

# Five recommendations for improving clinical communication

Real-time, contextual communication improves patient outcomes, care team collaboration and the clinician experience.

BY  tigerconnect

**S**ECONDS MATTER in healthcare. A patient who experiences a stroke, for example, has a lower chance of functional independence and an increased likelihood of mortality when treatment is delayed. The same is true for heart attacks, sepsis and many other medical conditions: time is of the essence.

“Faster response equals better outcomes for the quality and cost of care,” said Will O’Connor, MD, Chief Medical Information Officer (CMIO), TigerConnect. The key to faster response times is an effective clinical communication system. “Real-time, contextual clinical communication is the gold standard,” he noted.

On the other hand, poor clinical communication leads to negative patient outcomes, inefficient workflows and clinician burnout. “Root cause analysis shows that a majority of the errors that cause harm to patients are caused by errors of communication,” said O’Connor.

For all these reasons — the impact on patient care, care collaboration and clinician experience — effective clinical communication is key to the success of healthcare organizations (HCOs). O’Connor shared five recommendations to help HCOs improve clinical communication.

**1. Do not use the EHR for clinical communication.** EHRs are essential for hospital operations and most include a communication feature. However, O’Connor said, it is a

mistake to rely on the EHR for clinical communication. EHRs are not designed to provide the real-time, contextual communication needed by clinicians. In addition, EHR systems exclude care team members outside of the hospital system, like a primary care physician in private practice or a family caregiver. Finally, EHR communication features are often awkward to access and use — which is why many clinicians devise workarounds. “The most successful deployments of clinical communication technology replicate the consumer communication experience,” said O’Connor. “That is something that an EHR does not do.” However, a well-designed clinical communication system not only replicates the consumer communication experience in ease of use, but it also adds value with features that support privacy, security and care collaboration.

**2. Use one clinical communication platform across the organization.** “When an organization decides which clinical communication system they will use, they need to implement it across the organization and make its use mandatory for everyone,” he said. After an effective clinical communication system is implemented, “the evidence of improvement quickly becomes so overwhelming that no reasonable person can deny it is the right thing to do.” In other words, making the use of the application for communication between care teams mandatory gives the system the opportunity to prove its benefits and indisputability to all stakeholders.

**3. Eliminate pagers.** “The healthcare industry is the only major industry that still relies on this obsolete technology,” he pointed out. Pagers are expensive, inefficient and disruptive to the patient and clinician experience. Furthermore, they are an unreliable means of communication because there is no way to verify whether the recipient received the page or when they might reply. O’Connor recommends replacing pager-based communication with a clinical communication system that leverages Wi-Fi. A Wi-Fi-based system can include default settings that indicate whether recipients have received a notification, as well as whether they have viewed the notification. This supports transparency in communication. This approach presupposes that the organization will conduct an evaluation of Wi-Fi coverage across all facilities to identify and remediate dead spots. Not only does this ensure the clinical communication system will work, but also that all other Wi-Fi dependent tools — such as the EHR — are supported as well.

**4. Consolidate clinician on-call schedules.** Most health systems have multiple, disconnected ways of documenting on-call clinicians, ranging from Excel spreadsheets to the whiteboard in the patient room. “The question, ‘Who is covering this patient?’ gets asked a thousand times a day in health systems across the country,” said O’Connor. “And it’s not just about the physician on-call, it’s also about who is covering from a nursing perspec-

tive, who is the nurse manager, who is the physical therapist and so on.” Consolidating and digitizing on-call schedules and making them accessible through the clinical communication system can pay off in terms of increased efficiency and better and faster decision making. “This is an area of opportunity for everyone,” he emphasized.

**5. Start now.** “Nursing and physician burnout are at historic highs,” O’Connor pointed out. “Installing a clinical communication system that ensures the right information goes to the right people in real time has a profoundly positive impact on the caregiver experience and goes a long way toward helping with stress and burnout.”

**For more information on improving clinical communication visit: [www.tigerconnect.com](http://www.tigerconnect.com).**

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