



# HIMSS 18

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## Standardizing Clinical Communication Improves Patient-centric Care Coordination and Collaboration



**HSS**

Session 205, March 8, 2018

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Peter Grimaldi, MS, PA-c, MPT, MBA, Assistant Vice President, Hospital for Special Surgery

# Conflict of Interest

Nick Wirth, MBA has no real or apparent conflicts of interest to report.

Peter Grimaldi, MS, PA-c, MPT, MBA has no real or apparent conflicts of interest to report.

## Speakers



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Hospital for Special Surgery

# Agenda

- » About Hospital for Special Surgery
- » Driving forces for change
- » Approach and deployment
- » Results and milestones
- » Successes
- » Lessons learned

## Learning Objectives

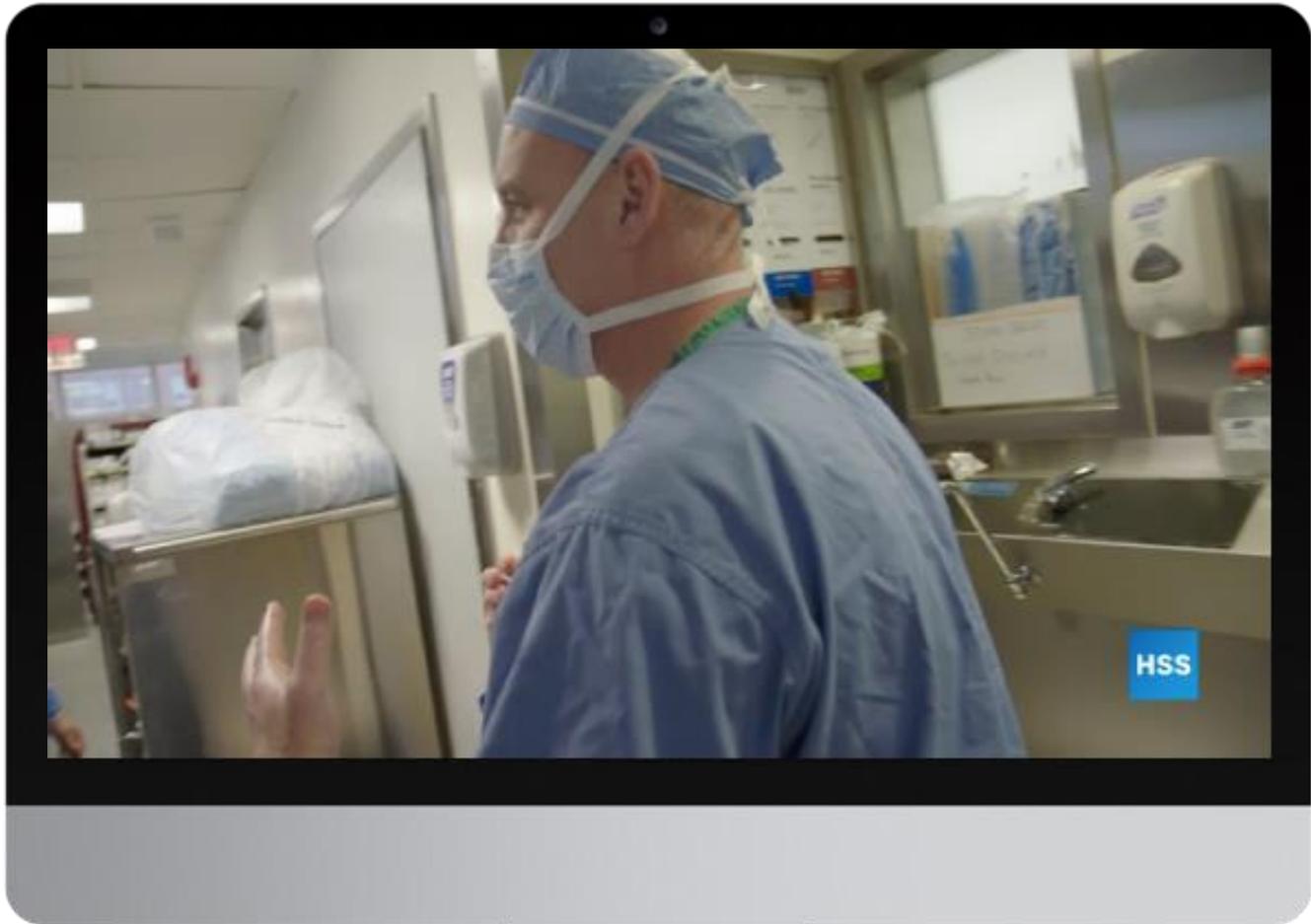
- » Evaluate the drivers for a physician-led clinical communications strategy
- » Discuss methodologies to garner multi-disciplinary support for successful development and implementation of a clinical communications strategy
- » Measure outcomes and sustainability to strive towards patient-centric care team collaboration

# Hospital for Special Surgery

**The world's leading academic medical center for musculoskeletal health**

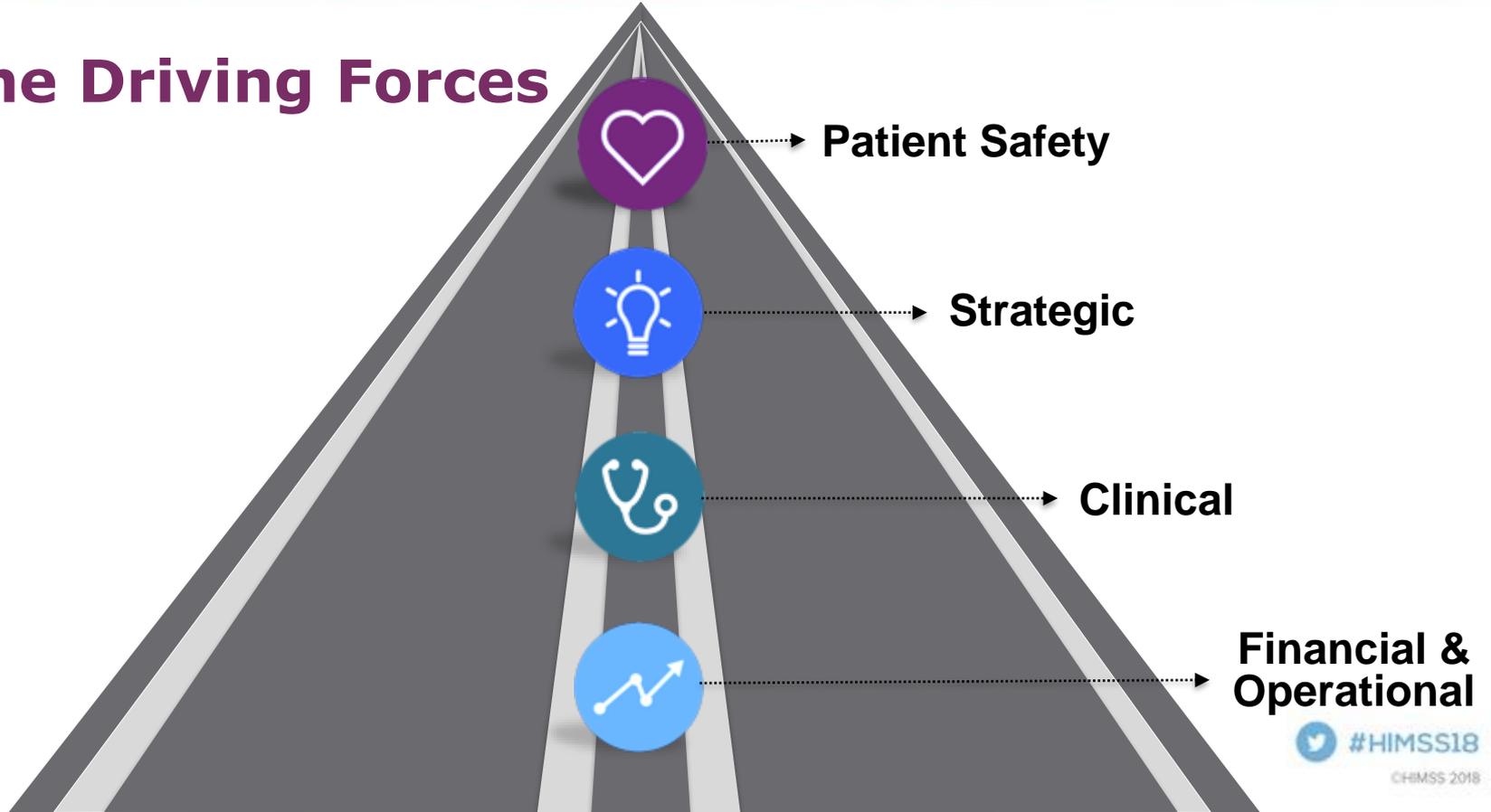
- » No. 1 for orthopedics, No. 3 for rheumatology
- » Nation's oldest orthopedic hospital founded in 1863
- » Patients from all 50 U.S. states and 100+ countries
- » Magnet Award for Nursing Excellence four consecutive years





<https://vimeo.com/219682718>

## The Driving Forces





## Patient Safety

- » Improving responsiveness between clinicians and providers
- » Adding context to communications for triaging most critical messages requiring action – especially during care transitions
- » Creating the ability to loop in other care team members
- » Investigating communication issues through audit trail



## Strategic

**Vision: Unify inpatient and outpatient clinical communication through one HIPAA-compliant platform**

- » Standardizing care coordination with the patient at the center
- » Filling the gaps in EHR technology to push critical information to the right provider to take action
- » Employing innovative, up-to-date technology



## Clinical

- » Safeguarding dynamic nature of orthopedic care delivery in high volume, high throughput setting
- » Recognizing care coordination hinges on having accurate coverage assignments
- » Improving provider workload management and distribution





## Financial & Operational

- » Phasing out irrelevant and outdated technology (pagers)
- » Replacing error-prone answering service
- » Reducing LOS and readmissions



# Challenge: Specialty vs. General Hospital Care



# The Impetus for Change

**In late 2015...**

- » Surgeons call out fallible answering service
- » Hospital providers carrying pagers are bombarded with volume of messages, unable to evenly distribute workload
- » Care team's inability to triage, prioritize messages results in endless cycle of unproductive conversations and time-consuming steps



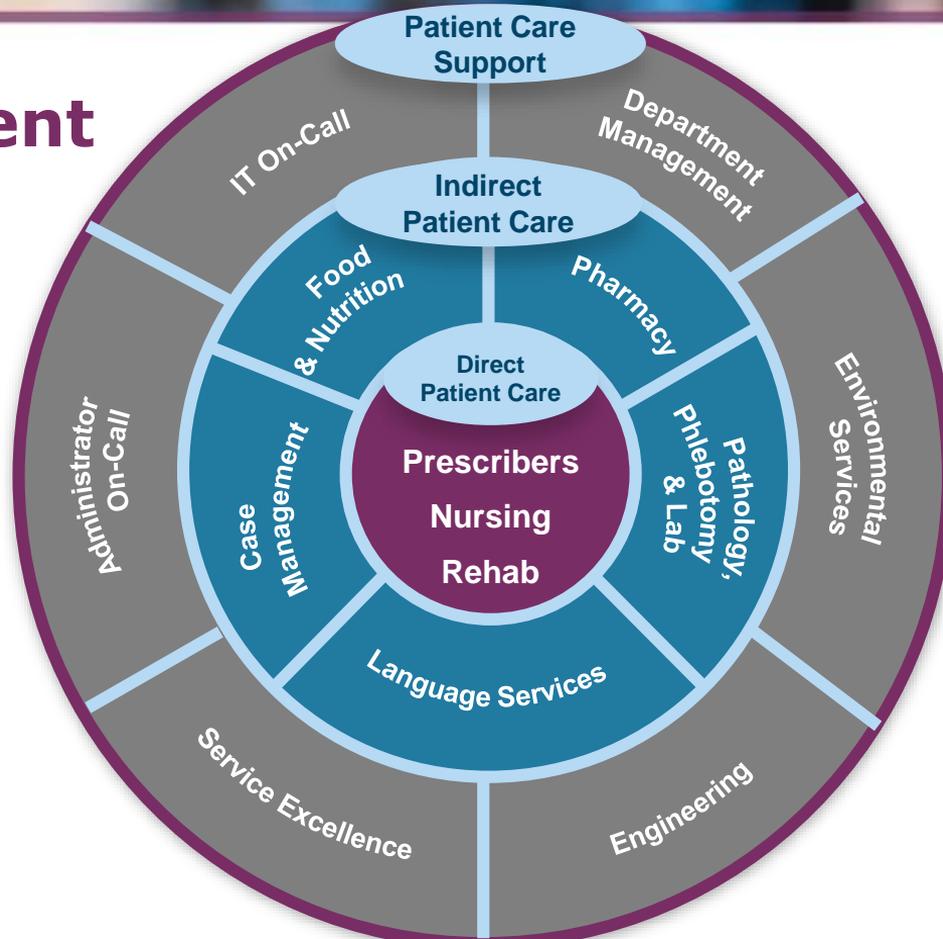
## Approach

- Create organization-wide vision with one platform
- Ensure physician adoption before health system implementation
- Establish governance and deployment strategy
- Task Steering Committee with addressing top challenges
- Standardize workflows across departments
- Optimize workflows and integrate with EHR

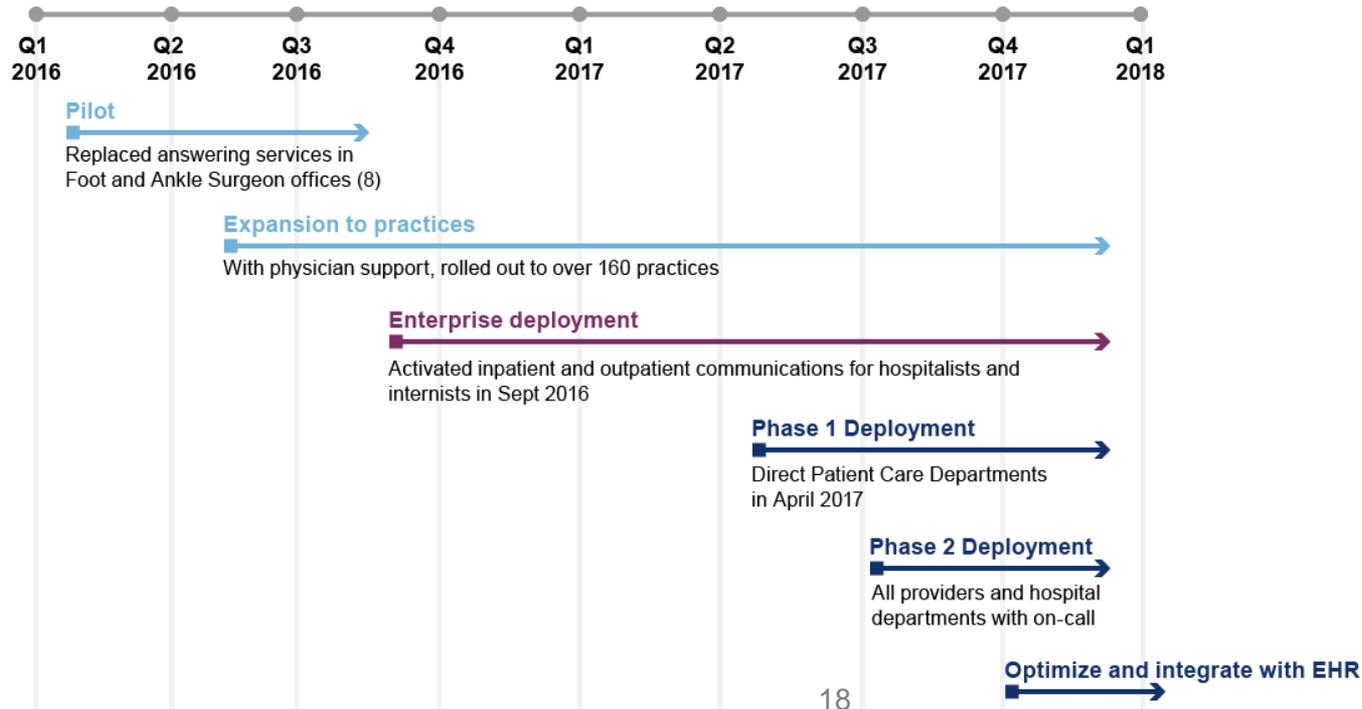
## Steering Committee Recommendations

- » Consolidate inpatient and outpatient communication onto one platform
- » Centralize call schedules and allow for real-time updates
- » Connect clinicians and providers with bi-directional texting
- » Enable patient assignments by providers
- » Determine expectations for acceptable response times and reporting
- » Develop and enforce clinical communications policy

# Deployment



# Phased Approach



# Results

## Adoption

 **3,400**

TOTAL USERS ON  
THE PLATFORM

**1,300**   
MOBILE USERS

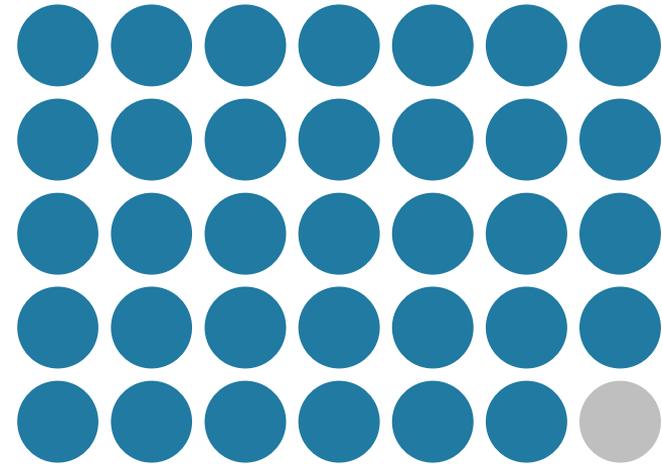
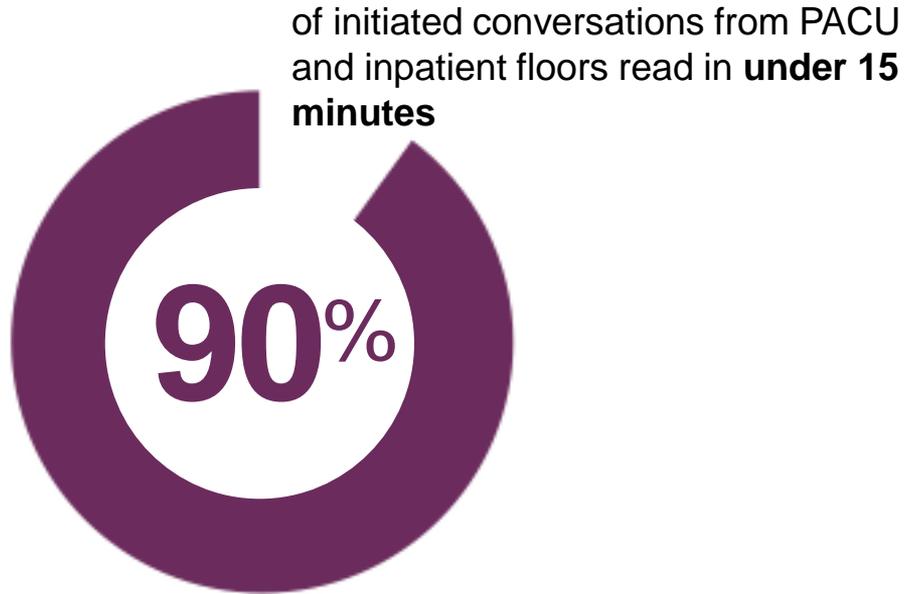


**700+**

PRESCRIBERS

at **160+** practices use the  
platform's answering service

## Response Times



**98%** of sepsis alerts read in **under 5 minutes**

## Response Times



**3.3 mins** Average retrieval time for PAs<sup>1</sup>

Average time for entire  
Rapid Response Team to  
read message<sup>2</sup>

**1.9 mins**



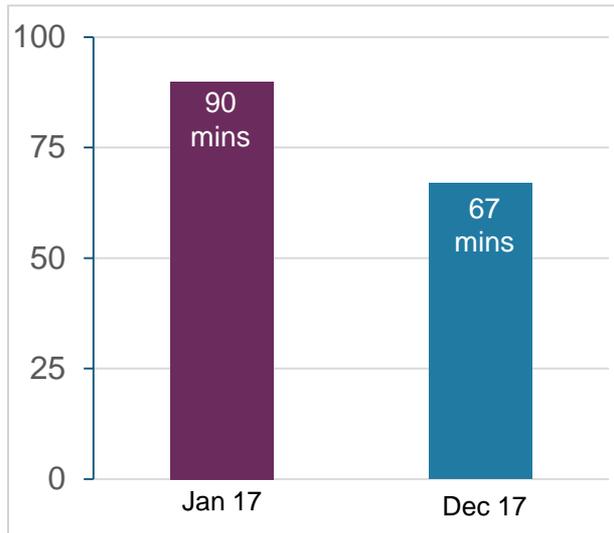
## Patient Satisfaction

- ↑ **2.3 pts** Hospital rating<sup>1</sup> (0-10)
- ↑ **0.9 pts** Hospital recommend<sup>1</sup>
- ↑ **1.2 pts** Staff address emotional needs<sup>1</sup>
- ↑ **1.2 pts** Response to concerns<sup>1</sup>

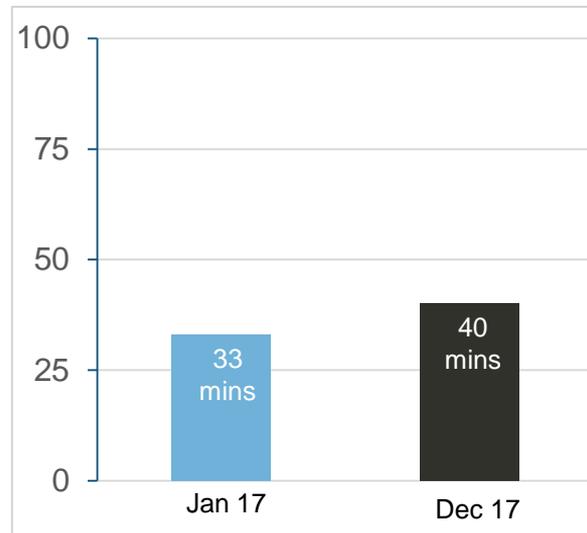


# Communication & Throughput

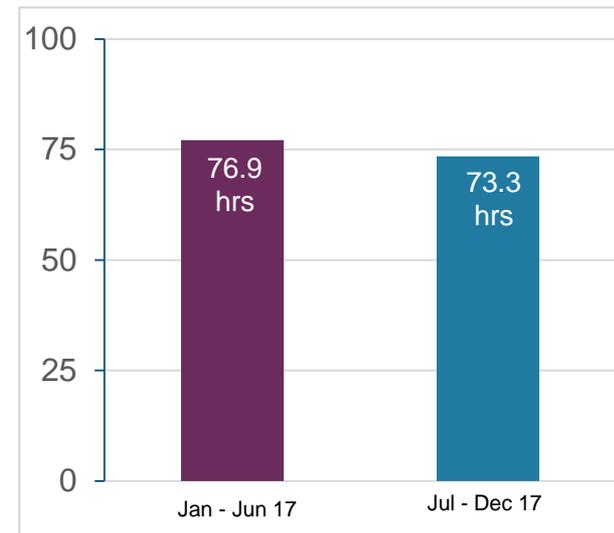
Average monthly PACU discharge time

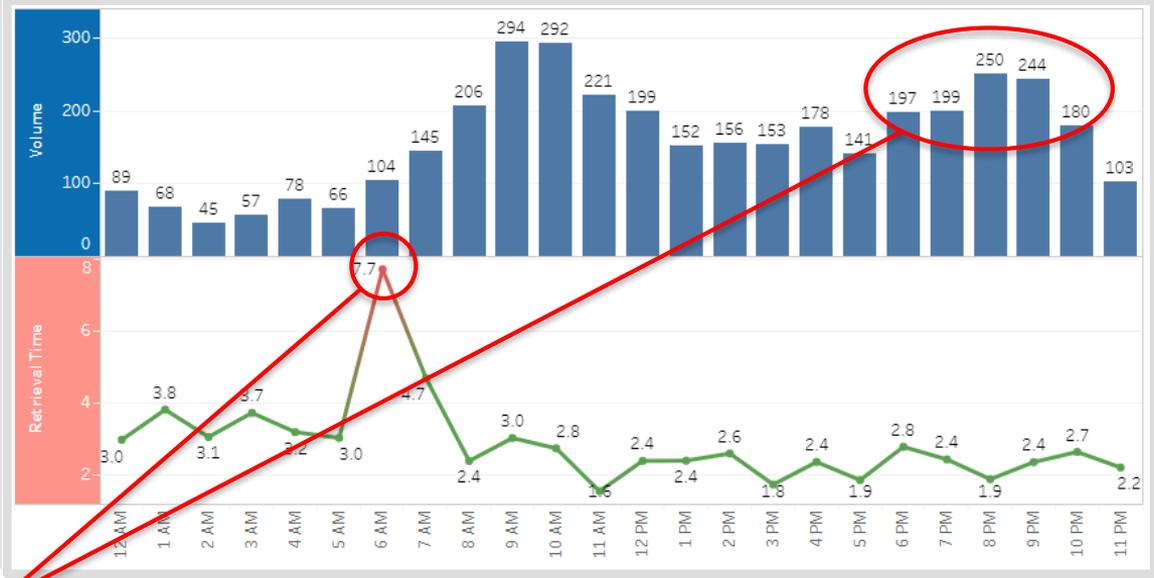


Surgeon attestation prior to transfer



Average LOS





**Identify issues:**

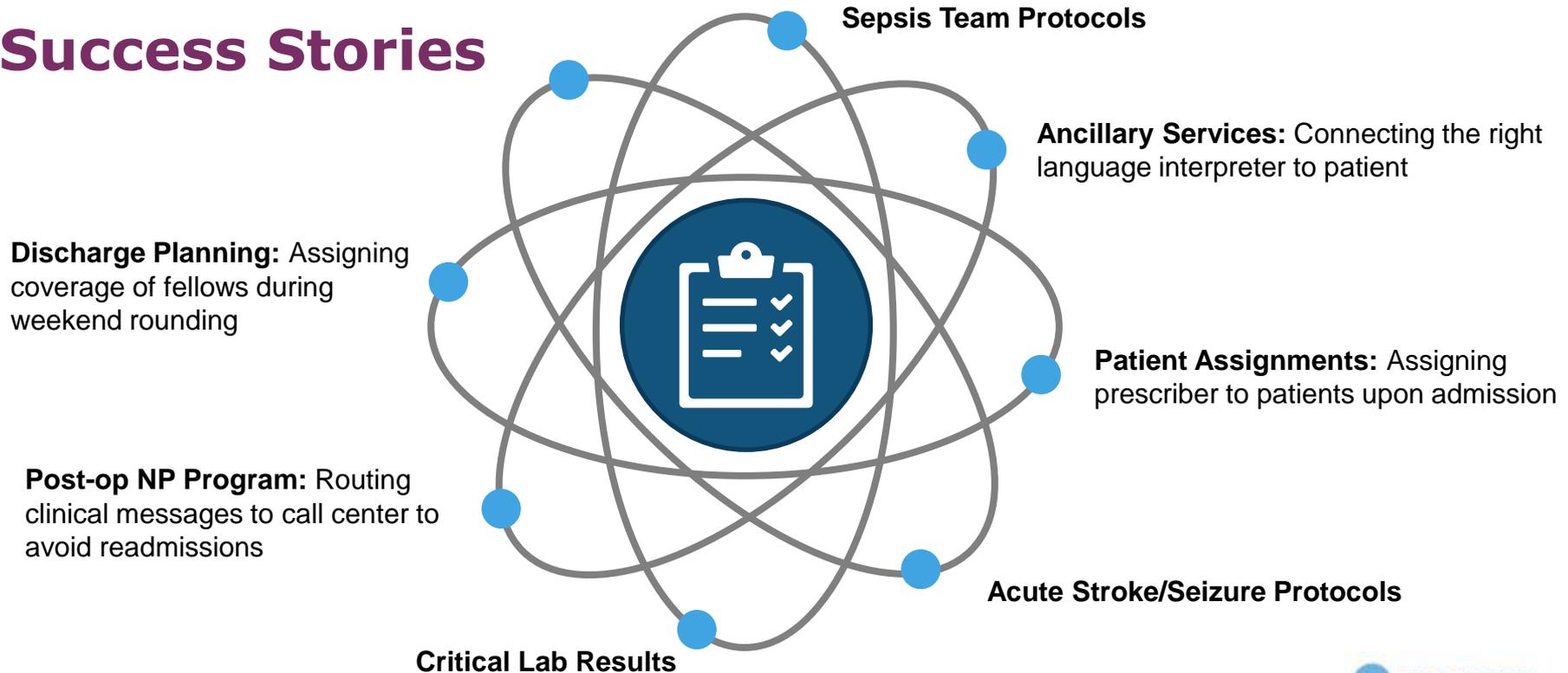
- Shift change impacting response times
- Increased volume at night
- SAS (department) volume is much higher than others

Influence →

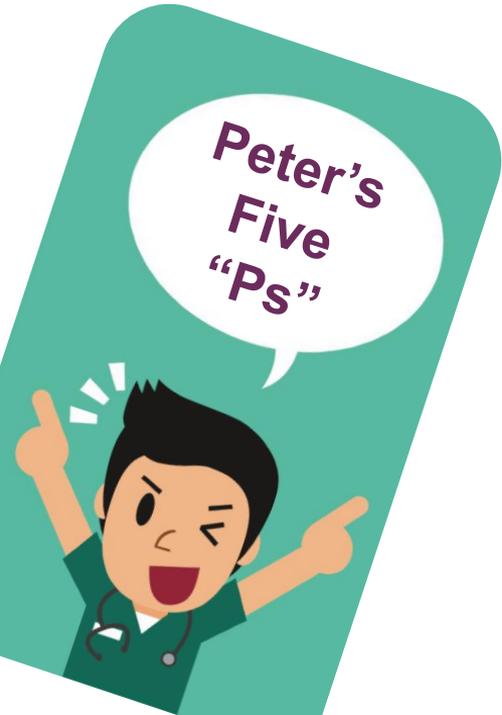
**Operational changes:**

- Investigate communication being sent at shift change and for spike at 6 pm
- Move physicians into different departments to balance workload

# Success Stories



## Lessons Learned and Key Takeaways



- » **P**osition providers to drive adoption
- » **P**ilot test your clinical communications tools and set reasonable go-live schedule
- » **P**repare for personal device concerns and mobile charging needs
- » **P**romote standardization when possible and provide workflow training rather than system training
- » **P**rovide clear guidelines and use cases for each communication platform

## What's Next?

### **Deep clinical communication planned with EHR integration**

- » Mobility for nursing
- » Critical lab values
- » Communication platform embedded within EHR window
- » Patient care team assignments
- » Virtual consults from regional sites to main campus

## Questions

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