

# The State of Clinical Communications and Workflows

Insights from  
Becker's-TigerConnect  
2023 medical and  
nursing leadership  
survey





Efficient, HIPAA-compliant communication is a critical component of clinical workflows, yet most clinicians still rely on phone calls and email to coordinate patient care. Many healthcare professionals are unaware of the extent to which their current communications affect care team efficiency and patient outcomes.

*Becker's Hospital Review* recently spoke with Will O'Connor, MD, chief medical information officer at [TigerConnect](#), about the results of a recent survey – conducted in partnership with Becker's Healthcare – that revealed many healthcare organizations don't have defined processes for analyzing clinical workflow efficiency improvements and lack insight into how communication during clinical workflows affects patient outcomes and staff satisfaction.

The Becker's-TigerConnect survey was conducted between February and March of 2023 and elicited responses from more than 100 clinical leaders. The institutions represented include community hospitals, integrated health systems, academic medical centers, critical access hospitals, independent hospitals, rural hospitals, and other medical providers.

Altogether, the survey responses indicate that healthcare professionals have an unrealized but urgent need for communication tools that streamline clinical workflows. These solutions benefit clinicians by reducing frustration that stems from slow response times, preventing cognitive overload, and saving time. Modern clinical communication and collaboration (CC&C) solutions have the potential to significantly improve the cost, quality, and overall experience of care.

67% of healthcare organizations don't have defined processes for analyzing clinical workflow efficiency improvements



When there is better communication between caregivers, nurses, and physicians, they are able to treat the patient faster

## The inherent need for better communication tools in clinical environments

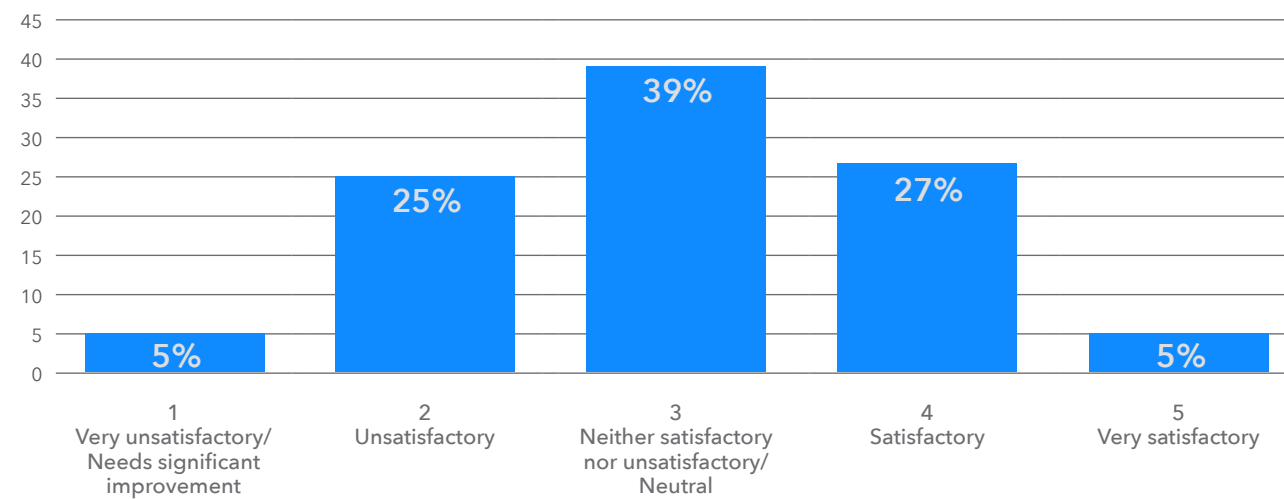
Disjointed clinical communication methods such as phone, email, and EHR texting make connecting healthcare professionals more complex than necessary and can have wide-reaching consequences.

Dr. O'Connor said the effect of such inefficiencies can be measured in terms of higher costs of care due to increased average lengths of stay (which raise the odds of hospital-acquired infections that imply even higher costs), diminished

quality of care due to delays in treatment, and unsatisfactory experiences for patients and clinicians due to extended wait times.

"Time is tissue," Dr. O'Connor stated. "The faster you can treat patients, especially ones that are having a critical condition such as a heart attack, stroke, or sepsis, the better those patients do. When there is better communication between caregivers, nurses, and physicians, they are able to treat the patient faster."

## How would you rate the quality and effectiveness of your organization's communication process during clinical workflows?



More than one-third of survey respondents (39 percent) indicated they were “neither satisfied nor dissatisfied” with the quality and effectiveness of their organization’s communication processes during clinical workflows. This neutral disposition points to the fact physicians and nurses have learned to live with traditional communication methods despite their shortcomings and the risks they pose to patients and organizations. In some cases, Dr. O’Connor suggested, there may be an additional motive for such neutrality, which underscores the need for better communication tools.

“You see a lot of neutrality on this issue because clinicians are only seeing how *they* interact with *their* endpoint,” he said. “If I’m a physician and I get paged, it’s kind of nice for me – I’ll return that page when I get around to it. I don’t know if it’s super important or not important, I don’t know if that page is really meant for me or if they’re looking for someone else and that’s an error; I don’t really have any context.”

Dr. O’Connor described the downstream effects of such a detached attitude: “What those clinicians are missing is the impact this is having on the rest of the workflow,” he said. “They’re not seeing the massive delay in care caused by these legacy technologies that need to be removed and aren’t really being used in any other industries.”

Current communication tools pose challenges due to lack of real-time communication and integration with schedules, difficulty communicating with teams outside of a unit, and lack of interoperability, Dr. O’Connor said. As a result of such constraints, clinicians often don’t know when tasks or tests are completed and have difficulty contacting an on-call physician.

These challenges are surmountable, given the cutting-edge technological advances made in many areas of healthcare – yet, the dissonance between available technology and legacy communication systems couldn’t be greater. Take, for example, the latest phenomenon: generative artificial intelligence. Even while generative AI tools like ChatGPT are making inroads in healthcare, many clinicians still rely on antiquated communication technology such as pagers.

Further, according to Dr. O’Connor, the prevailing communication methods are not fit for clinical workflows, and there is inconsistency in platform use. “For clinical communications to be efficient, everyone – from clinical roles to administrative roles – needs to be using the same platform,” he said. “When you’re using all these different communication methods, it’s much more difficult to get in contact with the people you need, quickly.”

He described deficiencies of these communication methods. “Most physicians and nurses are not checking their email during the day, so that’s a really poor method of communication,” Dr. O’Connor said. “Phone is a poor method too because it inherently requires a synchronous experience.” Further, clinicians are all too familiar with the frustration of playing phone tag, trying to reach the right provider. And EHR texting is a feature of the EHR that’s often neglected.

“The EHR does a thousand things, texting being one of them – but EHR texting is not tuned to specific workflows that are going on at any given time, so it doesn’t give you any advantage in terms of speed, efficiency, or completeness,” Dr. O’Connor said. In addition, EHR texting does not work when the EHR has downtime, and even when EHR texting is working, it is only available to those team members who have EHR access – which isn’t everyone.





## Demand for workflow optimization is underestimated

The need for better communication tools produces an equally important, unrealized need for streamlining and optimizing workflows.

The survey findings confirm this reality. According to survey respondents, their organizations' biggest challenges in the context of using legacy communication technologies are: difficulties communicating with teams outside a unit (57 percent), communicating across too many systems (53 percent), poorly integrated systems/lack of system interoperability (49 percent), knowing when tasks or tests are completed (40 percent), and difficulty contacting on-call or on-duty physicians (38 percent).

Despite the neutral disposition of more than one-third of survey respondents with regard to conventional communication methods, their survey responses to other questions tell a different story.

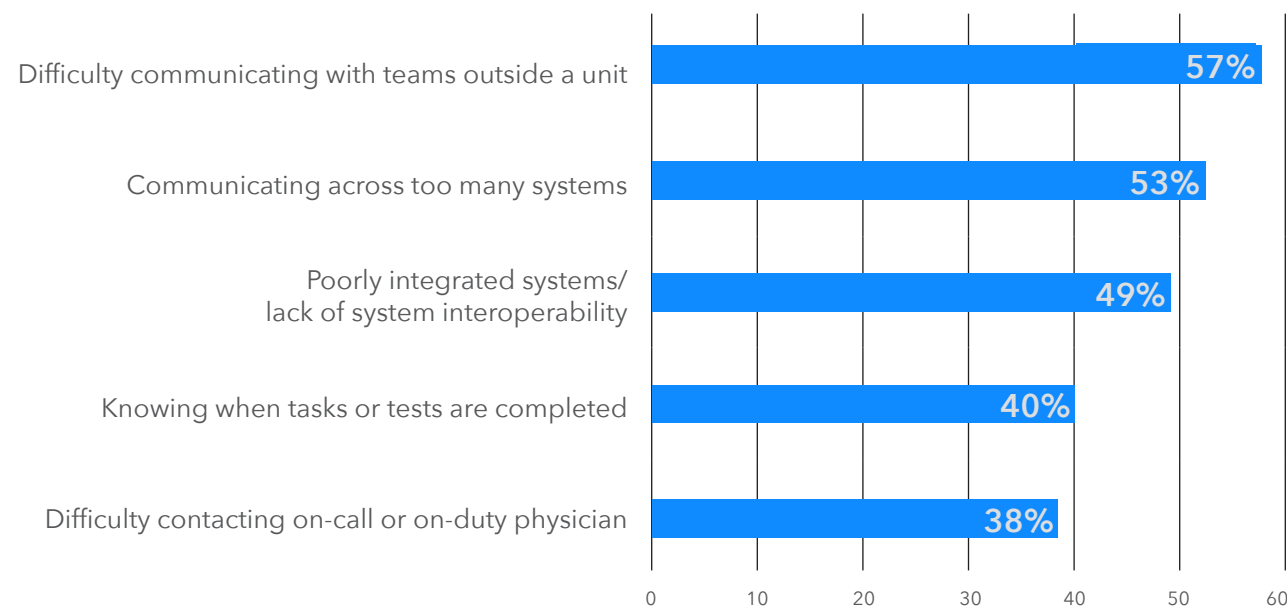
Healthcare leaders indicated that the top three risks they perceive associated with suboptimal communication are staff frustration with slow response times or lack of response (68 percent), cognitive overload or fatigue from too many alerts and notifications (64 percent), and delays in care (56 percent). These challenges impact clinical workflow efficiency, costs, staff burnout, and patient outcomes.

Given the variety of workflow challenges that healthcare leaders experience, respondents' neutral attitudes about communication at their facilities might be surprising. However, it's worth considering that two-thirds of respondents indicated they do not have a defined process for analyzing clinical workflow improvements.

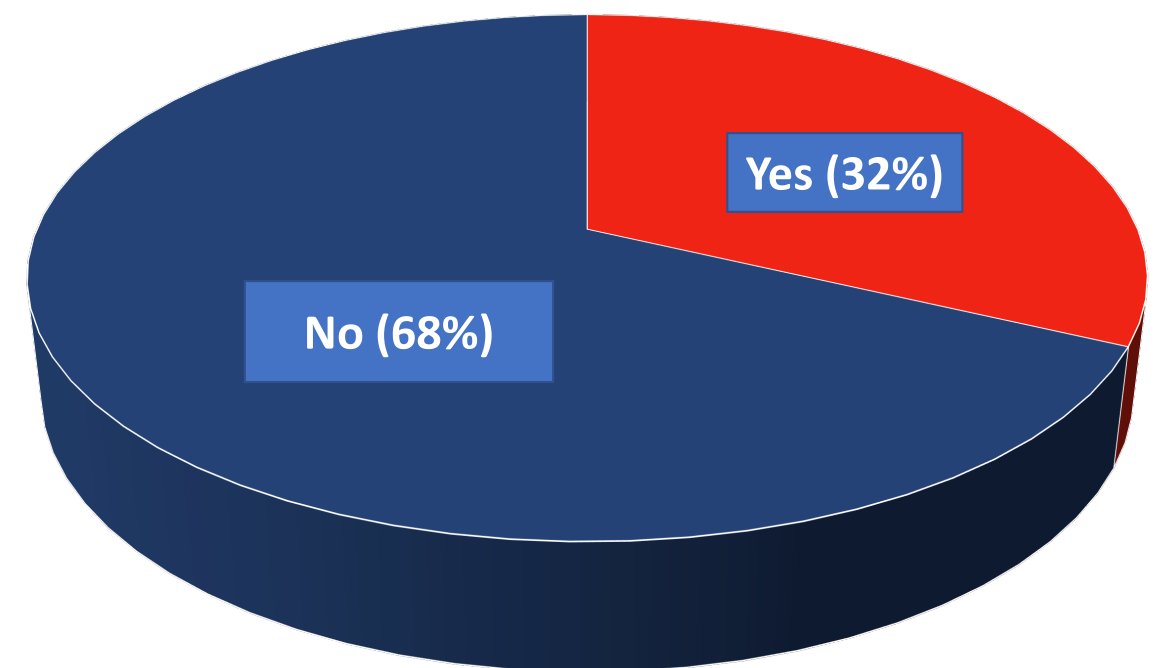
Without a process for analyzing the efficiency of clinical workflows, healthcare professionals don't have insight into the downstream effects of inefficient communication on their workflows. Organizations' lack of clarity on how to improve clinical workflows explains why subpar communication methods have prevailed despite their drawbacks to care team efficiency and patient outcomes.

### Top Clinical Communication Challenges

(% of respondents citing a communication challenge as one of their top three challenges)



### Do you have a process for analyzing workflow efficiency improvements?



## Clear communication + effective tools are key to improving outcomes

Lack of clear communication can lead to medical errors and affect patient outcomes. According to [The Joint Commission](#), communication breakdowns are a leading factor contributing to sentinel events. Modern communication tools like CC&C platforms improve patient safety by connecting care teams and patient data through real-time, HIPAA-compliant messaging.

The Becker's-TigerConnect survey showed "improving patient outcomes" as the top reason healthcare leaders (69 percent) would like to implement – or have already implemented – a system that streamlines clinical workflows, followed by "improving care team communication" (59 percent) and "addressing staff burnout" (52 percent).

The TigerConnect [Clinical Collaboration Platform](#) can help to address these concerns. It works by ingesting data from relevant systems – including clinician schedules, EHRs, and patient monitoring dashboards – and centralizing that data within a secure, real-time messaging and communication engine.

TigerConnect speeds care delivery and enhances team efficiency with easy-to-use tools



Roles (e.g., hospitalist, charge nurse, or cardiologist on-call) auto-populate from physician schedules, making it easy to reach a provider or coordinate care with a team of providers, even if it's unclear who's on call. TigerConnect speeds care delivery and enhances team efficiency with easy-to-use communication tools.

Implementing clinical communication and collaboration solutions can help improve patient outcomes by connecting care teams with the right data at all times. Yet, with healthcare culture notoriously resistant to change, Dr. O'Connor recognized that leaders may stumble when trying to change their organization's old ways of doing things. He said one effective way to get staff on board is to be specific about patient outcomes-related problems that the organization is facing and the improvements that a new, unified approach to care team communication can deliver.

Dr. O'Connor recommended a reframe. Instead of positioning a new texting platform as something that's being implemented to help the organization, leaders should consider emphasizing the anticipated benefits to patients. "It's more compelling to say, 'we have a major problem across these workflows at our institution – they're causing patient harm, a poor experience, and an increased length of stay – and we're going to fix those workflows with this communication platform.'" He recommended also sharing with staff the anticipated results from this approach.

As far as alleviating clinician burnout, a unified communication platform helps by eliminating unproductive time lapses between the moment that one care team member communicates a request for support and the time that support shows up. "If I can show a nurse or a physician that I can save them an hour or two a day by locating who they need quickly and easily, they're my new best friend," Dr. O'Connor said.

## Measurements are crucial for tracking improvements tied to better communication workflows

Once a system that streamlines communication is implemented, it is critical to measure its effectiveness in specific clinical workflows. Yet, two-thirds of survey respondents indicated their organizations do not have a good process for this. Dr. O'Connor said oftentimes, this is largely because the communication methods they have relied on previously do not lend themselves to easy measurement.

"When you're using manual systems, you often don't know what your baseline is," Dr. O'Connor said. "Paging or calling people and waiting for a response – nobody was logging that anywhere. When adopting a technology-driven system, though, the risk of not measuring is that you spend time and money on something, and then you don't know if it is helping you."

To instill confidence in its communication platform, TigerConnect provides partner organizations with specific metrics to track efficiency improvements and benchmarks them against current practices. "We're very rigorous about figuring out what organizations may need to change or keep consistent, and if something isn't working out as well as we thought, we'll tweak it to drive additional improvement," Dr. O'Connor said.

For organizations that have yet to prioritize improving their clinical communication workflows, or for those looking to do so but don't know where to start, Dr. O'Connor pinpointed these key areas to look into:

- **Emergency department length of stay:** the time it takes to get a patient from the emergency department to an inpatient room
- **Hospital observation rate:** the number of patients under observation versus those being fully admitted
- **Consult turnaround time:** the amount of time that lapses between the moment a consult is ordered versus when it's delivered
- **Operating room metrics:** first case start time and turnaround time being the most relevant
- **Length of stay:** the amount of time that lapses between a patient being admitted to the hospital and when they are discharged

"Those are absolutely critical metrics for every hospital in terms of patient throughput," Dr. O'Connor said. "If a hospital were to look at this set of metrics and identify outliers, I would recommend focusing specifically on how improving communication workflows can improve those."



## Conclusion

As the Becker's-TigerConnect State of Clinical Communications and Workflows survey demonstrates, there is a palpable need among clinical care teams – physicians and nurses – for more efficient and effective communication, enabled by modern technology tools designed with clinical workflows in mind. The current state of clinical communications is suboptimal because it requires synchronous engagement and, in its absence, results in time lags that exacerbate staff burnout and can be harmful to patient outcomes.

However, legacy clinical communication workflows endure as the status quo because they are ingrained in the way healthcare professionals are trained and work. Although many clinicians recognize the weaknesses of these conventional methods, most hospitals do not have clear processes for measuring the effectiveness

of clinical workflows and the impact of more streamlined communication on outcomes.

To overcome this impasse, healthcare organizations need to equip healthcare professionals with easy-to-use, convenient communication tools built specifically for their clinical workflows that provide real-time insights. Tools built to streamline workflows will result in a win-win-win: improved real-time communications for care teams, more efficient and lower-cost operations for hospitals and health systems, and – most importantly – better care experiences and outcomes for patients.

TigerConnect is a software company that provides clinical communication and collaboration solutions to [more than 7,000](#) healthcare organizations and more than 700,000 care team members.

## Appendix: Survey Questions and Answers

How would you rate the quality and effectiveness of your organization's communication processes during clinical workflows?

Rank		Number of Responses
1	Very unsatisfactory/Needs significant improvement	5
2	Unsatisfactory	26
3	Neither satisfactory nor unsatisfactory/Neutral	41
4	Satisfactory	28
5	Very satisfactory	5
<b>Grand Total</b>		<b>105</b>

What are the top three most-used communication methods for coordinating patient care at your organization?

Communication Method	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Phone calls	28	32	31	91
Email	23	15	18	56
EHR Texting	14	16	10	40
Non-EHR texting app	11	11	8	30
EHR inbox	11	8	7	26
Secure messaging app	8	10	1	19
Pager	6	5	8	19
Other	2	2	4	8
Fax	1	1	1	3
Call operator	1	1	4	6
Unsecured texting	0	4	12	16
Handwritten notes	0	0	1	1

What are your top three clinical communication challenges, ranked in order?

Communication Challenge	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Poorly integrated systems/lack of system interoperability	24	19	8	51
Difficulty contacting on-call or on-duty physician	22	9	9	40
Communicating across too many systems	20	19	17	56
Difficulty communicating with teams outside a unit	17	23	20	60
Knowing when tasks or tests are completed	9	15	18	42
Difficulty communicating within a unit	7	8	8	23
Complexity of existing technology platforms	4	5	10	19
Other	1	2	4	7
Reliability of systems - EHR going down, incorrect schedules, etc.	1	5	11	17

For your organization, what do you perceive to be the top three risks of communication challenges negatively impacting patient care?

Communication Challenge	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Staff frustration from slow response times or lack of response	33	23	15	71
Delays in care	22	22	15	59
Cognitive overload from too many alerts, notifications and distractions	16	27	24	67
Inability to find the right provider because schedules are not reliable/up to date	12	8	6	26
Decreased patient satisfaction	11	14	29	54
Patient safety events	8	8	9	25
Inefficient and/or unsafe patient transfers	3	3	7	13

**What are the top three reasons you would like to (or have already) streamlined communications at your organization?**

Reason	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Improve quality outcomes and patient safety	63	9	8	80
Improve efficiency	18	24	18	60
Improve staff morale to address burnout	10	18	27	55
Maximize caregiving resources	6	2	11	19
Improve care team hand-off/continuity of care	6	20	17	43
Improve patient satisfaction	2	29	17	48
Reduce costs	0	3	7	10

**What are the top three challenges your organization faces in coordinating day-to-day clinical workflows?**

Challenge	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Staff do not have the bandwidth to handle a high volume of patients (patient ratios)	34	12	10	56
Incompatibility between applications	15	17	14	46
Staffing shortages	14	13	9	36
Poor collaboration across departments/sites of care	11	10	12	33
Using outdated technology (pagers, faxes, etc.)	11	9	8	28
Number of applications/systems in use	7	21	21	49
Ordering tests/consults	6	12	15	33
Insufficient communication protocols and tools	4	6	8	18
Other	2	0	1	3
Outdated processes	1	5	7	13

**What are the top three reasons you would like to (or have already) streamlined clinical workflows at your organization?**

Reason	Ranked 1st Counts	Ranked 2nd Counts	Ranked 3rd Counts	TOTAL
Better patient outcomes	47	19	7	73
Improved care team communication	26	20	17	63
Alleviating staff burnout/stress	13	21	28	62
Increasing capacity (e.g., bed availability)	8	10	4	22
Reduce length of patient stay	5	11	15	31
Aid in alleviating staffing shortages	2	9	8	19
Previous safety events at your organization	2	3	9	14
Decreasing operating costs	1	6	7	14
Decreasing readmissions	1	3	4	8
Reduce patient leakage/referral leakage	0	2	6	8
New regulatory requirements	0	1	0	1

**At your organization, who is involved in measuring and reporting on outcomes of clinical workflows?**

Team	Count
Quality/patient safety	87
Nurse/nursing leadership	84
C-level	47
Physicians	41
Informatics	32
Compliance	31
IT	29
Currently do not measure outcomes of clinical workflows	3
Shared services	1
Utilization management and physician advisor	1
Pharmacy leadership	1
Operations	1
Finance	1



## Do you have a defined process for analyzing workflow efficiency improvements?

Response	Count
No	71
Yes	34
<b>Grand Total</b>	<b>105</b>

## What critical data does your staff struggle with accessing in real-time that affects communication and clinical workflows?

Response	Count
Contextual alerts/alarms	47
Bed capacity	39
Assigned caregivers/patient care team	33
On-call schedules	33
Lab results	29
Patient information/demographics	23
Accuracy of initial referral information including demographics	1
Contacts	1
Physician information	1
Meds	1
H&P	1
Care gaps measured by HEDIS	1
The physician plan of care	1
Medication use related historical information	1
Communication with outside agencies	1
Post-acute documents	1
Notes	1
Labs	1
Transfer reasons, etc.	1
N/a	1
None	1
Diagnostic results	1
Discharge information	1
Lack of visibility related to patient throughput and individual patient's progress to discharge	1
None	1
Policies	1
Standard work	1
Job aides	1