Hub alerts keep Stroke Team at the ready for potential tPA administration.



## Better transitions of care

Real-time updates speed Stroke Team coordination for safer, more expedient handoffs.



## Care team collaboration

Stroke Team notification and role-based message routing accelerate tPA administration.



## Fewer medical errors

Rapid stroke assessment and confirmation via CT scan ensure appropriate treatment.



## Task list

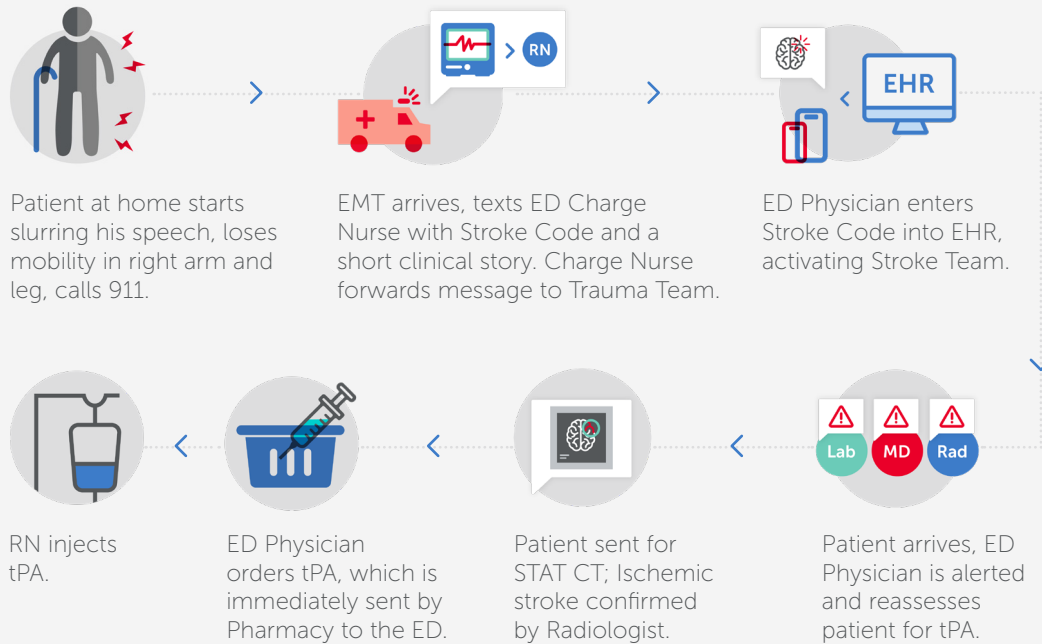
Early detection of sepsis prevents escalation and reduces length of stay.





# Clinical communication and collaboration play a crucial role in stroke care.

Here's how a patient experiencing stroke symptoms can receive faster treatment using TigerConnect:



## Baylor St. Luke's Medical Center Results

The 700 bed medical center deployed TigerConnect Clinical Collaboration Pro across 25 Stroke Teams in ER, Neurology, and Imaging (including Residents and Fellows).

- Reduced Door to Needle time by **over 50%** down to **30 minutes**
- Estimated to save **13% more patient lives** and reduce readmissions by **8% annually**

**75** yearly stroke lives saved

**46** estimated reductions in annual readmission

**\$2M** estimated cost savings of reduced readmissions

# Organizations are Choosing One, Dedicated Solution



A health system with a new hospital decided to use **one vendor** for all communication

- Cost-effective
- Less strain on IT
- Easier to manage



A hospital tried embedded texting, but soon switched to **standalone CC&C**

- EHR chat was ineffective
- Unable to globally communicate or connect to all clinical systems



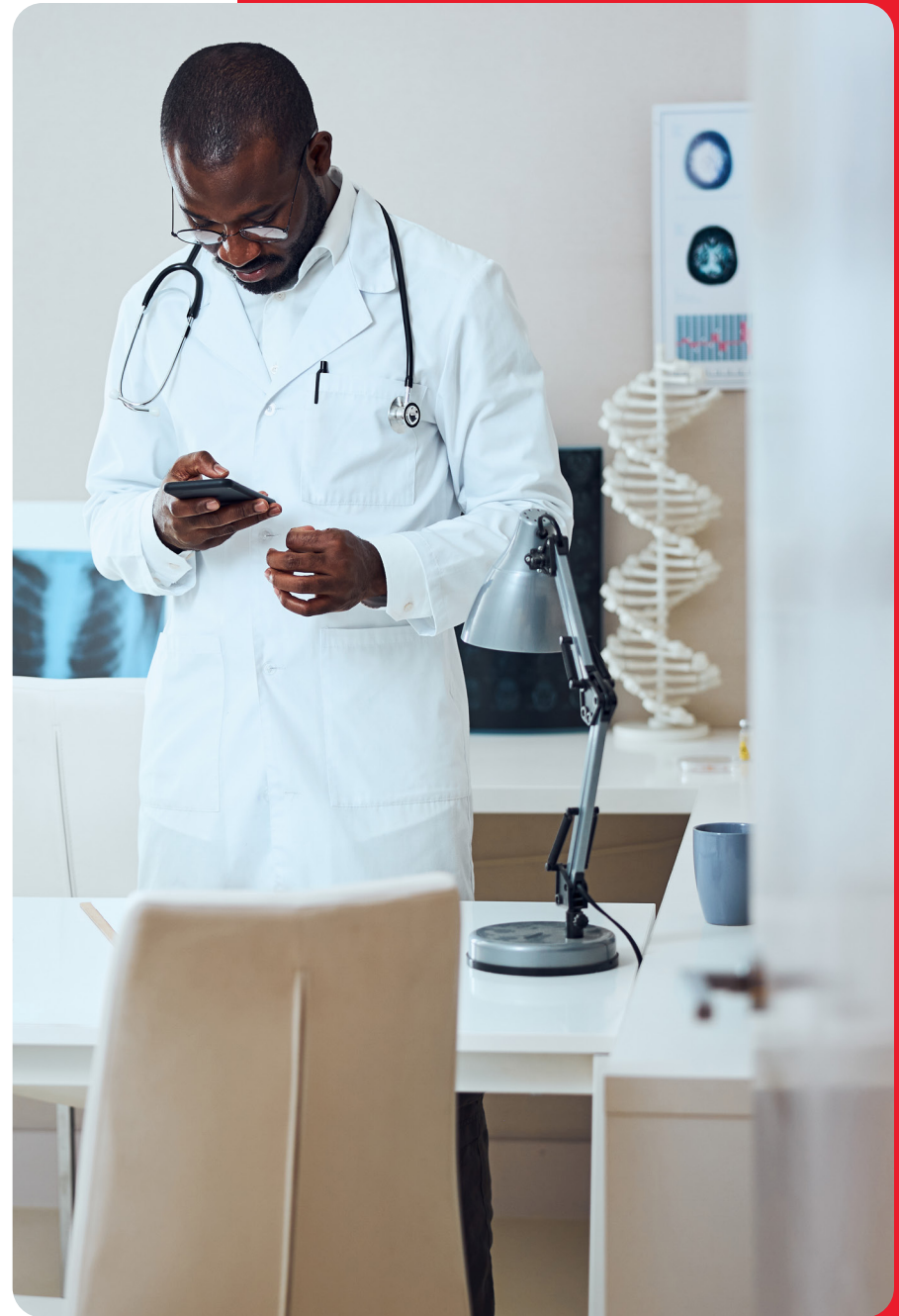
A hospital started with secure texting, but needed to reach the right on-call staff, so they **added scheduling and role-based messaging**

- Faster mobilization of clinical teams
- No more calling the wrong doctor in the middle of the night
- A scalable CC&C solution made it possible



# Key Takeaways and Recommendations

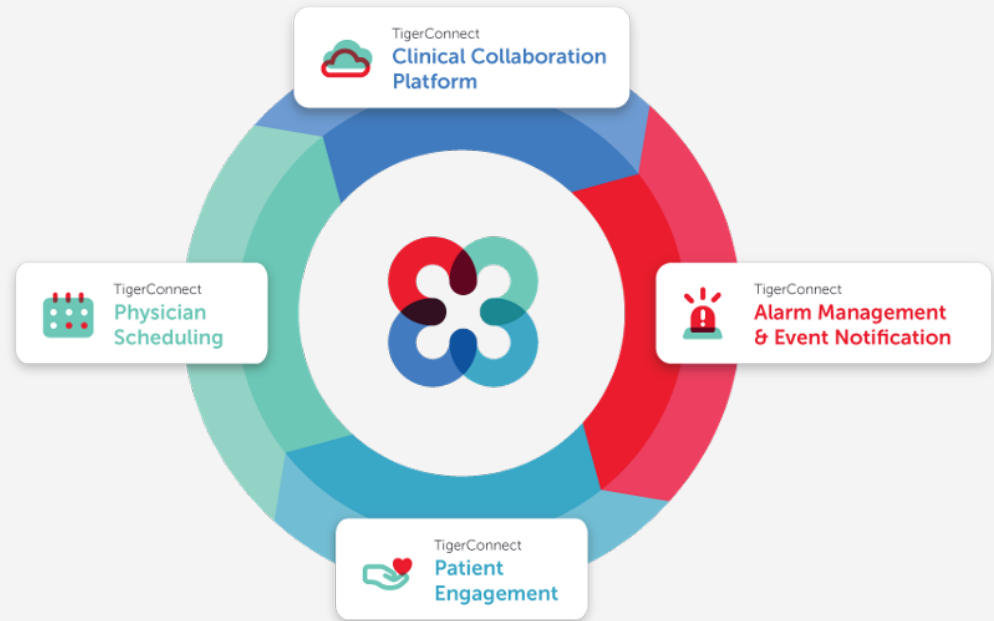
- Choose one integrated system to receive all communications
- EHR designed for documentation, CC&C designed for communication
- Clinicians should be able to communicate like they do in life
- Clinical systems integration saves lives
- Provide contextual awareness to communications and data
- Choose a scalable, reliable solution



## Interested in learning more? Let's talk.

TigerConnect solutions put communication, data and alerts at your fingertips — mobile, reliable and secure. As healthcare's most widely adopted clinical communication and collaboration platform, TigerConnect uniquely combines clinical collaboration, alarm management, physician scheduling and patient engagement in a single, easy-to-use and cloud-based solution. Trusted by more than 7,000 healthcare organizations, TigerConnect processes more than 10 million messages each day.

### TigerConnect Product Suite







<sup>1</sup> <https://www.nbcnews.com/news/us-news/rural-hospital-closings-cause-mortality-rates-rise-study-finds-n1048046>

<sup>2</sup> <https://khn.org/news/as-er-wait-times-grow-more-patients-leave-against-medical-advice/>

<sup>3</sup> <https://hbr.org/2019/02/to-reduce-emergency-room-wait-times-tie-them-to-payments>

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> TigerConnect research

<sup>7</sup> <https://www.ahajournals.org/doi/pdf/10.1161/01.STR.0000196957.55928.ab>

<sup>8</sup> Ibid.

<sup>9</sup> <https://www.cdc.gov/vitalsigns/stroke/index.html>



tigerconnect

[www.tigerconnect.com](http://www.tigerconnect.com)

800.572.0470

[sales@tigerconnect.com](mailto:sales@tigerconnect.com)