

The Big, Easy Win

How one low-cost technology is helping care organizations drive 16 vital metrics in the right direction.

The Business Case for Clinical Communications and Collaboration

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“We are able to be notified when patients are hitting our emergency room. Before they’re even triaged, we can actually mobilize a care team to them in the waiting room and start care then. That’s pretty exciting.”

Maryann Lauletta MD, VP Operations at Kennedy Health

Introduction

It's stunning really, that something as basic as communication among your care team members is such a significant factor in your success as a health delivery organization. And yet, it's proven every day in hospitals and other patient care settings throughout the nation.

At right is a list of metrics that are affected by communications among clinical staff.

- Patient outcomes
- Patient safety
- Patient satisfaction / HCAHPS scores
- Patient length of stay (LOS)
- Patient transfer and discharge times
- Patient readmission rates
- Patient medication administration errors
- Elapsed time between ordering tests, getting results, and deciding next steps
- Prescription (re)fill times
- Communication delays (*waiting for a response to a phone call, page, or email*)
- Bed utilization
- Medicare reimbursements
- Compliance with HIPAA Privacy and Security Rules
- Clinician satisfaction
- Clinician response time to patient events
- Clinician productivity

Every one of these either affects or reflects your ability to complete tasks effectively.



Of course, the metrics on the prior page are not the only metrics you're measuring. But the point is, each one is influenced by clinical communications, and each one tells a slice of your mission's success story. The tiniest defect in clinical communications will push many of these metrics in the wrong direction. And then your patients, profitability, and image suffer - even if it's just a little.

Gartner uses the term Clinical Communication and Collaboration (CC&C) to describe systems that fix these communication problems. This eBook will explore the ways CC&C systems improve patient outcomes and care organizations' profitability.



Chest Pain Use Case



1 Fictional Fred’s chest pain started 25 minutes before he walked into the Emergency Department. As soon as he answered his first question, the 71-year-old retiree became a victim of communication inefficiencies. Because that’s when his data went into the EHR ... and sat there. At that moment, the people who were best able to help him didn’t even know he was there. They found out several minutes later, but these were crucial minutes.

2 Poor communication systems continued to jeopardize Fred’s outcome.

- He endured an extended wait time for a consult because the cardiologist couldn’t respond to the page for 6 minutes.
- It took 15 minutes to track down someone else to perform the consult.
- When the lab result hit the EHR, the attending didn’t see it until she checked her messages in the EHR 17 minutes later.
- Fred heard the loud “CODE BLUE!” over the intercom and panicked, thinking it might be for him.

3 Fred was diagnosed with a heart attack and admitted.

- Care team members kept each other informed of Fred's status through group pages, notes typed into the EHR, and shared via messages in the EHR.
- New meds arrived ... slowly.
- Patient care teams came and went, so messages were occasionally misdirected to someone who had already transitioned off the team.
- His doctor ordered tests, and the images languished in the EHR for 40 minutes before the ordering physician saw them (fortunately, results were negative).

4 When Fred was finally cleared to go home his discharge was delayed four hours while his case manager:

- Contacted the right people to fill Fred's new prescription.
- Signed off for his discharge.
- Coordinated follow-up care.

Every extra minute in the hospital increased Fred's risk of acquiring a hospital infection

5 After Fred returned home:

- He set his new medication aside and got busy catching up on what he missed while in the hospital.
- Post-discharge follow-up failed to uncover Fred's failure to take his new med.
- He was back in the hospital three weeks later with a second heart attack triggering a Medicare readmission penalty.

6 An effective CC&C system would have:

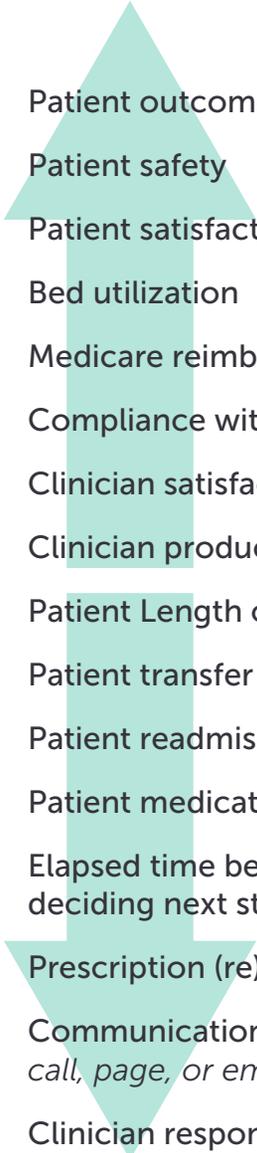
- Reduced or eliminated the delays with the consult, results routing, medication administration, and discharge processes.
- The radiology image and the disturbing Code Blue alert would have been delivered immediately and quietly via text messages.
- Fred's family would have received secure text message medication reminders.
- Fact is, these and many other communication inefficiencies are mitigated — or eliminated — by a well-executed CC&C system.

**Adapt or Else:
The forcing function of value-based care**

As healthcare's payment model shifts from fee-based to value-based reimbursements, organizations are pressed to discover innovative methods for delivering high-quality patient care in the most timely and efficient manner. The goal is to restore health as quickly as possible, without complications or return visits.

The role of CC&C in helping solve these challenges

Clinical procedures may vary significantly during a patient's stay, but one factor that remains constant — and constantly important — is care team communications at every stage of the care process. To manage those communications, a growing number of health systems are adopting integrated, mobile-first CC&C solutions. These systems dynamically shift attention onto pertinent patient information through team-based messaging and system-generated alerts. The impact is typically immediate and widespread.

- 
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At Waterbury hospital in Connecticut, a CC&C implementation decreased the time between ordering a consult and transcribing it from **37 hours** to **16 hours**.

How Outdated Communication Processes Impact Healthcare Organizations

When someone like Fred visits the Emergency Department, his care can easily require a dozen or more professionals across multiple departments. Trying to coordinate both clinical care and administrative processes using pagers, voicemail, faxes, overhead paging, and paper forms creates an enormous and unnecessary drag on the system. More importantly, it puts Fred's health at risk and can leave him feeling frustrated and shut out.

Patient Safety

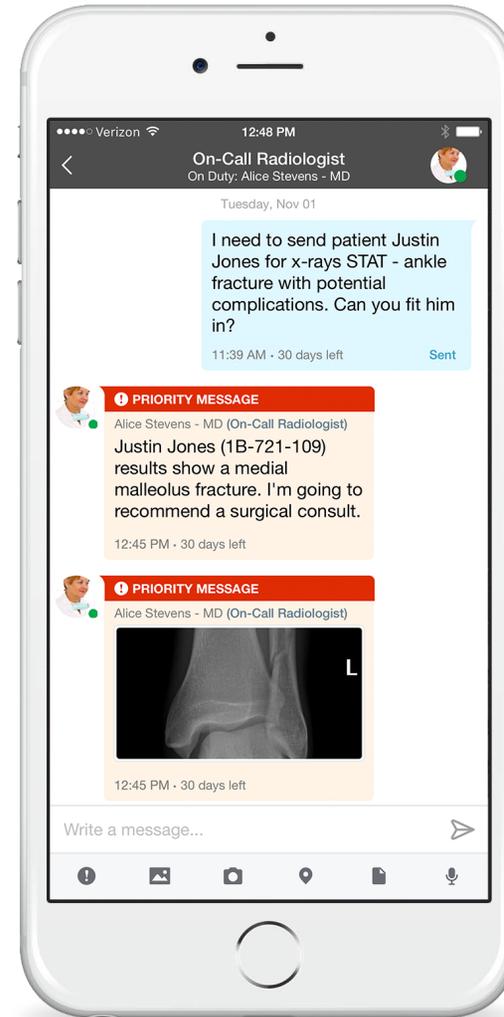
The quality of care a patient receives can, in large part, be attributed to the speed and quality of communication among the members of the care team. Outmoded and inefficient tools like pagers and handwritten notes are an onerous obstacle in today's complex care environment. They frustrate even the most talented, dedicated clinical staff. And a simple miscommunication around medication or a patient's medical history can have catastrophic results. In fact, the Joint Commission identified a breakdown in communications as the primary root cause of more than 70% of treatment delays and sentinel events.¹

¹ http://www.spyglass-consulting.com/wp_PCOMM_Physician_2014.html

Modern clinical communications systems promote:

- Faster care team activations, response times, order entry, results routing, medication administration, and patient transfers.
- Secure, HIPAA-compliant communication between clinicians.
- Fewer redundant tasks, tests, errors, hospital-acquired infections, and readmissions.
- Optimized patient care and post-discharge care planning.
- Improved patient and employee satisfaction.

These proven advantages are why the Joint Commission's 2017 National Patient Safety Goals #2 goal is to "improve the Effectiveness of Communication among Caregivers," and more specifically, "report critical results of tests and diagnostic procedures on a timely basis." ²

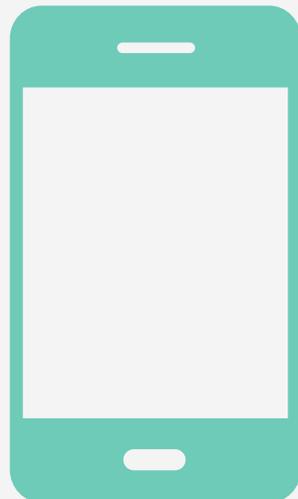


² https://www.jointcommission.org/npsg_presentation/



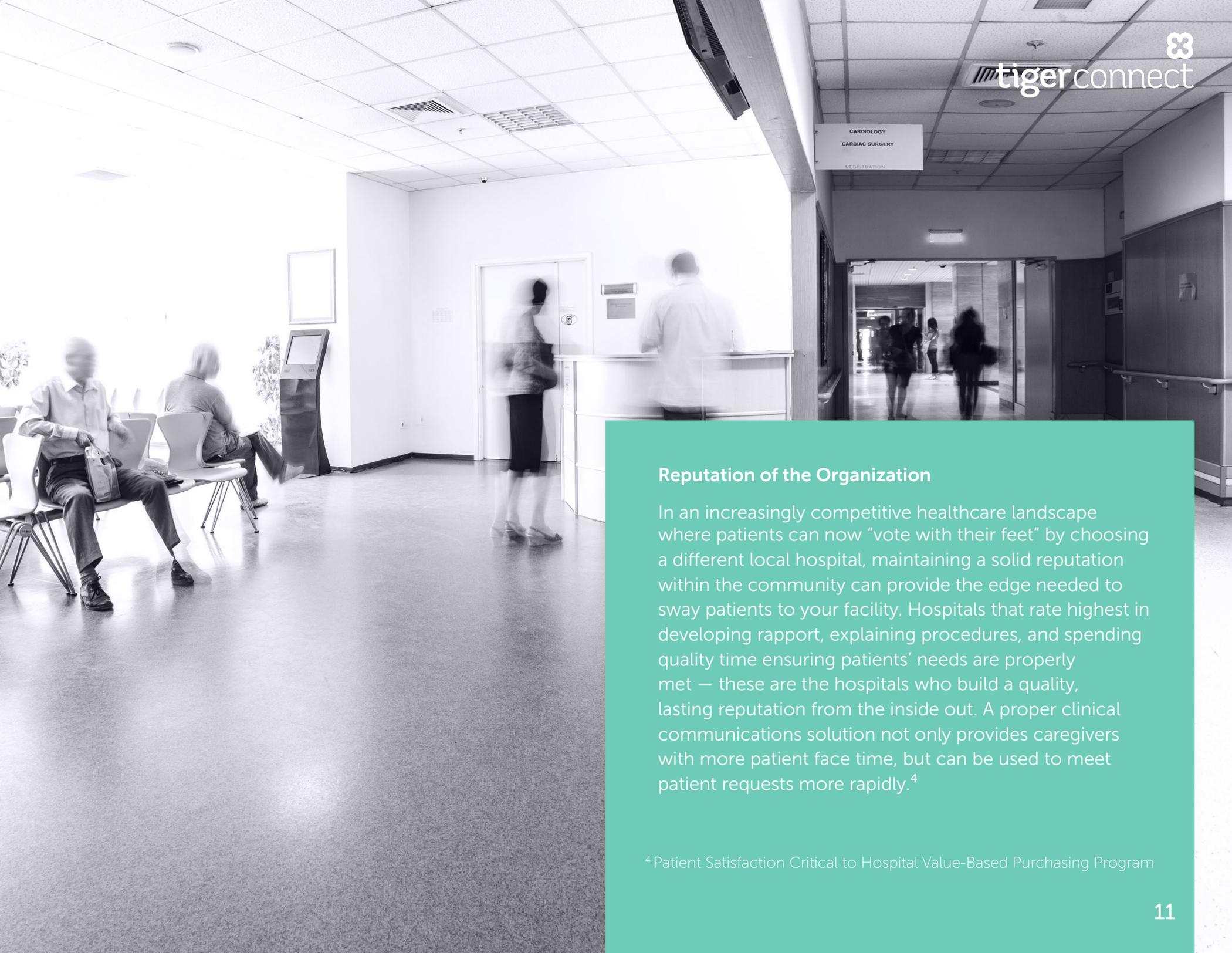
Costly Physician Turnover

Meaningful Use legislation helped usher in the painful but necessary leap to electronically coded medical records. Most patient care facilities continue to struggle with optimization, and while they do, it's common to see providers spending two hours in the EHR for every hour seeing patients. This transition from physician to data entry clerk has pushed job dissatisfaction over 50%, burning them out and exacerbating the shortage of physicians. Given their contribution to revenue, physician turnover can be costly for hospitals in terms of recruiting costs and lost revenue while the position is open. The full cost of replacing a physician starts at \$250,000 and continues upward to over \$1 million dollars.



Text-based clinical communications can reduce EHR fatigue by allowing physicians to access information from the bedside instead of requiring multiple trips to a computer. While orders must still be entered directly in the EHR. Other tasks such as consult requests, lab and imaging results, and medication clarifications can be completed through the mobile interface of an integrated clinical communications app. This reduces computer time and helps physicians reduce interruptions and reclaim time with patients. In fact, according to one study, 96% of physicians interviewed said they use their smartphone "as their primary communications device to support clinical communications."³

³ http://www.spyglass-consulting.com/wp_PCOMM_Physician_2014.html



Reputation of the Organization

In an increasingly competitive healthcare landscape where patients can now “vote with their feet” by choosing a different local hospital, maintaining a solid reputation within the community can provide the edge needed to sway patients to your facility. Hospitals that rate highest in developing rapport, explaining procedures, and spending quality time ensuring patients’ needs are properly met — these are the hospitals who build a quality, lasting reputation from the inside out. A proper clinical communications solution not only provides caregivers with more patient face time, but can be used to meet patient requests more rapidly.⁴

⁴ Patient Satisfaction Critical to Hospital Value-Based Purchasing Program

Hidden Costs that Erode Profitability

Care organizations are traditionally hesitant to embrace new non-clinical technology. And it's no wonder, given the maze of regulations and concerns for patient safety that suppress innovation. Yes, it's easy to understand why we observe the persistent presence of outdated communication tools and policies.

Unfortunately, these archaic practices, while generally reliable and predictable, are also perpetuating inefficiencies that slow care delivery and cost organizations in ways they aren't aware of, or are unsure how to address.



“A 500-bed hospital loses over \$4 million annually as a result of communication inefficiencies.”

Journal of Healthcare Management

“The huge challenge for us is communication — having to connect up the doctors anywhere and everywhere... In my opinion, TigerConnect is the Holy Grail of being able to send secure messages in the medical environment.”

Andrew Deutsch, M.D., President of Renaissance Imaging Medical Associates, Northridge, CA



Inefficient Processes

Hidden throughout the care process are small pockets of waste from bed and OR utilization to delayed discharges and poor follow-up with patients. Hospitals overpay by 45% to retain their paging systems.⁵

Medicare Reimbursements

Communication inefficiencies negatively affect many types of government reimbursement, but are especially acute for Medicare. With the shift toward value-based care, hospitals must meet or exceed certain benchmarks or risk steep penalties and withheld reimbursements. These range from patient visits of over 72 hours, follow-up appointments with the patient's primary care physician that never get scheduled, and patients who are readmitted within 30 days for the same condition. Additional penalties exist for door-to-balloon times for chest pain and door-to-needle times for stroke. The ability to expedite these processes – often through a small but consistent reduction in steps – can be the difference between a hospital that returns a profit and one facing a financial crisis.

⁵<http://hitconsultant.net/2016/02/25/tigertext-study-hospitals-overpay-by-45-for-pagers/>

“In the first quarter of using TigerConnect, we saw an 8.8% drop in our COPD readmission rates, and a 22.2% drop in our CHF readmission rates. Within 3 months. That was pretty amazing. Not using any more employees. These are the same people that had been doing these jobs.”

Maryann Lauletta, M.D., Vice President of Medical Operations, Kennedy Health

Medical Coding

Far too often, a procedure is performed, and the surgeon inadvertently omits or incorrectly codes the procedure. This oversight prevents the healthcare organization from getting reimbursed from the insurance company for that procedure, having a dramatic impact on the bottom line. One hospital system had over \$100 million in outstanding reimbursements on its books simply because medical coders were unsuccessful in reaching physicians to clarify multiple discrepancies. Text-based communication can eliminate phone calls, include all the necessary case information, and make it as easy as possible for physicians to go back and add the proper code to the case file.



Out-of-Network Specialists

One of the most problematic developments for healthcare CEOs happens when an out-of-network specialist is brought in by an in-network physician to treat a patient. The patient, who may be unconscious or in pain, is unaware the specialist is out-of-network. Even so, the patient may be responsible for tens of thousands of dollars that insurance won't cover.

When these stories go public, the PR fallout creates major headaches for executive leadership. A clinical communications system won't prevent every instance, but a mobile messaging directory that uses role-based scheduling and is populated directly from a hospital's LDAP or Active Directory listing can show which in-network specialists are available, decreasing the likelihood of an out of network provider being utilized or assigned to the patient.

Squeezing ROI from Your EHR Investment

EHRs succeeded brilliantly in developing platforms for storing and organizing clinical and revenue cycle data in a common system. However, when it came to making that data accessible and actionable, they fell down, creating an opportunity for technology upstarts to develop secure texting solutions that could leverage HL7 to extract data from the EHR. By surfacing patient information in a familiar smartphone interface, and wrapping it with a secure communication layer, providers could now share patient data much faster and more efficiently.

This “last mile of communication” brought by mobile-centric clinical communication solutions freed physicians and nurses from being chained to the EHR. Further, it replaced the random EHR check-ins with a new model based on push notifications, system-generated alerts, and real-time “conversations” with colleagues. And while EHR vendors are now attempting to roll out their own clinical communications solutions, they’re just beginning to face the same the technical and regulatory complexities that took CC&C vendors years to overcome.

The power of a purpose-built clinical communications system lies in its flexibility, API access, user interface design, implementation and post-launch support, and IT control over mobile users and policies. These capabilities accelerate the care delivery process by reducing steps, minimizing redundant or unnecessary tasks, making team members more accessible, and lowering time spent in the EHR. And physicians and nurses love it.



Think about the cost of purchasing, implementing, and maintaining an EHR. Add in ongoing training and support. A CC&C solution amounts to a tiny fraction of that expense. Yet it delivers an enormous level of utility and efficiency by completing what the EHRs cannot – instant access at the point of care. The amount of time and energy that a CC&C solution helps reclaim easily extends into the millions of dollars, not to mention the savings through added reimbursements, improved reputation, and lower staff turnover.

“I’ve had the opportunity to be consulted, even when I’m off-campus, and still manage to give insight or guidance on patient care.”

Ernie Guzman, M.D., Program Director, Pediatric Residency, White Memorial Medical Center, Los Angeles, CA

Assessment: Top 5 Business Case Considerations for a CC&C Solution

1

Confirm that the CC&C solution can easily integrate with your existing EHR system with zero or at least minimal involvement from costly third-party consultants. If you're part of a larger health system running multiple EHRs, be sure the vendor supports multiple types. Inquire about other systems like nurse call, lab results, radiology, and scheduling. Also, ask for a list of reference hospitals who have done this type of integration so you're not the test case.

Identify how the CC&C vendor intends to track adoption and usage. A seasoned vendor will provide an ongoing program of governance with milestones for user engagement. If users don't embrace the solution, achieving substantial efficiency and revenue gains is all but impossible.

2

Ask your CC&C vendor for a detailed implementation plan that includes project timelines and any additional costs that may not have surfaced in the initial discussion. While value can be realized shortly after implementation, CC&C systems typically take six to twelve months to reach full utilization.

3

4

Carefully scrutinize the security model of the CC&C system. Certifications such as HITRUST CSF can confirm that the vendor has undergone a rigorous security evaluation. With a single HIPAA violation now reaching \$50,000, minimizing security holes is vital to protecting both the hospital's bottom line as well as your reputation and trust among the community.

Finally, inquire about the company itself. Does it have a strong track record deploying to hospitals similar to yours? Ask the vendor to back up their claims of reliability with hard data. Be sure their system can handle large volumes of users and that they have a 24/7 customer support department. Once your CC&C becomes an integral part of the clinical workflow, you'll want to make sure it stays up and running at least 99.99% of the time.

5

“To avoid security breaches and prepare for the threat of possible HIPAA audits, providers are turning to the secure messaging market,”

Paul Hess, KLAS Research Director

A Few Final Thoughts...

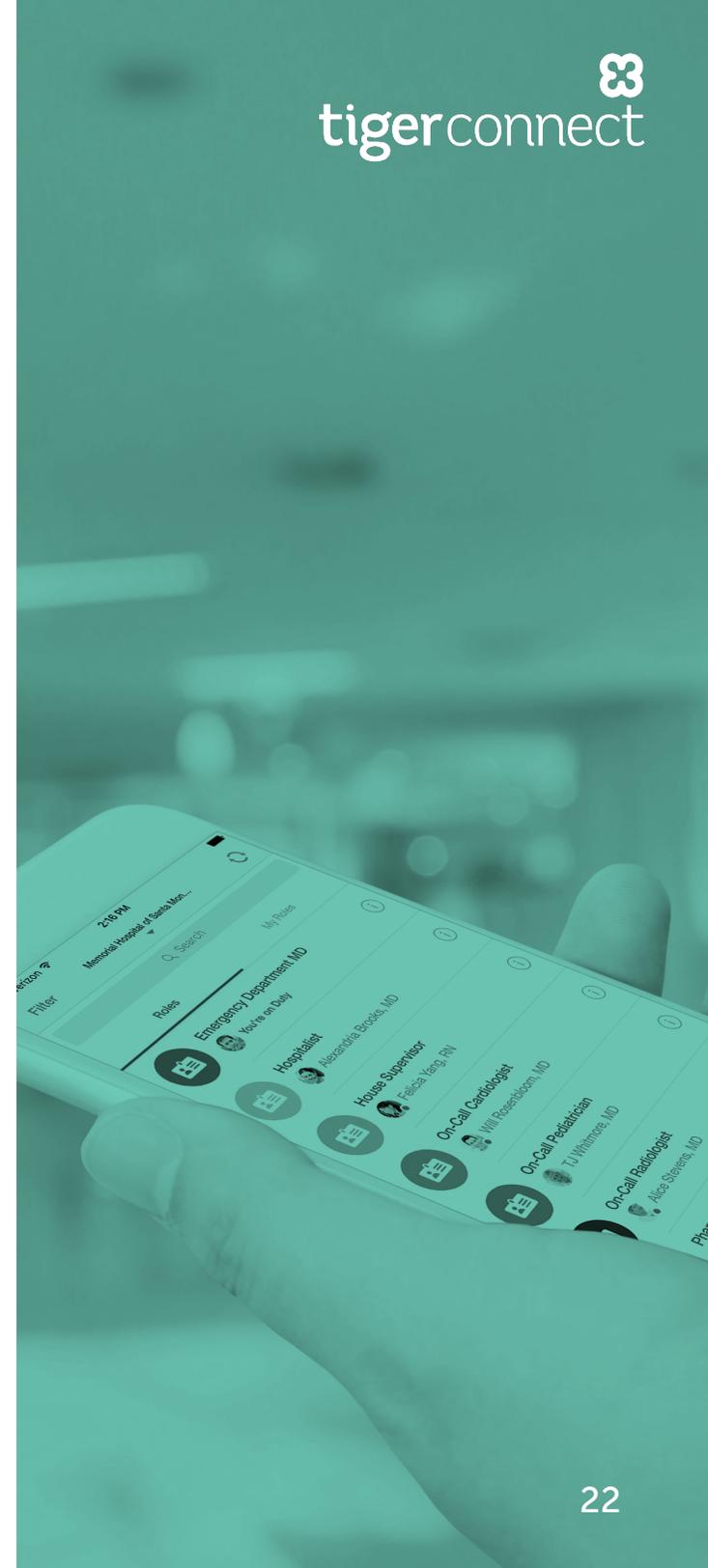
What does it mean to **NOT** adopt? You put yourself at a huge competitive disadvantage. In fact, every day you “think about it” allows your competition to take a market lead and more firmly establish themselves as the ideal patient care organization.

Besides, how often do you get an opportunity to spend little, deploy quickly, and have an immediate positive impact on employee productivity and satisfaction AND patient outcomes and satisfaction?

The business case for Clinical Communications & Collaboration is clear...

- Implementation and adoption are quick and easy.
- Training is minimal.
- The BYOD model keeps capital expense and operational maintenance low.
- CC&C drives as many as 16 key metrics in the desired direction.
- Better communication among care team members produces better outcomes for patients, for staff, and for the organization itself.
- Better outcomes lead to stronger brand awareness, higher patient volumes, lower staff turnover, reduced operating costs, and improved profitability.
- Integration with existing technology like EHRs and paging systems multiplies the power of a CC&C system.

All these benefits pile on to make CC&C a big, easy win for patient care organizations.



“The integration we did with TigerConnect to our EMR was actually very easy. TigerConnect is innovative. We can do nearly anything we need to do within the messaging platform using TigerConnect. We can integrate with applications. It’s scalable. It’s cost-effective, and really, it’s a great quality secure product.”

Mike Neuman, MPH, Assistant Vice President, Business Intelligence & Analytics, Kennedy Health



About TigerConnect

As healthcare's largest provider of clinical communication solutions, TigerConnect helps physicians, nurses, and other staff communicate and collaborate more effectively, accelerating productivity, reducing costs, and improving patient outcomes. With 6,000 facilities, 99.99% uptime, and over 10 million messages processed each day, TigerConnect continually delivers advanced product innovations and integrates with critical hospital systems such as the EHR, nurse call, and scheduling solutions.

The company's commitment to client success is reflected in its broad support organization that works directly with clients at every stage to streamline communication workflows and achieve the highest possible ROI.

For more information, visit www.tigerconnect.com to learn how clients like RWJBarnabas, Geisinger, and LifePoint are using TigerConnect to solve healthcare's biggest communication challenges.

Where to learn more:

Website

www.tigerconnect.com

Sales & Product Demos

1-800-572-0470

