

# Uncovering Collaboration Waste: A New Framework for Thinking About Efficiency in Healthcare

Hospitals continue to go bankrupt at an alarming rate.

Only about half of hospitals are able to turn a profit. The impact of these struggles on their communities is profound in the form of fewer jobs and poorer quality and access to care.

EMRs were supposed to help fix this problem. By far, the greatest success of the EMR has been to make a few companies extremely wealthy. Hospitals spend a fortune on this technology and while there is some benefit, they fall short in terms of communicating and coordinating care.

A hospital is a matrix of people, departments, administrators, specialties, and data resources. To efficiently move patients through this matrix, hospitals need a comprehensive clinical communication and collaboration (CC&C) platform to facilitate the precise and timely collaboration of all those points in the matrix. EMRs lack this functionality resulting in countless glitches, delays, miscommunications, and interruptions that prevent smooth operation.

Here's the main problem: The EMR does not include everyone involved in coordinating the care of a patient, and the EMR also does not know what everyone's job is and when they are working. This makes it hard for the right information or message to get to the right person at the right time, thereby [harming efficiency and making the EMR the main contributor to Collaboration Waste](#).

Collaboration Waste is activities related to how healthcare team members interact with each other, and with their hospital systems, in a way that erodes value for patients, clinicians, and the hospital. It leads to poorer care and higher costs and has a multimillion-dollar negative impact on every hospital in the US annually.

Why is it so difficult to deliver effective patient care, maintain job satisfaction for staff, and run a profitable business?

Administrators find it difficult to come up with a comprehensive solution because everyday inefficiencies appear as isolated incidents. After years of talking to healthcare professionals, we've developed the concept of Collaboration Waste as a single way to think about all these collaboration challenges.

Waste is defined as: "an unnecessary or wrong use of money, substances, time, energy, abilities." That's a pretty apt description of what's going on when people try to collaborate - but can't. Time, energy, abilities and - yes - money are being wasted when these obstacles halt patient flow through the system. In fact, the Peter G. Peterson Foundation found that there is as much as \$750 billion a year in wasted healthcare spending that includes significant increments of "operational waste" and "failures in care coordination" including "the lack of communication and coordination between providers of care."

Dealing with countless minor glitches and miscommunications throughout the hospital can seem like an overwhelming task for clinical leadership and administrators. Viewing these challenges through the lens of Collaboration Waste provides a cohesive perspective, allowing everyone to work together to solve a unified problem.

TigerConnect has pinpointed seven types of Collaboration Waste that often crop up in workflows and hinder healthcare delivery.

- **Searching for Contacts:** Clinicians often waste valuable time searching for the right contact due to outdated or inaccurate schedules, leading to frustration and delays.
- **Mis-contacting the Wrong Person:** Contacting the wrong individual not only wastes time but also disrupts the workflow of both parties involved.
- **Waiting for Responses or Results:** A lack of steady information flow means care teams are left waiting for calls back or test results, interrupting the continuity of care.
- **Switching Between Multiple Applications:** Constantly toggling between different platforms and applications slows down workflows and reduces efficiency.
- **Dealing with Interruptions:** Frequent alerts and pages, especially from outdated systems, significantly disrupt focus and increase cognitive load.
- **Filtering Through Information:** Clinicians face the challenge of navigating through disorganized information systems to find what they need, leading to inefficiency and frustration.
- **Deciding with Insufficient Information:** Receiving incomplete alerts, notifications, or messages that require clinicians to seek clarification before they can make a decision.

These various problems don't occur in isolation, rather, they are symptoms of one root cause: Collaboration Waste, and it's a critical time for hospitals to address it. Despite other benefits EHRs have brought to hospitals, they were never designed to address Collaboration Waste. Communication and Collaboration (CC&C) platforms, properly architected and deployed, can reduce, or eliminate Collaboration Waste.

Hospitals are in financial distress; people are leaving healthcare professions due to burnout and patient needs are rising as the population grays. At the same time, care is being distributed to new places, not just inside the hospital. Because of that, even more people will be involved outside the four walls of the hospital. Theoretically, that will be better for patients and hospitals - but not if we simply magnify the scale of Collaboration Waste.

For your hospital to succeed financially, clinical leaders and administrators need to focus on eliminating Collaboration Waste. Once you start looking for it, you'll see opportunities everywhere.